

CROSSREACH

Care you can put your faith in



CrossReach Child Protection Policy and Guidance 2022

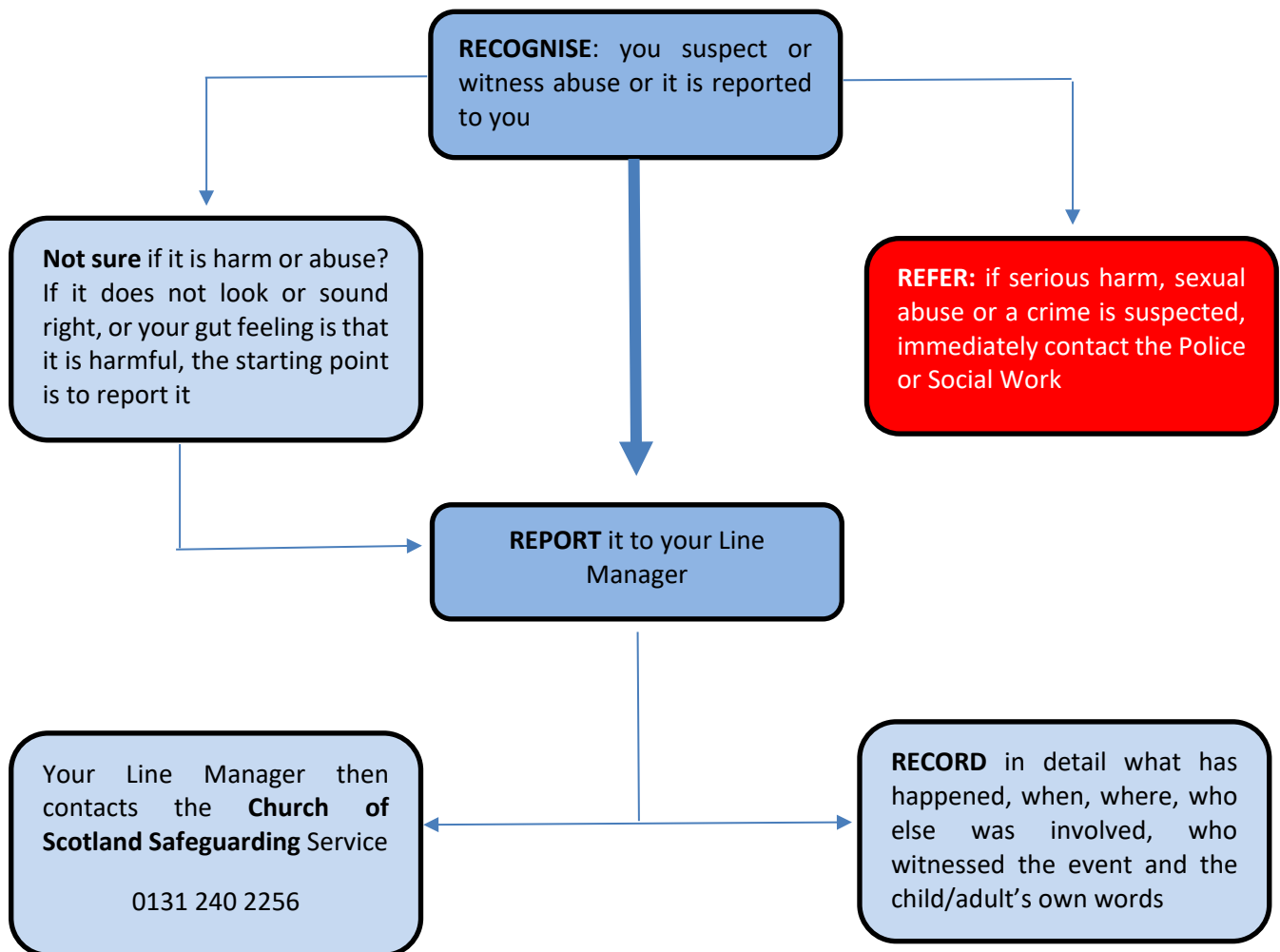
Version Number	Purpose/Change	Author	Date
3.1	Final Review of version 3	Julie Main Safeguarding Manager	24/05/22

1 **Foreword**

- 1.1 CrossReach is the operating name of the Church of Scotland's Social Care Council.
- 1.2 As part of the Church's mission, CrossReach work in Christ's name to seek to support people to achieve the highest quality of life which they are capable of achieving at any given time.
- 1.3 CrossReach has been at the forefront of social care provision for over 100 years. During that time CrossReach has worked hard to understand the needs of people who require help and support and, with them, have led pioneering services which have changed thousands of lives for the better.
- 1.4 Today CrossReach is one of the leading social care providers in Scotland, with experience across a broad range of services to older people, adults and children including: -
- Older People Services – Comprising Residential Care, Specialist Services, including specialist care homes, intermediate care, day care, respite care, community-based services including care at home, housing support, day opportunities and creative arts projects for people living with dementia.
 - Adult Services: for people experiencing homelessness; mental health issues; drug and/or alcohol issues; people with a learning disability and for people who have been in the justice system.
 - Children and Family Services-care and education for looked after children, care for children affected by disability, therapeutic services for people affected by trauma, mental health and problematic alcohol and drug use issues, counselling services, prison visiting centres, early years and family support services.
- 1.5 CrossReach strives to take a trauma-informed approach to practice by increasing our understanding of the ways in which present behaviors and difficulties can be understood in the context of past trauma.
- 1.6 CrossReach is committed to supporting the wellbeing of all people who use our services, and ensuring where at all possible, the prevention of harm to them.
- 1.7 In doing so, CrossReach will promote the dignity, privacy, rights, fulfilment and choice of each person who comes into contact with services and in addition subscribe to the principles underpinning the National Child Protection Guidance 2021.
- 1.8 One of the primary purposes of this document is to help CrossReach employees know **what to do if they have a concern about someone, or, if someone discloses harm to them.**

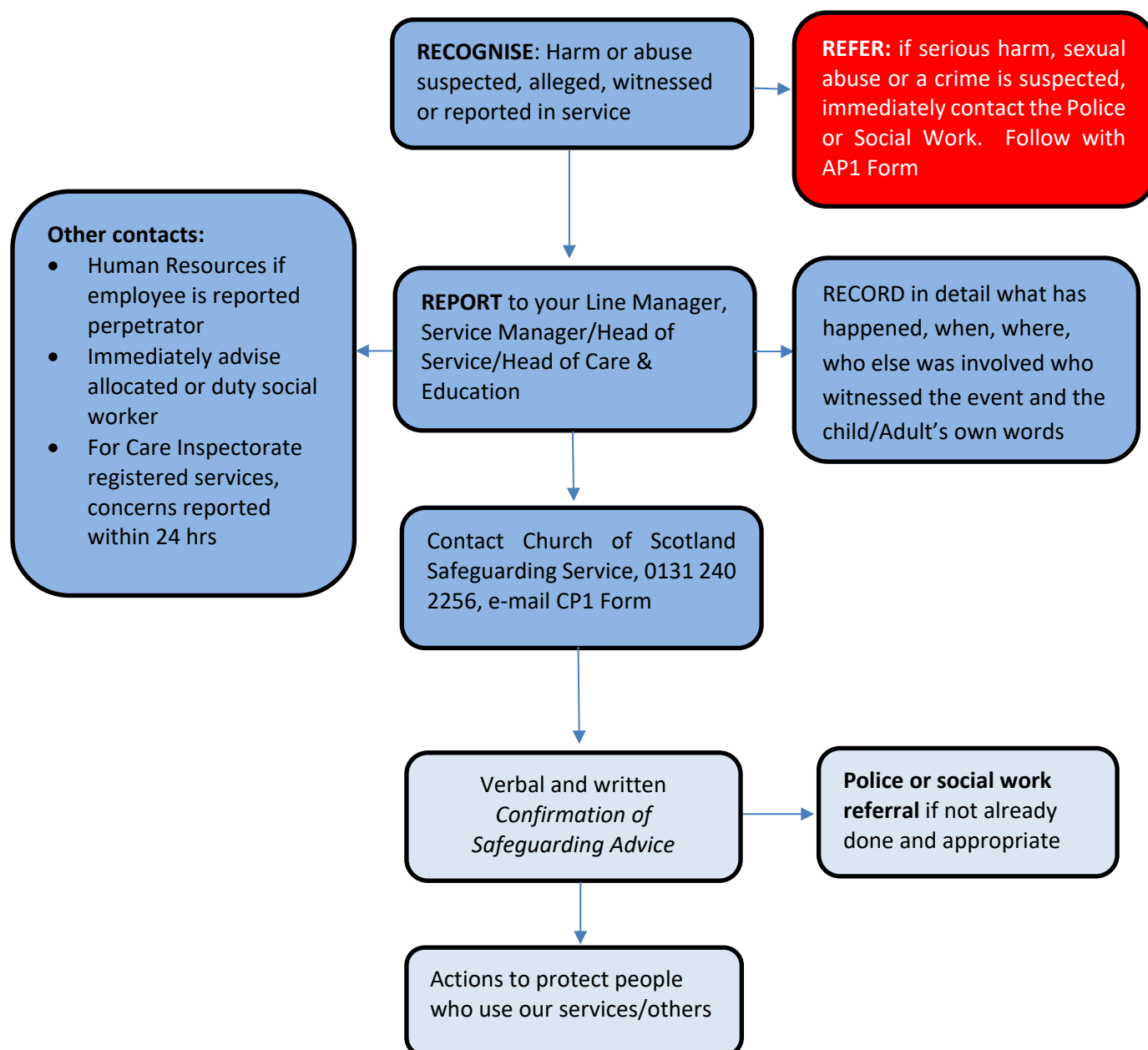
Quick Guide for All Employees

For all **employees, volunteers and students on placement** working with children and young people in CrossReach services: what to do immediately if harm is suspected, witnessed or reported to you.



Quick Guide for Managers

For all **Line Managers, Team Leaders, Managing Coordinators and Heads of Service** working with children and young people in CrossReach services: what to do immediately if harm is suspected, witnessed or reported to you.



2. Introduction - Safeguarding Children and Young People

- 2.1** One of the key objectives of CrossReach is to promote the welfare and wellbeing of children and young people - to protect them from harm including physical, emotional, sexual harm and neglect. This includes making sure that appropriate policy, practices and procedures are in place to minimise the risk of harm from happening and to ensure a timely and proportionate response when it does occur.
- 2.2** This document provides a framework within which those responsible for the support and protection of children and young people can operate effectively while complying with the law and the policies and procedures of CrossReach.
- 2.3** CrossReach will not tolerate harm or abuse of children and young people in any of its forms. Abuse and neglect can cause long-lasting damage to a person's physical and emotional wellbeing which is why it is everyone's responsibility to protect children and young people from harm.
- 2.4** This document has been developed to assist CrossReach employees to
- be aware of the impact of trauma and adverse childhood experiences
 - understand the principles behind safeguarding and the activity of child protection
 - understand their role and responsibility in relation to both of the above
 - understand the impact of national policies and legislation
 - know how to recognise the signs of abuse
 - know how to respond to and record a disclosure of harm
 - know how to report concerns to the relevant authorities.
- 2.5** All employees, volunteers and students on placement are expected to be familiar with this document and other key publications that are intended to support good practice and keep children and young people safe from harm.
- 2.6** It is critically important that all managers and senior staff undertaking assessments of risk are fully briefed on the procedures contained within this document. They must be able to make decisions on behalf of the services and to inform and guide employees about their responsibilities.
- 2.7** It is recommended that services keep a hard copy readily available for employees to refer to. Further copies can be found on the General drive under policies and procedures, on the CrossReach website and on the intranet.
- 2.8** The guidance in this document is also supported by an ongoing programme of training in the area of child protection.

3 Legal and Policy Context

- 3.1** This document conforms to the Human Rights Act 1998, the Children (Scotland) Act 1995, National Guidance for Child Protection in Scotland (Scottish Government 2021), Children and Young People (Scotland) Act 2014 and the Health and Social Care Standards: My Support, My Life (Scottish Government 2018), and should be read in

conjunction with your local authority's Child Protection Committee Multi-Agency Guidance. There are a number of other pieces of relevant legislation and guidance designed to support and protect children. For further information about other supporting legislation please see **Appendix 1**.

- 3.2** In Scotland, the 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 the Rights of the Child (UNCRC). This requires a continuum of preventative and protective work.
- 3.3** Getting it Right for Every Child (GIRFEC) supports families by making sure children and young people can receive the right help, at the right time, from the right people. The aim is to help them grow up feeling loved, safe and respected so that they can realise their full potential. GIRFEC is intended to provide a framework that will allow organisations to provide a consistent supportive approach for all.
- 3.4** The idea of 'wellbeing' is at the core of GIRFEC. The approach uses eight areas of wellbeing in which children and young people need to make progress in order to do well now and in the future. These eight indicators of wellbeing are illustrated below in the Wellbeing Wheel.

Figure A: The Wellbeing Wheel (SHANARRI)

The eight indicators of wellbeing are: safe, healthy, achieving, nurtured, active, respected, responsible, and included. This approach sets child protection, or risks to wellbeing, in the context of the child's wider wellbeing.



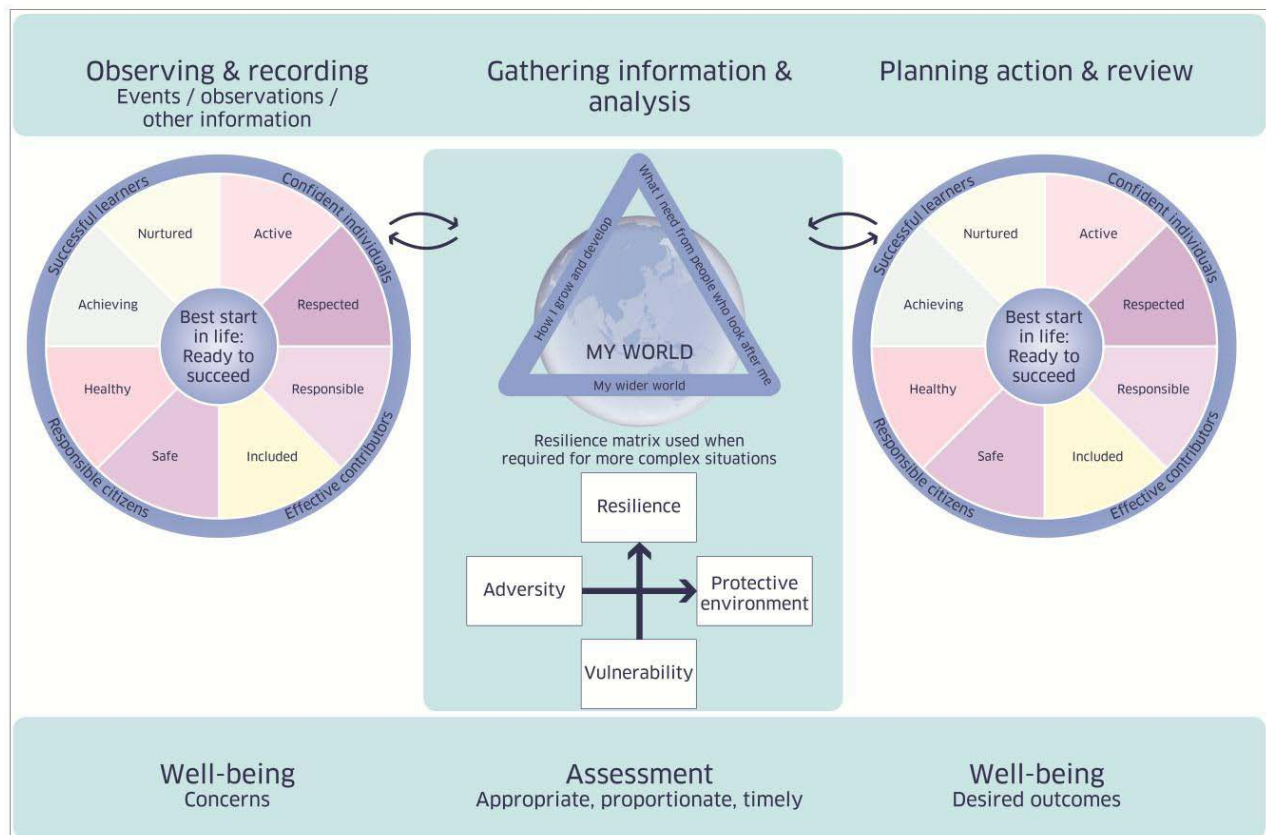
3.5 The GIRFEC National Practice Model

When assessment, planning and action are needed, practitioners can draw on the GIRFEC National Practice Model. This can be used by a single agency, such as CrossReach, or multiple agencies when for example education, health, social care and housing services are working together with a child. The National Practice Model is illustrated in Figure B.

Five key questions when there are concerns about the wellbeing of a child or young person:

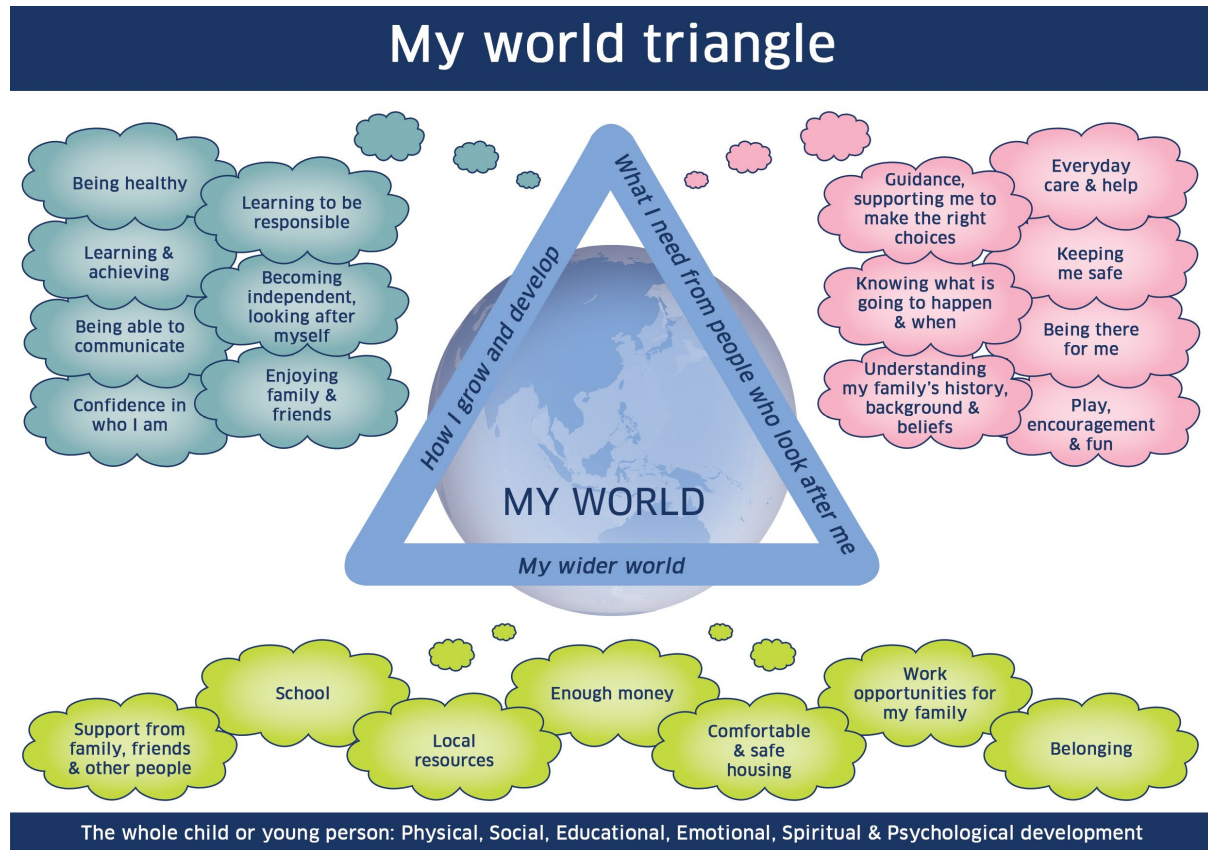
- What is getting in the way of this child or young person's wellbeing?
- Do I have all the information I need to help this child or young person?
- What can I do now to help this child or young person?
- What can my service do to help this child or young person?
- What additional help, if any, may be needed from others?

National practice model



3.6 My World Triangle

When working with children or young people in CrossReach services the My World Triangle can be used at every stage to think about the whole world of the child or young person. **See Figure C below.**



3.7 On the Wellbeing Wheel and in the My World Triangle 'keeping me safe' is about:

- Protection from physical, social and emotional dangers such as bullying.
- The care giver being able to protect the child consistently and effectively.
- Seeking help and solutions to domestic problems such as mental health needs, violence and offending behaviour.
- Taking an interest in the child's friends and associates, use of the internet, exposure to situations where sexual exploitation or substance misuse may present risks, staying out late, staying away from home etc.
- Encouraging the young person to find out about risks and become confident about being safe.
- Ensuring that the child's concerns are being listened to, and acted upon.

3.8 CrossReach services are partners in meeting the wellbeing indicators of some of Scotland's children who are most adversely affected by disability, social disadvantage, substance misuse by parents, abuse and lack of access to educational and health services. GIRFEC provides a common language for working with other professionals and agencies and for making a real difference to the lives of some of Scotland's most disadvantaged children and young people.

4. Definitions and Principles

- 4.1** 'Safeguarding' can best be defined to denote measures taken to protect and promote the health, well-being and human rights of individuals, which allows them to live their life free from abuse, harm and neglect. It is a wider concept than that of child protection and is encompassed in the Scottish government approach to 'Getting it Right for Every Child'.
- 4.2** The overarching principle which underpins safeguarding work with children and young people is that the welfare of the child is paramount. Their needs, interests and wellbeing must be put above the needs and interests of all others.
- 4.3** This is supported by a set of wider guiding principles which, together with the overarching principle, must be considered in undertaking work with children and young people. For example, the Health and Social Care Standards 2018, are no longer just focused on regulated care settings, but are for use in social care, early learning and childcare, children's services, social work, health provision and community justice. They set out what people should expect when using health, social care or social work services in Scotland: -

Dignity and Respect

- My human rights are respected and promoted
- I am respected and treated with dignity as an individual
- I am treated fairly and do not experience discrimination
- My privacy is respected

Compassion

- I experience warm, compassionate and nurturing care and support
- My care is provided by people who understand and are sensitive to my needs and my wishes

Be included

- I receive the right information, at the right time and in a way that I can understand
- I am supported to make informed choices, so that I can control my care and support
- I am included in wider decisions about the way the service is provided, and my suggestions, feedback and concerns are considered.
- I am supported to participate fully and actively in my community

Responsive care and support

- My health and social care needs are assessed and reviewed to ensure that I receive the right support and care at the right time
- My care and support adapt when my needs, choices and decisions change.
- I experience consistency in who provides my care and support and how it is provided.
- If I make a complaint it is acted on.

Wellbeing

- I am asked about my lifestyle preferences and aspirations and I am supported to achieve these.
- I am encouraged and helped to reach my full potential
- I am supported to make informed choices, even if this means I might be taking personal risks.
- I feel safe and I am protected from neglect, abuse or avoidable harm.

- 4.4** 'Child Protection' on the other hand, means taking measures to protect a child from abuse or neglect. It is not necessary for abuse to have taken place, it is sufficient for a risk assessment to identify a likelihood or risk of significant harm from abuse or neglect. Child Protection refers to activities undertaken to prevent children suffering, or likely to suffer significant harm. **Protecting children and young people from harm is an essential aspect of safeguarding activity.**
- 4.5** 'Significant harm' is a complex matter and subject to professional judgement based on a multi-agency assessment of the circumstances of the child and their family. Where there are concerns about harm, abuse or neglect, these must be shared with the relevant agencies so that they can decide together whether the harm is, or is likely to be, significant.
- 4.6** Significant harm can result from a specific incident, a series of incidents or an accumulation of concerns over a period of time. It is essential when considering the presence or likelihood of significant harm that the impact (or potential impact) on the child takes priority and not simply the suspected or reported abusive behaviour.
- 4.7** 'Harm' means the ill treatment or the impairment of the health or development of the child, including, for example, impairment suffered as a result of seeing or hearing the ill treatment of another. In this context, 'development' can mean physical, intellectual, emotional, social or behavioural development and 'health' can mean physical or mental health.
- 4.8** Whether the harm suffered, or likely to be suffered, by a child or young person is 'significant' is determined by comparing the child's health and development with what might be reasonably expected of a similar child.
- 4.9** There are no absolute criteria for judging what constitutes **significant harm**. In assessing the severity of ill treatment or future ill treatment, it may be important to take account of: the degree and extent of physical harm; the duration and frequency of abuse and neglect; the extent of premeditation; and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Sometimes, a single traumatic event may constitute significant harm, for example, a violent assault, suffocation or poisoning. More often, significant harm results from an accumulation of significant events, both acute and long-standing, that interrupt, change or damage the child's physical and psychological development.

4.10 To understand and identify significant harm, it is necessary to consider:

- the nature of harm, either through an act of commission or omission;
- the impact on the child's health and development, considering their age and stage of development;
- the child's development within the context of their family and wider environment;
- the context in which a harmful incident or behaviour occurred;
- any particular needs, such as a medical condition, communication impairment or disability, that may affect the child's development, make them more vulnerable to harm or influence the level and type of care provided by the family;
- the capacity of parents or carers to adequately meet the child's needs; and the wider and environmental family context.

4.11 The reactions, perceptions, wishes and feelings of the child must also be considered, with account taken of their age and level of understanding. This will depend on effective communication, including with those children and young people who find communication difficult because of their age, impairment or particular psychological or social situation. It is important to observe what children do as well as what they say, and to bear in mind that children may experience a strong desire to be loyal to their parents/carers (who may also hold some power over the child). Steps should be taken to ensure that any accounts of adverse experiences given by children are accurate and complete, and that they are recorded fully.

4.12 Trauma. Children are particularly vulnerable to the adverse effects of trauma and abuse. Childhood trauma is common with many children experiencing four or more adverse childhood experiences (ACE's) in their life e.g. abuse, neglect, witnessing domestic violence, living with parental mental health and substance use issues, imprisonment of parent etc.

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, STD's etc. |

It is important for practitioners to have an awareness of the adverse childhood experiences which cause trauma in a child's life and be aware of the impact of these adversities on the development of a child. 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.

- 4.13** When there are concerns that a child has experienced or may experience significant harm, and these concerns relate to the possibility of abuse or neglect, then police or social work must be notified. Along with other relevant services they will form a view as to whether the harm is or likely to be significant. Professionals must also consider what harm might come to a child from failing to share relevant information.

5. Who is a child?

A child can be defined differently in different legal contexts, for example:

- In 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 Act (Scotland) Act 2007 can be applied to over 16's where the criteria are met.

The individual young person's circumstances and age will dictate what legal measures can be applied in any given circumstances. The National Guidance for Child Protection in Scotland 2021, provides more comprehensive details of the definition of a child in particular circumstances.

The key message is that 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.

6. What is child abuse and neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting, or by failing to act to prevent, significant harm to the child. Children may be abused in a family or in an institutional setting, by those known to them or, more rarely, by a stranger. Assessments will need to consider whether abuse has occurred or is likely to occur.

- 6.1 Categories of Abuse.** The following definitions show some of the ways in which abuse may be experienced by a child but are not exhaustive, as the individual circumstances of abuse will vary from child to child.

- 6.2 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. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after.
- 6.3 Emotional abuse** is persistent emotional neglect or ill treatment that has severe and persistent adverse effects 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.
- 6.4 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. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of indecent images or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways.
- 6.5 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, 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 'nonorganic 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.
- 6.6 Online abuse** can include online bullying; emotional abuse and blackmail; sharing of intimate images; grooming behaviour; coercion and preparatory behaviour for abuse including radicalisation; child sexual abuse and sexual exploitation as described above. Spyware which enables monitoring and tracking of activity on devices and offline locations may be used abusively. Perpetrators may be strangers, family members, friends or professionals. Further support and advice can be found at: -

- Thinkuknow <https://www.thinkuknow.co.uk>
- Childnet <https://www.childnet.com/>
- Internet Matters <https://www.internetmatters.org/about-us/>
- NSPCC <https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/>
- 5Rights <https://5rightsfoundation.com/>
- Respectme <http://respectme.org.uk/adults/online-bullying/>
- UK Safer Internet Centre <https://www.saferinternet.org.uk/>

- 6.6 Child Sexual Exploitation, Honour –Based Violence and Forced Marriage, Human Trafficking and Female Genital Mutilation** are all forms of child abuse when they involve children. More information about these specific circumstances and practitioner resources can be found on the Scottish Government website at <https://www.gov.scot/about/> .

Recognising harm or abuse is often not easy. Some types of abuse may go undetected or reported for many years or never disclosed by the person affected. **Appendix 2** can assist employees to recognise indicators of risk of harm and abuse.

- 6.7 Harmful Sexual Behaviour of a Child.** Harmful sexual behaviour (HSB) is defined as “sexual behaviour(s) expressed by children and young people under the age of 18 years that are developmentally inappropriate, may be harmful towards self or others and/or may be abusive towards another child or young person or adult” (Hackett, 2014). Children and young people who develop harmful sexual behaviour harm themselves and others. Harmful sexual behaviour includes:

- Using sexually explicit words and phrases
- Inappropriate touching
- Using sexual violence or threats
- Full penetrative sex with other children or adults

Where abuse of a child or young person is reported to have been carried out by another child or young person, such behaviour should always be treated seriously and be subject to a discussion between relevant agencies that covers both the victim and the perpetrator. In all cases where a child or young person displays problematic sexual behaviour, immediate consideration should be given to whether action needs to be taken under child protection procedures, either in order to protect the victim or to tackle concerns about what has caused the child/young person to behave in such a way. Practitioners’ ability to determine if a child’s sexual behaviour is harmful will be based on an understanding of what constitutes healthy sexual behaviour in childhood, as well as issues of informed consent, power imbalance and exploitation. Resources such as the [Sexual Behaviours Traffic Light Tool – Brook](#) can be useful in recognition of potential child protection concerns about children’s sexual behaviour. The NSPCC also has some useful information to assist practitioners with managing harmful sexual behaviour of a child <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/harmful-sexual-behaviour/>.

- 6.8 Historical or Non-Recent Abuse.** Non-recent abuse (also known as historical abuse) refers to reports of neglect, physical, sexual or emotional 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.

A person may share an account of historical abuse in the context of a therapeutic or counselling setting. Others may report historical abuse directly to the police, social work services, health or education. It is possible that the person reporting historical abuse may not be a direct service user but a parent/carer, partner or other family member of a person accessing these services.

If a disclosure is made, staff should take steps to ascertain whether the alleged perpetrator remains a risk to children or others. Staff should support the person

disclosing the abuse to make a report to police. If staff know that abuse has taken place, or they have any doubt about whether an alleged perpetrator continues to pose a risk of harm to others they should ensure this information is passed onto statutory authorities irrespective of whether they have consent from the person making the disclosure. It is not sufficient to accept an assurance from someone making the disclosure that they will pass concerns on, or, appropriate to agree to keep the information confidential. There are a number of reasons why barriers could be put in the way of the victim or survivor e.g. fear of the perpetrator, fear of having their children removed from their care, financial worries etc.

People reporting historical abuse may state that the perpetrator is deceased, suggesting that there are no current child protection concerns. However, they may still want to be advised that they can share information with Police Scotland to make a report to allow them to consider information further.

Employees should be aware that young adults who are no longer involved with services may disclose harm or abuse to them. All such historic concerns will be considered to determine whether they require criminal investigation or investigation through other processes e.g. complaints, regulatory, commissioning, health and safety investigations. Talking about abuse that happened as a child can be difficult and may cause memories and feelings to resurface which cause anxiety and distress. Support services (**Appendix 4**) are available whether or not the abuse was reported to the police.

7 Duty of Candour.

- 7.1** The organisational duty of candour provisions of the Health (Tobacco, Nicotine etc. & Care) (Scotland) Act 2016 and The Duty of Candour (Scotland) Regulations 2018 came into force on 1 April 2018. The purpose of the new duty of candour provisions is to support the implementation of consistent responses across health and social care providers when there has been an unexpected event or incident that has resulted in death or harm of the service user, that goes beyond 28 days, that is not related to the course of the condition for which the person is receiving care.

It imposes a duty on CrossReach to inform service users (or their representatives); if there has been a mistake in their care that has led to significant harm. CrossReach's policy in relation to duty of candour describes the arrangements that CrossReach has in place to ensure that managers and employees are clear about what to do if the duty of candour applies.

7.2 Roles and Responsibilities of CrossReach employees

Corporate and Senior Management Teams will oversee the following:

- Ensure that all paid employees; volunteers and students on placement are recruited or placed in line with safer recruitment practices.
- Arrange for the implementation of relevant policy and procedure through tailored mandatory training to be provided to all CrossReach employees, agency staff, volunteers and students on placement.
- Ensure that all employees receive supervision relevant to their role and responsibility.
- Disseminate and implement recommendations from case/learning reviews and critical incidents across all CrossReach services.

- Ensure that where allegations are made against CrossReach employees that this guidance runs in parallel with CrossReach's disciplinary procedures

Service Managers and Managing Coordinators (and similar posts) will:

- Report suspected, witnessed or reported harm to their Head of Service and the Church of Scotland Safeguarding Service within 24 hours, or as soon as possible thereafter.
- Ensure that all employees complete training relevant to the requirements of regulatory bodies.
- Ensure that all paid employees, volunteers and students on placement are aware of the CrossReach Child Protection Policy and Guidance.
- Ensure that all paid employees, volunteers and students on placement are aware of their local area Multi-agency Child Protection Procedures.
- Attend mandatory Level 2 Safeguarding Training for Managers
- Keep a record of who has received safeguarding training and when
- Ensure that safeguarding is a standing agenda item for supervision and meetings with individual employees and teams
- Monitor progress where any harm is suspected, reported or witnessed.

All employees, volunteers and students on placement working directly with people who use CrossReach Services will:

- Report to their line-manager harm that is suspected or witnessed or reported to them
- With the guidance of managers and training, employees will read and understand this policy and procedure. They will be clear about their role and responsibilities in child protection. If employees have any queries on the policy they have a responsibility to seek clarification on these from their line manager
- Attend mandatory Level 1 Child Protection training or a similar equivalent
- All staff must complete the Safeguarding E-learning module
- Attend any other training relevant to the requirements of regulatory bodies

7.3 Safer Recruitment

CrossReach follows safer recruitment practices which are fair, compliant with relevant legislation, and help lead to positive experiences and outcomes for people who use our services.

CrossReach will ensure that all employees and volunteers and students on placement undertaking regulated work with protected children and young people are members of the Protecting Vulnerable Groups (PVG) scheme. PVG helps make sure that people whose behaviour makes them unsuitable to work with children or protected adults cannot do 'regulated work' with these vulnerable groups.

The PVG Scheme is only one part of a safer recruitment process- we still need to ensure that every post has a job description, interviews are carried out, references followed up and that paid employees and volunteers are supervised appropriately to undertake their role. Supervision means that the standard of the person's work is monitored by the person that they are responsible to or line managed by.

Recruiting individuals who were born outside of the United Kingdom or who have lived outside of the United Kingdom will require additional checks. There are two issues to consider when recruiting individuals who were born outside the United Kingdom or who have lived outside the United Kingdom for six months or more in the last 5 years. The

first is confirming someone's identity and the second relates to checking their criminal record. With regard to the identity of the individual, line managers/HR should take particular care during the recruitment process, ensuring they follow up references and making other relevant checks before making an appointment is confirmed and start date issued.

CrossReach will ask prospective employees to provide an overseas criminal record certificate, from their government or an appropriate government/police agency in the country where they were born and or where they resided when out with the UK.

Having a criminal record will not necessarily prevent a person from being employed by CrossReach. All vetting information which has been provided to CrossReach from Disclosure Scotland, or notification that a person is under consideration for listing by Disclosure Scotland, will be risk assessed as appropriate before a decision is made about a new appointment or the person's current employment.

8. What to do if someone discloses harm or if you have a concern about someone

8.1 One of the key objectives of CrossReach is to prevent harm from occurring and to ensure a timely and appropriate response when it does occur.

8.2 If a child or young person tells an employee they have been harmed (or feel at risk of harm) it is critically important the employee takes the issue seriously, listens attentively, tries to put the person at ease and conveys concerns for the child's safety. Take emergency action if someone is at immediate risk of harm/in need of urgent medical attention by contacting emergency services e.g. ambulance, police, and social work services. Employees should always try to:

1. Ask what has happened
2. Listen carefully
3. If appropriate ask precise questions – who, what, where and when? This is to establish basic details of events. It is not to start an investigation. In particular, when it appears the person may be the subject of an offence then full details should not be sought as this may compromise a Police Investigation.
4. Try to avoid leading questions – do not suggest things to the person and do not press them for information
5. Stay calm, show empathy and support, reassure the person
6. Make the person feel safe and secure
7. Tell them what you will do – that you have to take appropriate action – never promise that you will keep what they have told you secret.
8. Do not make judgements or dismiss what the person has told you

9, What to do after someone has disclosed harm or if you have a concern about someone – The 4R's of Safeguarding



9.1 What to do after someone has disclosed harm or if you have a concern about someone – The 4R's of Safeguarding

Steps: The 4R's	What to do
Recognise	You suspect or witness harm or it is reported to you. Do some basic recording of the facts if possible. It then makes it easier to share accurate basic information for good reporting.
Report	<p>If you think someone is at risk of immediate harm or needs urgent medical attention do not delay. Report your concerns to Police Scotland, NHS.</p> <p>Immediately report suspected or actual harm to your manager. Do not wait until the next day or a more convenient time.</p>

	<p>If you cannot speak to your line manager, or if you have any concerns about the way that a safeguarding concern is being managed please make immediate contact with your Head of Service.</p> <p>If an allegation or report is about a CrossReach employee, your Human Resources Department and Head of Service must be notified immediately.</p>
Report to the Church of Scotland Safeguarding Service	<p>Refer the concern to the Church of Scotland Safeguarding Service within 24 hours where at all possible.</p> <p>Phone in the first instance; follow up with a written copy of concerns. e.g. Proforma for referring incidents of concern including Child Protection concerns (CP1 Form) (Appendix 5).</p> <p>The Safeguarding Service will confirm any verbal advice in writing by forwarding a Confirmation of Safeguarding Advice Form to the relevant person(s).</p> <p>The advice will include recommendations about making a referral to Police Scotland or social work services, if this has not already happened.</p> <p>Referral means sharing verbal information with other agencies and then confirming this in writing. Please see Appendix 5 and Appendix 7 for details of what should be included in a written child protection referral.</p> <p>The presumption is to refer to social work services unless there are good reasons not to. Often the social work service will then contact Police Scotland as part of their procedure. This is called an Interagency Referral Discussion (IRD).</p>
Record	<p>It is important to keep a clear, concise and accurate record of information about an event where harm or abuse has been disclosed or it is suspected. The record must be made as soon as possible or within 24 hours of receipt of the information.</p> <p>Record the 4Ws: 'who, what, where, and when' of the event. Include details about witnesses. This will provide the information that you will need to share with the Safeguarding Service, Social Work Service or Police Scotland.</p> <p>Record all discussions, telephone calls, interviews, decisions etc. electronically and in the child or young person's case file.</p> <p>Include details of the event in the child or young person's chronology of significant events where this is held.</p> <p>The Care Inspectorate has published updated practice guidance in relation to Chronologies Practice guide to chronologies 2017.pdf (careinspectorate.com) and the national-guidance-child-protection-scotland-2021 (8).pdf pages 123-124 covers chronologies in detail.</p> <p>Safe Storage, Retention and Disposal of Records</p> <p>Records should always be stored in a secure and confidential place. Paper records must be kept in a locked cabinet on CrossReach premises. If records are stored electronically then care should be taken to ensure that they are stored on the CrossReach network which is secure. They should also be saved in an area</p>

	<p>which has restricted access so they are only accessible to those employees who should need them to undertake their job. Records should only be retained for as long as is necessary and destroyed in line with CrossReach's Data Protection Policy and Retention Schedule Data-Protection-Policy-may-2018.pdf (crossreach.org.uk)</p>
<p>Referring to partner agencies e.g. Police Scotland, Social Work Services</p>	<p>When a decision has been made to make a referral to Police Scotland or Social Work Services it is preferred practice to phone and speak to someone in the first instance. This is to ensure that the referral is picked up by someone who can act on it straight away. It is then helpful to follow up the phone call with a written CP1 referral which includes all the relevant details of the person and the event/incident. Emails containing confidential personal information should be sent to an appropriate e-mail address. Normally, statutory services have a single point of contact for receipt of child protection and wellbeing concerns. When sending to a named account there is a danger that the e-mail will not be picked up if the named individual is on leave or off sick. Please be alert to this and ensure that your e-mail has reached someone who can act on it straight away.</p> <p>It is necessary to establish, as far as possible, what action the police or social work service intends to take. This will ensure that any internal processes e.g. disciplinary processes, internal fact finding etc. do not cut across police investigations and to ensure that employees can support the child or young person appropriately.</p> <p>Confidentiality, consent and information sharing</p> <p>CrossReach expects all employees, volunteers and trustees to maintain confidentiality at all times. Employees should only share confidential information when necessary and in line with Data Protection law. It is appropriate to seek the views of a child or young person and in some circumstances to seek their consent to share information. Please speak to your line manager if you are in doubt in what circumstances this would apply.</p> <p>However, if a child is deemed to be at risk of immediate harm information should be shared with authorities i.e. police and social work services. Sharing the right information, at the right time, with the right people can make all the difference to preventing harm and is an essential part of safeguarding activity. The national-guidance-child-protection-scotland-2021 (8).pdf covers information sharing in detail pages 27-30 if further advice is needed.</p>
<p>Notifications</p> <p>Who to contact</p>	<p>Care Inspectorate</p> <p>By law all registered services must tell the Care Inspectorate immediately if certain events take place. For example: -</p> <ul style="list-style-type: none"> -Accidents, incidents or injuries -Outbreak of infectious diseases -Death of person using a care service -Allegations of abuse -Significant equipment breakdown -Allegation of misconduct by a provider or employee -Criminal convictions resulting in unfitness of a manager -A provider becoming unfit -Absence of manager -Planned refurbishment/alteration/extension of premises

	<p>-Change of registration details -Person living at the registered premises</p> <p>The Care Inspectorate has issued comprehensive guidance about record keeping and notifications, including notifications related to Covid-19, controlled drugs, death of a looked after child, serious incident reviews which can be accessed at Notifications (careinspectorate.com)</p> <p>Next of Kin</p> <p>If appropriate, the next of kin should be notified as soon as possible about the safeguarding concern and the actions taken to mitigate risk. It is best to seek advice from social work services or police about this in the first instance if the matter has been referred to them to ensure that the child or young person is not being placed at risk of harm.</p> <p>OSCR –Charity Regulator</p> <p>Consideration should be given to whether a notification to the Charity Regulator is necessary and or relevant. Referrals to OSCR will be made via the Legal Team at the Church of Scotland. If you believe a referral should be made to OSCR then please speak to the Business Partner – Quality, Compliance and Improvement.</p> <p>Planning and Commissioning Teams</p> <p>In line with guidance, consideration should be given to whether a notification to the appropriate planning and commissioning team(s) is necessary and or relevant. This is a decision for the Service Manager to make.</p>
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9.2 Allegations against Employees Volunteers

Allegations may be made against employees or volunteers currently working with children or young people.

Allegations can come from any source-children and young people, from adults, from parents/carers, other employees, members of the general public, or from external professionals e.g. police, NHS services, social work. Some allegations may be historical, against individuals no longer working with children or young people. Serious concerns about the safety and wellbeing of any child or young person should always be reported to the police and/or social work department in the first instance.

The senior employee on duty and the Safeguarding Service should be notified immediately or as soon as possible thereafter if there is any doubt about whether the concern constitutes a child protection matter that needs investigation.

A timely response is crucial to preserve evidence if a crime is suspected.

The Head of Service, in conjunction with Human Resources, will determine if disciplinary action is required at the same time as responding to the child protection concern.

It may be necessary to immediately suspend an employee(s), or remove them from their role, pending an investigation. This will depend on the nature of the allegation and could be for one or more of the following reasons:

- To avoid further possible risk to children or young people
- To avoid possible risk of further allegations against the employee
- To prevent contamination or destruction of evidence

Advice on whether these steps are necessary must be sought from the senior employee on duty who will seek advice from the Human Resources department. This step should be taken at the earliest opportunity to ensure that risk is reduced and/or managed and that the employee or volunteer is appropriately supported throughout the process.

10 Internal Fact Finding/Investigations

- 10.1** An internal fact-finding investigation generally takes place by CrossReach after police and/or social work investigations have taken place. The investigation is often conducted to establish the facts i.e. the who, what, when, where and why of the situation, to determine 'on the balance of probabilities' if there are grounds for disciplinary action, to assess the needs of the person for protection and support and to make decisions about what follow up actions are required. Learning identified from an investigation to minimise the risk of a similar situation occurring again in the future should be implemented at the earliest opportunity and need not necessarily wait until the outcome of a disciplinary process. **Appendix 6** provides CrossReach employees with a structured framework for undertaking internal fact-finding investigations.

11 Whistleblowing – Reporting inappropriate behaviour

- 11.1** CrossReach takes seriously any form of abuse, poor practice and fraud that may take place in the workplace and places importance on maintaining high standards of honesty, openness, integrity and accountability within our services. We will support all workers who make a disclosure (whistleblowing) where the disclosure is a genuine concern made in good faith.
- 11.2** Whistleblowing is where an individual raises a concern about malpractice or wrong doing or provides information about illegal or dishonest practices within an organisation. Under the Public Interest Disclosure Act (1998) employees are allowed to make a "protected disclosure". This provides protection against victimisation or dismissal for workers (this includes permanent and temporary employees, agency staff, contractors, home workers and trainees/students) who blow the whistle on criminal behaviour or other wrongdoing. Please refer to CrossReach's Whistleblowing Policy for further information on the process.

CrossReach employees are encouraged to raise concerns with their own line manager in the first instance. If the concern is about their line manager, then attempts should be made to discuss with another manager or the Business Partner for Quality, Compliance and Improvement – 0131 657 2000 or the Safeguarding Service – 0131 240 2256. Contact details of the external manager for the service are on display within the service.

12. Training and Supervision

CrossReach employees work with children and young people.

Safeguarding training, supervision and support for employees is essential to create and maintain a culture of informed vigilance to safeguard and promote the wellbeing of children and young people.

To this end CrossReach, in partnership with the Safeguarding Service, offer an ongoing programme of child protection training which supports existing policies and procedures in the organisation.

CrossReach line managers ensure that the highest standards of practice are supported by formal employee supervision and annual development plan meetings in line with CrossReach Policy.

Contact details:

CrossReach Head Office
Charis House
47 Milton Road East
Edinburgh
EH15 2SR

Telephone: 0131 657 2000
Email: info@crossreach.org.uk

Safeguarding Service
Church of Scotland
121 George Street
Edinburgh
EH2 4YN

Telephone: 0131 240 2256
E-mail: Safeguarding@churchofscotland.org.uk

Appendix 1

Legislation - Children and Young People

UNCR

[United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Bill](#)

Legislation defining certain offences against children

[Children and Young Persons \(Scotland\) Act 1937 \(legislation.gov.uk\)](#)

[Prohibition of Female Genital Mutilation \(Scotland\) Act 2005 \(legislation.gov.uk\)](#)

[Female Genital Mutilation \(Protection and Guidance\) \(Scotland\) Act 2020 \(legislation.gov.uk\)](#)

[Sexual Offences \(Scotland\) Act 2009 \(legislation.gov.uk\)](#)

[Protection of Children and Prevention of Sexual Offences \(Scotland\) Act 2005 \(legislation.gov.uk\)](#)

[Human Trafficking and Exploitation \(Scotland\) Act 2015 \(legislation.gov.uk\)](#)

[Civic Government \(Scotland\) Act 1982 \(legislation.gov.uk\)](#)

[Children \(Equal Protection from Assault\) \(Scotland\) Act 2019 \(legislation.gov.uk\)](#)

Legislation on managing adults who may pose a risk to children

[Criminal Justice and Licensing \(Scotland\) Act 2010 \(legislation.gov.uk\)](#)

[Domestic Abuse \(Scotland\) Act 2011 \(legislation.gov.uk\)](#)

[Domestic Abuse \(Scotland\) Act 2018 \(legislation.gov.uk\)](#)

[Domestic Abuse \(Protection\) \(Scotland\) Act 2021 \(legislation.gov.uk\)](#)

[Protection from Abuse \(Scotland\) Act 2001 \(legislation.gov.uk\)](#)

[Abusive Behaviour and Sexual Harm \(Scotland\) Act 2016 \(legislation.gov.uk\)](#)

Legislation on criminal proceedings and witness supports

[Criminal Procedure \(Scotland\) Act 1995 \(legislation.gov.uk\)](#)

[Victims and Witnesses \(Scotland\) Act 2014 \(legislation.gov.uk\)](#)

[Age of Criminal Responsibility \(Scotland\) Act 2019 \(legislation.gov.uk\)](#)

[Forensic Medical Services \(Victims of Sexual Offences\) \(Scotland\) Act 2021 \(legislation.gov.uk\)](#)

Additional Legislation

[Children \(Scotland\) Act 2020 \(legislation.gov.uk\)](#)

[Children \(Scotland\) Act 1995 \(legislation.gov.uk\)](#)

[Children's Hearings \(Scotland\) Act 2011 \(legislation.gov.uk\)](#)

[Children and Young People \(Scotland\) Act 2014 \(legislation.gov.uk\)](#)

[Disclosure \(Scotland\) Act 2020 \(legislation.gov.uk\)](#)

[Mental Health \(Care and Treatment\) \(Scotland\) Act 2003 \(legislation.gov.uk\)](#)

[Antisocial Behaviour etc. \(Scotland\) Act 2004: Guidance on Antisocial Behaviour Orders - gov.scot \(www.gov.scot\)](#)

[Adult Support and Protection \(Scotland\) Act 2007 \(legislation.gov.uk\)](#)

[Adoption and Children \(Scotland\) Act 2007 \(legislation.gov.uk\)](#)

[Equality Act 2010 \(legislation.gov.uk\)](#)

[Forced Marriage etc. \(Protection and Jurisdiction\) \(Scotland\) Act 2011 \(legislation.gov.uk\)](#)

[Guide to the General Data Protection Regulation - GOV.UK \(www.gov.uk\)](#)

[Islands \(Scotland\) Act 2018 \(legislation.gov.uk\)](#)

Emergency Legislation under regular review

[Coronavirus \(Scotland\) Act 2020 \(legislation.gov.uk\)](#)

Appendix 2 Indicators of Risk, Harm, Abuse-Children and Young People

Main Types of Abuse	Signs of These Types of Abuse
<p>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.</p>	<ul style="list-style-type: none"> • Unusual or unexplained injuries. • Misuse of medication: giving too much, too little, with- holding 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 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. Sexual abuse involves forcing or enticing a child to take part in sexual activities whether or not the child 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.</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.
<p>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</p>	

<p>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</p>	<ul style="list-style-type: none"> • 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;
<p>Emotional Abuse- 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.</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.
<p>Neglect:</p> <p>Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.</p> <p>It may involve a parent or carer failing to provide adequate food, shelter and clothing, 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.</p>	<ul style="list-style-type: none"> • 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.

<p>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.</p> <p>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.</p>	
<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>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, 2014.</p>	<ul style="list-style-type: none"> • 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. • Online Abuse: 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 their trust for the purposes of sexual abuse, sexual exploitation or trafficking.

	<ul style="list-style-type: none"> • Child trafficking is a crime involving the movement of children for the purpose of their exploitation • 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: Around 1 in 5 children have been exposed to 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 Safeguarding Handbook 6. • 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 problematic alcohol and drug use issues 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.
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Appendix 4

Helpful Links

Childline Phone: 0800 1111 [Childline | Childline](#)

- Breathing Space: <https://breathingspace.scot/>
- [Mental Health Foundation](#)
- Mental Welfare Commission [Welcome | Mental Welfare Commission for Scotland \(mwcscot.org.uk\)](#)
- Samaritans: <https://www.samaritans.org/?nation=scotland>
- Scottish Association for Mental Health
- See Me Scotland [See Me | End Mental Health Stigma and Discrimination \(seemescotland.org\)](#)
- Young Minds [YoungMinds | Mental Health Charity For Children And Young People | YoungMinds](#)
- Childline on 0800 1111 or online at <https://www.childline.org.uk/>

A child concerned about risk of sexual abuse or exploitation should consider contacting:

- The Child Exploitation and Online Protection Centre (CEOP) to make an online report [https:// www.ceop.police.uk/ceop-reporting/](https://www.ceop.police.uk/ceop-reporting/)
- Police Scotland: call 101 (or in an emergency 999)
- Parentline Scotland: 0800 028 2233 or email parentlinescotland@children1st.org.uk. Parentline's opening hours are from 9am-10pm (Mon-Fri) and 12 noon-8pm (weekends).
- 24-hour NSPCC helpline: 0808 800 5000
- Local authority children's services: [Protecting Children :: Celcis](#)
- Crimestoppers: 0800 555 111

NAPAC (The National Association for People Abused in Childhood)

Phone: 0808 801 0331

Monday to Thursday, 10am to 9pm

Friday 10am to 6pm

UK-wide charity supporting adults who were abused in childhood. [Find support in your local area](#) or call the support line – calls won't show up on your bill and are free from all landlines and mobiles.

Victim Support Scotland

Phone: 0345 603 9213 (Monday to Friday, 8am to 8pm)

Provides information and support for victims of crime. It doesn't matter whether the crime was reported to the police or if the crime took place a long time ago. You can also search for victim support in your area for local help and advice.

Children 1st

Provides local support for children who have experienced abuse to rebuild their lives, and a dedicated support line for anyone abused while at Fort Augustus or Carlekemp schools.

Call 0800 345 7457 Monday to Friday 9am to 10pm, weekends 12 noon to 8pm.

Speak out Scotland

Phone: 0141 332 9326

Provides support services for male survivors of childhood sexual abuse in Glasgow and the surrounding area, including specialist counselling, a self-help group and a support helpline.

Rape Crisis Scotland

Phone: 08088 01 03 02 (6pm to midnight, 7 days a week)

Provides a rape crisis helpline and email support for anyone affected by sexual violence at any time in their lives. They can also put you in touch with centres or other services for ongoing support.

Wellbeing Scotland- Open Secret, In Care Survivors, Children and Families Services

Phone: 01324 630100

Monday to Thursday, 9am to 5pm

Friday 9am to 3pm

Email: info@wellbeingscotland.org

Wellbeing Scotland provides confidential support for survivors of childhood abuse and trauma. Wellbeing Scotland also provides other services and support to children and families. Most services are based in the Forth Valley area, but some are available throughout Scotland.

National Confidential Forum

Phone 0800 121 4773 or fill out an online form at

<https://www.nationalconfidentialforum.org.uk/contact-us/>

The Forum is about understanding and acknowledging the experiences of those of us who were in institutional care in Scotland as a child. You can tell the Forum about your experiences, including any abuse you may have suffered, how it was dealt with at the time, and the effect these experiences have had on you.

Ritual Abuse Network Scotland (RANS)

Phone: 01382 224737

Confidential support and information for survivors of organised/ritual abuse, including a survivor's forum.

Your rights

As a victim of crime, you have rights. The **Victims' Code for Scotland** sets out these rights and who to contact for help and advice.

Appendix 5

Pro-forma for referring incidents of concern Including Child Protection Concerns	
<p>Please complete this online form, encrypt with password and send to Church of Scotland Safeguarding Service. Do not send as a PDF.</p> <p>Section A: To be completed by the service identifying a concern</p> <p>Section B: To be completed by the Church of Scotland Safeguarding Service</p> <p>Section C: To be completed by the service.</p>	
Section A	
1	Details of CrossReach Service making referral
	Name of Service
	Address
	Tel/Mobile
2	Details of Referrer
	Name
	Position
	E-mail
3	Details of child suspected or reported to be harmed/at risk of harm
	Name
	DoB/Age
	Address
	Parent/Guardian
	Contact Details of Parent or Guardian
4	<p>Details of suspected, witnessed or reported concern.</p> <ol style="list-style-type: none"> Who witnessed or reported what, where and when? What type of harm is suspected or reported e.g. physical, financial, sexual, emotional, neglect etc.? Include location, times and dates. Names of witnesses or others affected by the event.

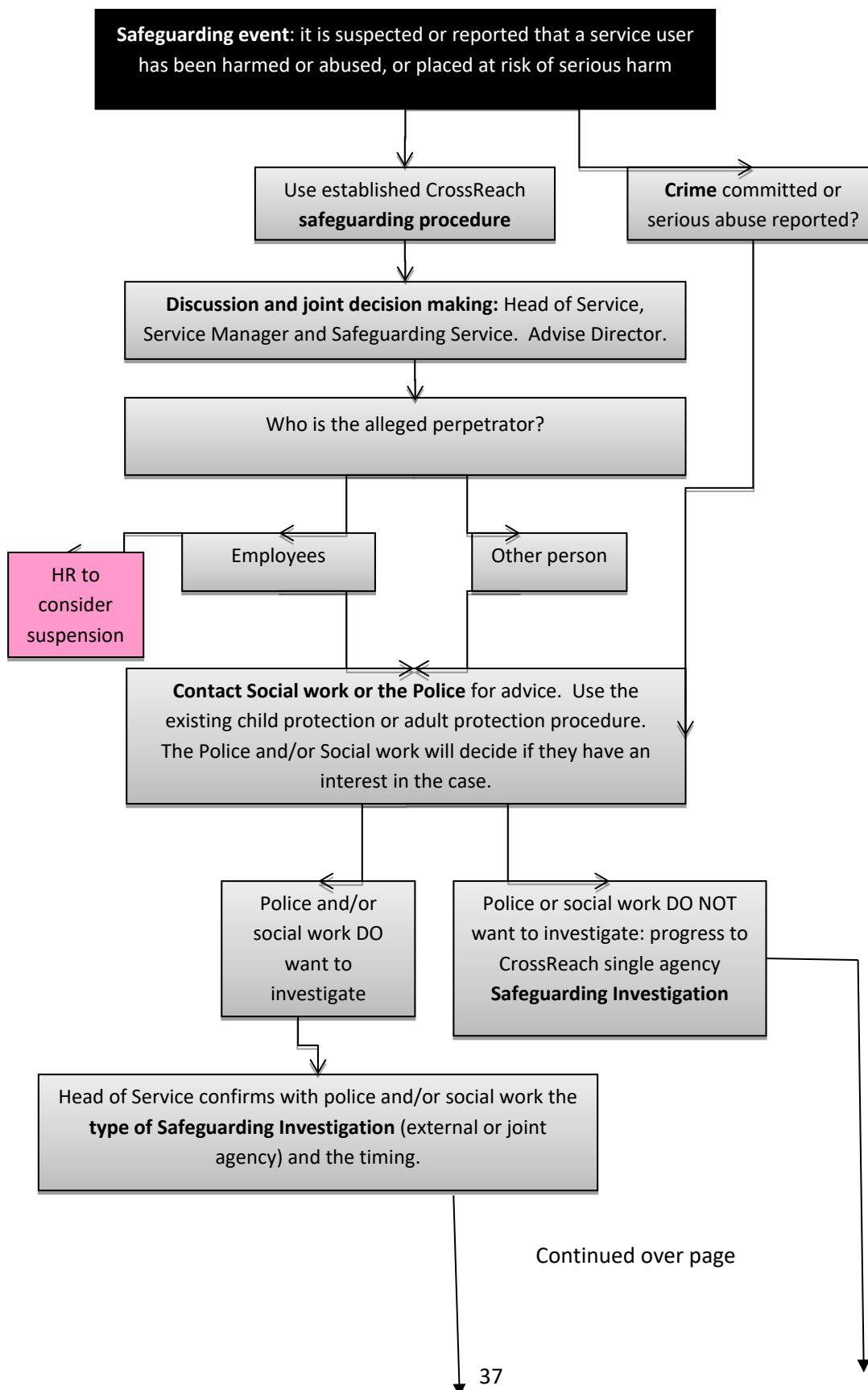
5	Person causing the suspected or reported harm/at risk of harm if applicable.			
	Name			
	Relationship to child being referred			
	Tel/Mob			
	Address			
	E-mail			
	Professionals/ Agencies Involved	Name	Contact details	Have they been notified?
	Social Work			
	GP			
	Psychiatrist/CP N etc			
	Education			
	Care Inspectorate			
	Other (e.g., family)			
	6	Is the child on the Child Protection Register?		
7	Is the child subject to statutory measures?			
	Please specify. E.g., LAC			
8	Has a Wellbeing concern form submitted?			
	Please specify to whom?			
9	Wellbeing areas impacted?			
	SAFE			
	HEALTHY			
	ACTIVE			
	NURTURED			

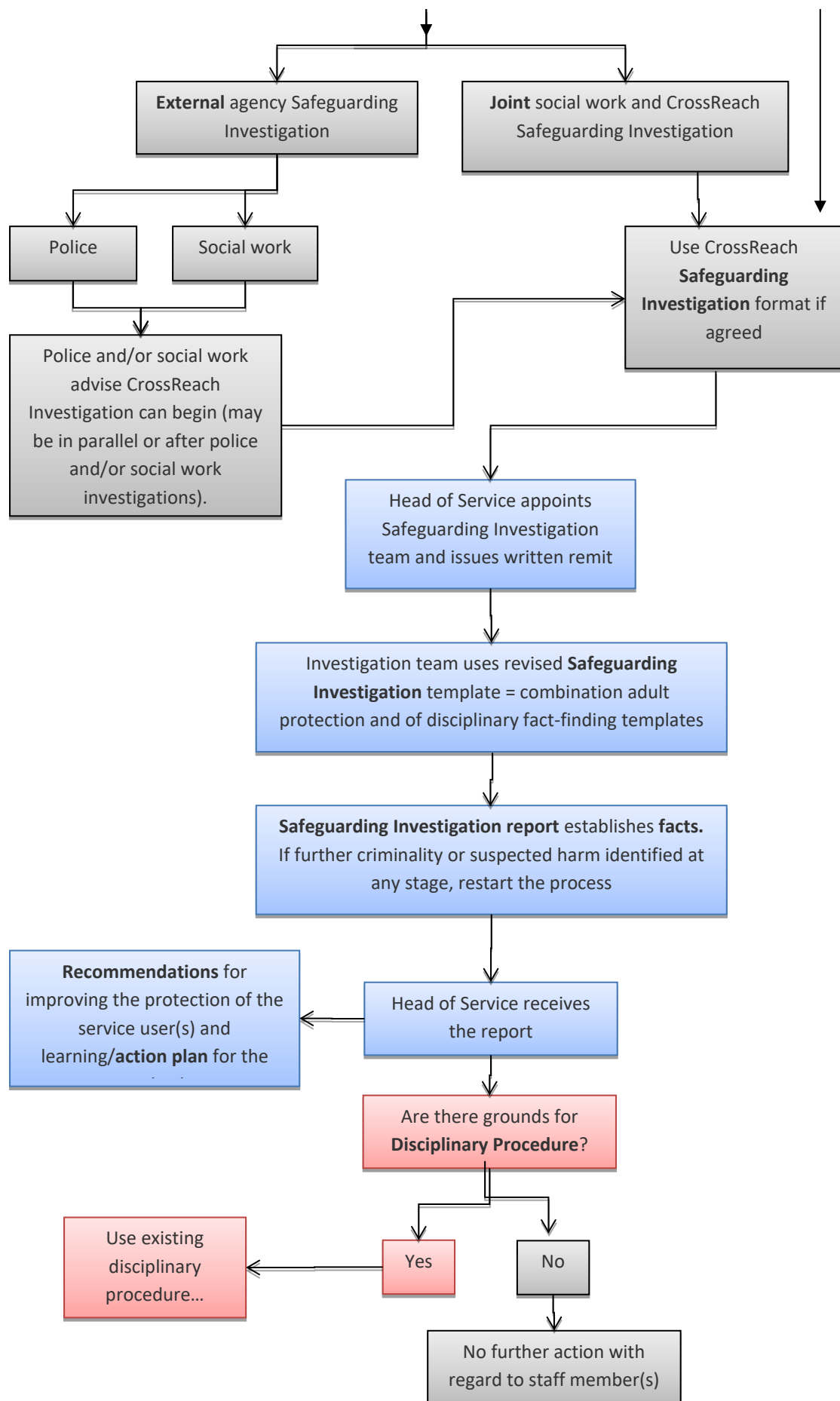
	ACHIEVING	
	RESPECTED	
	RESPONSIBLE	
	INCLUDED	
10	Has the child been informed that information will be shared?	
11	What are their views and wishes?	
12	What has been put in place to minimise and/or prevent harm or risk of harm?	
13	Details of any previous concerns about wellbeing; child protection concern; and the outcomes? [If there is a chronology – please attach.]	
14	Has your Head of Service been notified?	
	If not, why?	
15	Signed (Worker)	
	Position	
	Signed (Manager)	
	Date	

Section B	
Confirmation of Safeguarding Advice	
Date	
From	
Tel/Mob	
E-mail	
Name of subject:	
CrossReach Service:	
Safeguarding advice/actions	
<p>This advice is based on the information available on the date of discussion.</p> <p>Please advise about inaccuracies so that this record can be amended.</p>	

Section C			
ACTION PLAN			
Action	By Whom	Date	Outcome

Fact Finding Investigations: Safeguarding and Disciplinary





Appendix 7

Reporting a child concern to child protection services

Concerns about harm to a child from abuse, neglect, exploitation or violence should be reported without delay to social work or in situations where risk is immediate, to Police Scotland. Prompts below are not an assessment. They may support accuracy in an initial outline of concerns, assisting prompt, efficient response. Local reporting protocols apply.

Name role/contact details of person reporting concern

Key contacts

Name of the child, age, date of birth and home address if possible

Name/address/phone of parents/carers or guardians

Culture/language/understanding: any considerations in communication?

Name of child's school, nursery/ early learning centre or childcare

Is it known if the child is on the Child Protection register?

Immediate needs and concerns

What is the nature of the child protection concern?

Where is the child now?

How is he/she now?

Physically: does he/she have any known injuries or immediate health needs and do they require medical treatment?

Emotionally: how is he/she right now and what does she/he need immediately for their reassurance/understanding?

Communication and understanding; is he/she able to communicate without interpreting/without additional support for communication?

Is the child safe now?

If not, in your view, is there action that might be taken to make them safe?

Record of concerns

When did these concerns first come to light? What happened? (For example, because of an injury? through what this or another child has said? because of how a child appears? or due to e.g. parental behaviour?)

Is a person believed to be responsible for harm to a child?

If so, is/are their name/address/occupation/relationship to the child known?

Are you aware if this person has/these persons have access to other children? (Name, age and address details of such children if available?)

If the concern was raised by this child then who has spoken to him/her?

Is the person who has spoken to the child available to be spoken with?

What has the child said to this point? (Please note and share)

What he/she has been asked, when and by whom? (Please note and share)

If concerns were not reported when they first arose, was there a reason for this and what has prompted reporting now?

Agreed actions (following this initial communication)

Appendix 8

Suggested structure and process for fact-finding investigations

This format provides a structure for investigations and can be adapted to meet the needs of your particular task. Obviously, if the fact-finding investigation uncovers actual or suspected criminal activity this should be referred to police as per the standard adult protection procedure on page 2

1. Executive summary	The main points, findings and conclusion summarised for quick reading in 3–5 paragraphs. This should be the first section on page one.
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 too (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 three to five 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 support/care provided for the person who uses our services; description of the service provided; description of the abilities and needs of the person who uses our services; perhaps details about the alleged perpetrator(s) if known
6. Detailed description of the alleged harmful event: WHO, WHAT, WHERE, AND WHEN.	Write this up in detail. Sources will include interviews with the people who use our services, employees, witnesses and significant others.
7. Assessment of the impact of the alleged harmful event on the person who uses our services.	Identify the emotional, psychological, social and physical impact on the person who uses our services 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. Use the person who use our services own words to describe the impact on them.

8. Chronology of events, actions and decisions	Insert a two column table that summarises the (1) main events and what happened when and where with (2) 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	<p>State what facts were established using your three to five key questions.</p> <p>Identify what facts are:</p> <p>1. Substantiated: on 'the balance of probabilities' harm occurred and a particular person(s) was, or was not, identified as being responsible. Or the facts fully support the findings 'beyond all reasonable' doubt.</p> <p>2. Unsubstantiated: on 'the balance of probabilities' it is not known whether harm has occurred. Therefore, it is not known who was responsible either. In such cases it is often one person's word against another 's with no witnesses to confirm either account.</p> <p>3. False: the facts prove beyond reasonable doubt that harm did not occur and/or the person did not perpetrate it. The reported harm is thus false or malicious.</p>
10. Possible explanations for key questions	Suggest possible explanations based on the above section
12. Additional findings	Opportunity to make other observations that may be strictly out with the original remit but have emerged and are relevant
13. Next steps	The Head of Service, Service Manager/Director decide how to convert the findings into recommendations and produce an action plan . Consider the findings for the particular service area and for CrossReach as a whole .
14. Action plan	In addition to ensuring the prevention of further harm to the individual , there should be wider recommendations for the whole organisation . This will identify who will do what by when, resources needed and arrangements for monitoring to ensure that change has been lasting.