

# CROSSREACH

Care you can put your faith in



## **CrossReach Adult Support and Protection Policy and Guidance 2022**

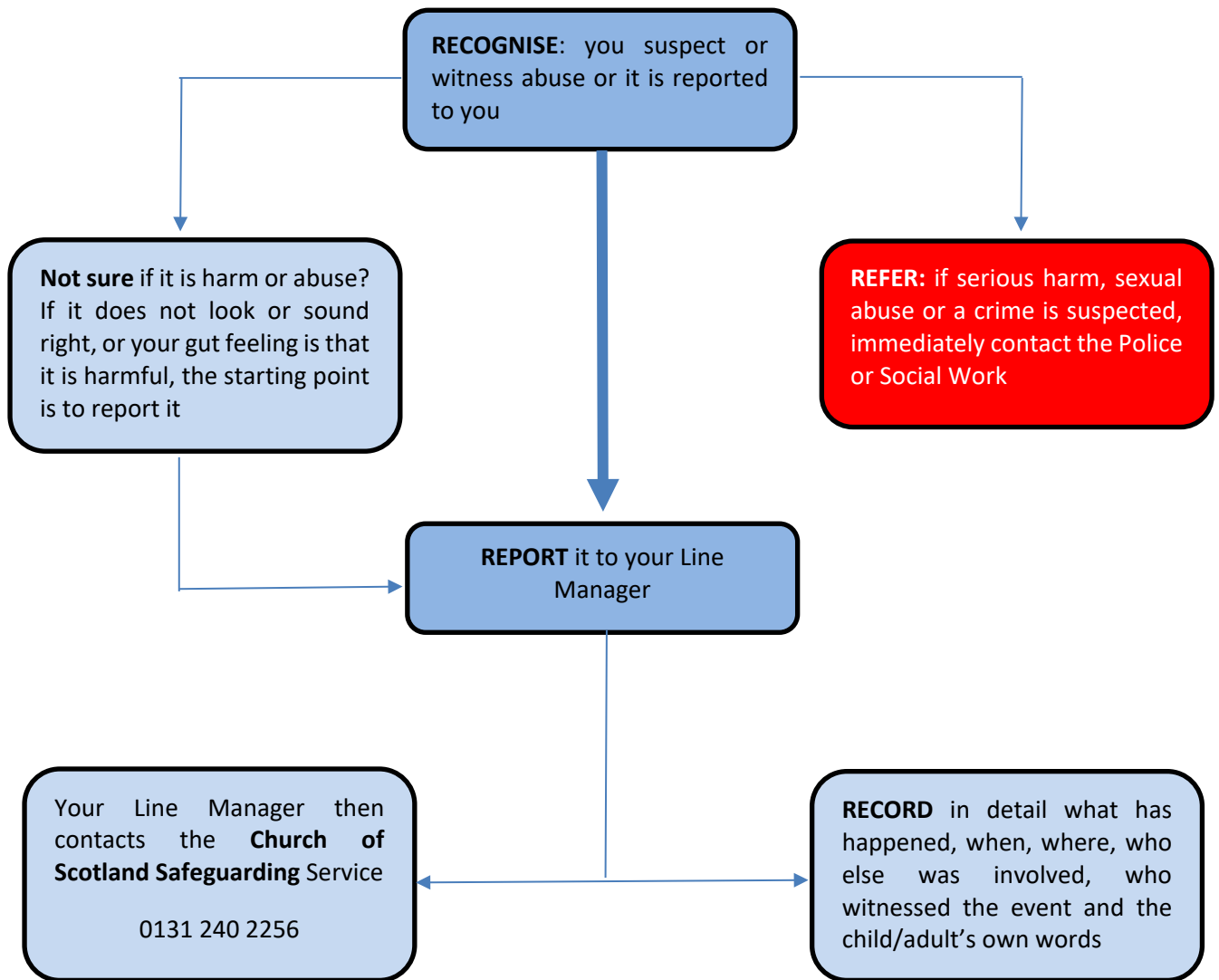
Version Number	Purpose/Change	Author	Date
3.1	Final Review of Version 3	Julie Main, Safeguarding Manager	24/05/22

## 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 150 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, day opportunities and creative arts projects for people living with dementia.
  - Adult Care 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 issues, counselling services, prison visiting services, 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 current and 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 of the Adult Support and Protection Act.
- 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.**

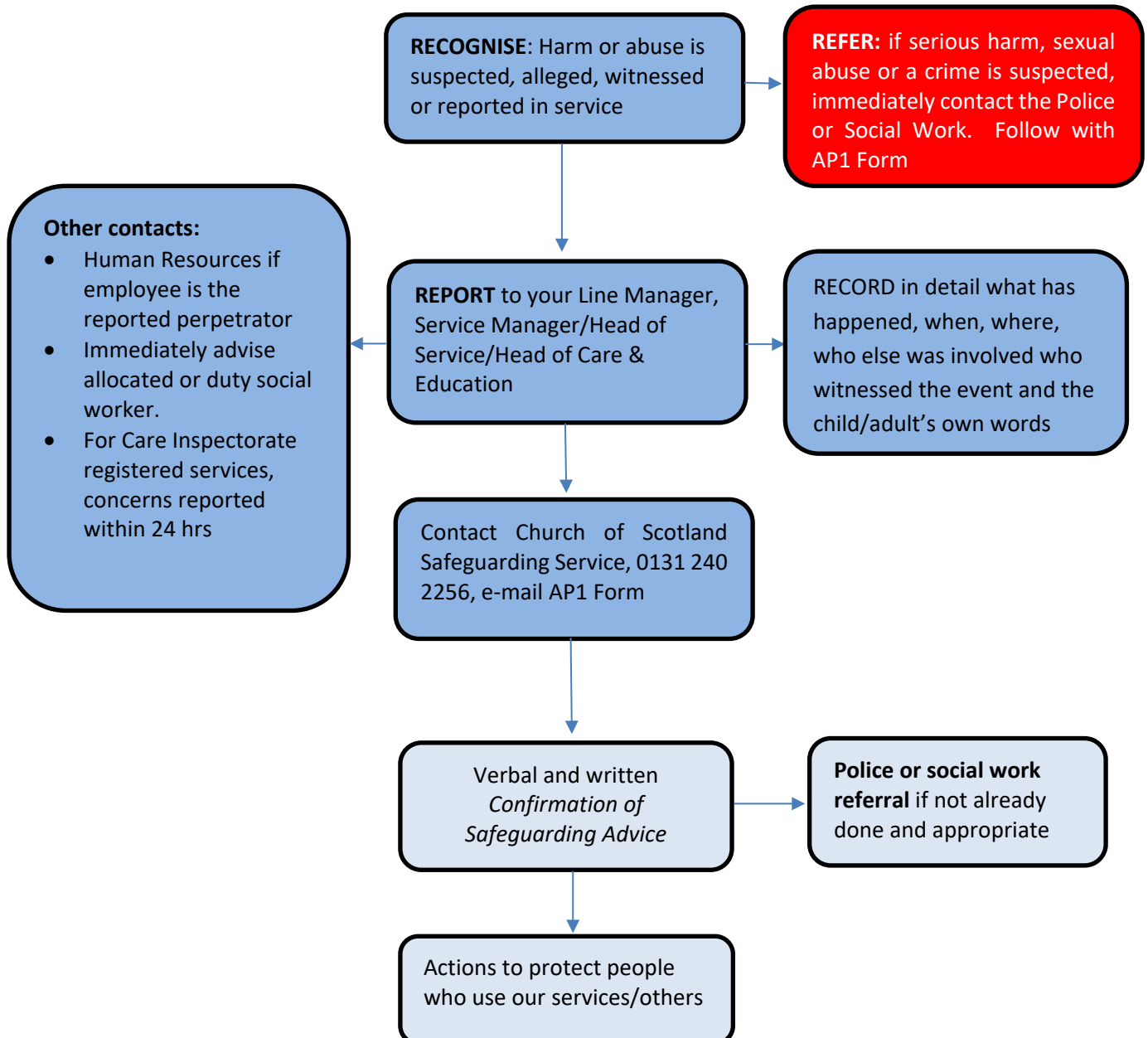
## Quick guide for all employees

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



## **2. Introduction - Safeguarding Adults at Risk of Harm**

- 2.1** One of the key objectives of CrossReach is to promote the welfare and well-being of adults at risk- to protect them from harm including physical, emotional, sexual and financial 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 adults at risk 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 adults at risk 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 adults at risk 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 adult support and protection
  - understand their role and responsibility in relation to safeguarding
  - 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 adults at risk 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 and on the CrossReach staff intranet.
- 2.8** The guidance in this document is also supported by an ongoing programme of training in the area of Adult Support and Protection.

## **3. Legal and Policy Context**

- 3.1** This document conforms to the Human Rights Act 1998, the Adult Support and Protection (Scotland) Act 2007, the Adult Support and Protection Code of Practice and Health and Social Care Standards: My support, my life (2018), and should be read in conjunction with your local authority Adult Support and Protection Committee Multi-Agency Guidance.

- 3.2** As previously mentioned, adult services can include a range of specialist provisions for particular groups, including older people, those with mental health issues, people with disabilities and adults at risk and in need of support and/or protection. Although the services will be offered to the adult, staff should be aware of, and be able to identify the wellbeing and protection needs of children within the family. Therefore, staff in adult, older people and counselling services, are also encouraged to familiarise themselves with CrossReach's Child Protection Policy.
- 3.3** 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 Code of Practice which was last revised in 2014. 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 problematic alcohol and drug use issues 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 our future practice.
- 3.4** 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.
- 3.5** In 2019, a review of Scottish Mental Health Legislation was commissioned by the Scottish Government to consider the links between the Adults with Incapacity (Scotland) 2000 Act, the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adult Support and Protection (Scotland) Act 2007. The principle aim of this review is to improve the rights and protections of persons who may be subject to the provisions of mental health, incapacity or adult support and protection legislation as a consequence of having a mental disorder, and remove barriers to those caring for their health and welfare. The work of the review team is due to be completed by September 2022. For further information about other supporting legislation please refer to **Appendix 1**

#### **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.
- 4.2** The overarching principle which underpins safeguarding work with adults is that any intervention in an individual's affairs should provide benefit to the individual and should be the least restrictive option of those that are available which will meet the purpose of the intervention.
- 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 adults at risk of harm. The Health and Social Care Standards 2018, are not 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** The Adult Support and Protection (Scotland) Act 2007, defines 'adults at risk' as persons aged over 16 years who: -

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

All three of the above criteria (commonly known as the three-point test) must be met in order for the person to qualify as an adult at risk. 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.

- 4.5 Many adults at risk have to rely on others to help them with basic day-to-day living. Whilst the majority has excellent care provision, some are at risk of harm. This could be due to another person, or people, deliberately taking advantage of the adult. But it could also be the adult who is unintentionally putting themselves at risk, simply because they do not have the right level of support in place.
- 4.6 A distinction is required to be made between an adult who lacks the skill, means or opportunity to safeguard themselves and one who is deemed to have the skills, means or opportunity to keep themselves safe but chooses not to do so. An inability to safeguard oneself is not the same as an adult not having capacity. An adult may be considered unwilling rather than unable to safeguard themselves and so may not be considered an adult at risk

## 5. **Trauma**

- 5.1 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”.
- 5.2 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, 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 health, physical health, economic and social outcomes and religious/spiritual impacts which can be long term.
- 5.3 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.
- 5.4 Some adults who are, or are believed to be, at risk of harm will be people for whom the application of the three-point test will be relatively straightforward leading to consideration of options for intervention whether under the provisions of the act or otherwise.
- 5.5 However, there is a significant number of people where this is not the case and some of these people may remain in situations which continue to compromise their health, wellbeing and safety.
- 5.6 A trauma informed approach to assessment and care may help staff to understand the range of ways people have learned to manage or survive trauma, for example maintaining contact with an abuser, using mind altering substances, self-harming, hoarding, homelessness or non-engagement with services. This relates directly to the



earlier suggestion that in these circumstances some people's ability to take decisions about safeguarding themselves may have been compromised.

- 5.7** Practitioners should be trauma aware in their work in adult support and protection and alert to the impact trauma can have on people's lifestyles and their ability to make decisions regarding their own health and safety.
- 5.8** Not all people who behave in the ways mentioned above, will be considered as at risk of harm under the Adult Support and Protection (Scotland) Act 2007 but some may be more vulnerable to harm than others. The use of mind-altering substances may take place alongside (and on occasions contribute to) a physical or mental illness, mental disorder or a condition such as alcohol related brain damage. If this is the case an adult may be considered an adult at risk under the Act. It may also be that the impact of a person's problematic alcohol and drug use issues may render them subject to physical or mental infirmity, and place them at risk of harm.
- 5.9** People who are homeless are increasingly being recognised as likely to be considered as adults at risk under the terms of the Act, as some homeless people will be affected by disability, mental or physical illness or infirmity including problematic alcohol and drug use issues.
- 5.10** Hoarding has been recognised as a classified disorder in its own right, often alongside other conditions. In extreme cases it can lead to some people living in dangerous and unhealthy conditions and at risk of harm.
- 5.11** It is not appropriate to use the existence of any of the circumstances outlined above to conclude that a person would not fall within the scope of the Act. All of the circumstances in a person's life must be considered when applying the three-point test.

## **6. Harm**

'Harm' includes all harmful conduct and in particular includes:

- Conduct which causes physical harm
- Conduct which causes psychological harm e.g. by causing fear, alarm or distress
- Unlawful conduct which appropriates or adversely affects property, rights or interests e.g. theft, fraud, embezzlement or extortion
- Conduct which causes self-harm

This list is not exhaustive and no category of harm is excluded simply because it is not listed. While not specified in the 2007 Act, behaviour that constitutes harm to others would normally be categorised as:

- Physical Abuse
- Domestic violence or abuse
- Sexual Abuse
- Psychological or emotional abuse
- Financial or material abuse
- Forced Marriage
- Modern Slavery e.g. human trafficking etc.
- Discriminatory abuse
- Organisational or institutional abuse

- Neglect or acts of omission
- Self –neglect

For more information about harmful conduct and indicators of abuse please see **Appendix 2.**

- 6.1** Harm can happen anywhere e.g. at home within the family, whilst in hospital or hospice, while staying in a care home or supported or sheltered accommodation, whilst at a day centre or an educational place, at the adult's place of work or training, in a public place and other settings such as faith communities.
- 6.2** Harm can be perpetrated by people the adult at risk already knows, where a trusting relationship of unequal power may exist. The perpetrator themselves may be another service user or adult at risk who may have experienced harm themselves. Harm can also be perpetrated by someone unknown or not well known to the adult at risk.
- 6.3** **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.

- 6.4** **Dealing with historic allegations of abuse or where an adult is no longer at risk.** On occasion services may have to respond to, or provide ongoing support to, adult service users who have previously experienced harm or neglect from other adults e.g. other service users, carers, people in positions of trust etc. All such historic concerns will be considered to determine whether they demonstrate a potential current risk of harm to other adults and also 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 3**) 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.

## **8. 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 employees, 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 Appendix 4.

**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 employees, volunteers and students on placement are aware of the CrossReach Adult Support and Protection Policy and Guidelines.
- Ensure that all employees, volunteers and students on placement are aware of their local area multi-agency adult support and protection procedures.
- Attend mandatory Level 2 Safeguarding Training for Managers
- Complete training relevant to the requirements of regulatory bodies.
- 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, 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 adult support and 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 Adult Support and Protection training or a similar equivalent
- Attend any other training relevant to the requirements of regulatory bodies.
- All staff must also complete the Safeguarding E-learning module

**9, Safer Recruitment**

**9.1** 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.

**9.2** CrossReach will ensure that all employees, volunteers and students on placement who are undertaking regulated work with protected adults 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.

**9.3** 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 those 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.

**9.4** 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 an appointment is confirmed and a start date issued.

**9.5** 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.

**9.6** 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.

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

10.1 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.

10.2 If an adult tells an employee they have been harmed (or feels 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 concern for the adult'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 a secret.
8. Seek consent from the adult to act and to report the concern. Consider whether the adult may lack capacity to make decisions about their own and other people's safety and wellbeing. If you decide to act against their wishes or without their consent, you must record your decision and the reasons for this.
9. Do not make judgements or dismiss what the person has told you

## 11 The 4R's of Safeguarding



**11.1 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
<b>Recognise</b>	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.
<b>Report</b>	<p><b>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.</b></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>
<b>Report to the Church of Scotland Safeguarding Service</b>	<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, followed up with a written copy of concerns e.g. Proforma for referring incidents of concern including Adult Support and Protection concerns (AP1 Form) (<b>Appendix 5</b>).</p> <p>The Safeguarding Service will confirm any verbal advice by including confirmation of safeguarding advice on the AP1 Form and forwarding it 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><b>Referral</b> means sharing verbal information with other agencies and then confirming this in writing using the AP1 Form.</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>
<b>Record</b>	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>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 service user’s case file.</p> <p>Include details of the event in the service user’s <b>chronology of significant events</b>.</p> <p>The Care Inspectorate has published updated practice guidance in relation to Chronologies <a href="https://www.careinspectorate.com/practice-guide-to-chronologies-2017.pdf">Practice guide to chronologies 2017.pdf (careinspectorate.com)</a></p> <p><b>Safe Storage, Retention and Disposal of Records</b></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 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 <a href="https://www.crossreach.org.uk/Data-Protection-Policy-may-2018.pdf">Data-Protection-Policy-may-2018.pdf (crossreach.org.uk)</a></p>
<p><b>Referring to partner agencies e.g. Police Scotland, Social Work Services</b></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 AP1 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 adult 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 service user appropriately.</p> <p><b>Confidentiality, consent and information sharing</b></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. However, if an adult is deemed to be at risk of immediate harm information should be shared with authorities i.e. police and/or 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.</p>

	<p><b>Consent to share information</b></p> <p>Sharing confidential information without a person’s permission can be a difficult decision to make for those involved in safeguarding adults at risk. Always aim to get the person’s consent to share information and the reasons why first, unless to do so will place someone at greater risk of harm.</p> <p>If there is reasonable concern that an adult at risk has been abused, or may be at risk of serious harm, sharing information without the person’s consent will always override the requirements to keep information confidential. The law supports you to share information without consent in certain circumstances e.g. child protection and the protection of adults at risk of harm. The information sharing must be necessary (i.e. proportionate and targeted) for carrying out the task. Each case should be considered individually.</p> <p>If the person is a tenant or resident in a care service or service with visiting support in the community where other people are getting a service too, you refer to the police or social work regardless of whether they consent or not.</p> <p>Share information securely and only with those who need to know. Keep a record of your decision to share information (or not if that is your decision) and the reasons why.</p> <p><b>Capacity</b></p> <p>The law in relation to adults makes a distinction between those who are capable of managing their affairs and those who are not.</p> <p>The assumption in law is that all adults have the capacity to make decisions about their own affairs until or unless they are recognised in law of being incapable. Consent, capacity and risk will always be central to any assessment. It is important to be aware that an adult may have capacity to make decisions about an area of harm in their life but still be regarded as unable to protect themselves from that harm and therefore be an ‘adult at risk’. Where a situation of harm is suspected employees must consider, as early as possible in the assessment process, whether or not the adult has capacity in that area of their life.</p> <p>If in doubt, please contact the Safeguarding Service for advice.</p>
<p><b>Notifications to the Care Inspectorate, Next of Kin, Charity Regulator, Planning and Comm. Teams</b></p>	<p><b>Care Inspectorate</b></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"> <li>-Accidents, incidents or injuries</li> <li>-Outbreak of infectious diseases</li> <li>-Death of person using a care service</li> <li>-Allegations of abuse</li> <li>-Significant equipment breakdown</li> <li>-Allegation of misconduct by a provider or employee</li> <li>-Criminal convictions resulting in unfitness of a manager</li> <li>-A provider becoming unfit</li> <li>-Absence of manager</li> <li>-Planned refurbishment/alteration/extension of premises</li> </ul>



	<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, <b>including notifications related to Covid-19, controlled drugs, death of a looked after child, serious incident reviews</b> which can be accessed at <a href="https://www.careinspectorate.com/notifications">Notifications (careinspectorate.com)</a></p> <p><b>Next of Kin</b></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.</p> <p><b>OSCR –Charity Regulator</b></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><b>Planning and Commissioning Teams</b></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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## 11.2 Allegations against Employees, Volunteers

Allegations may be made against paid employees or volunteers currently working with protected adults.

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 protected adults. Serious concerns about the safety and wellbeing of any protected adult 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 an adult 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 adult 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 adults at risk of harm
- 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.

## **12. Internal Fact Finding/Investigations**

- 12.1** 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 service user 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 (see **Appendix 4**).
- 12.2** CrossReach employees can find a structured framework for undertaking internal fact-finding investigations at **Appendix 6**.

## **13 Whistleblowing - Reporting inappropriate behaviour**

- 13.1** 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 employees, volunteers, students on placement who make a disclosure (whistleblowing) where the disclosure is a genuine concern made in good faith.
- 13.2** Whistleblowing is where an individual raises a concern about malpractice or wrongdoing 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.

#### **14. Training and Supervision**

CrossReach employees work with adults, some of whom will be considered adults at risk of harm.

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 adults at risk.

To this end CrossReach, in partnership with the Safeguarding Service, offer an ongoing programme of adult support and 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 staff 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](mailto: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](mailto:Safeguarding@churchofscotland.org.uk)

## **Appendix 1**

### **Additional Supporting Legislation for the Support and Protection of Adults**

[Adult protection significant case reviews: interim framework - gov.scot \(www.gov.scot\)](http://www.gov.scot)

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

[Adult Support and Protection National Strategic Forum - gov.scot \(www.gov.scot\)](http://www.gov.scot)

[Adults with Incapacity \(Scotland\) Act 2000 \(legislation.gov.uk\)](http://legislation.gov.uk)

[Appropriate Adults: guidance for local authorities - gov.scot \(www.gov.scot\)](http://www.gov.scot)

[Adult Support and Protection revised Code of Practice - gov.scot \(www.gov.scot\)](http://www.gov.scot)

[British Sign Language - RNID](#)

[Welcome to the Care Inspectorate](#)

[Carers \(Scotland\) Act 2016 \(legislation.gov.uk\)](http://legislation.gov.uk)

[Counter-Terrorism and Security Act 2015 \(legislation.gov.uk\)](http://legislation.gov.uk)

[Criminal Justice \(Scotland\) Act 2016 \(legislation.gov.uk\)](http://legislation.gov.uk)

[Data Protection Act 2018 \(legislation.gov.uk\)](http://legislation.gov.uk)

[Protected characteristics | Equality and Human Rights Commission \(equalityhumanrights.com\)](http://equalityhumanrights.com)

[What is the European Convention on Human Rights? | Equality and Human Rights Commission \(equalityhumanrights.com\)](http://equalityhumanrights.com)

[Channel and Prevent Multi-Agency Panel \(PMAP\) guidance - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

[Health \(Tobacco, Nicotine etc. and Care\) \(Scotland\) Act 2016 \(legislation.gov.uk\)](http://legislation.gov.uk)

[Home | Information Commissioner's Office](#)

[About Inclusion Scotland - Inclusion Scotland](#)

[Accessible communication formats - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

[Learning from adverse events through reporting and review - A national framework for Scotland: December 2019 \(healthcareimprovementscotland.org\)](http://healthcareimprovementscotland.org)

[Local Government \(Scotland\) Act 1973 \(legislation.gov.uk\)](http://legislation.gov.uk)

[Home \(makaton.org\)](http://makaton.org)

[Matrimonial Homes \(Family Protection\) \(Scotland\) Act 1981 \(legislation.gov.uk\)](http://legislation.gov.uk)

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

[Office of the Public Guardian \(Scotland\) \(publicguardian-scotland.gov.uk\)](http://publicguardian-scotland.gov.uk)

[Public Bodies \(Joint Working\) \(Scotland\) Act 2014 \(legislation.gov.uk\)](http://legislation.gov.uk)

[Home | Royal College of Speech and Language Therapists](#)

[Scotland Act 1998 \(legislation.gov.uk\)](#)

[Home - Scottish Independent Advocacy Alliance \(siaa.org.uk\)](#)

[Social Care \(Self-directed Support\) \(Scotland\) Act 2013 \(legislation.gov.uk\)](#)

[Supporting disabled children, young people and their families: guidance - gov.scot \(www.gov.scot\)](#)

[Our Story - Improving Communication, Improving Lives \(talkingmats.com\)](#)

[Trauma-informed practice: toolkit - gov.scot \(www.gov.scot\)](#)

[The Criminal Justice \(Scotland\) Act 2016 \(Support for Vulnerable Persons\) Regulations 2019 \(legislation.gov.uk\)](#)

[Guide to the UK General Data Protection Regulation \(UK GDPR\) | ICO](#)

[Convention on the Rights of Persons with Disabilities \(CRPD\) | United Nations Enable](#)

[Vulnerable Witnesses \(Scotland\) Act 2004 \(legislation.gov.uk\)](#)

## **Appendix 2**

### **Safeguarding adults: Types and indicators of abuse**

#### **Introduction**

People with care and support needs, such as older people or people with disabilities, are more likely to be abused or neglected. They may be seen as an easy target and may be less likely to identify abuse themselves or to report it. People with communication difficulties can be particularly at risk because they may not be able to alert others. Sometimes people may not even be aware that they are being abused, and this is especially likely if they have a cognitive impairment. Abusers may try to prevent access to the person they abuse.

Signs of abuse can often be difficult to detect. This at a glance briefing aims to help people who come into contact with people with care and support needs to identify abuse and recognise possible indicators. Many types of abuse are also criminal offences and should be treated as such.

#### **Types of abuse:**

- Physical abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect or acts of omission
- Self-neglect

Evidence of any one indicator from the following lists should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other associated factors. The lists of possible indicators and examples of behaviour are not exhaustive and people may be subject to a number of abuse types at the same time.

#### **Physical abuse**

##### **Types of physical abuse:**

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

## **Domestic violence or abuse**

Types of domestic violence or abuse: Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Domestic violence and abuse include any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality.

It also includes so called 'honour'-based violence, female genital mutilation and forced marriage. Coercive or controlling behaviour is a core part of domestic violence.

### **Coercive behaviour can include:**

- Acts of assault, threats, humiliation and intimidation
- Harming, punishing, or frightening the person
- Isolating the person from sources of support
- Exploitation of resources or money
- Preventing the person from escaping abuse
- Regulating everyday behaviour

### **Possible indicators of domestic violence or abuse:**

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

## **Sexual abuse**

### **Types of sexual abuse:**

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non-consensual masturbation of either or both persons
- Non-consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

**Possible Indicators of Sexual Abuse:**

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

**Psychological or Emotional Abuse****Types of psychological or emotional abuse:**

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

**Possible indicators of psychological or emotional abuse:**

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment



## **Financial or Material Abuse**

### **Types of financial or material abuse:**

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointee ship or other legal authority
- Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

### **Possible indicators of financial or material abuse:**

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources e.g. insufficient food in the house
- Unnecessary property repairs

## Modern slavery

### Types of modern slavery:

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

### Possible indicators of modern slavery:

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers
- Unexplained gifts or items given by people not identified as friends or family to the person using the service.

Further Home Office information on identifying and reporting modern slavery - <https://modernslavery.co.uk/>

## Discriminatory abuse

### Types of discriminatory abuse:

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010 <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>)
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

### Possible indicators of discriminatory abuse:

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

## **Organisational or Institutional Abuse**

### **Types of organisational or institutional abuse:**

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient employees or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

### **Possible indicators of organisational or institutional abuse:**

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

## **Neglect and Acts of Omission**

### **Types of Neglect and Acts of Omission:**

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs

- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

**Possible indicators of Neglect and Acts of Omission:**

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

**Self-neglect**

**Types of self-neglect:**

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

**Indicators of self-neglect:**

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/ or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

**Safeguarding Adults: resources** [www.scie.org.uk/casa](http://www.scie.org.uk/casa)

### **Appendix 3**

#### **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](mailto: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.

**Advocacy- someone to speak on your behalf-The Scottish Independent Advocacy Alliance**

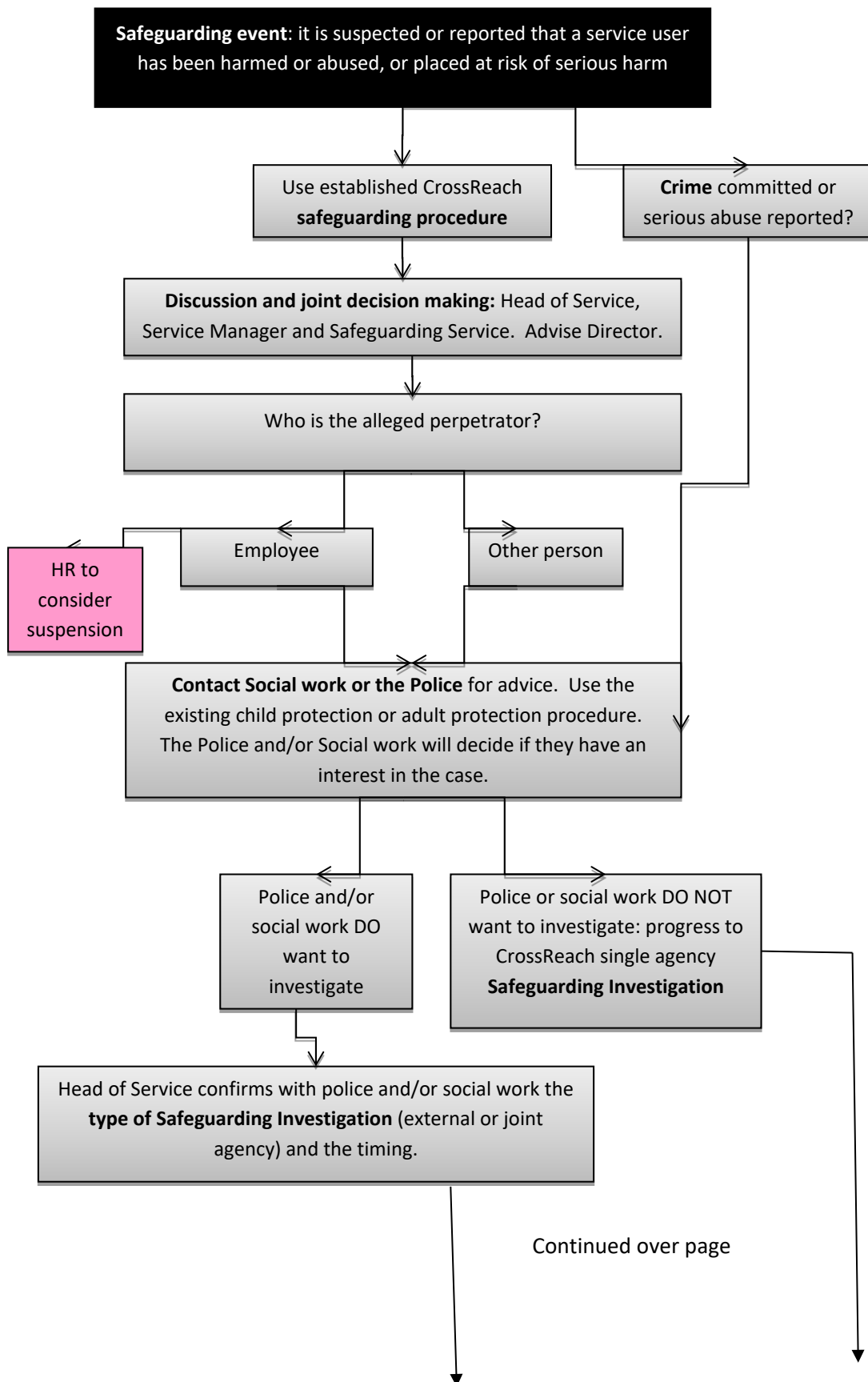
Phone: 0131 556 6443

Offers independent advocacy support to any vulnerable person.

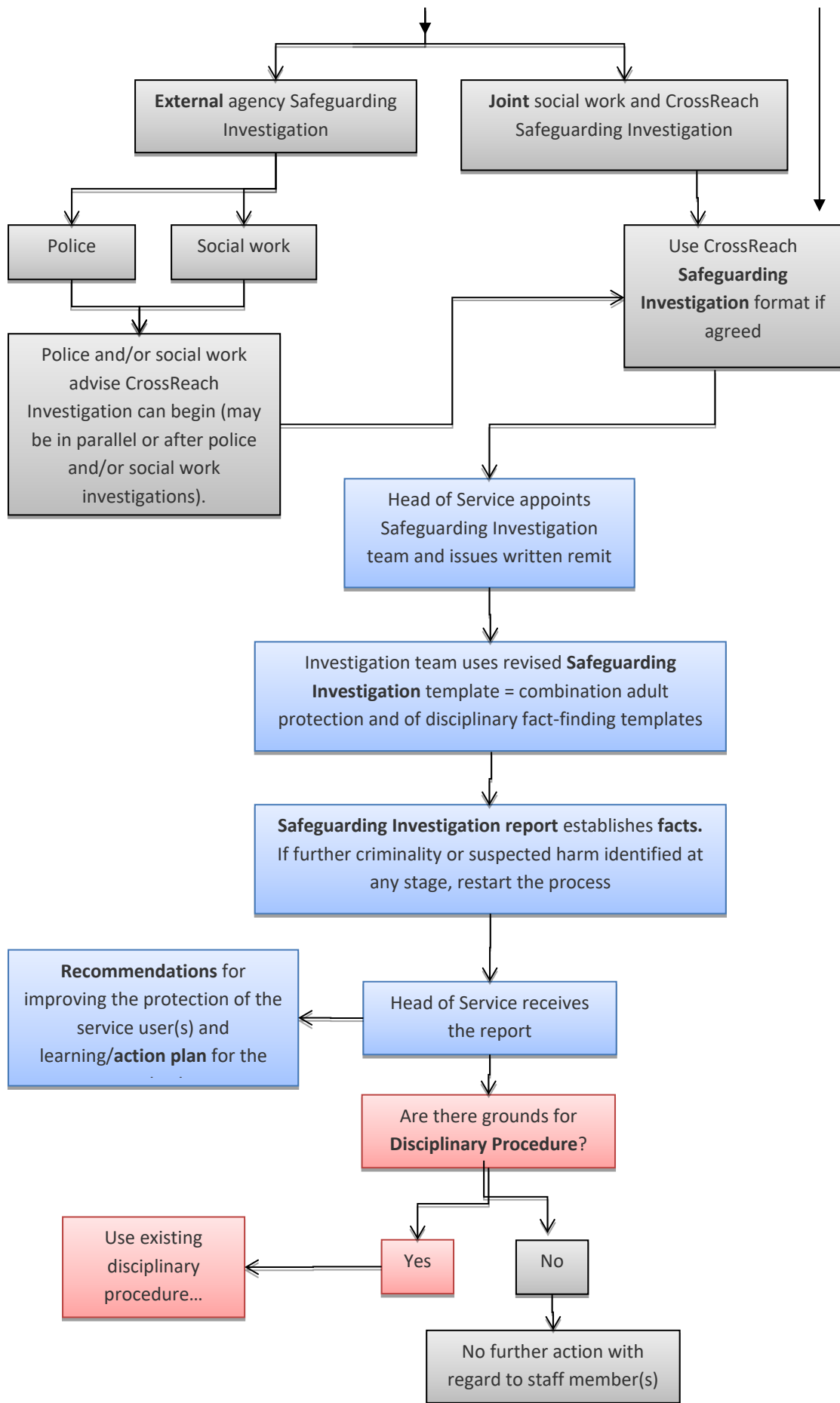
**Your rights**

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.

## Fact Finding Investigations: Safeguarding and Disciplinary



Continued over page





<b>Pro-forma for referring incidents of concern Including Adult Support &amp; Protection Concerns (Form AP1)</b>							
<p>Please complete this online form, encrypt with password and send to Church of Scotland Safeguarding Service. Do not send as a PDF.  <b>Section A: To be completed by the service identifying a concern</b>  <b>Section B: Completed by the Church of Scotland Safeguarding Service</b>  <b>Section C: To be completed by the service.</b></p>							
<b>Section A</b>							
<b>1</b>	<b>Details of CrossReach Service making referral</b>						
	<table border="1"> <tr> <td style="width: 20%;"><b>Name of Service</b></td> <td></td> </tr> <tr> <td><b>Address</b></td> <td></td> </tr> <tr> <td><b>Tel/Mobile</b></td> <td></td> </tr> </table>	<b>Name of Service</b>		<b>Address</b>		<b>Tel/Mobile</b>	
<b>Name of Service</b>							
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<b>Tel/Mobile</b>							
<b>2</b>	<b>Details of Referrer</b>						
	<table border="1"> <tr> <td style="width: 20%;"><b>Name</b></td> <td></td> </tr> <tr> <td><b>Position</b></td> <td></td> </tr> <tr> <td><b>E-mail</b></td> <td></td> </tr> </table>	<b>Name</b>		<b>Position</b>		<b>E-mail</b>	
<b>Name</b>							
<b>Position</b>							
<b>E-mail</b>							
<b>3</b>	<b>Details of adult suspected or reported to be harmed/at risk of harm</b>						
	<table border="1"> <tr> <td style="width: 20%;"><b>Name</b></td> <td></td> </tr> <tr> <td><b>DOB/Age</b></td> <td></td> </tr> <tr> <td><b>Address</b></td> <td></td> </tr> </table>	<b>Name</b>		<b>DOB/Age</b>		<b>Address</b>	
<b>Name</b>							
<b>DOB/Age</b>							
<b>Address</b>							
<b>4</b>	<p><b>Details of suspected, witnessed or reported concern.</b></p> <ol style="list-style-type: none"> <li>1. <i>Who witnessed or reported what, where and when?</i></li> <li>2. <i>What type of harm is suspected or reported e.g. physical, financial, sexual, emotional, neglect etc.?</i></li> <li>3. <i>Include location, times and dates.</i></li> <li>4. <i>Names of witnesses or others affected by the event.</i></li> </ol>						

5	<b>Person causing the suspected or reported harm/at risk of harm, if applicable.</b>			
	<b>Name</b>			
	<b>Relationship to adult being referred</b>			
	<b>Tel/Mob</b>			
	<b>Address</b>			
	<b>E-mail</b>			
6	<b>Professionals / Agencies Involved</b>	<b>Name</b>	<b>Contact Details</b>	<b>Have they been notified</b>
	<b>Social Work</b>			
	<b>GP</b>			
	<b>Psychiatrist/CPN etc</b>			
	<b>Care Inspectorate</b>			
	<b>Other (e.g., family, Guardians/POAs.)</b>			
7	<b>Is the adult an adult at risk of harm under adult support &amp; protection legislation?</b>			
8	<b>Has the adult been informed that information will be shared?</b>			
9	<b>What are their views and wishes?</b>			
10	<b>What has been put in place to minimise and/or prevent harm or risk of harm?</b>			
11	<b>Details of any previous adult support and protection concerns; and the outcomes? [If there is a chronology - please attach.]</b>			

12	<b>Has your Head of Service been notified?</b>	
	YES	
	NO [If not, why?]	
13	Signed (Worker)	
	Position	
	Signed (Manager)	
	Date	

<b>Section B</b>	
<b>Confirmation of Safeguarding Advice</b>	
<b>Date</b>	
<b>From</b>	
<b>Tel/Mob</b>	
<b>E-mail</b>	
<b>Name of subject:</b>	
<b>CrossReach Service:</b>	

**Safeguarding advice/ recommended actions**

*This advice is based on the information available on the date of discussion.*

*Please advise about inaccuracies so that this record can be amended.*

**Section C**

**ACTION PLAN**

<b>Action</b>	<b>By Whom</b>	<b>Date</b>	<b>Outcome</b>

## Appendix 6

### 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. <b>Executive summary</b>	The main points, findings and conclusion summarised for quick reading in 3–5 paragraphs. This should be the first section on page one.
2. <b>Purpose</b> of the report	Clearly identify the <b>remit</b> . Agree this with the person commissioning the report and get it in writing. Is it just to report <b>findings</b> (what happened) or to make <b>recommendations</b> too (what needs to be done to address the findings)?
3. The <b>process</b> of producing the report	Details about who has written it and the <b>process</b> 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. <b>Two or three key questions</b> for the investigation to address	It is useful to <b>identify three to five key questions for the investigation to address</b> . 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. <b>Background</b> and contextual information	<b>Brief history</b> 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. <b>Detailed description</b> 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 <b>impact</b> of the alleged harmful event on the person who uses our services.	Identify the <b>emotional, psychological, social and physical</b> 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. <b>Use the person who use our services own words</b> to describe the impact on them.

8. <b>Chronology</b> of events, actions and decisions	Insert a two-column table that summarises the (1) main <b>events</b> and what happened when and where with (2) day, <b>date</b> 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. <b>The facts</b> that were established	<p>State <b>what facts were established</b> using your three to five key questions.</p> <p>Identify what facts are:</p> <ol style="list-style-type: none"> <li>1. <b>Substantiated</b>: 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.</li> <li>2. <b>Unsubstantiated</b>: 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.</li> <li>3. <b>False</b>: 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.</li> </ol>
10. Possible <b>explanations</b> for key questions	Suggest <b>possible explanations</b> based on the above section
12. <b>Additional findings</b>	Opportunity to make <b>other observations</b> that may be strictly out with the original remit but have emerged and are relevant
13. <b>Next</b> steps	The Head of Service, Service Manager/Director decide how to convert the findings into <b>recommendations</b> and produce an <b>action plan</b> . Consider the findings for the particular service area and <b>for CrossReach as a whole</b> .
14. <b>Action plan</b>	In addition to ensuring the prevention of further harm to the <b>individual</b> , there should be wider recommendations for the <b>whole organisation</b> . This will identify who will do what by when, resources needed and arrangements for monitoring to ensure that change has been lasting.