



# Beith Hive Childcare

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## Child Protection Policy

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#### 1. Introduction to Safeguarding

We all have a responsibility to recognise and actively consider potential risks to a child or adult, irrespective of whether the child or adult is the focus of their involvement. Safeguarding is everyone's responsibility.

Children and adults are at risk of harm in the community and at home.

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This guidance will assist you to understand how to recognise and respond when you are worried or have a concern that someone may be at risk of harm, abuse, or exploitation. Increased competence and confidence in reporting and responding to concerns by staff and volunteers in a trauma informed way is a core component of the work of Beith Community Development Trust.

Safeguarding is the action that is taken *'to promote the welfare of children and adults and protect them from harm'* ([NSPCC learning](#)).

No matter what role people have in Beith Community Development Trust, we all have a duty to safeguard and promote child and adult welfare. The safeguarding principles that apply are:

- Empowerment: People being supported and encouraged to make their own decisions and informed consent.
- Prevention: It is better to act before harm occurs.
- Proportionality: The least intrusive response appropriate to the risk presented.
- Protection: Support and representation for those in greatest need.
- Partnership: Local solutions through services collaborating with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.
- Accountability: Accountability and transparency in safeguarding practice.

(Source SCIE: [Six Principles of Safeguarding](#))

## 1.1 The Third Sector

The third sector plays an essential role in providing, flexible and collaborative support for children and families for a wide range of reasons. Many voluntary organisations have direct or indirect engagement with children, young people, and parents, even if this is not their principal activity. Providers of services to adults may become

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concerned about children or adults within a family, without necessarily having seen the children or adults. Anyone who has cause for concern about a child or adult at risk of harm should refer to the Beith Community Development Trust Safeguarding Guidance.



## 2. Understanding Trauma

Individual trauma results from 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 individual's functioning and mental, physical, social, emotional, or spiritual wellbeing.

### 2.1 What is Trauma-informed Practice (TIP)?

A model that is grounded in and directed by a complete understanding of how trauma exposure affects service user's neurological, biological, psychological, and social development.

As such, TIP is informed by neuroscience, psychology, and social science as well as attachment and trauma theories, and gives a central role to the complex and pervasive impact trauma has on a person's world view and relationships. It is applicable across all sectors of public service, including social care, physical health, housing, education, and the criminal justice system (Schachter, Stalker, Teram, Lasiuk, & Danilkewich, 2008; Havig, 2008; Cole, Eisner, Gregory, & Ristuccia, 2013).

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Trauma-informed organisations assume that people have had traumatic experiences, and as a result may find it difficult to feel safe within services and to develop trusting relationships with service providers. Consequently, services are structured, organised, and delivered in ways that promote safety and trust and aim to prevent re-traumatisation.

### **TIP Key Principle 1: Safety**

Efforts are made throughout the organisation to ensure that staff and the people they serve feel physically and psychologically safe. Staff and clients should experience the setting and the interpersonal interactions taking place within the setting as safe, inviting, and not a risk to their physical or psychological safety.

### **TIP Key Principle 2: Trustworthiness**

This principle refers to the degree to which organisational operations and decisions are conducted with transparency, with the goal of building and maintaining trust among clients and their family members, and among staff and others involved in the organisation.

### **TIP Key Principle 3: Choice**

Throughout the organisation, clients and staff are supported to make decisions and choices, and to set their own goals. The organisation recognises that giving people choice can help address power imbalances. Clients and staff therefore have meaningful choice and a voice in the decision-making process of the organisation and its services.

### **TIP Key principle 4: Collaboration**

The organisation recognises the value of staff and clients' experience in overcoming challenges and improving the system. Attempts are made to level the power differentials between different staff groups, and between staff and clients. This principle is often implemented through the formal or informal use of peer support

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and mutual self-help. There is recognition that healing takes place in the context of relationships and in the meaningful sharing of power and decision-making.

### **TIP Key Principle 5: Empowerment**

Efforts are made by the organisation to share power and to give clients and staff a strong voice in decision-making, at both individual and organisational levels. Each level of the organisation, including management, operations, service delivery and staff training, is designed to be empowering for both staff and service users. Staff are empowered by mechanisms of organisational support, and clients are empowered by services that are person-centred, and based on belief in the resilience of individuals and their ability to heal and recover from trauma.

You can read more here: [Trauma Informed Practice Toolkit - Scot.Gov](#)



## **3. CHILD PROTECTION**

### **3.1 Who do we mean by a child?**

For this Guidance, **the definition of a child is up to the age of 18yrs.** The Children (Scotland) Act 1995 and the Children and Young People (Scotland) Act 2014 defines a child as a person who is under 18 years of age (with some exceptions).

As noted, whilst a child can be defined differently in different legal contexts,

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particularly between the ages of 16-18 years, it is not for Beith Community Development Trust staff and / or volunteers to consider which legislation or guidance, if any, can be applied. Any young person up to the age of 18yrs should be considered child protection in the first instance.

### **3.2 What is child protection, child abuse and neglect?**

Child protection means protecting a child from child abuse or neglect. Abuse or neglect need not have taken place; it is sufficient for a risk assessment to have identified a *likelihood* or *risk* of significant harm from abuse or neglect. "Significant harm" is a complex matter and subject to professional judgement based on a single or multi-agency assessment of the circumstances of the child and their family. Sometimes several concerns from various sources may help build up a picture, which suggest that a child or adult may be suffering harm; this is particularly the case for situations of neglect.

When there are concerns that a child may have experienced or may experience significant harm and these concerns relate to the possibility of abuse or neglect, Police Scotland or the relevant Social Work Department must be notified immediately.

The priority is to ensure that a vulnerable child who is, or may be, at risk of significant harm is given the support and protection they need, and that information is shared with relevant agencies for any necessary assessment and intervention.

### **3.3 Where a child is felt to be in immediate danger.**

Any member of staff or volunteer should report, without delay, directly to the police. Police will contact social work for support. Similarly, where a child is thought to require immediate medical assistance, this should be sought as a matter of urgency from the relevant health services.

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### **3.4 Where the risk is of harm is significant and immediate.**

The focus of risk assessment is about what needs to happen to keep the child safe right now. Inter-agency discussion out of hours may be essential. The need to gather information must always be balanced against the need to take any immediate protective action. Social work services and police must decide whether any immediate action should be taken to protect the child and any others in the family or the wider community.

**Be proportionate:** Many concerns raised over a child's wellbeing will not need a child protection investigation. They may however need the support of services.

### **3.5 Types of abuse, harm, or exploitation**

**(a) 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.

There may be some variation in family, community, or cultural attitudes to parenting, for example, in relation to reasonable discipline. Cultural sensitivity must not deflect practitioners from a focus on a child's essential needs for care and protection from harm, or a focus on the need of a family for support to reduce stress and associated risk.

**(b) The Children (Equal Protection from Assault) (Scotland) Act 2019** ('the 2019 Act') fully came into force on 7 November 2020, removing the common law defence of 'reasonable chastisement'. If a parent or carer physically punishes their child, they can be prosecuted for assault. There is a growing body of international evidence showing that physical punishment of children can lead to long-term negative outcomes.

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Physical punishment or physical discipline can take many forms, including (but not limited to) smacking, skelping, spanking, and slapping. NB: It is not an offence to restrain a child to protect him/her/them, or others,

Concerns are heightened if there is no explanation for the injuries, explanations shift during assessment, explanations do not fit the injuries, or there are unreasonable delays in seeking treatment.

(c) **Neglect** consists in persistent failure to meet a child's basic physical and/or psychological needs, which is likely to result in the serious impairment of the child's health or development. There can also be single instances of neglectful behaviour that cause significant harm. Neglect can arise in the context of systemic stresses such as poverty and is an indicator of both support and protection needs.

'Persistent' means there is a pattern which may be continuous or intermittent which has caused or is likely to cause significant harm. However, single instances of neglectful behaviour by a person in a position of responsibility can be significantly harmful. Early signs of neglect indicate the need for support to prevent harm.

(d) **Emotional Abuse** is persistent emotional ill treatment that has severe and persistent adverse effects on a child's emotional development. 'Persistent' means there is a continuous or intermittent pattern which has caused, or is likely to cause, significant harm. Emotional abuse is present to some extent in all types of ill treatment of a child, but it can also occur independently of other forms of abuse. It may involve:

- Conveying to a child that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person.
- Exploitation or corruption of a child, or imposition of demands inappropriate for their age or stage of development.



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- Repeated silencing, ridiculing or intimidation.
- Demands that so exceed a child's capability that they may be harmful.
- Extreme overprotection, such that a child is harmed by prevention of learning, exploration, and social development.
- Seeing or hearing the abuse of another (in accordance with the Domestic Abuse (Scotland) Act 2018)

(e) **Child Sexual Abuse (CSA)** is an act that involves a child under 16 years of age in any activity for the sexual gratification of another person, whether 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 the child is aware of what is happening.

For those who may be victims of sexual offences aged 16-17, child protection guidance and its procedures should be considered. These procedures must be applied when there is concern about the sexual exploitation or trafficking of a child.

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, in watching sexual activities, using sexual language towards a child, or encouraging children to behave in sexually inappropriate ways.

(f) **Child Sexual Exploitation (CSE)** is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a person under 18 into sexual activity in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact. It can also occur using

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technology. Children who are trafficked across borders or within the UK may be at particular risk of sexual abuse.

For more indicators of concern refer to [Part 1](#) of the National Guidance.



#### 4. The National Guidance for Child Protection in Scotland (2021)

Child protection means protecting a child from abuse or neglect. In Scotland, the [National Guidance for Child Protection 2021](#) defines child abuse as follows:

***“Abuse and neglect are forms of maltreatment. Abuse or neglect may involve inflicting harm or failing to act to prevent harm. Children may be maltreated at home within a family or peer network, in care placements; or community settings; and in the online and digital environment. Those responsible may be previously unknown or familiar, or in positions of trust. Children may be harmed pre-birth, for instance by domestic abuse of a mother or through parental alcohol or drug use.”***

Child protection refers to the processes involved in consideration, assessment, and planning of required action, together with the actions themselves, where there are concerns that a child may be at risk of harm. Everyone can play an important part in the care and protection of children and young people. This includes the protection of disabled children and applies to those with a broad range of physical, emotional, developmental, learning, communication, and healthcare needs.



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## REMEMBER

- All children and young people (including unborn babies) have the right to be cared for and protected from harm and abuse and to grow up in a safe environment in which their rights are respected, and their needs met.
- Children and young people should get the help they need, when they need it, and their safety is always paramount.
- Everyone can play a role in keeping vulnerable children and adults safe.
- The protection and wellbeing of the child must remain at the heart of all considerations and decisions.
- Professionals should take timely and effective action to protect children, and ensure children are listened to and respected.
- Agencies and professionals share information about children where this is necessary to protect them.

Child protection has to be seen in the context of the wider [GIRFEC](#) approach, the GIRFEC [Refresh](#) 2022, the [Children and Young People Improvement Collaborative](#), the Convention on the Rights of the Child ([UNCRC](#)), the Children's Charter and the Framework for Standards and with reference to relevant [Equality and Diversity](#) legislation.

### 4.1 Identifying and Responding to Concerns about Children

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Concerns about possible harm to a child from abuse, neglect or exploitation should always be shared with police or social work, without delay. Please refer to [National CP Reporting Checklist](#) to support efficient communication of essential information.

Child protection procedures are initiated when police, social work or health determine that a child may have been significantly harmed or may be at risk of significant harm.

Concerns about a risk of harm from abuse, neglect or exploitation may arise in several ways including:

- because of what a child has said
- over a period of time
- in response to a particular incident
- because of direct observations
- through reports from family, from a third party, or from an anonymous source
- if children are known to social work or have an existing child's plan
- through notification that a child may become a member of the same household as a child in respect of whom any of the offences mentioned in Schedule 1 of the Criminal Procedure (Scotland) Act 1995 has been committed, or as a person who has committed any of the offences mentioned in Schedule 1

NB: All concerns received which may indicate risk of significant harm will lead to a process called an inter-agency referral discussion (IRD). This is led by Social Work Services or the Police. You are not required to attend.

## **4.2 Professional judgement about risk of significant harm**

Professional judgement is needed about the severity and immediacy of the risk of harm. This will be reviewed as relevant information is shared with statutory agencies. Significant harm refers to serious interruption, change or damage to a child's

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physical, emotional, intellectual, or behavioural health and development. To understand and identify significant harm, it is necessary to consider:

- the child's experience, needs and feelings as far as they are known. When a child talks about maltreatment, this may prompt a request for IRD. The child's disclosure is not a prerequisite.
- the child's development in context, including additional needs such as a medical condition, communication impairment or disability, that may affect the child's health, wellbeing, vulnerability, and care needs.
- what has happened, meaning the nature and degree of the actual or likely harm, in terms of abuse or failures to provide care and protection?
- parental or carer responses to concern as far as they are known.
- past occurrence, frequency, or patterns in the occurrence of harm
- immediate risk of harm and cause of this risk
- impact/potential impact on the child's health and development
- degree of professional confidence in the information that either the abuse has occurred and is likely to be repeated, or that the child is at risk of harm.
- capacity of the parents or carers to protect and care for the child.
- the context of risk within the child's culture, family network and wider world
- interaction between known risks and known strengths, complicating or protective factors in the child's world.
- the presence of premeditation, threat, coercion, or sadism
- the probability of recurrence or persistence of harm or risk of harm

**4.3 Where a child is felt to be in immediate danger**, any practitioner should report, without delay, directly to the police. Similarly, where a child is thought to require

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immediate medical assistance, this should be sought as a matter of urgency from the relevant health services.

## 5. Historical Abuse

The term historical abuse refers to reports of neglect, emotional, physical, and sexual abuse which took place before the victim was 16 or 18 (in particular circumstances) and which have been made after a significant time lapse of many years in some cases. The complainant may be an adult but could be an older young person making reports of abuse in early childhood.

When a report of historical child abuse is received, consideration needs to be given to the investigation of any current child protection concerns. This should include determining whether there are any children potentially still at risk from the suspected perpetrator(s) in any setting or a combination of settings, e.g., home, community, or formal care. Again, any concerns should be reported to allow relevant agencies to make an assessment.

More information can be found at the [Scottish Child Abuse Enquiry](#)

## 6. ADULT PROTECTION

Beith Community Development Trust staff and / or volunteers may also encounter situations where an adult is viewed as being at risk of harm and this guidance also provide information to ensure staff and volunteers are aware of their responsibilities to recognise and respond in those contexts.

Always consider the adult's abilities, background, and characteristics (including age, sex and gender, transgender identity, sexual orientation, religion and belief, race and ethnicity, cultural and linguistic heritage). Those carrying out an assessment of risk or harm should consider:

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- Any intervention in an adult's affairs should provide benefit to the adult and should be the least restrictive option available.
- Always consider the past and present wishes and feelings of the adult at risk.
- Always consider the views of other significant individuals, e.g., nearest relative, primary carer, guardian, and/or any other person with an interest in the adult's wellbeing or affairs.
- Provide the adult with all relevant information and support them to participate as fully as possible.
- Ensure that the adult is not treated less favourably than another adult in a comparable situation.

The Adult Support and Protection (Scotland) Act 2007 [Code of Conduct](#) defines an "adult at risk" as anyone aged 16 or over who is:

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

The definition of "harm" in the 2007 Act sets out the main broad categories of harm: physical, psychological, sexual harm, neglect, finances, interests, and property. For the purposes of the Act an adult is at risk of harm:

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

The [Adult Support and Protection Act 2007](#) details the measures to identify and protect individuals who fall into the category of 'adults at risk'.



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An 'adult at risk' of harm is defined as a person aged over 16yrs who may be unable to protect themselves from someone harming them, or from exploitation or neglect, because of a disability, mental disorder, illness or physical or mental infirmity.

Some young people aged 16-18yrs may be subject to statutory intervention through the Children's Hearing System and discussion will take place across child and adult protection services in securing the best outcome for the young person who may be subject to abuse, neglect, harm, or exploitation during this transition.

Adult Support and Protection strategy and practice is further strengthened by the Adult Support and Protection [Improvement Plan \(2019-2022\)](#), the Adult Support and Protection [Strategic Forum](#) and the Adult Support and Protection [Code of Practice](#)

### **6.1 Where an adult is felt to be in immediate danger.**

Any member of staff or volunteer should report, without delay, directly to the police. Police will contact social work for support. Similarly, where an adult is thought to require immediate medical assistance, this should be sought as a matter of urgency from the relevant health services. **Be proportionate:** Many concerns raised over an adult's wellbeing will not need an adult protection investigation. They may however need the support of services.

### **6.2 Types of abuse, harm, or exploitation**

Section 53 of the [Adult Support & Protection Act 2007](#) states that "harm" includes all harmful conduct and gives the following examples:

- Conduct which causes physical harm.
- Conduct which causes psychological harm (for example by causing fear, alarm, or distress).
- Unlawful conduct which appropriates or adversely affects property, rights, or interests (for example theft, fraud, embezzlement, or extortion).

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- Conduct which causes self-harm.

**The list is not exhaustive**, and no category of harm is excluded simply because it is not explicitly listed. In general terms, behaviours that constitute harm to a person can be physical, sexual, psychological, financial, or a combination of these. The harm can be accidental or intentional, because of self-neglect, neglect by a carer or caused by self-harm and/or attempted suicide. Other forms of harm can include domestic abuse, gender-based violence, forced marriage, female genital mutilation (FGM), human trafficking, stalking, scam trading and hate crime. Some such cases will result in adults being identified as at risk of harm under the terms of the Act, but this will not always be the case.

The [Social Care Institute for Excellence](#) ("SCIE") has a comprehensive downloadable resource illustrating types of harm in detail: [Types of abuse: Safeguarding adults](#).

Evidence of any one indicator should not be taken on its own as proof that abuse is occurring, and, conversely, practitioners must remember that individuals may well be subject to more than one type of abuse at a time, and intersectionality should be considered as a compounding factor. You should consider making further assessments, consider other associated factors, and consider making relevant and appropriate referrals which would be of benefit in supporting and safeguarding the individual concerned.

The SCIE (Social Care Institute for excellence). identify some commonly recognised types of 'harm' though note this list is not exhaustive:

1. [Physical harm](#)
2. [Sexual harm](#)

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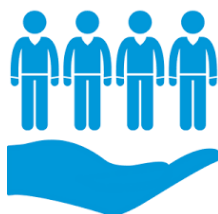
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3. [Psychological or emotional harm](#)
4. [Financial or material harm](#)
5. [Modern slavery](#)
6. [Discriminatory harm](#)
7. [Organisational or institutional harm](#)

**Also see - NHS inform:** [Self-harm](#)

You will also find the Adult Support and Protection (Scotland) Act 2007 [Code of Practice](#) very helpful as a reference point.



## **7. Supporting Staff and Volunteers**

The safety and wellbeing of children and adults is central to this guidance. Within that, the wellbeing, containment, and safety needs of Beith Community Development Trust staff and volunteers undertaking these duties, must also be considered, both at the time and in any follow up. We recognise that the impact of child or adult protection information can either be immediate or trigger the trauma experience of our staff and volunteers.

Whilst implementing this guidance, colleagues, line managers and senior staff and volunteers are encouraged to address the safety, care, and collaborative support needs of our staff and volunteers.

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## 8. What To Do - If you have concerns about a child or an adult at risk

Concerns about a child or adult at risk can arise in several ways:

- An accumulation of concerns
- A single significant incident
- Direct / indirect disclosure (e.g., social media)
- By telephone
- During group work
- Interaction or information directly from a child or young person, a relative, another young person or a member of the public

## 9. Responding to an Adult or Child Protection Concern

Anyone who has concerns about the immediate safety or welfare of a child (or children), or adult should, should without delay discuss concerns with their line manager. You should prioritise informing the Safeguarding Officer for Beith Community Development Trust. You should contact the relevant agency, namely the local authority social work department or Police Scotland in that child or adults area. In the unlikely event that neither safeguarding lead is available, **this should not delay the reporting of concerns.** It is essential that the Safeguarding Officer is made aware of the referral as soon as it is possible using the form provided in **Appendix 1**.

Local authorities, collaborating with police and health will consider if a child or adult is at risk and progress necessary action by initiating child or adult protection procedures.

Contacting social work, or police to notify them about a child or adult protection concern is referred to as a child/adult protection referral or a notification of concern. If there are concerns that a child or adult has suffered, is suffering or is at immediate risk of abuse this should be done without delay.

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For Beith Community Development Trust staff and volunteers, a child or adult protection referral will be supported by the completion of a Child and Adult Protection / Safeguarding Referral Form in **Appendix 1**, and by following the procedures as outlined in this guidance.

A guiding principle should always be - if you have a concern, pass information on to the Safeguarding Officer of Beith Community Development Trust and agree a referral to social work or police for discussion and any action required as is deemed necessary.

**If a child, young person, or adult makes a disclosure.**

Try to remain calm, avoid expressing your own views and feelings, no matter how difficult or what type of situation it is.

Remember it is your job to recognise and report not investigate.

- Listen carefully and avoid asking leading questions!
- Thank them for sharing their concern with you.
- Never promise confidentiality or to keep a secret.
- Explain what you will do next with the information that they have given.
- Attempt to gather essential information, i.e., name, address, and date of birth for clarification purposes and details of disclosure. Remember to keep questions to a minimum.
- **If appropriate, firstly seek informed consent** (this means asking the child or adult's permission) to share the information with someone who can help; however, while having consent is preferable, it is not necessary when reporting these types of concerns and in some circumstances may increase the risk to a child, adult, or others, or prejudice any subsequent investigation.
- All staff and volunteers should be clear that they are sharing concerns as part of

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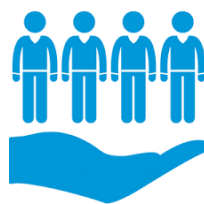
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their working responsibility, and that this cannot be done on an anonymous basis.

- Immediately report your concerns to Safeguarding Officer.
- At the close of discussion there should be clear and explicit agreement about who will be taking what action, if required. This should be recorded on the Beith Community Development Trust Referral Form in **Appendix 1**.
- Where a senior member is not available for advice or guidance, there should not be delay and agencies should be contacted directly.
- If concern arise out of core office working hours you should contact the designated person in charge of safeguarding to discuss your concerns, and if you cannot contact them, you should go ahead and contact the relevant out of hours/emergency social work duty team or the police.
- You should feedback to the Safeguarding Officer to inform you have done this as soon as is possible, using the methods outlined below.

Please refer to **Appendix 2** - Responding to Concerns

Please refer to **Appendix 5** for further information on managing disclosures.



## 10. Recording and Information Management

- As soon as is practical and in any case within 24 hours of the concerns arising, write down the concern or what you have been told using the exact words if possible. Using the Beith Community Development Trust Child and Adult / Safeguarding Referral Form in **Appendix 1** and note down the relevant information.

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- The form will be saved in a dedicated, restricted access Safeguarding folder. As soon as is possible, the Safeguarding Officer should be advised by email that a report has been created as soon as possible.
- Please limit the information shared in the email, and ensure you password protect any word documents as described in **Appendix 3**
- Once the Referral Form is saved to the dedicated Safeguarding folder. The form and any other documents/written information are only to be shared with Safeguarding Officer.
- When further action is agreed, or is deemed necessary, a copy of the Referral Form should be forwarded to the relevant social work department or police service. When sharing the form externally, the form must be password-encrypted as described in **Appendix 3** and sent by email. The password needs to be communicated separately and to the relevant individuals only, either over the phone or in another email. Please ensure it is being forwarded to a verified secure email address for the receiving agency. Please ask for a read receipt when doing so.
- It is essential that every care is taken not to include any personal data or confidential information in emails, it should all be held within the password protected referral form being attached to the email. **All emails and documents must be stored to the relevant Safeguarding folder only and promptly deleted from any other folders and mailboxes.**
- Staff, volunteers, or the Safeguarding Officer should ensure all necessary follow up occurs. Always aim to seek written or verbal confirmation that the social work department and/or police has received the form and that information has been noted. This should be recorded in your records.

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If a member of staff and volunteers disagrees with the specified actions, then that disagreement should be noted on the Referral Form. Escalation processes must apply as described in **Appendix 4**.

- During and following the response, recording, and reporting of child and adult protection concerns to the relevant social work department, the Safeguarding Officer must ensure they have discussed the staff and / or volunteer's own care and wellbeing needs.
- Beith Community Development Trust does not keep extensive files about referrals made for children or adults. However, to ensure that what we do can be monitored and assessed; we will keep electronic versions of the completed referral form in a secure file for up to 6 months from the date when a confirmation is received from the police/local authority that the form has been received or, if no confirmation is received or no further action is taken, the date an internal decision is made. Referrals will be held securely in the assigned Safeguarding Folder. This will be managed by the Safeguarding Officer.

## **11. Confidentiality, Sharing Information and Consent.**

As highlighted throughout this guidance, [information sharing](#) is an essential element of child protection. Indeed, the National Guidance is explicit in that.

**CHILD - If a child's wellbeing is at risk, relevant information must always be shared.**

The complexities and application of this principle are acknowledged, and staff and volunteers do need to consider when it is important to share and what to share. The National Guidance for Child Protection in Scotland (2021) highlights the following principles relevant to Beith Community Development Trust staff and volunteers:



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- The wellbeing of a child is of central importance when making decisions to lawfully share information with or about them.
- Children have a right to express their views and have them considered when decisions are made about what should happen to them.
- The reason information needs to be shared and actions taken should be communicated openly and honestly with children and, where appropriate, their families.

CONSENT - In general, information will normally only be shared with the consent of the child (depending on age and maturity). This is referred to as informed consent. However, where there is an immediate risk to a child's wellbeing, consent should not be sought, this includes in high-risk / highly vulnerable situations where the alleged perpetrator may be present. Relevant information must be shared with agencies or professionals as appropriate. (Note - there is an important distinction between making the child aware that information will/may be shared and seeking their consent for that sharing).

PRACTICE POINT - At all times, information shared should be relevant, necessary, and proportionate to the circumstances of the child, and limited to those who need to know.

PRACTICE POINT - When information is shared, a record should be made of when it was shared, with whom, for what purpose, and whether it was disclosed with or without informed consent. This should all be noted in the Referral Form. Similarly, any decision not to share all the information and the rationale should also be recorded.

**ADULT - The protection of adults at risk of harm is everyone's responsibility and everyone's job.** Where there is concern about an adult at risk of harm, or an awareness of such a concern, there is a responsibility to share and exchange relevant information with other professionals. This should be done without delay and with confidence, following local agency or service procedures / guidance. Staff and

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volunteers should note:

Information should be shared only when (a) it will provide benefit to the adult which could not reasonably be provided without such an intervention, and (b) the amount of information shared should be proportionate to addressing the concerns relating to protecting the adult from harm.

The basis for information sharing can be found across national guidance, regional procedures, and local protocols both in single and multi-agency settings and in the [General Data Protection Regulations \(2016\)](#).

## **12. Staff and Volunteers Awareness, Training and Support**

As part of the induction process staff and volunteers will be asked to become familiar with safeguarding guidance, and child protection and adult support and protection responsibilities and procedures, as well as the data protection considerations. This guidance, along with available child and adult protection training, helps ensure that everyone in the organisation can recognise and act on their responsibilities. Foundation Child and Adult Protection / Safeguarding Training should be undertaken by all staff and volunteers within their first three months or earlier. Existing staff and volunteers will have the opportunity to participate in a planned way. Thereafter, an annual refresh will be made available to all staff and volunteers at Beith Community Development Trust. Staff and volunteers are responsible for ensuring their availability. Advanced training options will be available as required by the organisation.

Regular support is also in place to ensure staff and volunteers feel confident and competent to carry out their responsibilities.

## **APPENDIX 1**

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**BEITH COMMUNITY DEVELOPMENT TRUST – Safeguarding Referral Form**

A copy of the **Safeguarding Referral Form** should be passed to the Safeguarding Officer for co-signing, with a completed copy available as soon as possible.

**This information must be saved in the Safeguarding Folder and a notification sent to the Safeguarding Officer.**

Any earlier copies (including emails) should be destroyed. Information shared with your manager, or any external agencies must be password protected - **Appendix 3**

<b>Your Name:</b>	
<b>Job Title:</b>	
<b>Date form completed:</b>	
<b>Child/Adult's name and address:</b>  <i>Please populate based on the information you have available. It is important to be able to identify the area the child or adult lives in for referring purposes.</i>	

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<p>Child/Adult's DOB:</p> <p><i>If no DOB is available, the age / approximate age should be recorded.</i></p>	
<p>Date(s) time(s) and the location(s) of alleged incident / event / concern:</p> <p><i>This can include online referrals / reports recorded over the phone etc.</i></p>	
<p><b>Nature of the concern / allegation: (Remember to make a clear distinction between what is fact, opinion, or hearsay)</b></p> <p><i>Please record key facts, this does not have to be extensive as you are <u>not an investigator</u> but should give clarity to the reason for referral (For example "Child X advises that his mother physically assaulted him last night").</i></p> <p><b>NEVER</b> be tempted to question the child in detail or investigate the circumstance being disclosed.</p> <p><b>You should not enter discussion with the alleged perpetrator.</b></p> <p><i>Please refer to <b>Appendix 5</b> – Dealing with Disclosure Guidance</i></p>	

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<b>What did the child/adult, tell you?</b> <i>(Use child's or adult's words where possible)</i>	
<b>Observations made by you: For example: A description of child / adult's presentation at the time of disclosure.</b>  <i>Include what the child or adults expressed views on what should happen next (where applicable).</i>	
<b>What is the child / family's awareness and understanding of the concerns / referral?</b>  <i>Please record if informed consent for a child was possible / not possible (see page 7 of this guidance). You can refer to the following National Guidance:</i>  <a href="#">CHILDREN - Information Sharing</a> <a href="#">ADULT - Information Sharing</a>	
<b>Action immediately taken:</b>	

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<p><b>Additional Safeguarding Officer advice and action:</b></p> <p><i>Please offer a brief description of any further advice given, or action taken.</i></p> <p><i>Include when it is agreed that no further action will be taken or where information will not be shared. NB: It is important to ensure the justification is clear.</i></p> <p><i>If there is a disagreement on action. Please refer to <b>Appendix 4</b> for escalation processes (as applicable)</i></p> <p><b>Debriefing Staff and volunteers.</b> <i>Beith Community Development Trust staff and volunteers involved in the concern event will have access to a de-brief post event (if required)</i></p>	
<p><b>Your Name:</b></p> <p><b>Signature:</b></p> <p><b>Date:</b></p>	

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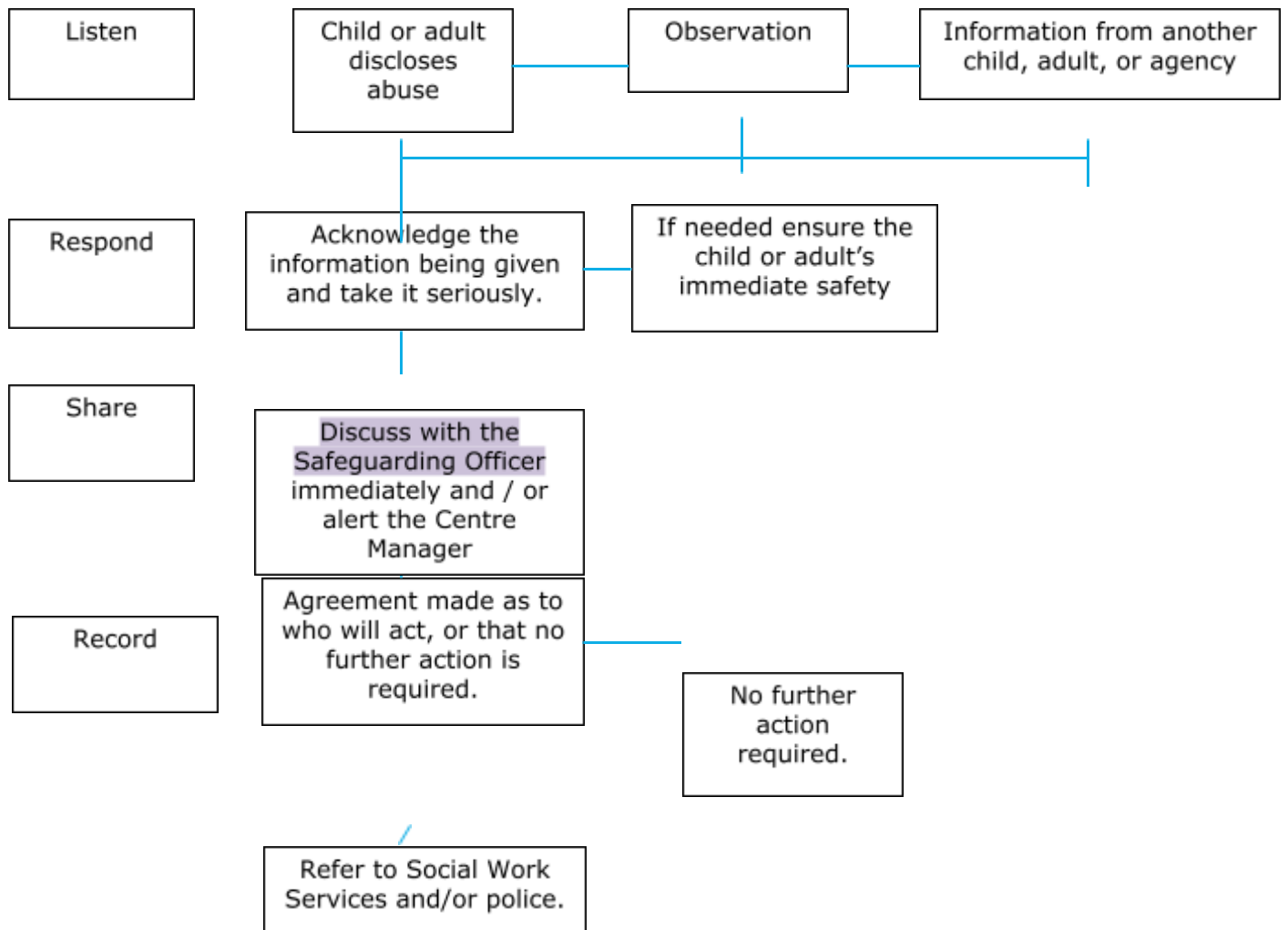
E - [hello@beithhive.co.uk](mailto:hello@beithhive.co.uk)

<p><b>Safeguarding Officer / Centre Manager:</b></p> <p><b>Signature:</b></p> <p><b>Date:</b></p>	
<p>Where applicable, please confirm the Social Work Office that this Form was submitted to and, or what other agency was advised of the CP / AP concern:</p> <p><i>It is important to follow the process as described on page 8 of this Guidance, storing information securely in SharePoint.</i></p>	
<p>Please confirm who from Beith Community Development Trust submitted the form (including the name and date sent) to the relevant service. This section should also include the service / name of the recipient.</p>	
<p>Please note details if escalation (<b>Appendix 4</b>) processes were required and the resolution reached.</p>	

### Responding to Child and Adult Protection Concerns Chart

### APPENDIX 2

Please note that the below chart is not in chronological order and several actions may take place concurrently.

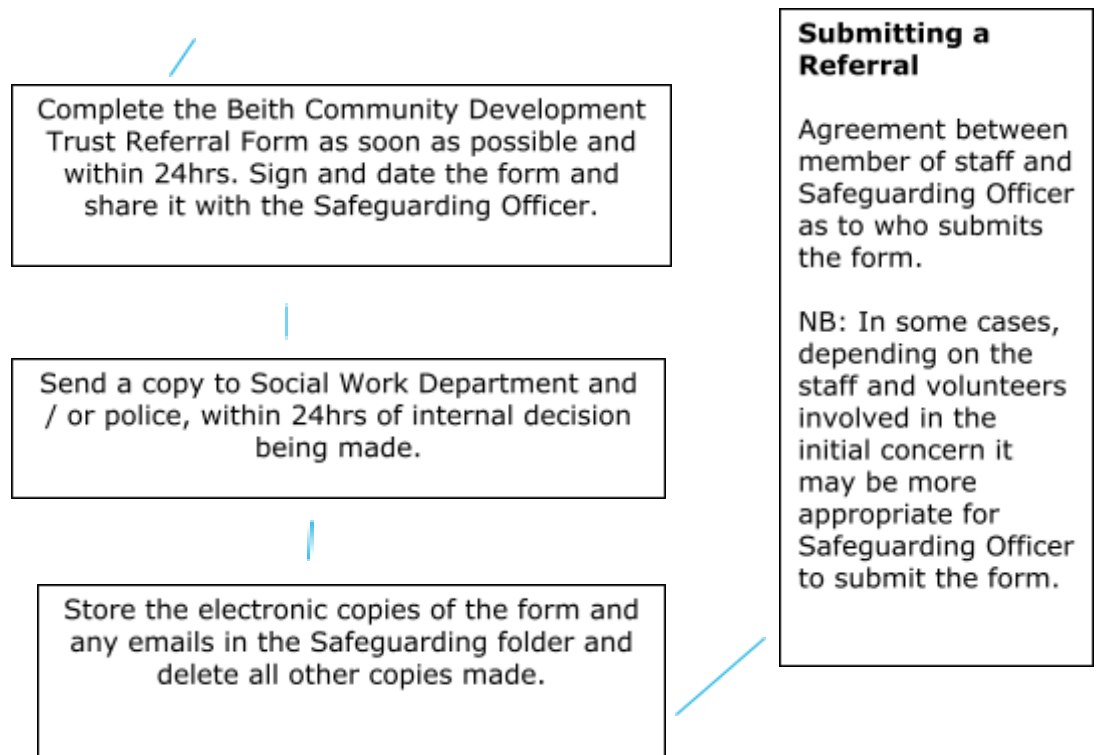




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### APPENDIX 3

#### Guidance on how to password-encrypt a Word document.

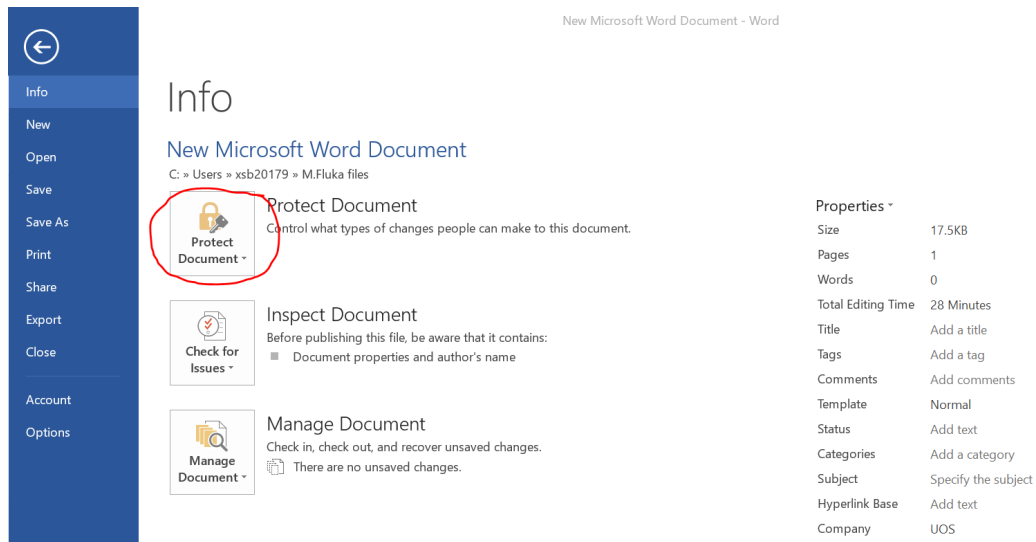
Step 1: Open the Word document you want to password-encrypt and click on the "File" tab.

Step 2: In the Info section, click on "Protect Document" button and then click on "Encrypt with Password". This will open a pop-up window.

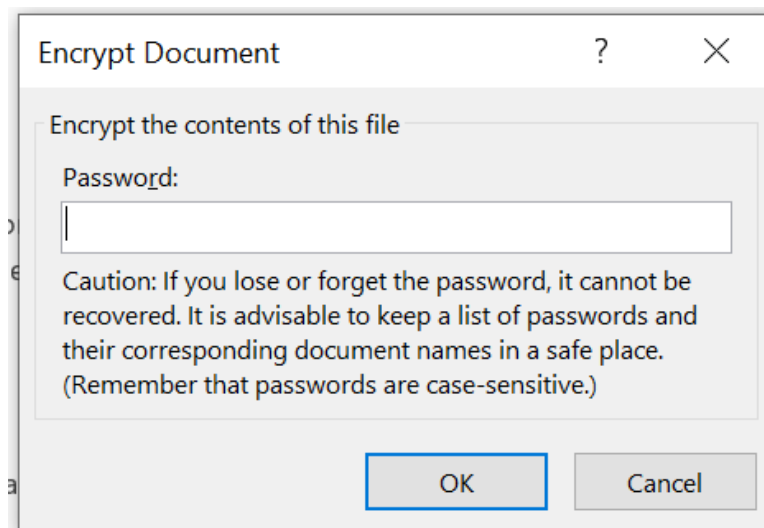
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Step 3: In the pop-up window enter the password you wish to set for this document, click "OK", re-enter the password when prompted and then click "OK" again.



Step 4: Make a note of the password as it will not be otherwise accessible once set and you will no longer be able to open the document without it.

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Should you wish to change the password, you will first need to remove the one that was previously set. You can do this by repeating Steps 1 and 2 above, then clearing the password in the pop-up window and clicking "OK". You can now follow Steps 1-4 to set up a new password.

## Escalating Concerns - Guidance Note

## APPENDIX 4

At no time must professional disagreement detract from ensuring that the child, young person or adult concerned is protected. The child, young person and adult's wellbeing and safety must remain paramount throughout whether known to child or adult protection services or both.

This short escalation guidance note refers to preventing disputes and the processes to be followed when disagreements cannot be resolved through discussion and negotiation between professionals in indirect contact with children, young people, adults, their families.

### The Context for Child and Adult Protection

As stated, the [National Guidance for Child Protection in Scotland \(2021\)](#) describes the responsibilities and expectations for all involved in protecting children. The integration of child protection within the [Getting it Right for Every Child](#) (GIRFEC) continuum and framing responses to child protection concerns within this national practice model is a critical feature of this revised Guidance. There is a clear articulation of the importance of GIRFEC in protecting children, particularly in recognising that all children must receive the right help at the right time. In some In relation to children / adults in the UK as a result of the Ukrainian crisis the additional [Public Protection](#) guidance should also be considered. For Adult protection, the legislative responsibilities in relation to the support and protection of adults at risk of harm are contained within the [Adult Support and Protection \(Scotland\) Act 2007](#). The [Adult Support and Protection Revised Code of Practice \(2014\)](#) accompanies the Adult Support and Protection (Scotland) Act 2007.

## Escalating a Concern

This aim is to support **positive resolution of professional difference** when a potential child or adult protection concern is identified and there is a difference of opinion on how to proceed. Whilst there is clear evidence of good working relationships across the Trust, occasionally disagreements may arise which require timely resolution so as not to delay decision making. Other concerns that may delay meeting the needs of an adult, child or young person are also considered for escalation where these are due to availability of a service to meet their needs.

It is specifically aimed at colleagues with indirect contact with adults, children, or young people and where child or adult procedures may apply. It relates specifically to disagreement between professionals.

This **does not apply** to cases where there may be concerns about the behaviour or conduct of another professional within the organisation that may impact on an adult, child or young person's safety or wellbeing. In such cases, reference should be made immediately to the Centre Manager or Ayrshire Community Trust.

We encourage the use of this section where a resolution cannot be reached in complex cases in protecting adults, children, and young people through usual processes.

Their safety, wellbeing and protection cannot be compromised at any stage.

## Potential Areas of Disagreement

Disagreements can arise in several areas, but are most likely to arise around thresholds, roles and responsibilities, the need for action and communication or service provision. These include:

- Staff or volunteers may place different interpretations on the need for specific responses in relation to a child or adult protection concerns. For example, staff or volunteers may disagree with a management decision around a particular course of action, such as taking no further action.
- There is disagreement in the organisation as to whether the child or adult protection / safeguarding procedures within the guidance should be initiated based on available information.
- There is a disagreement over the proportionate sharing of information. For example, a member of staff and volunteers may be unclear what can be shared.

## **Key Principles**

Professionals must always acknowledge that the safety of adults, children and young people is the paramount consideration in any professional disagreement even in the most challenging situations. Particular attention to young people (16-18yrs) is essential in getting it right to avoid them falling through the gap between services.

Staff and volunteers should always endeavour to resolve difficulties quickly and openly and be mindful when considering escalating matters.

## **The Staged Escalation Process**

### **Stage 1**

If staff and volunteers are unable to reach agreement about the way forward in an individual case, then they must

escalate their concerns to the Safeguarding Officer without delay.

## **Stage 2**

If the concern continues about professional disagreement the Safeguarding Officer will discuss this with the Centre Manager on how matters should proceed with the aim of ensuring the safety and wellbeing of the individual concerned.

Individuals should be offered a professional debrief following some disputes to promote continuing good working relationships and identify training needs.

## **Stage 3**

If despite following the process the disagreement remains the matter will be referred to the most senior officer in the Trust.

The purpose of escalating the dispute to this level is to reach a position where differing professional opinions have been considered and efforts made to explore whether the dispute has arisen through lack of clarity or understanding in the professional dialogue, or the matter requires revisiting by practitioners. A decision will need to be reached where agencies agree a way forward where the interests of the child, young person or the adult take precedence over a professional impasse.

## **DEALING WITH DISCLOSURE (Children & Adults)**

## **APPENDIX 5**

It can be extremely hard for children or vulnerable adults to be open about what has happened to them. They might be worried about the consequences or that nobody will believe them. They might have told someone before, and nothing was done to help them. Sometimes they might not know what is happening to them is abuse and struggle to share what they are feeling. Some children (or adults) do not reveal they are being or have been abused for a long time, some never tell anyone.

**If a child or adult is in immediate danger, call the police on 999 straight away.**

What to say to a child / vulnerable adult and how to respond:

### **1. Listen carefully to what they are saying!**

Be patient and focus on what you are being told. Try not to express your own views and feelings. If you appear shocked or as if you do not believe them, it could make them stop talking and take back what they have said.

### **2. Let them know they have done the right thing by telling you!**

Reassurance can make a substantial impact. If they have kept the abuse a secret, it can have a significant impact knowing they have shared what has happened.



### 3. **Tell them being abused is not their fault!**

Abuse is never a child or vulnerable adult's fault. It is important they hear, and know, this.

### 4. **Say you will take them seriously!**

They may have kept the abuse secret because they were scared, they would not be believed. Make sure they know they can trust you and you will listen and support them.

### 5. **Do not confront the alleged abuser!**

Confronting the alleged abuser could make the situation worse for the child or vulnerable adult. You may also place yourself at risk by doing so.

### 6. **Explain what you will do next!**

For younger children, explain you are going to speak to someone who will be able to help. For older children or vulnerable adults, explain you will need to report the abuse to someone who can help.

### 7. **Report what the child / vulnerable adult has told you as soon as possible.**

Following the guidance, report as soon after you have been told about the abuse so the details are fresh in your mind and action can be taken quickly. It can be helpful to take notes as soon after you have spoken to the child / vulnerable adult. Try to keep these as accurate as possible.

Please refer to the disclosure diagram example, which can be applied with vulnerable adult too as shown.

## DEALING WITH DISCLOSURE

### WHAT TO DO IF A CHILD OR ADULT ALLEGES OR DISCLOSES ABUSE

#### DO

- Stay calm!
- Listen to the child or adult.
- Keep questions to a minimum!
- Reassure child or adult.
- Tell the child / adult what you are going to do next.
- Record what the child / adult has alleged in their own words.

#### DON'T

- Ask too many questions!
- Make false promises.
- Express shock or anger.
- Interpret what the child or adult is alleging – simply record it!
- Delay in sharing your concerns.

**NEVER CARRY OUT AN INVESTIGATION INTO THE ALLEGATION - THIS IS NOT YOUR ROLE!**

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## KEY CONTACTS

<b>Beith Trust</b>	Jane Lamont (Lead) - T - 07704 288282 - E - <a href="mailto:Jane.lamont@beithtrust.org">Jane.lamont@beithtrust.org</a> Kevin Nelson (Chairperson) - T - 07887795524 - E- <a href="mailto:Kevin.Nelson@beithtrust.org">Kevin.Nelson@beithtrust.org</a> Safeguarding Officer – <a href="mailto:Linda.Dunbar@beithtrust.org">Linda.Dunbar@beithtrust.org</a>
<b>North Ayrshire Council Social Services Contacts</b>  For more info <a href="#">North Ayrshire Child Protection Committee</a>	OUT OF HOURS SERVICE - 0800 328 7758  LOCAL OFFICES  Irvine & Kilwinning: <a href="tel:01294310300">01294 310300</a> or Email: <a href="mailto:RSIrvine@north-ayrshire.gov.uk">RSIrvine@north-ayrshire.gov.uk</a>  3Towns: <a href="tel:01294310005">01294 310005</a> or Email: <a href="mailto:RS3Towns@north-ayrshire.gov.uk">RS3Towns@north-ayrshire.gov.uk</a>  Kilbirnie: <a href="tel:01505684551">01505 684551</a> or Email: <a href="mailto:RSKilbirnie@north-ayrshire.gov.uk">RSKilbirnie@north-ayrshire.gov.uk</a>  North Coast: <a href="tel:01475687592">01475 687592</a> or Email: <a href="mailto:RSLargs@north-ayrshire.gov.uk">RSLargs@north-ayrshire.gov.uk</a>  Arran: <a href="tel:01770600742">01770 600742</a> or Email: <a href="mailto:RSArran@north-ayrshire.gov.uk">RSArran@north-ayrshire.gov.uk</a>  IF YOU THINK A CHILD IS IN IMMEDIATE DANGER- SEE SAFEGUARDING GUIDANCE <b>CALL 101 (AYRSHIRE PUBLIC PROTECTION UNIT)</b>
<a href="#">NSPCC</a>	NSPCC Helpline for support and advice for free - 0808 800 5000

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