The Scottish Centre For Children With Motor Impairments

Child Protection Policy and Procedures

August 2023

With further review following publication of revise national guidance October 2023

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Meaning of child and children

In this policy the terms "child" or "children" refer to individuals who attend the Centre aged 0-19 years for education or support services and aged 0-18 years as employees or volunteers.

Meaning of parent

In this policy the term "parent(s)" refers to individuals who are significant care givers to a child. In addition to biological parents and others with legal parental rights and responsibilities it may include foster parents and a partner of someone who has parental rights and responsibilities for a child.

1. Child protection at the SCCMI (Craighalbert Centre)

The Scottish Centre for Children with Motor Impairments (SCCMI) provides therapy and education for children from birth to 19 years affected by cerebral palsy and similar neurological conditions from all parts of Scotland. Such children/young people have a broad range of behavioural, communication, developmental, emotional, healthcare, learning and physical needs that have a substantial and long-term impact on their ability to engage fully in normal day-to-day activities. SCCMI addresses the needs of the children/young people through a range of specialist age-appropriate programmes. SCCMI's staff operate in multi-disciplinary teams which include occupational therapists, physiotherapists, speech and language therapists, teachers, early years practitioners and support staff.

Research indicates that children with a disability are more vulnerable to abuse and/or neglect than non-disabled children, with the children/young people who access SCCMI's services being particularly vulnerable due to their multiple and complex additional support needs.

Child protection is a complex process requiring the interaction of children/young people, families and organisations delivering e.g., education, health care and other services, statutory and voluntary services and the public. Within the context of child protection, SCCMI undertakes organisational safeguarding measures to reduce risk in line with best practice e.g. all those associated with the organisation including the Board, all staff and volunteers, are required to be members of the Protecting Vulnerable Groups scheme.

SCCMI's child protection policy and procedures detailed within this document have been informed by current national legislation and guidance[1]. They are intended to be an information source for all staff but should not be regarded either as exhaustive or exclusive.

This policy and associated procedures are part of a suite of policies and procedures all of which aim to ensure the safety and wellbeing of the children/young people engaging with SCCMI's programmes and services and which have been compiled to ensure:

- All those associated with SCCMI, including the Board, staff and volunteers understand the

[1] National Guidance for Child Protection in Scotland 2021
https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021/documents/

contexts within which child protection operates and are aware of their role in ensuring children are safe and protected.

- SCCMI's staff have a understanding of their individual and common objective to support and protect children, particularly those who are most vulnerable.
- All staff are competent in ensuring that children and their parents receive appropriate assistance should this be required.
- All staff recognise when to be concerned about a child's welfare and safety and understand when and how to share their concerns.

SCCMI recognises that policies and procedures cannot, in themselves, protect children; however, a competent and confident workforce can contribute to the protection of children with such policies and procedures informing staff understanding and actions. For these policies and procedures to operate effectively it is essential that all those involved with children understand the contribution everyone can make and the way in which individual contributions can combine to provide the best outcomes for children.

2. Increased vulnerability of children affected by neurological conditions

Children affected by cerebral palsy and related conditions have potential vulnerabilities to abuse and/or neglect arising from a range of interacting factors.

Disability/environment

Children with a neurological condition may be at increased risk of abuse and/or neglect because of their additional support needs and/or their environment, e.g.:

- Dependence on parents/carers and service providers for assistance with daily living including communication, feeding, invasive health procedures, manual handling, mobility, personal and/or intimate care.
  - They may be dependent on multiple carers in multiple settings.
  - Their complex health care needs that may involve clinical procedures.
  - They may have complex medication regimes.
  - Their dependence on non-verbal means of communication may reduce their ability to demonstrate choices.

- Limited life experiences and reduced likelihood of awareness and/or understanding of individual rights.
  - They may have a reduced understanding of abusive and/or neglectful behaviours.
  - They may have reduced access to sex education and support for understanding.
  - They may have an impaired capacity to avoid or resist abuse and/or neglect.
  - They may habitually comply with the instructions of others.
  - They may have limited experience of asserting choice.

- Increased likelihood of being socially isolated with few social contacts out with the family.
  - They may not have a relationship with a trusted person within or out with their immediate family.

- Responses towards them may be affected by parental needs and/or cultural attitudes.
- They may be at increased risk of bullying and/or intimidation, including on-line abuse.
- They may be reluctant to share concerns or worries for fear of drawing attention to familiar adults.
- They may be afraid of rejection and/or shame.
- They may have experienced significant losses, disruptions, and trauma.

Parent/carer and practitioner responses

Children with a neurological condition may be at increased risk of abuse and/or neglect because of the values, attitudes and/or beliefs held by parents/carers and/or practitioners that may lead to denial or minimisation of the impact of abuse and/or neglect and subsequent failure to respond to, or report abuse or neglect including unintentional and unconscious neglect, e.g.:

- Failure to listen to the child or those who know the child best.
  - Parents or practitioners may lack knowledge or understanding about a child's communication methods and therefore may not respond appropriately to non-verbal cues and not seek the child's views.
  - They may lack knowledge about a child's usual behaviour and therefore awareness of changes that may indicate abuse and/or neglect.
  - They may lack knowledge about a child's health care needs and therefore lack awareness of the risks associated with poor health management.

- Failure to recognise abuse or neglect within a challenging family context.
  - Family stresses, poverty and poor parental mental health can increase the risk of abuse and/or neglect.
  - There is a risk that empathising with the challenging context in which a child/parent lives may influence the recognition of abuse and/or neglect.
  - There is a risk that empathising with the challenge of meeting the intensive needs of a child, including behavioural management within a home or institutional setting may influence the recognition of abuse and/or neglect when the response in the context does not meet the child's needs or falls short of what would normally be acceptable.

- Lack of curiosity, competence and/or confidence in exploring the potential reasons for a child's change in behaviour, distress or injuries.
  - Parents or practitioners may assume that disability characteristics may be the cause of injuries and/or behaviours.
  - There is an increased likelihood that practitioners will accept the parent explanations rather than consider possible alternatives.

- Lack of practitioner awareness of the impact of abuse and/or neglect.
  - They may assume that disability characteristics may minimise the impact of abuse and/or neglect, e.g., that a child may be less likely either to remember or less likely to be adversely affected by an abusive and/or neglectful incident.

- They may assume that a disabled child is not at risk of certain types of abuse.
- They may lack awareness of the possibility of abuse and/or neglect by those caring for a disabled child.
- They make assume that a disabled child will disclose abuse.

- Delays or fragmentation in the assessment and sharing of information or the co-ordination and planning of assessment and support.
  - Assessments may focus on a child's impairments rather than their overall wellbeing.

3. <u>Features of abuse and/or neglect particular to children affected by neurological conditions</u>

Children with disabilities may experience similar forms of abuse and/or neglect as their non-disabled peers, however some features of abuse and/or neglect are particularly associated with children affected by cerebral palsy and related neurological conditions including e.g.:

- Withholding a child's means of communication.
- Ignoring a child's needs.
- Not providing sufficient fluids and/or nutrition.
- Over-feeding.
- Misuse of medication either deliberately or through lack of knowledge.
- Failure to provide treatment or the provision of inappropriate or unnecessary treatment.
- Invasive procedures carried out against a child's will.
- Inappropriate splinting.
- Refusal of adaptations and/or provision of specialist equipment required by a child.
- Rough handling.
- Extreme behaviour modification
- Use of inappropriate physical restraints.
- Seclusion

4. <u>Key potential risk indicators associated with child abuse and/or neglect</u>

Indicators of risk are neither common nor should their presence lead to any immediate assumptions about the levels of risk for an individual child. However, where identified, these indictors should prompt practitioners to consider how they might impact on a child.

There are multiple risk factors present for each child in its own unique circumstances, it is important for practitioners to consider the potential cumulative risk the context of the child's circumstances presents alongside any additional risk that could result from the child's impairment:

- Poverty. Most families experiencing poverty provide safe and loving homes, however poverty may cause or accelerate neglect and the risk of other harms. Poverty intersects with other stressors on families including, disability, mental health problems, ill health, poor housing, poor housing, barriers to employment, poor literacy skills, learning disabilities and racial discrimination.

- Non-engagement. Failures in engagement are a shared responsibility and persistent failures in

engagement may contribute to significant harm. Terms such as 'resistance' and 'disguised compliance' usually mean disguised non-compliance or non-effective compliance and may be used when services find it difficult to engage with families. Non-engagement may include:

- Evasion of practitioner interventions aimed at protecting a child/young person.
- Failure to enable necessary contact, e.g., missing appointments or refusing to allow practitioners access to the child/young person.
- Non-compliance with actions set out in the child's plan.
- Disguised non-compliance, e.g., the parent appearing to co-operate without carrying out actions.
- Hostility and/or aggression towards practitioners towards practitioners.

▪ Impact of mental health or health problems on children. Children are affected:

- When a parent is unable to anticipate or priorities their needs.
- By a parent's distress, disturbance, delusions and/or lack of insight
- By separation from a parent who is ill; they may take on premature caring responsibilities.

- Parental alcohol and/or drug use, may play a dynamic and reciprocal part in the causes and consequences of mental ill health and may lead to:
  - Poor parental supervision.
  - Inappropriate patterns of parental care and chaotic lifestyles that disrupt a child's routines, relationships and schooling.
  - Isolation of the child.
  - A child having inappropriate levels of responsibility for the social and/or personal care of their parents and/or siblings
  - Unstable accommodation or homelessness.
  - Material deprivation through the diversion of income to buy alcohol/drugs.
  - Increased threat of domestic violence.
  - Careless medication administration and storage.

- Domestic abuse including behaviours that may undermine a partner's personal autonomy and exert control over life choices.
  A child living with domestic abuse may be at increased risk of harm both through witnessing abuse and being abused. Domestic abuse can disrupt a child's environment, undermining their stability and damaging their physical, mental and emotional health.

- Children experiencing mental health problems ranging from anxiety and depression to psychosis. Several factors make it more likely that a child will experience mental health problems:
  - Experience of abuse and/or neglect.
  - Long-term physical illness.
  - Insecurities in primary attachments.
  - Domestic abuse.

- Problematic alcohol and/or drug use and offending.
- Bereavement and separation.
- Experiences of bullying, discrimination, isolation and exclusion.
- Living in poverty and/or being homeless.
- Premature and overwhelming caring responsibilities.
- Experience of long-term struggle in educational settings.

- Risks associated with new technologies, digital media and the internet, which may be an integral part of a child's life, enabling social interaction through e.g., social networking sights with associated potential risks, including:
  - Exposure to distressing, violent or obscene material.
  - Cyber bullying or intimidation through text, e-mail and online.
  - Abuse of personal information and identity theft.
  - Exploitation by online predators through e.g., grooming.

5. Glossary of key terms associated with Child abuse and neglect

Child Abuse and Neglect

"Forms of maltreatment of a child. Somebody may abuse a child by inflicting or by failing to prevent harm to a child."

Physical Abuse

"Physical abuse is the causing of physical harm to a child."

Physical abuse may involve burning or scalding, drowning, hitting or shaking, poisoning, throwing or suffocating. It may also be caused when a parent feigns the symptoms of, or deliberately causes ill-health to a child they are looking after.

Possible signs and indicators of physical abuse include:

- Admission of punishment that appears excessive.
- Arms and legs kept covered.
- Black eyes, bruising on soft parts of body, e.g., thighs, upper arms, buttocks, neck area.
- Excuses for not seeking/fear of medical help.
- Injuries, particularly if recurrent.
- Improbable excuse for injuries.
- Physical aggression towards others and self.
- Refusal to explain/discuss injuries.
- Withdrawal from physical contact.

Emotional Abuse

"Emotional abuse is persistent emotional neglect or ill treatment of a child causing severe and lasting adverse effects on the child's emotional development. Persistent means that there is a continuous or intermittent pattern which has caused, or is likely to cause, significant harm."

Emotional abuse may involve conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may involve the imposition of age or developmentally inappropriate expectations on a child or causing them to feel frightened or in danger or exploiting or corrupting a child. Some level of emotional abuse is present in all types of ill treatment of a child, however it can also occur independently of other forms of abuse.

Possible signs and indicators of emotional abuse include:

- Admission of punishment which appears excessive.
- Alcohol, drug, solvent and/or other substance use.
- Chronic running away.
- Compulsive stealing and/or scavenging.
- Continual self-deprecation.
- Extremes of passivity and aggression.
- Fear of new situations.
- Fear of parents/carers being contacted.
- Inappropriate emotional responses to painful situations.
- Indiscriminate friendliness.
- Neurotic behaviours.
- Over-reaction to mistakes.
- Physical, intellectual and/or developmental lags.
- Self-harm.
- Significant decline in concentration.
- Sudden speech disorders.

Sexual Abuse

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

Sexual abuse may involve forcing or enticing a child to take part in sexual activities whether or not the child is aware of what is happening. The activities may involve physical contact including penetrative or non-penetrative acts and may include non-contact activities e.g., looking at or in the production of pornographic material, watching sexual activities, using sexual language towards a child or encouraging a child to behave in sexually inappropriate ways.

For children under the age of 5 years, possible signs and indicators of sexual abuse include:

- Acting in a sexually inappropriate way towards adults.
- Appearing bothered, confused, unhappy and/or worried.
- Becoming insecure.
- Becoming withdrawn.
- Behaving in a sexually inappropriate way for age/stage.
- Clinging to a parent in a fearful way.
- Crying hysterically when nappy changed or clothing, particularly underclothes, removed.

- Frequent urinary tract infections.
- Having chronic nightmares.
- Physical signs, soreness and/or bleeding in the throat, genital and/or anal areas.
- Playing out sexual acts with dolls.
- Regressing to bed-wetting.
- Regressing to much younger behaviour pattern(s).
- Repeating obscene words and phrases.
- Showing extreme fear of a particular person.
- Stopping eating.
- Stopping enjoying activities with other children.

For children aged 5-12 years possible signs and indicators of sexual abuse include in addition:

- Asking if others will keep a secret.
- Being reluctant to change for PE.
- Drawing sexually explicit pictures.
- Sudden, inexplicable changes in behaviour and/or habits, e.g., truanting.
- Having unexplained sources of money.
- Hinting about secrets they cannot tell.
- Saying a friend has a problem.
- Stopping enjoying previously liked activities.

For children aged 12 years and over, possible signs and indicators of sexual abuse include in addition:

- Attempting suicide.
- Becoming pregnant.
- Being fearful of certain people.
- Chronic depression.
- Using alcohol, drugs and/ or other substances putting them at risk
- Eating disorder(s) or disordered eating.
- Finding excuses not to go to certain places.
- Having outbursts of irritability and/or anger.
- Self-harming,
- Sexually abuse a sibling or another child.

<u>Neglect</u>

"Neglect consists of a 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 be single instances of neglectful behaviour that causes significant harm. Neglect can arise in the context of systemic stresses e.g., poverty and is an indicator of support needs."

Neglect may involve a parent failing to provide adequate clothing, food and shelter, to protect a child from physical harm or danger or to ensure access to appropriate medical care or treatment. It may also include neglect of or failure to respond to a child's basic emotional needs.

Neglect may result in a child being diagnosed as suffering from 'non-organic failure to thrive,' where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated. In extreme cases, children may be at risk from the effects of malnutrition, lack of nurturing and lack of stimulation. In young children the consequences may be life-threatening within a relatively short period of time. Possible signs and indicators of neglect include:

- Constant hunger and emaciation,
- Compulsive stealing/scavenging,
- Constant tiredness,
- Poor personal hygiene,
- Poor state of clothing/inappropriate clothing for e.g., temperature,
- Untreated medical problems,
- Frequent lateness/non-attendance at school.

<u>Other Categories of Abuse</u>

- Fabricated or induced illness.

"A process in which a parent induces illness or a sick role in a child by exaggeration, deliberate non-treatment, fabrication or falsification of signs of illness. It may include maladministration of medication or other substances causing symptoms of illness and interference with equipment, observation charts or other documents relevant to a child's health. The caregiver may or may not genuinely believe the child to be ill." The impact of a fabricated or induced illness may include:

- Frequent lateness/non-attendance at school.
- Frequently seeking unscheduled health care support, advice or treatment due to reported child concerns/illness.
- Physical harm, potential trauma, anxiety and confusion during multiple and sometimes invasive treatments and investigations.
- Social and emotional impairment of a child's development, identity and relationships.

- Sudden unexpected death in infants and children.
  - An unexpected death of an infant or child (less than 16 years old) is "a death that was not anticipated as a significant possibility e.g., due to an already diagnosed illness or health condition, 24 hours before the death or an unexpected collapse or incident leading to or precipitating the events which lead to the death".
  - A sudden unexplained death in childhood (SUDC) is "the death of a child which remains unexplained after a thorough investigation."
  - Sudden unexpected death in infancy (SUDI) is "deemed to have occurred when there is no pre-existing condition which would make the death predictable" and includes the death of an infant directly attributed to abuse and/or neglect.

- Other categories of abuse
  - Bullying including on-line (cyber) bullying.

- Child criminal exploitation.
- Child trafficking.
- Female genital mutilation (FGM).
- Hate crime.
- Historical (non-recent) abuse.
- Honour-based abuse and /or forced marriage.
- Peer-on-peer abuse.
- Ritual Abuse.

6. Glossary of key terms associated with child protection

Explanations regarding the terms associated with child protection are provided to ensure consistent understanding of the terminology associated with child protection issues across SCCMI.

Child/ Children

Children and young people under the age of 18 years. This is sometimes also used when referring to young people over 18 years but still attending school. Sometimes the term "children and young people" is used to describe children 0 -18 years. Further in a child protection context the term "child" is sometimes used to it can be used to refer to unborn babies/the unborn child.

Young Person/ Young People

This term is sometimes used to describe children from around 12 years to 18 years and can include reference to individuals who are still attending school but over 18 years of age

Parent(s)

The term "Parent(s)" in a child protection guidance

In this policy when using the terms "parent" or "parents" this is referring to individuals who are significant care givers to the child and in additional to biological parents and those with legal parental rights and responsibilities it can include foster parents and partner of someone who has parental rights and responsibilities for the child.

Carer(s)

Someone other than the parent who is looking after a child/young person.

Other adults who may have charge or care of children

Any person aged over 16 years and who has parental responsibilities, charge or care of a child under 16 has certain responsibilities with regard to that child's welfare and can be held criminally liable for failure to meet them, therefore SCCMI's Chief Executive, members of the Centre's management team, education and therapy staff all fall within the definition of those having charge or care of a child. The Board of Directors may also be considered to have charge in the context of being responsible for ensuring that SCCMI's operational environment is adequate to protect children from foreseeable suffering or harm.

Child protection

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 from abuse, neglect or exploitation.

Child's plan

Drawn up to coordinate a single holistic plan of action when those working with a child and their family have evidence to indicate that support across services is required to meet a child's wellbeing needs. A child's plan should be managed through a single planning process including a single meeting structure.

Child protection plan

A child's plan may incorporate a child protection plan if the criteria for registration are met, i.e., if there is a risk of significant harm requiring a multi-agency plan. A child protection plan must focus on actions to reduce risk.

Concern

A concern may be expressed about anything that either affects, or has the potential to affect the wellbeing, happiness, or potential of a child. It may relate to a single event or observation, or a series of events associated with child/young person.

Notification of concern

Concern about the wellbeing of a child's wellbeing should be shared with the relevant lead professional.

Concerns about possible harm to a child must be shared with the appropriate agency, normally social work and/or police, to enable staff to investigate and determine the whether the harm is significant.

Harm

Impairment of the health or development of a child including impairment as a result of seeing or hearing the ill-treatment of another. Risk in this context refers to the probability of harm given the presence of adverse factors in a child's life.

Significant harm

Serious interruption, change or damage to a child's physical, emotional, intellectual and/or behavioural health and development. There is no universal or statutory definition.

Lead professional

The professional who coordinates a child's plan.

The social worker who leads and coordinates the multi-disciplinary child protection assessment and oversees implementation of actions to protect the child.

Wellbeing indicators

A holistic and rights informed framework, within the GIRFEC National Practice Model, which outlines a child's wellbeing needs under the headings: safe, healthy, achieving, nurtured, active, respected, responsible and included."

7. Principles underpinning SCCMI's child protection policy

Ensuring the wellbeing of children/young people and protecting them from harm is a major priority for SCCMI. It is the responsibility of all associated with children including staff, parents/carers, students and volunteers to safeguard children who have the right to be safe, nurtured, healthy, to achieve, to be active, respected, responsible and included.

SCCMI is cognisant of its organisational duty to refer any concerns and allegations of child abuse and/or neglect to appropriate external and statutory organisations promptly and to co-operate with their processes as directed and acknowledges the role of such statutory organisations in investigating allegations of abuse and/or neglect and taking action in relation to their findings.

SCCMI's Board of Directors has ultimate responsibility for ensuring that SCCMI is fully compliant with all current child rights, welfare and protection legislation and guidance and that all staff, parents/carers, students and volunteers are competent in dealing with concerns and allegations of child abuse and/or neglect. The day-to-day management of all child welfare and child protection matters rests with the Chief Executive (CEO) of SCCMI, who is assisted in discharge of these duties by the Child Protection Coordinator (CPC).

SCCMI endorses, within its child protection policy and procedures, the key standards identified in the National Guidance on Child Protection 2021, including:

- All children will get the help they need when they need.
- The Board, Centre Leadership Team (CLT) and all staff will be fully aware of their respective roles and responsibilities in relation to children's rights, child welfare and child protection and competent in fulfilling these responsibilities.
- All staff will take timely and effective action, appropriate to their role, to protect children.
- All staff will ensure children are listened to, respected and that their views are taken into account when decisions are made about their welfare.
- All appropriate staff will be knowledgeable of and sensitive to the non-verbal, augmentative and alternative strategies children may use to communicate.
- Wherever possible, parents and carers will be given full information about the nature of any concerns, consulted on and given explanations for any decisions made and actions taken related to such concerns.
- All children accessing SCCMI services will be supported to develop personal safety strategies and to use their skills appropriately.
- Through its CPC, SCCMI will share information about children where this is necessary to protect them.
- Through its CPC, SCCMI will work with other agencies to assess needs and risks and develop

effective plans to protect children.

- The Board, CLT and staff, individually and collectively, will demonstrate leadership and accountability for their work and its effectiveness in relation to child protection.
- SCCMI will have mechanisms in place to ensure the impact of its child protection policy and procedures can be measured and improvements planned.

8. Roles and responsibilities of SCCMI personnel related to child protection

Board of Directors

SCCMI's Board of Directors has ultimate responsibility for ensuring that SCCMI is fully compliant with legislation and guidance associated with children's rights, welfare and protection. In addition to other safeguarding responsibilities, the Chair and Directors are accountable for ensuring:

- Appropriate policies and procedures are in place.
- Responsibilities of staff at various levels are clearly identified.
- Staff training related to child protection is undertaken on a regular basis.
- Procedures are in place for active child protection investigations to be brought to the board's attention on a confidential basis and in a timeous manner.

The current Chair of the Board is the designated Director with specific responsibility for safeguarding and child protection. The Chair will ensure appropriate monitoring, auditing and quality assurance of child protection.

CEO and Centre Leadership Team (CLT)

The CEO is accountable for SCCMI's activities to keep children safe and well and for responses to any child protection concerns. The CEO is responsible for the day-to-day management of all child welfare, safeguarding and child protection matters and is assisted in the discharge of these duties by a senior staff member appointed to act as the Child Protection Coordinator (CPC).

The CEO and CLT ensure:

- Stakeholders are informed about SCCMI's procedures related to child protection.
- An environment within which there are trusting and respectful relationships between staff, children and their parents/carers.
- Safe recruitment procedures are undertaken and that checks related to the Protecting of Vulnerable Groups (PVG) are undertaken prior to new recruits being confirmed in post.
- regular education and training for staff, students and volunteers on child protection and monitoring the implementation and effectiveness of such procedures.
- Support and de-briefing is made available to any staff involved in child protection processes
- Appropriate action is taken, in agreement with the Board, should any concerns or allegations emerge regarding member of staff
- Ensuring any other services used by SCCMI give due consideration to children's, welfare, safeguarding and protection as far as is practical.

Child Protection Coordinator

The CPC ensures:

- The views of children and their families are listened to and respected.
- Staff understand their duty of care in relation to safeguarding children.
- Staff receive initial training during induction and subsequent training at appropriate intervals thereafter; monitors the quality and effectiveness of training.
- SCCMI-published information related to child welfare and protection is up to date and easy to find.

In addition, the CPC:

- Advises staff on aspects of their day-to-day work in which the care and welfare of children and child protection issues may need to be considered.
- Is the first point of contact for staff who may hear an allegation of abuse and/or neglect or identify concerns about abuse and/or neglect.
- Establishes and maintains positive, collaborative relationships with local child protection networks and statutory organisations.
- Refers concerns that indicate a child may be being abused and/or neglected to the relevant local authority Social Work Department and/or Scottish Police Service as appropriate
- Follows advice and direction from statutory organisations related to child protection investigations and subsequent actions.
- Maintains accurate records in line with current data protection legislation, best practice and insurance requirements[2] and storing such information securely.
- Ensures appropriate information sharing and transfer.
- Keeps up to date with legislation and guidance on children's rights, welfare and protection.
- Coordinates the evaluation of SCCMI's child protection policy and procedures, identifying where quality requires to be maintained and where improvements are required.

In the absence of the CPC, the CEO fulfils this role and in the absence of the CPC and the CEO another member of the CLT will be identified to fulfil this role.

Staff

- Individual staff members ensure the safety and wellbeing of the children engaging with SCCMI's programmes and services through: Awareness of their individual role and responsibilities in helping to keep children safe and well.
- Conducting themselves, at all times, in a way that promotes the best interest of children, prevents harm and encourages positive wellbeing.
- Being mindful that each child experiences the world differently and that a child with profound disabilities may experience harm differently to a child without disabilities, particularly related to emotional abuse.
  - Being competent in recognising signs when a child's needs are not being met and that a child may require additional support, be at risk, or be suffering abuse and/or neglect.

[2] Insurance requires that all records of policies and training, neglect and/or abuse must be kept for 50 years

- Understanding their individual responsibility to explain to children that they must pass on information when they believe a child is at risk of harm.
- Knowing who to contact when they have concerns that a child may be at risk of harm, have experienced harm or become aware of information that may indicate abuse and/or neglect.
- Assisting in and contributing to planning, taking action and the provision of support to a child and their family following the identification of concerns.

9. Training related to child protection

All those associated with SCCMI require a level of knowledge appropriate to their role that will enable them to contribute to the protection of children from harm.

Board of Directors

Initial training will be offered to Board members which will be supplemented by biennial updates and will include information related to legislation and guidance, the roles and responsibilities of the Board in the context of child protection and the Centre's associated policies and procedures.

Staff

All staff receive training related to child protection as part of SCCMI's staff development programme, with such training being organised by the CPC. The level of staff training varies depending on the role of the individual within SCCMI.

- Intensive contact staff

  Staff with a specific designated responsibility for child protection as part of their role, i.e., the SCCMI's CPC.

  - Training through external agencies on at least a biennial basis.
  - Multi-agency training undertaken on at least a 3 yearly basis.

Specific contact staff

Staff who undertake work directly with children, i.e., SCCMI Heads of Education and Health, AHPs, teachers, early years practitioners and lunchtime support assistants.

- Detailed training at induction and on an annual basis thereafter.

General contact staff

staff who have contact of variable frequency with children and/or family members but do not work with them directly, i.e., CEO, Head of Corporate Services (HCS) and administration, catering, facilities and housekeeping staff.

- General training at induction and on a biennial basis thereafter.

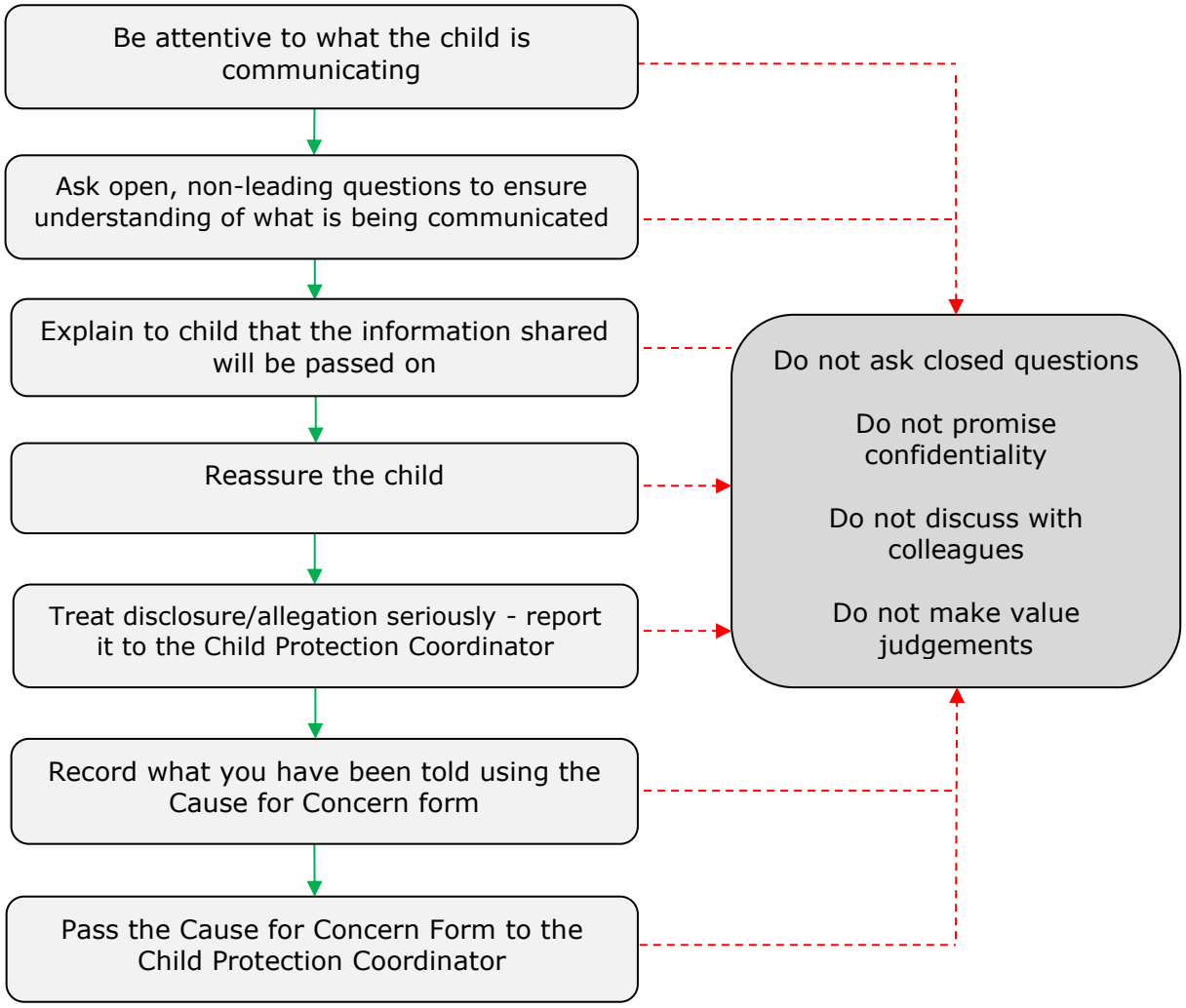
Others involved with SCCMI

All students and volunteers participate in training appropriate to their role, duration of placement etc.

10. Procedures associated with child protection within the SCCMI

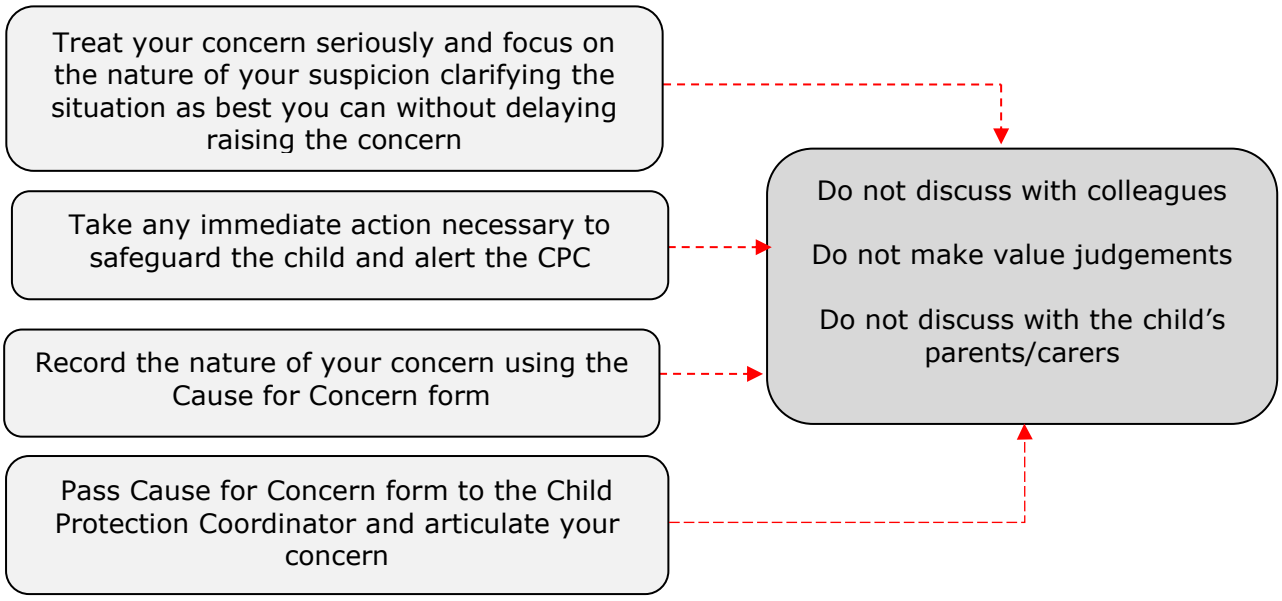
- Staff member's response to an allegation of abuse and/or neglect being made by a child – Figure 1

  The procedures described in Figure 1 relate to the actions a member of staff should take if a child engaging with one of the Centre's programmes makes an allegation related to abuse and/or neglect.



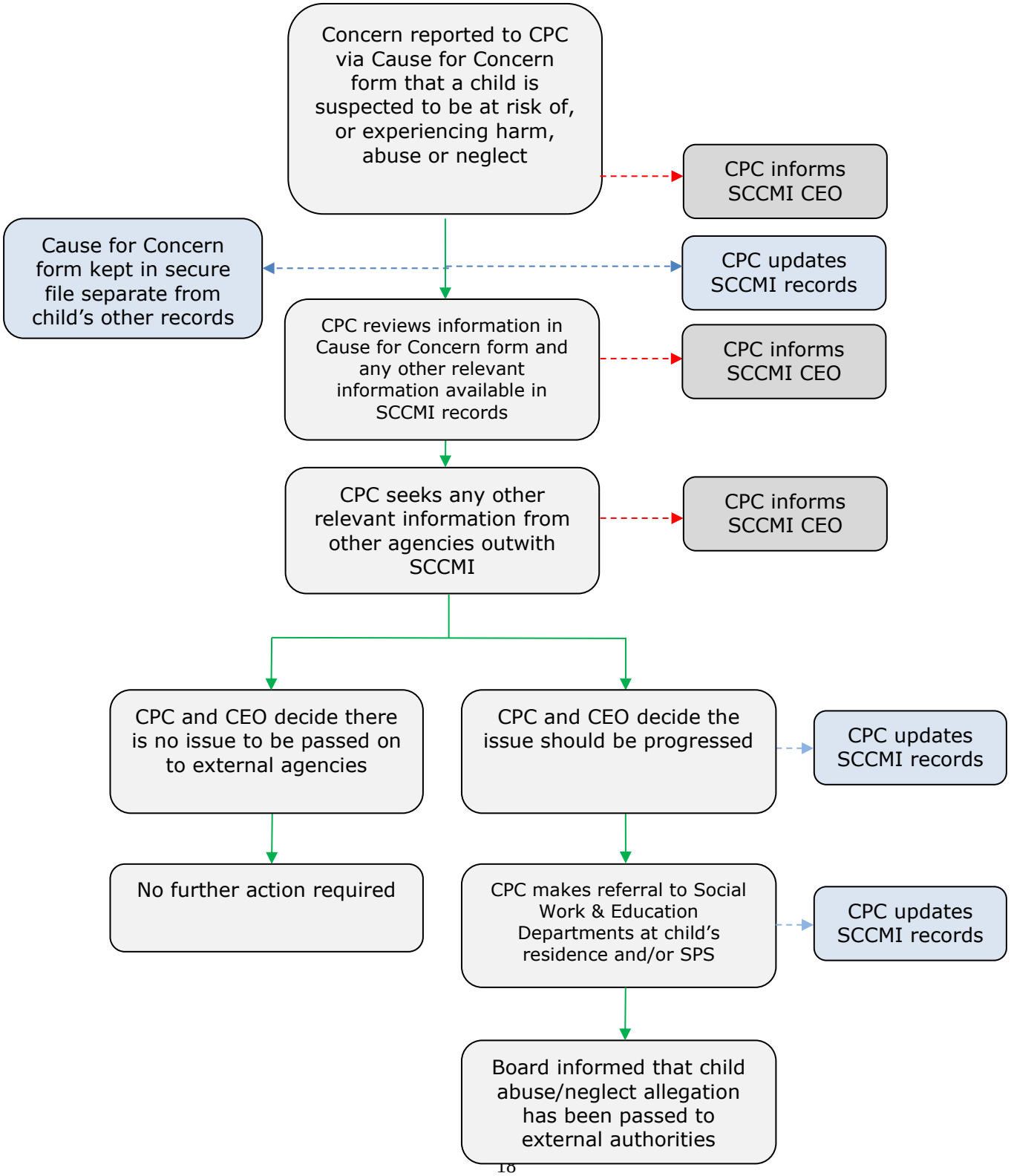
- Staff Member's response when concerned about the risk of or suspected harm, abuse and/or neglect to a child – Figure 2

The procedures detailed in Figure 2 relate to the procedures a staff member should take if concerned about abuse and/or neglect of a child engaging with one of the Centre's programmes.



- <u>CPC and CEO actions following the report of a concern in relation to a child who is suspected to be at risk of or experiencing harm, abuse and/or neglect – Figure 3</u>

  The procedures described in Figure 3 relate to the actions the CPC and CEO will take when a staff member reports a concern in relation to a child who they consider may be at risk of or they suspect has experienced harm, abuse and/or neglect. They should have reported this through a Cause for Concern form. Action by the CPC and/ or the CEO will normally only be progressed when a Cause for Concern form is completed unless immediate action is required to safeguard the child. The Cause for Concern forms will be kept in a secure place by the CPC, separate from a child's other educational, therapy and health records.



11. Procedures for handling allegations against members of SCCMI staff

The SCCMI recognises that any allegation made against a member of staff, for whatever reason, can be very stressful and upsetting to all involved and therefore has procedures in place to meet the needs of both staff and children.

Staff behaviours

Staff are required to behave at all times in a manner which ensures the safety and wellbeing of children, to work in accordance with their role and to comply with all SCCMI's safeguarding policies and procedures.

If any member of staff becomes aware of information that could suggest that a colleague has acted in a manner that could or has caused or been complicit to causing or putting a child at risk of harm, abuse or neglect then they must inform the SCCMI's Child Protection Coordinator as soon as possible. This includes information relating to behaviours out with of SCCMI.

Whistleblowing

Staff are required to raise any concerns that they may have about the actions of a colleague or practices which may cause harm to a child or put them at risk of harm.

- Concerns about a colleague's behaviour should be reported to the SCCMI's CPC.
- Concerns about the CPC should be reported to the CEO.
- Concerns about the CEO should be reported to the CPC or the Chairman of the Board.

Concerns raised about a member of staff putting a child at risk of, causing or being complicit to harm, abuse or neglect

The CEO will suspend a member of staff, without prejudice, if a concern is raised that they have breached the SCCMI's child protection policy. This will be pending investigations, potential implementation of the Centre's disciplinary procedures and possible reporting to external agencies such as the Scottish Police Service and appropriate Social Work services.

It is vital to children and staff that any action taken in response to concerns, information received, or allegations is sensitive, proportionate and unambiguous to safeguard all, support just and proper investigation. Consideration of allegations will therefore take place promptly and confidentially and be concluded as soon as is practicable.

Maintaining anonymity

The SCCMI recognises the importance of maintaining anonymity and will therefore take steps to protect the identity of any member of staff as far as possible while concerns or allegations are being investigated.

Respecting the rights of individuals to confidentiality and privacy, neither the member of staff nor the person making the allegation will be named publicly and all parties will be discouraged from talking to anyone other than those involved in the investigation about the matter on the

basis that this could prejudice the outcome.

Provision of support

The SCCMI recognises that concerns or allegations raised in relation to a member of staff, including those which are found to be false or unfounded, can have a damaging effect on the individual(s) involved, therefore support in dealing with this will be made available in collaboration with external agencies.

APPENDIX I –

Form for staff to record concerns related risk of harm, child abuse and/or neglect

The Scottish Centre for Children with Motor Impairments		
CAUSE FOR CONCERN FORM **CONFIDENTIAL**		
This form is for staff members to record concerns related to a baby, child or young person engaged in any SCCMI programmes. This form should be completed and then passed to SCCMI's Child Protection Coordinator. This form may be completed either by hand or electronically but must be signed and dated in writing on the day completed.		
Part 1 – to be completed by the person who has the concern		
Child / Young Person's Details		
Name:		
SCCMI Programme Attending:		
Staff Member Recording the Concern		
Name:	Designation:	
Nature of the Concern		
Did the child/young person express a view on this matter? If yes, what was communicated?	Yes	No
Does the concern involve any of the following risk factors? Please ✓		
Domestic abuse	Sexual abuse	
Parental alcohol misuse	Child exploitation	
Parental drug misuse	Physical abuse	
Non-engaging family	Emotional abuse	
Child affected by parental mental health problem	Physical neglect	
Child placing themselves at risk	Other; please specify:	
Please explain in your own words the nature of your concerns		
Signed:	Name:	
Designation:		
Time:	Date:	
Pass this information to the SCCMI Child Protection Coordinator as soon as possible		

APPENDIX II –

Form for SCCMI Child Protection Coordinator to record additional information

The Scottish Centre for Children with Motor Impairments

Response to Child Protection Concerns Raised by Staff Members

(To be Completed by SCCMI Child Protection Coordinator)

CONFIDENTIAL

Staff Member Recording the Concern	
Name:	Designation:
Child /Young Person's Details	
Name:	DOB
Address:	
SCCMI Programme Attending:	
Nature of the Concern Raised by Staff Member	
How Does the Concern Relate to the SHANARRI Indicators? (Safe - Healthy - Achieving - Nurtured - Active - Respected - Responsible - Included)	

Have there been any previous wellbeing concerns? If yes, please summarise:	Yes	No

Have previous concerns concern involved any of the following risk factors? Please ✓	Does the current concern involve any of the following risk factors? Please ✓
Domestic abuse	Domestic abuse
Parental alcohol misuse	Parental alcohol misuse
Parental drug misuse	Parental drug misuse
Non-engaging family	Non-engaging family
Child affected by parental mental health problem	Child affected by parental mental health problem
Child placing themselves at risk	Child placing themselves at risk
Sexual abuse	Sexual abuse
Child exploitation	Child exploitation
Physical abuse	Physical abuse
Emotional abuse	Emotional abuse
Physical neglect	Physical neglect
Other; please specify:	Other; please specify:

Is the child currently on the Child Protection Register?	Yes	No

What action is being proposed in relation to the concern(s)? Please ✓

Ongoing monitoring within the Centre

Referred to statutory agency; please specify:

- Social Work - name and contact details:
- Education - name and contact details:
- Police - name and contact details:

Signed:	Name:
Designation:	
Time:	Date:

If this is a new Child Protection Referral remember to open a separate file and chronology. Note this concern in the child's chronology and details of the action taken. If you have any doubts about whether this is a child well-being or child protection concern you should take advice from Social Services.

APPENDIX III – Form to record chronology of child protection concerns

The Scottish Centre for Children with Motor Impairments

Chronology of Child Protection Concerns Raised by Staff Members

(To be Completed by SCCMI Child Protection Coordinator)

CONFIDENTIAL

Child/Young Person's Details	
Name:	DOB:
Any other name known by:	
Address:	
SCCMI Programme Currently Attending	
Details of Child Protection Concerns	

Date	**Incident**	**Signed**