

# The Scottish Centre for Children with Motor Impairments



**Craighalbert Centre**

Enabling Children to Achieve

## Child Protection Policy and Guidance

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## **1. Introduction and context**

At Craighalbert, we recognise that children with disabilities are more vulnerable to abuse and neglect than their peers without identified additional support needs.

We are aware that the children with complex communication, learning, health, and care needs, who access our through-school and wider programmes, are particularly vulnerable due to the multiplicity and complexity of their additional support needs.

We are committed to ensuring that robust safeguarding measures are in place to protect and promote the rights, dignity and wellbeing of all children engaging with our programmes.

## **2. United Nations Convention on the Rights of the Child (UNCRC)**

We are committed to all children engaging with our programmes enjoying their rights fully. Our child protection policy and guidance are underpinned by the UNCRC, in particular:

Article 2 – All children have equal access to their rights;

Article 3 – When adults make decisions, they should think how they will affect children and do what is best for them;

Article 12 – When adults make decisions that affect children, they should ask them what they think and consider their views; children should be supported to give their views in a way that is best for them;

Article 19 – I have the right to be protected from being hurt or badly treated;

Article 24 – All children have the right to the best health possible and to medical care and to information that will help them stay well;

Article 34 – Nobody should do anything to children's bodies that they do not want them to do; and

Article 39 – Children have the right to help to get better if hurt, neglected or badly treated.

## **3. Aims**

Our child protection policy and guidance have been informed by current national legislation and best practice guidance<sup>1</sup> and are part of a comprehensive suite of policies, guidance and procedures designed to ensure the rights, safety and wellbeing of the children engaging with our programmes.

- Everyone associated with Craighalbert, including the Board, staff and volunteers, understands the contexts within which child protection operates and are aware of their individual roles in keeping children safe;

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<sup>1</sup> [national-guidance-child-protection-scotland-2021-updated-2023.pdf](#); [national-guidance-child-protection-scotland-2021-updated-2023-practice-insights.pdf](#)

- Our staff understand their individual and collective responsibility to support and protect children and young people, particularly those who are most vulnerable;
- All our staff are competent in ensuring that children, their parents and families are provided with appropriate assistance whenever required; and
- All our staff recognise signs that a child's welfare or safety may be at risk and understand when, how and to whom to report their concerns.

We recognise that policies, guidance and associated procedures cannot, on their own, protect children and young people; however, a competent, confident and informed workforce, supported by clear policies, guidance and procedures, play a vital role in safeguarding children and promoting their wellbeing.

#### **4. Principles**

Our child protection policy and associated guidance are informed by a number of core principles:

- Promoting the wellbeing of individual children and young people;
- Keeping children safe at all times;
- Putting the child at the centre of all decisions and actions;
- Taking a whole child approach, considering all aspects of their needs;
- Building on strengths and fostering resilience;
- Promoting opportunities and valuing diversity;
- Providing additional help that is appropriate, proportionate and timely;
- Working in partnership with parents and families;
- Supporting informed choice and empowering children, young people, their parents and families;
- Respecting confidentiality and sharing information responsibly;
- Maximising the expertise of each employee; and
- Building a highly competent workforce to promote the wellbeing of children and young people.

Our child protection policy, guidance and associated procedures align with the key standards identified in national guidance:

- All children will receive the help they need when they need it;
- Our Board, Centre Leadership Team (CLT) and all staff understand their roles and responsibilities regarding children's rights, welfare, and protection, and are competent in fulfilling them.;
- Our staff take timely and effective action, appropriate to their role, to safeguard children and young people;
- Our staff ensure children are listened to, respected and that their views are considered when decisions are made about their welfare;

- Our staff are knowledgeable about and responsive to the non-verbal, augmentative and alternative strategies children may use to communicate; (AAC);
- Wherever possible, parents and families are fully informed about concerns, consulted, and given explanations for any decisions made and actions taken;
- All children accessing our services are supported to develop personal safety strategies and to use their skills appropriately;
- Through our child protection coordinator (CPC), information about children is shared when necessary to protect them;
- Our CPC works with other agencies to assess needs and risks and develop effective protection plans;
- Our Board, CLT and staff demonstrate leadership and accountability, individually and collectively, for child protection; and
- Mechanisms are in place to measure the impact of our child protection policy, guidance and associated and plan improvements.

By adhering to these principles, we ensure that safeguarding is not only about preventing harm but also about promoting children's rights, wellbeing and resilience in a holistic and inclusive way.

## **5. Increased vulnerability of children affected by neurological conditions**

Children with complex communication, learning, health and care needs secondary to a neurological condition may face a higher risk of abuse and/or neglect because multiple interacting factors can limit their ability to protect themselves or be adequately supported:

### **5.1 Disability/ environmental factors**

#### a) Dependence on carers

- Reliance on parents and service providers for activities of daily living including communication, feeding, invasive health procedures, mobility, moving and handling, personal and/or intimate care;
- Multiple carers across multiple settings;
- Complex health care needs requiring clinical procedures;
- Complex medication regimes; and/or
- Dependence on non-verbal means of communication, limiting a child's ability to express choices and/or concerns.

#### b) Limited life experiences and reduced likelihood of awareness and/or understanding of individual rights

- Reduced understanding of abusive and/or neglectful behaviours;

- Limited access to sex education and support to understand personal boundaries;
- Impaired ability to avoid or resist abuse and/or neglect;
- Habitual compliance with instructions from adults; and/or
- Limited experience of asserting personal choice.

c) Increased likelihood of being socially isolated

- Few social contacts outside the family;
- Absence of trusted adults outside the immediate family;
- Responses from others may be influenced by parental needs or cultural attitudes;
- Increased risk of bullying, online abuse, intimidation;
- Reluctance to share concerns; fear of rejection, shame, or implicating familiar adults; and/or
- History of significant loss, trauma and/or disruptions to relationships.

## **5.2 Parent and practitioner responses**

Bias, lack of knowledge and systemic gaps in assessment and support can prevent the detection and appropriate response to abuse and/or neglect in children with complex communication, learning, health and care needs. Practitioners must be curious, knowledgeable, attentive to changes and proactive in coordination:

a) Failure to listen to a child or those who know the child best

- Lack of understanding of a child's communication methods may result in non-verbal cues being missed and/or the child's views not being sought;
- Limited awareness about a child's usual behaviour may result in signs of potential abuse and/or neglect going unnoticed; and/or
- Limited knowledge about a child's health care needs may result in poor health management being overlooked.

b) Failure to recognise abuse and/or neglect within a challenging family context

- Family stresses, poverty and poor parental mental health may mask abuse and/or neglect;
- Over-empathising with parental challenges may reduce the recognition of abuse and/or neglect; and/or
- A child's high care needs and/or challenging behaviours may cause practitioners to normalise inadequate responses.

c) Lack of curiosity, competence and/or confidence in exploring the potential reasons for changes in a child's behaviour, distress or injuries

- Injuries or behaviours may be assumed to be caused by disability rather than abuse and/or neglect; and/or
- Practitioners may accept parental explanations without considering alternatives.

d) Lack of practitioner awareness of the impact of abuse and/or neglect

- Belief that disability characteristics minimise the impact of abuse and/or neglect;
- Assumption that certain types of abuse cannot happen to a disabled child;
- Lack of awareness that caregivers may be abusive and/or neglectful; and/or
- Unrealistic expectation that a disabled child will disclose abuse and/or neglect.

e) Delays or fragmentation in assessment and sharing of information

- Assessments may focus only on a child's impairments instead of overall wellbeing; and/or
- Poor coordination and sharing of information may delay the identification of abuse and/or neglect.

## **6. Features of abuse and/or neglect particular to children affected by neurological conditions**

Children with complex communication, learning, health and care needs may experience all the same types of abuse and/or neglect as those experienced by their peers without identified additional support needs, however the risks of others are heightened due a child's dependency on others:

- 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; and/or
- Seclusion.

## **7. Key potential risk indicators associated with child abuse and/or neglect**

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 indicators should prompt practitioners to consider potential impact and cumulative risk, especially in the context of the child's individual circumstances and any additional vulnerabilities.

### **Poverty**

Most families experiencing poverty provide safe and loving homes, however poverty may cause or accelerate neglect and the risk of other harms, especially when combined with:

- Poor housing;
- Mental and/ or physical health problems;
- Disability;
- Unemployment;
- Low literacy/ learning difficulties; and/or
- Racial discrimination.

### **Non-engagement**

Failures in engagement are a shared responsibility and persistent failures in engagement may contribute to significant harm:

- Avoiding or evading professional involvement and interventions aimed at protecting a child/ young person;
- Hindering necessary contact by missing appointments or denying access to a child;
- Not following agreed child's plans;
- Disguised compliance, i.e. appearing cooperative but not carrying out agreed actions; and/or
- Hostility and/or aggression toward practitioners.

## **Impact of mental or physical health problems on children**

Children may be affected when:

- Parents cannot anticipate or prioritise their needs;
- Parents experience distress, disturbance, delusions and/or lack of insight;
- There is separation from a parent by illness; and/or
- Children take on premature caring responsibilities.

## **Parental alcohol and/or drug use**

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 supervision;
- Inconsistent patterns of care and chaotic lifestyles disrupting a child's routines, schooling and relationships;
- 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;
- Financial hardship and material deprivation through the diversion of income to buy alcohol/ drugs;
- Increased risk of domestic violence; and/or
- Careless medication administration and storage.

## **Domestic abuse**

Domestic abuse including controlling, coercive and/or threatening behaviour that undermines a parent's personal autonomy and ability to exert control over life choices may affect a child through:

- Exposure to or direct experience of abuse;
- Emotional, physical, and psychological harm; and/or
- Disruption to stability and sense of safety.

## **Children experiencing mental health problems**

Children may experience a wide range of 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;
- Poor attachment relationships;

- Domestic abuse;
- Problematic alcohol and/or drug use and offending;
- Bereavement or separation;
- Experiences of bullying, discrimination, isolation and exclusion;
- Living in poverty and/or homelessness;
- Premature and overwhelming caring responsibilities; and/or
- Experience of long-term struggles in educational settings.

### **Risks associated with new technologies, digital media and the internet**

New technologies, digital media and the internet may be an integral part of a child's life, enabling social interaction but come with risks:

- Exposure to distressing, violent or obscene material;
- Cyberbullying or intimidation through text, e-mail and online;
- Misuse of personal information and identity theft; and/or
- On-line grooming and exploitation.

## **8. Definitions of key terms associated with child abuse and/or 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 being kept covered;
- Black eyes, bruising on soft parts of body, e.g., thighs, upper arms, buttocks, neck area;
- Excuses for not seeking, or fear of, medical help;
- Recurrent or repeated injuries;
- Improbable or inconsistent explanations for injuries;
- Physical aggression towards others and themselves;
- Refusal to explain or discuss injuries; and/or

- 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 that appears excessive;
- Alcohol, drug, solvent and/or other substance use;
- Chronic running away;
- Compulsive stealing and/or scavenging;
- Continual self-criticism and low-self-worth;
- Extremes of passivity and aggression;
- Fear of new situations;
- Fear of parents being contacted;
- Inappropriate emotional responses to painful situations;
- Indiscriminate friendliness (over-friendly with strangers);
- Neurotic behaviours, e.g. anxiety/ obsessive actions;
- Over-reaction to mistakes;
- Delays in physical, intellectual and/ or emotional development;
- Self-harm;
- Significant decline in concentration; and/or
- 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. exposing a child to pornography, sexualised language 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:

- Sexualised behaviour inappropriate for age;
- Clinging to a parent or appearing fearful;
- Extreme distress during nappy or clothing changes;
- Frequent urinary tract infections;
- Chronic nightmares;
- Physical signs; soreness and/or bleeding in the throat, genital and/or anal areas;
- Playing out sexual acts with dolls;
- Regression to bed-wetting or other younger behaviour patterns;
- Using obscene words/ phrases;
- Stopping eating; and/or
- Showing extreme fear of certain individuals.

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

- Asking if others will keep secrets;
- Reluctance to change for PE or other activities;
- Drawing sexually explicit pictures;
- Sudden changes in behaviour and/or habits, e.g. truanting;
- Unexplained sources of money and/or gifts;
- Hinting about secrets they cannot tell;
- Saying a friend has a problem; and/or
- Avoiding previously enjoyed activities.

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

- Attempting suicide;
- Becoming pregnant;
- Fearfulness of certain people;
- Chronic depression;
- Use of alcohol, drugs and/ or other substances

- Risk-taking behaviours;
- Disordered eating or eating disorders;
- Finding excuses not to go to certain places;
- Having outbursts of irritability and/or anger;
- Self-harming; and/or
- Sexual abuse a sibling or another child.

## **Neglect**

“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,’ i.e. they have significantly failed to reach normal weight and growth or development milestones and 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 or emaciation;
- Compulsive stealing or scavenging for food;
- Persistent tiredness or fatigue;
- Poor personal hygiene;
- Inadequate or inappropriate clothing;
- Untreated medical or dental problems; and/or
- Frequent lateness or non-attendance at school.

## **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 or non-attendance at school;
- Repeated unscheduled requests for health care support, advice or treatment due to reported health concerns or illness;
- Physical harm, potential trauma, anxiety and confusion from unnecessary multiple and sometimes invasive treatments and investigations; and/or
- 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 (younger 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”.

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.

A sudden unexplained death in childhood (SUDC) is “the death of a child which remains unexplained after a thorough investigation.”

### **Other categories of abuse**

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

## **9. Definitions of key terms associated with child protection**

### **Child/ children**

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

Sometimes “child” may refer to an unborn child and “children and young people” to children 0 -18 years.

## **Young person/ young people**

Children from aged 12-18 years.

Sometimes “young person” may refer to an individual over 18 years but still attending school.

## **Parent(s)**

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.

## **Carer(s)**

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

## **Other adults who may have charge or care of children**

Any person over the age of 16 who has parental responsibilities, or who has charge or care of a child under 16, has legal responsibilities regarding the child’s welfare. Failure to meet these responsibilities can result in criminal liability.

At Craighalbert, this includes the Chief Executive Officer (CEO), members of the CLT, education and therapy staff, all of whom fall within the definition of those having charge or care of a child.

Our Board of Trustees may also be considered to have charge in the context of ensuring Craighalbert’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.

## **Notification of concern**

Concern about a child's wellbeing should be shared with the relevant lead professional; At Craighalbert this is the CPC.

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.

## **10. Roles and responsibilities related to child protection**

### **Board of Trustees**

Our Board of Trustees has ultimate responsibility for ensuring that Craighalbert fully complies with legislation and guidance relating to children's rights, welfare

and protection.

In addition to broader safeguarding responsibilities, the Chair and Trustees are accountable for ensuring:

- Appropriate policies and procedures are in place;
- Responsibilities of staff at various levels are clearly identified;
- Staff receive regular training in child protection; and
- Procedures exist for active child protection investigations to be reported to the Board confidentially and in a timely manner.

The current Chair of the Board is the designated Trustee with specific responsibility for safeguarding and child protection. The Chair ensures appropriate monitoring, auditing and quality assurance of child protection procedures are conducted.

### **CEO and Centre leadership team (CLT)**

The CEO is accountable for Craighalbert's overall activities to keep children safe and well, including responses to any child protection concerns.

The CEO delegates the day-to-day operations related to child welfare, safeguarding, and child protection, to the Child Protection Coordinator (CPC), Alison Philipps, and the Depute Child Protection Coordinator (DCPC), Barbara-Ann Hagerty.

The CEO and CLT are responsible for ensuring:

- All stakeholders are informed about Craighalbert's child protection procedures;
- An environment within which there are trusting and respectful relationships between staff, children and their parents;
- Safe recruitment procedures are followed including Protecting of Vulnerable Groups (PVG) checks and at least 2 reference checks before confirming any new staff in post;
- All teachers are registered with the General Teaching Council (GTC), all support workers (LCTPs and LSAs) with the Scottish Social Services Council (SSSC) and all AHPs (therapists) with the Health and Care Professions Council (HCPC);
- Regular education and training on child protection are provided for staff, students, and volunteers, with monitoring of the implementation and effectiveness of such procedures;
- Support and debriefing are available to any staff involved in child protection processes;
- Appropriate actions are taken, in agreement with the Board, if concerns or allegations arise regarding a member of staff; and
- All Craighalbert services actively consider children's welfare, safeguarding, and protection in their operations.

## **Child Protection Coordinator (CPC)**

The CPC, assisted by the DCPC, 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 high quality initial induction training and subsequent refresher training at appropriate intervals; and
- All child welfare and protection information published by Craighalbert is current, accurate, and easily accessible.

In addition, the CPC:

- Advises staff on aspects of their day-to-day work in which the care and welfare of children or child protection issues need consideration;
- 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 indicating potential abuse and/or neglect to the relevant local 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 and secure records in line with data protection legislation, best practice and insurance requirements<sup>2</sup>;
- Ensures appropriate information sharing and transfer of relevant information;
- Keeps up to date with legislation and guidance on children's rights, welfare and protection; and
- Coordinates evaluation of Craighalbert's child protection policies, guidance and associated procedures, identifying areas for improvement.

In the absence of the CPC, the DCPC fulfils this role.

In the absence of the DCPC, the CEO or 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 Craighalbert's programmes and services by:

- Being aware of their individual role and responsibilities in keeping children safe and well;
- Conducting themselves, at all times, in a manner that promotes the best

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

interest of children, prevents harm and encourages positive wellbeing;

- Recognising that each child experiences the world differently and understanding that children with complex communication, learning, health and care needs may be affected by harm differently, particularly in cases of emotional abuse;
- Being competent in identifying signs that a child's needs are not being met or that a child may require additional support, be at risk, or be suffering abuse and/or neglect;
- 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 the appropriate contacts and procedures to follow when they have concerns that a child may be at risk, has experienced harm or when information indicates possible abuse and/or neglect; and
- Assisting in and contributing to planning, taking action and providing support to a child and their family when concerns are identified.

## **11. Training related to child protection**

All those associated with Craighalbert are expected to have a level of knowledge appropriate to their role, enabling them to contribute to the protection of children from harm.

### **Board of Trustees**

- Trustees receive initial child protection training, supplemented by refresher training every 2 years.
- Training covers relevant legislation and guidance, the roles and responsibilities of the Board in relation to safeguarding and child protection and Craighalbert's associated policies, guidance and procedures.

### **Staff**

All staff receive training related to child protection as part of our staff development programme, organised by the CPC. The level and frequency of staff training depends on the individual's role within Craighalbert.

#### **a) Intensive contact staff**

Staff with a specific designated responsibility for child protection as part of their role, i.e. our CPC and DCPC:

- Training through external agencies at least every 2 years;
- Multi-agency training undertaken at least every 3 years; and

- Access to evidence-informed best practice, shared expertise and research through Membership of the Association of Child Protection Professionals (AOCPP).

b) Specific contact staff

Staff who work directly with children, i.e. Heads of Education and Health, AHPs, teachers, learning, care and therapy practitioners (LCTPs) and lunchtime support assistants (LSAs):

- Receive detailed training at induction and refresher training at least every 12 months thereafter.
- Child Protection training is delivered at the start of each academic year.
- Training on all other aspects of safeguarding, including Baby and Child First Aid and Prevent, is provided during induction and refreshed at least every three years thereafter, with regular competency audits conducted in the interim.

c) 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.

- Receive general training at induction and refresher training at least every 2 years thereafter.

d) Others involved with Craighalbert

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

## **12. Procedures associated with child protection**

Figure 1 sets out the actions a member of staff should take if a child engaging with one of our programmes makes an allegation related to abuse and/or neglect.

Figure 2 sets out the actions a staff member should take if concerned about abuse and/or neglect of a child engaging with one of the Centre's programmes.

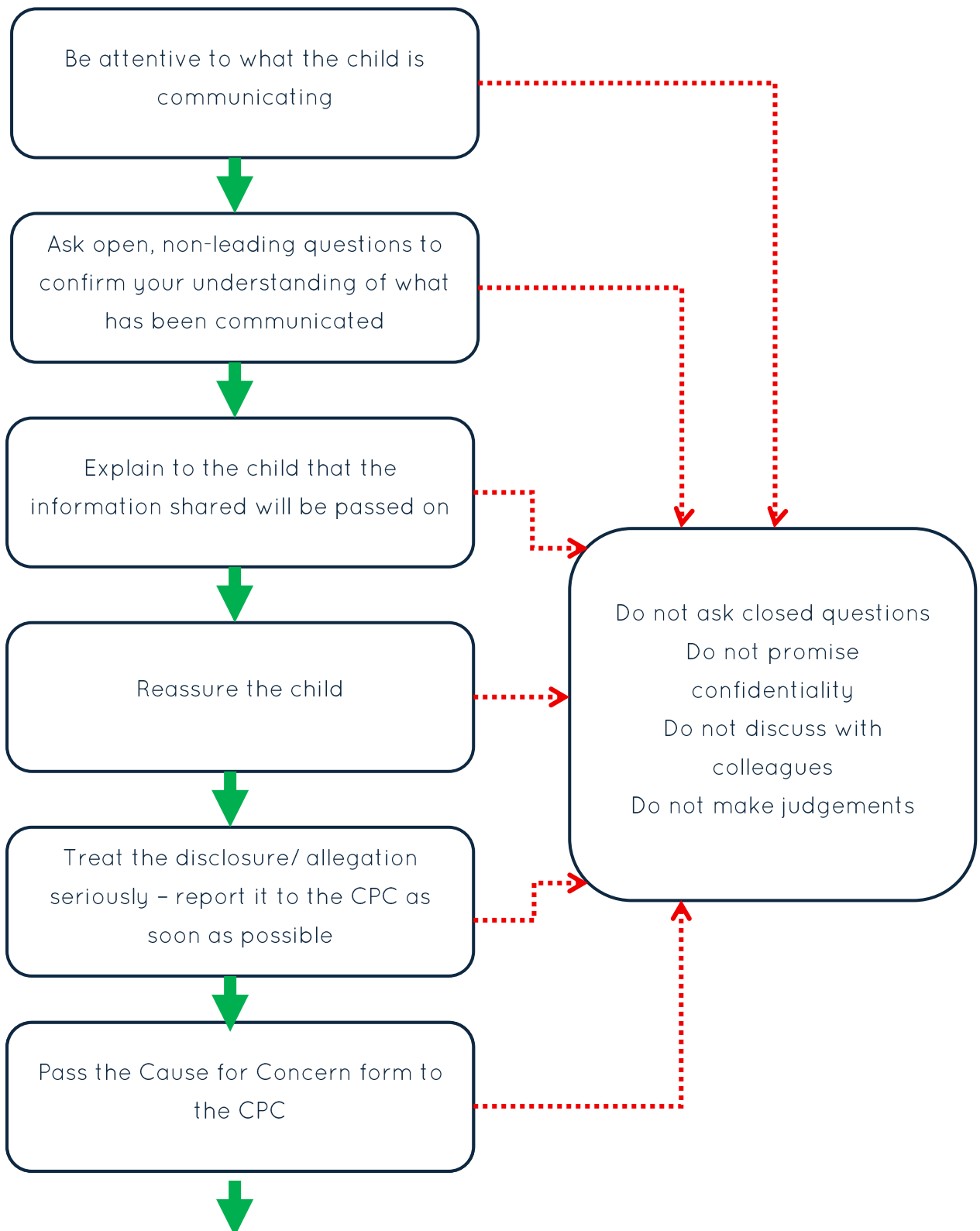
A Cause for Concern form is available in appendix 1.

Figure 3 sets out 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.

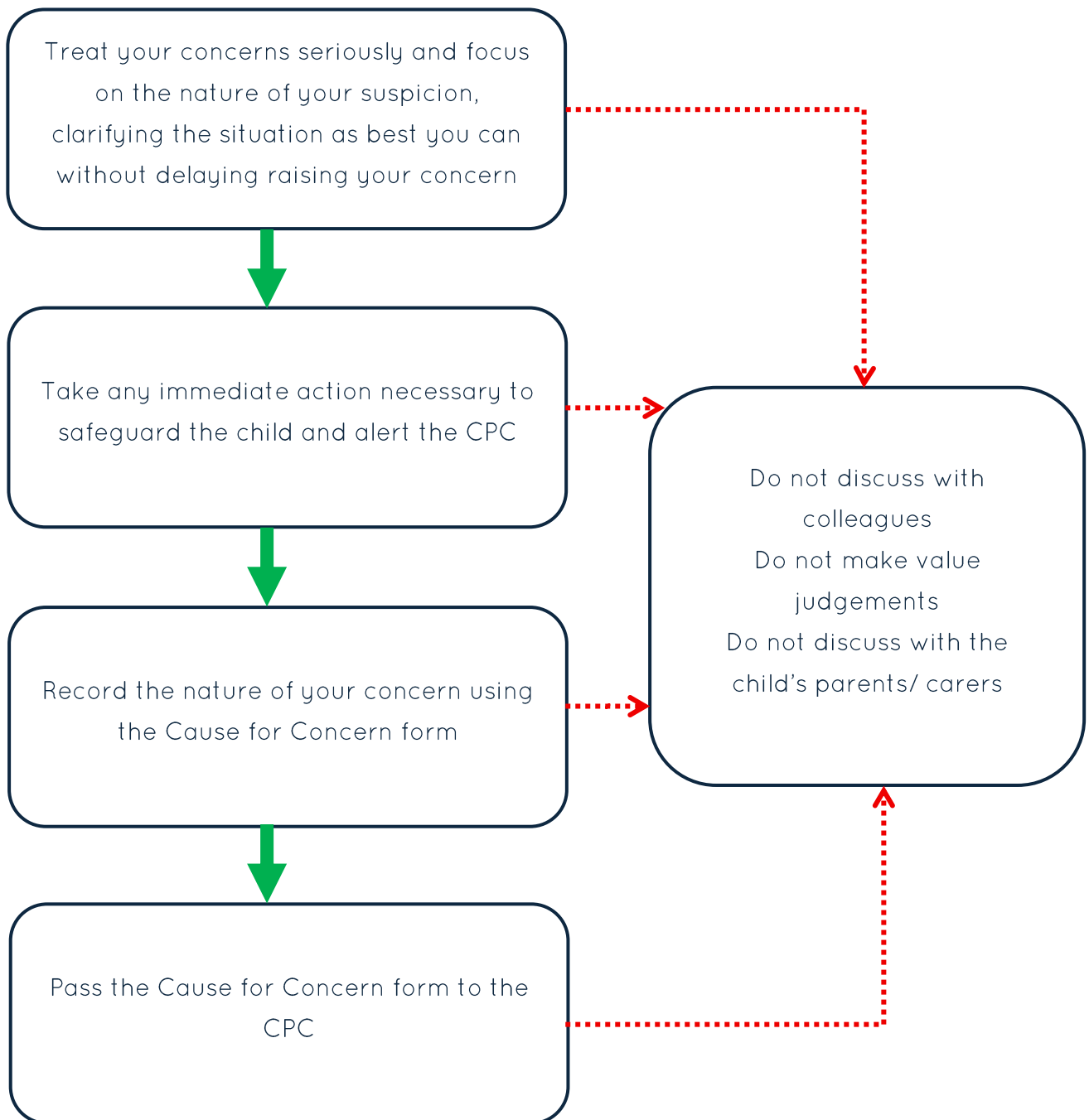
Action by the CPC and/or the CEO will normally only be progressed when a Cause for Concern form has been completed unless immediate action is required to safeguard the child.

Completed 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.

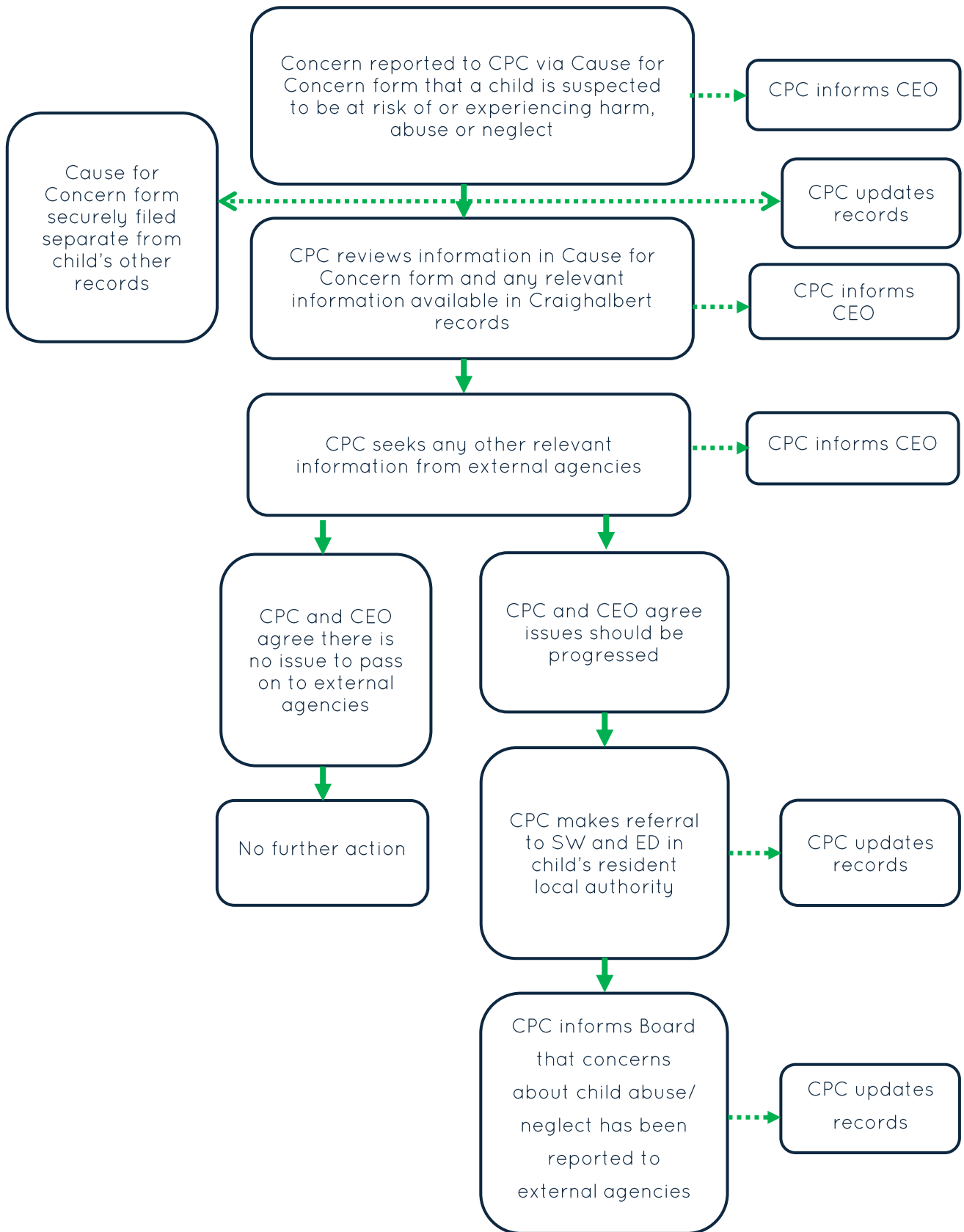
Figure 1 – staff members response to a disclosure/ allegation of abuse by a child



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



**Figure 3 - 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**



### **13. Procedures for handling allegations against members of Craighalbert staff**

At Craighalbert we recognise that any allegation made against a member of staff, for whatever reason, can be very stressful and upsetting to all involved, therefore we have procedures in place to meet the needs of both staff and children.

#### **Staff behaviours**

Staff must at all times behave in a manner that ensures the safety and wellbeing of children, to work in accordance with their role and to adhere to all our safeguarding policies, guidance and associated procedures.

If a member of staff becomes aware of information that suggests a colleague has acted in a manner that could or has caused harm, abuse or neglect or been complicit to causing or putting a child at risk of harm, abuse or neglect then they must inform our CPC as soon as possible.

This includes information relating to behaviours both within and outside Craighalbert.

#### **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 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.

#### **Suspension pending investigation**

The CEO may suspend the member of staff, without prejudice, if there is a concern they have breached Craighalbert's child protection policy. This will be temporary, pending investigations, potential implementation of our disciplinary procedures and possible reporting to external agencies e.g. 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 and 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**

At Craighalbert we recognise the importance of maintaining anonymity and will therefore take steps to protect the identity of any member of staff while concerns or allegations are being investigated.

Respecting the rights of individuals to confidentiality and privacy, neither the

member of staff being investigated 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**

At Craighalbert we recognise 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

**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 Craighalbert programmes. It may be completed by hand or electronically but must be signed and dated in writing on the day completed.

**To be completed by the person who has the concern**

**Child/ young person's details**

Name

Craighalbert programme attending

**Staff member recording the concern**

Name

Designation

**Nature of the Concern**

Please explain in your own words the nature of your concerns

Did the child/ young person express a view on this matter?

If yes, what was communicated?

Yes

No

Signed

Time

Date

**Pass this information to the Craighalbert Child Protection Coordinator as soon as possible**

APPENDIX 2

Initial investigation into Cause for Concern

**CONFIDENTIAL**



This form is to be completed by the CPC or DCPC

**Staff member recording the concern**

Name

Designation

**Child/ young person's details**

Name

DOB

Address

Craighalbert programme attending

**Nature of the concern raised**

**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 ✓

Domestic abuse

Parental alcohol misuse

Parental drug misuse

Does the current concern involve any of the following risk factors? Please ✓

Domestic abuse

Parental alcohol misuse

Parental drug misuse

Non-engaging family

Non-engaging family Child affected by parental mental health problem Child placing themselves at risk Sexual abuse Child exploitation Physical abuse Emotional abuse Physical neglect Other; please specify:	Child affected by parental mental health problem Child placing themselves at risk Sexual abuse Child exploitation Physical abuse Emotional abuse Physical neglect 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 <ul style="list-style-type: none"> <li>▪ Social Work - name and contact details</li> <li>▪ Education - name and contact details</li> <li>▪ Police - name and contact details</li> </ul>		
<b>Additional information</b>		
Signed	Name	
Designation		
Time	Date	

If this is a new Child Protection referral, 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 SW.

## Children's Rights and Wellbeing Assessment stage 1 - Screening



<b>Name of policy/measure</b>	Child Protection Policy and Procedures
<b>Description of overall aims</b>	To ensure the safety and wellbeing of the children and young people engaging with our programmes through: <ul style="list-style-type: none"> <li>- Everyone associated with Craighalbert, including the Board, staff and volunteers, understanding the contexts within which child protection operates and are aware of their role in ensuring children are safe and protected;</li> <li>- Our staff understanding their individual and common objective to support and protect children, particularly those who are most vulnerable;</li> <li>- All staff being competent in ensuring that children and their parents receive appropriate assistance should this be required; and</li> <li>- All staff recognising when to be concerned about a child's welfare and safety and understanding when and how to share their concerns.</li> </ul>
<b>What aspects of the policy/measure will affect children and/ or young people?</b>	This policy is one of a package of policies relating to the care, safety and health and wellbeing of children and young people engaging with our programmes.

<p><b>What is the likely impact, direct/ indirect, of the policy/ measure on children and/ or young people?</b></p>	<p style="text-align: center;">Positive</p> <p style="text-align: center;">It complies with UNCRC requirements; it has the potential to advance the realisation of children’s rights.</p>	<p style="text-align: center;">Neutral</p> <p style="text-align: center;">It will have no discernible lessening of/ progress in children’s rights/ wellbeing.</p>	<p style="text-align: center;">Negative</p> <p style="text-align: center;">It may impede/ reverse the enjoyment of existing rights, requiring mitigating measures; it fails to comply with UNCRC obligations, requiring modification; it may have detrimental impact on children so should be withdrawn/ amended significantly</p>
<p><b>Which groups of children/ young people will be affected?</b></p>	<p>Children and young people aged 0-19 who attend Craighalbert for education or support services and aged 0-18 years as employees or volunteers.</p>		
<p><b>Is a CRWIA required?</b> <b>Explain rationale for this decision.</b></p>	<p>CRWIA NOT required.</p> <p>Policy and procedures underpinned by UNCRC, in particular</p> <p>Article 2 – All children have equal access to their rights;</p> <p>Article 3 – When adults make decisions, they should think how they will affect children and do what is best for them;</p> <p>Article 12 – When adults make decisions that affect children, they should ask them what they think and consider their views; children should be supported to give their views in a way that is best for them;</p> <p>Article 19 – I have the right to be protected from being hurt or badly treated;</p> <p>Article 24 – All children have the right to the best health possible and to medical care and to information that will help them stay well;</p> <p>Article 34 – Nobody should do anything to children’s bodies that they do not want them to do; and</p>		

	Article 39 – Children have the right to help to get better if hurt, neglected or badly treated.
<b>Signed</b>	<i>Alison Philipps</i>
<b>Date</b>	08.04.2026



## **Craighalbert Centre**

Enabling Children to Achieve



KIND



AMBITIOUS



CHILD-CENTERED



INSPIRATIONAL



COLLABORATIVE

### **The Scottish Centre for Children with Motor Impairments**

Craighalbert Centre, 1 Craighalbert Way, Cumbernauld, G68 0LS

Web: [www.craighalbert.org.uk](http://www.craighalbert.org.uk)

TEL: 01236 456100

E: [admin@craighalbert.org.uk](mailto:admin@craighalbert.org.uk)

The Scottish Centre for Children with Motor Impairments (known as Craighalbert) is a Scottish charity, SC008428, regulated by the Scottish Charity Regulator (OSCR). A Company limited by guarantee registered in Scotland No. 129291