

Child Protection Policy

Window to the Womb is committed to keeping children safe from abuse and to making sure all staff act promptly when dealing with allegations or suspicions of abuse.

We think that:

CHILD PROTECTION IS EVERYBODY'S BUSINESS – Child Protection is the responsibility of everyone. We will work together to prevent and minimise abuse. If we have concerns that a child is being abused or at risk of being abused our responsibility to the child comes before anything else.

DOING NOTHING IS NOT AN OPTION - If we know or suspect that a child is being abused, we will do something about it and ensure our work is properly recorded.

ALL CHILDREN REGARDLESS OF AGE, DISABILITY, GENDER, RELIGIOUS BELIEF, SEXUAL ORIENTATION OR IDENTITY HAVE THE RIGHT TO PROTECTION FROM ALL TYPES OF HARM OR ABUSE

What is a child?

Any person who is under the age of 18 years.

Potential examples of abuse

Abuse is a violation of an individual's human and civil rights by any other persons(s) or group of people.

Abuse may be single or repeated acts. It can be:

1. **Physical:** for example, hitting, slapping, burning, pushing, restraining or giving the wrong medication.
2. **Psychological and emotional:** for example, shouting, swearing, frightening, blaming, ignoring or humiliating a person, threats of harm or abandonment, intimidation, verbal abuse.
3. **Sexual:** such as forcing a child to take part in any sexual activity without his or her informed consent. Child Sexual Exploitation is covered in more detail in this policy
4. **Discriminatory:** including racist or sexist remarks or comments based on a person's disability, age or illness, and other forms of harassment, slurs or similar treatment. This also includes stopping someone from being involved in religious or cultural activity, services or support networks;
5. **Institutional:** the collective failure of an organisation to provide an appropriate and professional service to children. This includes a failure to ensure the necessary safeguards are in place to protect children and maintain good standards of care in accordance with individual needs, including training of staff, supervision and management, record keeping and liaising with other providers of care.
6. **Neglect and acts of omission:** including ignoring medical or physical care needs. These can be deliberate or unintentional, amounting to abuse by a carer or self-neglect by the child: for example, where a child is deprived of food, heat, clothing, comfort or essential medication, or failing to provide access to appropriate health or social care services.

How might we notice abuse to a child?

Concerns about or evidence of abuse can come to us through:

1. A direct disclosure by a child.
 2. A complaint or expression of concern by a member of staff, another service user or a member of the public or relative.
 3. An observation by a member of staff.
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4. The parent's behaviour before the birth of a child may indicate the likelihood of significant harm to an unborn child, for example suspected substance misuse or knowledge of previous children being removed from their care.

Child Sexual Exploitation (CSE)

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

CSE can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex; CSE.....

- can still be abuse even if the sexual activity appears consensual;
- can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity;
- can take place in person or via technology, or a combination of both;
- can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- may occur without the child or young person's immediate knowledge (through others copying videos or images they have created and posting on social media, for example);
- can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse;
- and is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

The signs that we should be looking for include:

- Excessive receipt of texts/phone calls;
- Inappropriate sexualised behaviour for age/sexually transmitted infections;
- Evidence of/suspicions of physical or sexual assault;
- Relationships with controlling or significantly older individuals or groups;
- Evidence of self-harm

Child sexual exploitation can also occur without any of these risk indicators being obviously present.

Any genuine suspicion that a child may be a victim of CSE should be treated as a Child Protection/Safeguarding issue and reported to the Local Authority Child Protection/Safeguarding authority.

Our Commitment

To support children who are experiencing, or at risk from, abuse, Window to the Womb is committed to:

1. Identifying the abuse of children where it is occurring.
 2. Responding effectively to any circumstances giving grounds for concern, or where formal complaints or expressions of anxiety are expressed.
 3. Raising awareness of the extent of abuse to children and its impact on them.
 4. Promoting and supporting work designed to reduce abuse and the fear of abuse as experienced by children.
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5. Regularly monitoring and evaluating how our policies, procedures and practices for protecting children are working.
6. Making sure our policies, procedures and practices stay up to date with good practice and the law in relation to safeguarding children.
7. Making sure that our employees are aware of what to look for and aware of what is expected from them if they observe or suspect child abuse

Prevention and Confidentiality

1. Window to the Womb do not provide a service to anyone under the age of 16 under any circumstances. Pregnant mothers aged 16 or 17 must be accompanied by a responsible adult and will never be offered a scan without the adult being present.
2. All staff will have DBS checks taken out before they will have direct contact with children.
3. All staff will be requested to read Window to the Womb's Child Protection Policy.
4. The confidentiality of any child will be respected wherever possible however the welfare of the individual is our paramount concern.

Acting on Concerns

1. Staff must be aware not to place themselves in any direct or indirect risk and must be aware that perpetrators of abuse to a child may be accompanying the child to the studio. Staff responsibility is to observe and record potential abuse and then to inform the Registered Manager immediately.
 2. If there is any serious suspicion of abuse to a child or potential abuse to an unborn child the Registered Manager will inform the local authority child protection service, the franchisor and the CQC
 3. If urgent medical attention is required for a child, an ambulance should be called and the details explained to the ambulance crew and to the parents/carers.
 4. Managing communication with a child:
 - a. Listen to what the child has to say with an open mind.
 - b. Do not ask probing or leading questions designed to get the child to reveal more.
 - c. Never stop a child who is freely recalling significant events.
 - d. Make note of the discussion in the Incident Book, taking care to record the timing, setting and people present, as well as what was said.
 - e. Do not ask children to write a statement.
 - f. Never promise the child that what they have told you can be kept secret. Explain that you have responsibility to report what the child has said to someone else.
 - g. The franchisee/registered manager must be informed immediately.
 5. It is not the role of the staff or the manager to undertake an investigation into the concerns or allegation of harm. It is the role of the staff and manager to collate and clarify details of the concern or allegation and to provide this information to the Local Authority Child Protection Service
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6. The person making the referral should ideally have the following information available; however, the lack of any of this information should not delay the referral:
- a. The name of the child
 - b. Date of birth and age
 - c. Address and telephone number
 - d. Why the child is considered vulnerable
 - e. Whether consent has obtained for the referral, and if not the reasons
 - f. Whether there are any concerns or doubts about the mental capacity of the child
 - g. Whether the police are aware of the allegation, and whether a police investigation is underway

Allegations against a member of staff

If any member of staff has concerns about the behaviour or conduct of another individual working within their clinic organisation including:

- a. Behaving in a way that has harmed, or may have harmed a child;
 - b. Possibly committed a criminal offence against, or related to, a child or
 - c. Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children
1. The nature of the allegation or concern should be reported to the Clinic Owner or Registered Manager immediately.
 2. The member of staff who has a concern or to whom an allegation or concern is reported should not question the child or investigate the matter further.
 3. The franchisee/manager must report the matter to the Local Authority Child Protection Service and advise the franchisor

Useful Contacts

Local Authority Child Protection: Tel:

Police – Tel: 101 Specify it is a child protection issue (999 in an emergency).

Care Quality Commission - Tel: 03000 616161.

The Franchisor – Mark Witter Tel: 07714 405029

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