

OXPIP – The Oxford Parent Infant Project

Child Protection Policy

What is OXPIP?

OXPIP is a voluntary organisation committed to promoting secure attachment between parents and their babies under the age of two, including the unborn. OXPIP's clinicians, staff and directors, have been CRB checked. Our volunteers work in an office setting and have no connection with clients. Through counselling sessions of one hour a week, clinicians help parents bond with their babies and thereby promote lifelong emotional well-being.

All personal information about parents and families is treated as confidential, to be discussed only as necessary with the Clinical Co-ordinator and supervisors. Any disclosure of the confidential information to any other person may only be undertaken with the expressed permission of the parents for the purpose of assisting the family, except where it is considered necessary for the welfare and protection of an infant when information will be shared with the appropriate authority.

Underlying Principles

Basic principles underpinning the work of OXPIP are to promote emotional well-being and to ensure that all infants are protected from harm. Such principles can help to ensure the improvement of children's health and welfare, including their physical, emotional, social and intellectual development.

These principles include:

- Treating infants as individuals entitled to dignity and respect
- Promoting effective partnerships amongst all those involved with infants, including infants' parents/carers. to improve infants' welfare
- Promoting the safety of infants in all aspects of the project
- Raising awareness of best practice in how to protect infants from harm of all kinds
- Running the project to minimise opportunities for infants to suffer harm
- Making safety the responsibility of all members of the project
- Adopting and applying safe recruitment practices for all staff
- Co-ordinating child protection policies with the local Area Child Protection Committee in accordance with "Working Together under the Children Act".

OXPIP Policy Statement – Child Protection

OXPIP has a policy statement to help protect infants and ensure that they can thrive in a safe environment.

The safety of infants is central to OXPIP. OXPIP follows safe recruitment procedures and incorporates staff awareness of infants' safety and protection issues into training procedures to ensure a safe environment for all infants

- All infants will be seen in an environment that protects them and minimises opportunities for them to suffer harm
- Parents/carers and all workers in the project will be aware of what is expected of them and what will happen if abuse is suspected
- Such an open environment will include the mechanisms for parents and staff to voice concerns or make complaints and that these will be dealt with promptly and efficiently.

General principles to achieve this aim

OXPIP will give careful consideration to the following areas:

a. Safe recruitment of new staff

Procedures in relation to selection, recruitment, vetting and police checking are undertaken in accordance with written procedures. Police checking is undertaken through Oxfordshire County Council Social Services Department.

b. Policies will be drawn up in relation to the following areas:

- i. Ensuring a safe environment for infants, parents, clinicians and staff at the Oxford Healthy Living Centre premises, in clinicians' own or hired consulting rooms and for home visiting.
- ii. Supervision of staff – ensuring there is proper and adequate supervision of clinicians and staff in relation to management of boundaries, clear communication channels and assessment skills. OXPIP requires clinicians to continue their professional development.
- iii. Whistleblowing – all clinicians are advised to report possible anxieties about colleagues to the Clinical Director immediately. If clinicians have any concerns about the Clinical Director, they should report such concerns to the Clinical Trustee or, in her absence, to the Training Trustee.

c. Dealing with allegations of abuse

The Clinical Director will be responsible initially for co-ordinating the Child Protection Policy and monitoring its implementation, in conjunction with the Clinical and Training Trustees and the Chair of Trustees.

Clinicians are individually responsible for reporting concerns about abuse to the police or the county's Child Protection Officer. All concerns should also be reported to the Clinical Director and in her absence to the Clinical Trustee and in the Clinical Trustee's absence to the Chair of Trustees. These officers will consult immediately either with the Police or with the Child Protection Officer. If the Clinical Director, the Clinical Trustee and the Chair of Trustees are all absent, clinicians should consult either the Police or the Child Protection Officer directly.

The Clinical Director will be responsible for ensuring that any necessary action is taken when abuse is seen or alleged and that this is recorded appropriately. Named contacts within the Police and Social Services are identified within this document.

d. Preventing Clinicians from unfounded allegations

OXPIP clinicians only see infants under the age of two, or accompanying toddlers, in the presence of a parent.

Awareness of Abuse

Child Protection inquiries (under S47 of the Children Act 1989) are likely to take place where the local authority has "reasonable cause to suspect that a child who lives or is found, in their area, is suffering, or likely to suffer significant harm".

All clinicians and staff need to note the following definitions and pass on any concerns to the nominated officer.

Abuse may be described as:

"An act, or failure to act, by the person responsible for the care of the child. It may involve cruelty, exploitation or neglect".

Abuse takes many forms. Oxfordshire Child Protection Procedures, 2002 provides key definitions:

Physical Abuse: Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as factitious illness by proxy, or fabricated illness or Munchausen syndrome by proxy.

Emotional Abuse: Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved,

inadequate or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, although it may occur alone.

Sexual Abuse: Sexual abuse involves forcing or enticing a child or young person 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 (eg rape or buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect: Neglect is the persistent failure to meet the child's basic physical or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

It is also vital that clinicians and staff are aware of the possibility of third party abuse and report concerns appropriately.

Reporting Allegations

If an allegation is made or concerns are raised, they should always be brought to the attention of the Clinical Director. A record should be kept of the facts surrounding the concern, what action was taken and why. The Clinical Director should be contacted to deal with any concerns and in her absence, the Clinical Trustee.

OXPIP staff should not investigate allegations but should listen and record what is said or seen and refer it to Social Services or the police who are trained to make enquiries, which will indicate whether further investigations are necessary. (If a serious incident has occurred which leads to a criminal trial, it is essential that there is no suggestion that witnesses have been led to say what they did.)

This record should be used as a check list as far as possible with the emphasis being on observing the infant's non-verbal communication.

The checklist could include:

- Name of infant
- Parent's/carer's details
- The infant's address
- Relevant phone numbers

- What is said to have happened or what was seen
- When it occurred
- Who else was there
- What was said by those involved
- Where there is any actual evidence, eg bruises, bleeding, changed behaviour
- Who has been told about it
- Who was concerned
- Was the infant able to indicate what happened
- Whether the parents had been advised (this should normally be agreed following advice from Social Services/Police and should not be left for a decision by a clinician).

Confidentiality

It is important wherever possible that parents are kept informed of what is happening, and that confidentiality is only breached without parents' knowledge if not to do so would place the infant at increased risk of harm.

Key Contacts for OXPIP

Name of OXPIP Clinical Director and Child Protection Lead:

Angela Marshall, 01865 778034

Name of Clinical and Training Trustee:

Anna Murray, 01865 242016

Training Link in Oxfordshire County Council Social Services Department, NSPCC Inter Agency Training Project:

Maxine Fletcher, 01865 841030, mfletcher@nspcc.org.uk

Social Services Children's Assessment Team:

01865 815489 and Emergency Duty Telephone: 0800 833 408

Police Checking Procedure, through Oxfordshire Social Services Department:

Carol Rolston, 01865 815597

Child Protection and Sexual Crime Unit at Cowley Police Station:

01865 335200.

This document has been drawn up in consultation with Oxfordshire Social Services Department, Child Protection Officer, Dave Seal (01865 854433 and Email: dave.seal@oxfordshire.gov.uk) by the Clinical Director, Clinical and Training Trustee for OXPIP.