Safeguarding Children Policy

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1 – Introduction

EMATS is committed to safeguarding and promoting the welfare of children and young people across all areas of operations and work closely with partner organisations to improve this process.

Safeguarding is everyone's responsibility. Our legislative responsibilities to safeguard children and young people require us to be vigilant and responsive every time we engage with service users and families (Children Act 1989, 2004). For those children who are suffering, or likely to suffer, significant harm, joint working is essential to safeguard and promote their welfare and, where necessary, to help bring to justice the perpetrators of crimes against children.

EMATS safeguarding structure is designed to ensure that all practitioners working to safeguard children and young people understand fully their responsibilities and duties as set out in primary legislation, associated regulations and guidance and ensure staff are familiar with national guidance.

This policy offers a mechanism (and separate practice guidance) to enable medical staff to raise any concerns which are then reported to the appropriate agency, usually the Local Authority Children's Services Department, for consideration of further action. Children's Services and the local police service have statutory authority and responsibility to investigate allegations or suspicions about child abuse or neglect.

The purpose of this document is to ensure all EMATS staff are aware of, and can recognise cases of suspected abuse and neglect of children and young people and are aware of the action to follow when abuse and neglect are suspected.

EMATS safeguarding team provides a statutory, supportive and advisory role to all staff working within EMATS. The team provides a comprehensive safeguarding children's service for EMATS staff involved with the care of children and their families.

2 – Scope

This policy applies to all staff, contractors, voluntary agencies and volunteers who work for, in conjunction with or on behalf of EMATS, including those staff , observers and visitors who may not come into direct contact with patients.

3 – Objectives

To ensure that all EMATS employees, contractors, those on temporary contract, volunteers and students (for the purposes of this policy they will be referred to as staff) are aware of their duties to uphold the welfare and rights of children and young people and fulfil their professional responsibilities to take action to prevent and minimise children from experiencing neglect, harm or abuse. In conjunction with other relevant policies.

To ensure that all EMATS employees, contractors and volunteers can recognise the signs of suspected neglect, harm or abuse whether working directly with children or not and know how to report it in a timely manner.

4 – Responsibilities

Safeguarding lead to scrutinise and ensure safeguarding obligations are met. To ensure that safeguarding remains integral to EMATS and is not compromised by operational or financial pressures.

Managing Director To provide executive leadership for safeguarding across the organisation, ensuring safeguarding is a priority and a regular agenda item at a senior level and are accountable for the governance of safeguarding to the regulators and partners. Make referrals to the Independent Safeguarding Authority or its successors.

General Manager Ensure operational implementation and adherence to this policy. To authorise the release of operational staff to contribute to external safeguarding investigations and monitor compliance of all contractors who come into contact with patients and that all staff receive the appropriate level of training. The records are kept on the required training statistics and ensures that the EMATS recruitment process follows that of a safer recruitment guideline.

5 – Definitions

Safeguarding working together to safeguard children (HM Government, 2018) Defined as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

Child or Young Person Where the term child, children or young person is stated, this relates to a person who has not yet reached their 18th birthday (Children Act 1989, 2004).The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate for children and young people, does not change his or her status or entitlement to services or protection under the Children Act 1989.

Categories of abuse There are four categories of child abuse. They are defined in the UK Government guidance Working Together to Safeguard Children, 2018 as follows:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

6 – Legislation

The Children Act (1989, 2004) outlines the statutory and legal frameworks for the provision and delivery of child welfare services in England.

All health care providers are required under legislative statutory duties to comply with the Children Act (2004, Section 11) which stipulate:

“That organisations will make arrangements for ensuring their functions and services provided on the behalf, are discharged with regard to the need to safeguard and promote the welfare of children.”

“All those working in the field of health have a commitment to protect children, and their participation in inter-agency support to Social Services departments is essential if the interests of the children are to be safeguarded.”

7 – Key Principles of Safeguarding Children

All children deserve the opportunity to achieve their full potential. In 2003, the Government published the, Every Child Matters Green Paper alongside the formal response to the report into the death of Victoria Climbié. The Green Paper set out five outcomes that are key to children and young people’s wellbeing:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution and
- Achieve economic wellbeing

8 – Safeguarding Issues Domestic Abuse

The cross-government definition of domestic violence and abuse is:

“Any incident or pattern of incidents of; controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.”

The abuse can encompass, but is not limited to:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

(HM Government 2013, 2016)

Children who reside in a household where domestic abuse occurs are affected either directly or indirectly. It is imperative that all staff make a safeguarding children referral even if the children are not present.

The changes to the definition of domestic raise awareness that young people in the 16 to 17 age group can also be victims of domestic violence and abuse.

Domestic abuse where there are no children in the family should be assessed on an individual basis regarding safeguarding referral or police referral if the abuse suspected is a crime. However, operational staff should be mindful of this when attending calls of this nature; they may be the first agency to become aware of the risk to the patient and can initiate the work with other agencies to safeguard the children, young people and any adults at risk.

Gillick competence "...whether or not a child is capable of giving the necessary consent will depend on the child’s maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly

and fairly described as true consent." (Mr Justice Woolf, 1982) Refusal and Consent may be given either by the person with parental responsibility for the child or where the child has capacity to give consent, by the child. Where the child has sufficient maturity and understanding of the proposed procedure ('Gillick Competent') then the child is legally able to consent to treatment (but may not be able to refuse treatment). We must ensure they are protected, and their best interests are taken into account. To prevent a child from risk of significant harm parental consent may be overridden. Staff should also contact Police in emergency situation to enable police use their powers of protection.

Child Death There have been a number of changes to the child death review system. Currently all child deaths, with the exception of still births are reviewed by the local multi agency Child Death Overview Panel (CDOP) and the newly formed Child Death Review Partners (CDRP) will enact their functions through the CDOPs. Their purpose is to review the deaths of all children and review themes and trends to determine whether there were modifiable or non-modifiable factors that resulted in the child's death. The CDOP is a subgroup of the Child Partnership Arrangements that have replaced the Local Safeguarding Children's Boards (LSCBs) and are accountable to the convener of the Child Partnership Arrangements.

In all cases of a child death operational staff should contact either EMATS duty manager or local trust control. This is time critical. A safeguarding referral should be made where there are safeguarding concerns, regardless of whether the child was present during the episode leading to the death of the patient.

Substance misuse

Children, If a patient is intoxicated or under the influence of recreational drugs and it appears that they may be under 18 they should be conveyed to hospital.

If there are safeguarding concerns then a safeguarding referral must be made.

A patient intoxicated or under the influence of recreational drugs under 18 years of age is not to be left at home alone or discharged into the community unaccompanied. A responsible adult, ideally a parent or legal guardian, must be contacted and asked to collect the patient.

Adults In a situation when excessive substance misuse has impacted on parental capacity, clinicians must ensure that the safety and welfare of the child is paramount.

Clinicians need to evidence that they have considered the needs of the child on the PRF and what action has been taken. If in doubt, advice can be sought at the time from control.

Female Genital Mutilation (FGM)

Female Genital Mutilation is child abuse and a crime (Female Genital Mutilation 2003) all referrals should be made via control. The Department of Health has stated that all clinicians are to record in clinical notes when FGM has been identified and what type if known. Where a direct disclosure of FGM is made by the child this must be reported directly to the police via 101 or 999 if an emergency.

Youth Violence

'It is not an issue that one agency or government department can tackle alone.. It requires many others working together and sharing information'… (Ending Gang and Youth Violence Programme 2012-2015 HM Government, 2011).

It is imperative that all children involved in any violent assault including sexual assault and any involving a weapon, either as a victim or perpetrator should have a safeguarding referral made via control. Information sharing is key and needs to happen effectively when a child is coerced to become involved in criminal activities.

Child Criminal Exploitation (CCE)

This occurs when a child is coerced to become involved in criminal activities. These children often end up in the criminal justice system instead of being seen as, in need of safeguarding and /or protection. This can be in the form of "county lines" (drug trafficking) and child trafficking.

Radicalisation

This follows the grooming process often used in CCE and CSE. In which the young person is coerced into undertaking harmful actions.

Child Sexual Exploitation (CSE)

Ambulance staff are in a key position to recognise children and young people who are suffering sexual exploitation. Staff may also be able to pick up on signs of emotional, sexual and physical abuse or signs of violence when young people present with injuries, drug overdose, self-harm and substance misuse. The Sexual Offences Act (2003) gives specific protection for a child under 13 years of age and any such offence should be taken to indicate a risk of significant harm to the child and Police should be contacted.

The age of consent for any form of sexual activity is 16, so any sexual activity between an adult and a child under the age of 16 is a criminal offence and Police should be contacted. A safeguarding referral should be made via control and Police contacted where a crime/suspicion of crime is present.

Looked After Children (LAC)

'Looked after children' is defined in law under the Children Act 1989 it is: A child is looked after by a local authority if he or she is in their care or is provided with accommodation for more than 24 hours by the authority. If staff have any safeguarding concerns about Looked after Children, a safeguarding referral needs to be made via control.

Safeguarding Concerns relating to the Unborn

Where there are concerns that the prospective parents might need support to care for their baby or that the baby may have suffered, or is likely to suffer, significant harm, a child safeguarding referral must be made to the local authority via control highlighting clearly the potential risk to the unborn.

Contextual Safeguarding

Contextual safeguarding is an approach to understanding & responding to young people's experiences of significant harm beyond the family.

Contextual safeguarding offers a framework to extend child protection/safeguarding approaches for assessment and intervention with families into extra-familial contexts in which young people also encounter harm, this will require staff to be 'professionally curious' as to the people the child is accompanied with, the location the child is picked up from etc.

It recognises that there are different relationships that young people form in their neighbourhood, schools and online that can feature violence and abuse that parents & Carers have little influence in these contexts. Safeguarding therefore expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.

Self-Harm

Where there is no evidence that a child has accessed Mental Health services or disengaged, the child appears withdrawn and there is concern that they might be/are self-harming/ taken an overdose feeling. A referral should be made to Children's social care.

9 – Information Sharing Good Practice Point

Under the Children Act there is a statutory duty to share information. The Data Protection Act 1998, Schedules 2 and 3 enable information to be shared between organisations to safeguard children and young people.

Information sharing between statutory organization's is fundamental to safeguarding children and young people, failure to do so may result in abuse going undetected or prolonging the suffering of children.

EMATS should endeavour to obtain the parent or carer's written consent to share information about the child and should explain what the information will be used for, wherever possible.

Young people may be considered to be competent to provide consent to information sharing, unless doing so puts the child/young person in danger Whilst it is good practice to share with families your intention to make a referral to Children's Social Care about their child's welfare, it is not a prerequisite. It is particularly important that parents/carers should not be informed of an ambulance crew's concern in circumstances when this may result in a refusal to attend hospital or any situation where a child may be placed at further risk. The safety of the child is paramount. This also applies to staff in control.

The most important consideration is whether sharing information is likely to safeguard and protect a child.

The following principles should be followed:

- Relevant - Only information that is relevant to the purposes should be shared with those who need it. This allows others to do their job effectively and make sound decisions.
- Adequate - Information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.
- Accurate - Information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.
- Timely - Information should be shared in a timely fashion to reduce the risk of harm. Timeliness is key in emergency situations and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore harm to a child. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.
- Secure - Wherever possible, information should be shared in an appropriate and secure way. Practitioners must always follow their organisation's policy on security for handling personal information.
- Record - Information sharing decisions should be recorded whether or not the decision is taken to share. If the decision is to share, reasons should be cited including what information has been shared and with whom, in line with organisational procedures. If the decision is not to share, it is good practice to record the reasons for this decision and discuss them with the requester. In line with each organisation's own retention policy, the information should not be

kept any longer than is necessary. In some circumstances this may be indefinitely, but if this is the case there should be a review process

Information Sharing (HM Government 2015)

Any concerns about sharing information should be referred to EMATS Duty manager or the Medical Director who is the Caldicott Guardian.

10 – Freedom to speak up (formerly whistle-blowing.)

The Freedom to speak up review (2015) chaired by Sir Francis is primarily to ensure staff feel safe to raise concerns. Employees who have concerns about a colleague's conduct in their personal life or their professional practice. Safeguarding concerns about staff, should be reported under the Safeguarding Allegations Against Staff. Employees are entitled to protection under the Public Interest Disclosure Act 1998.

11 – Commissioned Services

EMATS requires that all commissioned service providers produce their own guidelines that reflect EMATS position on safeguarding children and young people. The guidelines should set out staff responsibilities, reporting concerns and recruitment processes with regard to the requirements set out in the Vulnerable Groups Act 2006.

12 – Allegations made against employees

EMATS will take all necessary measures to ensure that it recruits staff who uphold the principles of the Children Act 1989 and 2004. However, where this fails, EMATS will treat all allegations against staff seriously.

When an allegation is made about a member of staff EMATS will invoke the disciplinary procedure in line with Working Together to Safeguard Children guidance.

The manager that has been alerted to the allegation has a responsibility to notify the Safeguarding lead, who will refer the concern to the Local Authority Designated Officer where appropriate. Support for staff involved in the safeguarding children process.

EMATS recognises that an allegation of this nature can have a profound effect on the member of staff. As such, EMATS will provide support to the staff that allegations have been made against, in accordance with advice from the Local Authority Designated Officer (LADO) and the Local Police Service so as not to jeopardise the investigation.

13 – Training and Supervision

Current guidance means that EMATS specifies 'Safeguarding Children and Adults' at Risk training as mandatory. EMATS will ensure that clinical staff receive appropriate support which allows the clinician to reflect on a challenging or traumatic call as well as reflect on their practice. If as a result of an Internal Management Review of Serious incident etc, it is noted that further actions could or should have been undertaken by staff i.e. Missed opportunity, staff will be provided with a Staff Safeguarding Action Plan. The plan will outline the reasons for the action plan and what learning or development needs to take place.

14 – Monitoring and Governance

Strong governance is fundamental to enable EMATS to comply with requirements set out by the Department of Health and CQC so as to challenge existing arrangements and ensure robust safeguarding procedures, which should reflect current best practice and encompass learning from any incidents EMATS may have been involved in.

All safeguarding reports will be reviewed by the Managing Director and the Medical Director as part of the quarterly company performance review.

Appendix 1 - Reporting Guide