



SAFEGUARDING CHILDREN POLICY

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1. INTRODUCTION & BACKGROUND

A range of individual organisations and agencies working with children and families have specific statutory duties to promote the welfare of children and ensure they are protected from harm. These duties are set out within Section 11 of the Children Act 2004 and are in line with the Safeguarding, Accountability and Assurance Framework of July 2022 (SAAF).

South Central Ambulance Service NHS Foundation Trust (SCAS) recognises that nothing is more important than children's welfare, and that children and young people who need help and protection deserve high quality and effective support as soon as needs are identified. SCAS has a responsibility to contribute to the safeguarding of the children and young people that it works with, and to act on any concerns when someone is at risk of abuse. Everyone within SCAS who comes into contact with children and young people has a part to play and a responsibility for promoting their welfare and keeping them safe.

2. SCOPE

This policy applies to all employees and workers of South Central Ambulance Service NHS Foundation Trust (SCAS), including secondees into and out of the organisation, volunteers, trainees, contractors, and temporary workers, including those working on a bank or agency contract. For ease of reference, all employees and workers who fall under these groups will be uniformly referred to as 'staff' in this document.

Every member of staff has an individual responsibility for the protection and safeguarding of children. All levels of management must understand and implement the SCAS Safeguarding Children Policy.

3. AIM

The aim of this policy is to ensure a structured and systematic approach to child protection across the organisation so that children are protected from maltreatment.

The objectives of the policy are to identify concerns that a child may be suffering or likely to suffer significant harm. Another key objective is to ensure children's needs are promoted in a way that prevents impairment of their health and development. Promoting a child's welfare includes creating opportunities to enable children to have optimum life chances in adulthood and ensuring that children grow up in circumstances consistent with the provision of safe and effective care.

The aim and objectives are based on:

- The principles of the Children Act 1989
- Section 11 of the Children Act 2004
- The UN Convention on the Rights of the Child
- The Human Rights Act 1998
- HM Government guidance on Working Together to Safeguard Children 2018
- The Framework for the Assessment of Children in Need and their Families 2000

4. ROLES AND RESPONSIBILITIES

4.1 Trust Board

The Board has ultimate responsibility for ensuring that this policy and associated procedures are in place and complied with to protect patients and service users. The Board will assure itself of compliance with this policy through the accountability arrangements delegated to the Executive Director of Patient Care and Service Transformation / Chief Nurse and via consideration of the metrics described within the SCAS Safeguarding Dashboard and associated reports to the Quality and Risk Committee and via consideration of an annual safeguarding report prepared by the Associate Director of Safeguarding and endorsed by SCAS Safeguarding Committee.

The Board has ultimate responsibility for ensuring that an effective system for managing any risks associated with safeguarding exists within SCAS and that all staff working in SCAS are aware of and operate within the policy.

4.2 Chief Executive

SCAS Chief Executive (CEO) is ultimately accountable for children's and young people's protection. The CEO provides strategic leadership, ensures that the role and responsibilities of the Board in relation to safeguarding are met, promoting a culture of supporting good practice and excellence with regard to safeguarding within the organisation and promotes collaborative working with other agencies.

4.3 Executive Director

The Executive Director of Patient Care and Service Transformation / Chief Nurse is the nominated Director at board level responsible for reporting to the Board on safeguarding issues, providing assurance that the organisation is meeting its safeguarding requirements on an annual basis, promoting initiatives to ensure that SCAS has robust arrangements for safeguarding and providing leadership in the long term.

The Executive Director of Patient Care and Transformation / Chief Nurse has individual responsibility for ensuring that a Safeguarding Children policy and associated procedures exist; that both are implemented effectively; that all staff are aware of and operate within the requirements of the policy and procedures and that systems are in place for the effective monitoring of the standards contained within the policy.

4.4 Non-Executive Director

The CEO will align Safeguarding to the portfolio of a Non-Executive Director. The Non-Executive Director will act as 'champion' for safeguarding, will ensure appropriate scrutiny of the Trust safeguarding performance and will provide assurance to the Board.

4.5 Managers and Supervisors

4.5.1 The Associate Director of Safeguarding

The Associate Director of Safeguarding will provide strategic leadership and expert practice and support to manage any serious safeguarding issues, will strategically lead operational improvements, innovations and best practice, monitoring the quality and effectiveness of services against performance indicators and standards.

The Associate Director of Safeguarding will apply conflict resolution processes in cases of disagreement regarding thresholds for intervention; will provide support to the Designated Senior Manager in the

management of allegations against staff providing expert safeguarding advice as required; will maintain management oversight of significant incidents where there are issues of safeguarding children and ensure dissemination of lessons learnt from safeguarding children practice reviews, multi-agency audit, and domestic homicide reviews involving children and advise on the implementation of recommendations.

The Associate Director of Safeguarding will encourage and nurture a culture of case discussion, reflective practice and the monitoring of significant events at a local level.

4.5.2 Named Practitioner Safeguarding Children

SCAS is required to have a Named Practitioner for Safeguarding Children. This is a key role in promoting good professional practice within the organisation providing advice and expertise for staff members and ensuring safeguarding training is in place. The Named Practitioner will work closely with the Executive Director, the Associate Director of Safeguarding and designated health professionals for the health economy and will be the organisational lead for Looked After Children and Child Sexual Exploitation incorporating Missing Exploited and Trafficked.

The Named Practitioner will provide highly specialised advice, support, supervision and training, helping to raise the standard and quality of care and improved outcomes for children and young people. They will also assist SCAS to understand its safeguarding and protection of children role and responsibilities and meet its statutory duties in line with section 11 of the Children Act 2004.

The Named Practitioner is responsible for ensuring that there are systems and processes in place including the development of policies, procedures and guidance/protocols that are compliant with primary legislation, national, regional and local government strategy relating to safeguarding children.

4.5.3 Line Managers

Line managers will be responsible for:

- Contribute to the dissemination and implementation of this policy
- Develop and promote training needs and priorities
- Provide/ensure provision of effective safeguarding appraisal, support, peer review and supervision for staff
- Ensure all staff within their department are aware of this policy and the process to be followed in the event of suspected abuse of a child or young person
- Ensure all staff have access to the appropriate level of training as defined in the SCAS Safeguarding Training Strategy and training needs analysis
- Provide routine management supervision assuring core competencies in safeguarding practice
- Manage any immediate safeguarding and protection issues
- Co-ordinate referral and safe transfer of responsibilities
- Co-ordinate any alternative action plans
- Ensure staff in their areas meet mandatory training requirements in safeguarding and provide support to those making safeguarding referrals

4.6 All staff

All members of staff, including volunteers, have a statutory duty to safeguard and promote the welfare of children and adults, including:

- Adherence to this policy and associated procedures
- All staff are responsible for recognising and responding to allegations of abuse by ensuring that they refer their concerns or assist in the referral
- All staff should contribute to whatever actions are needed to safeguard and promote the welfare of children and young people and take part in regularly reviewing the outcomes for

- the child or young person against specific plans and outcomes
- Being alert to the possibility of child abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child
- Knowing how to deal with a disclosure or allegation of child /adult abuse
- Undertaking training as appropriate for their role and keeping themselves updated
- Being aware of and following the local policies and procedures they need to follow if they have a child concern
- Ensuring appropriate advice and support is accessed either from managers or SCAS safeguarding team
- Participating in multi-agency working to safeguard the child or adult (if appropriate to role)
- Ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to SCAS policy and procedures and professional guidelines
- Ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

5. DEFINITIONS

For ease of reference, definitions are listed within Appendix 1 and categories of abuse are listed within Appendix 2.

6. LEGAL FRAMEWORK

Responsibilities for safeguarding are enshrined in legislation. This policy has been informed by all relevant guidance (statutory and non-statutory) that seeks to protect children and young people including:

- Children Act (1989)
- Children Act (2004)
- Children and Families Act (2014)
- The Human Rights Act (1998)
- “Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (2022)
- Promoting the Health and Well-being of Looked After Children - statutory guidance (2015)
- Children and Social Work Act (2017)
- Working Together to Safeguard Children (2018)
- Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2018)
- General Data Protection Regulation (GDPR) & Data Protection Act (2018)
- Domestic Abuse Act (2021)
- Homelessness Act (2002)
- Modern Slavery Act (2015)

7. MAIN BODY

7.1 The Voice of the Child

A child-centred approach is supported by the Children Act 1989 (as amended by section 53 of the Children Act 2004).

Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and for consistent support provided for their individual needs. This should guide the behaviour of professionals. Anyone working with children should see and speak to the child, listen to what they say, take their views seriously and work with them collaboratively when deciding how to support their needs.

The Equality Act 2010 puts a responsibility on public authorities to have due regard to the need to

eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by the individual child and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs.

7.2 Children, Young Persons and the Mental Capacity Act

Most of the Act applies to young people aged 16 and 17 years old, who may lack capacity. There are 3 exceptions:

- Only people aged 18 and over can make a lasting power of attorney (LPA)
- Only people aged 18 and over can make an advance decision to refuse medical treatment
- The Court of Protection may only make a statutory will for a person aged 18 and over

The Act does not generally apply to people under the age of 16.

There are 2 exceptions:

- The Court of Protection can make decisions about a child's property or finances (or appoint a deputy to make these decisions) if the child lacks capacity to make such decisions and is likely to still lack capacity to make financial decisions when they reach the age of 18.
- Offences of ill treatment or wilful neglect of a person who lacks capacity can also apply to victims younger than 16.

The same principles and approach that apply to adults apply to determine the best interests regarding care or treatment of a young person who lacks capacity to make a decision. This means considering the factors set out in the best interests checklist to ascertain what is right for the young person when the decision needs to be made.

When assessing the young person's best interests, the person providing care or treatment must consult those involved in the young person's care and anyone interested in their welfare if it is practical and appropriate to do so. This may include the young person's parents. Care should be taken not to unlawfully breach the young person's right to confidentiality. Professionals should be clear and explicit as to which framework is appropriate and why.

Staff carrying out acts in connection with the care or treatment of a young person aged 16– 17 who lacks capacity will generally have protection from liability, as long as the person carrying out the act:

- has taken reasonable steps to establish that the young person lacks capacity
- reasonably believes that the young person lacks capacity and that the act is in the young person's best interests, and follows the principles of the MCA

7.2.1 Legal proceedings involving young people aged 16-17

Sometimes there will be disagreements about the care, treatment or welfare of a young person aged 16 or 17 who lacks capacity to make relevant decisions. Depending on the circumstances, the case may be heard in the family courts or the Court of Protection. The Court of Protection may transfer a case to the family courts, and vice versa. This means that the choice of court will depend on what is appropriate in the particular circumstances of the case.

The Children Act (1989) Applies to ALL those under the age of 18.

REMEMBER THE CHILD'S WELFARE IS PARAMOUNT – Children Act (1989)

You must consider safeguarding in ALL cases when undertaking a mental capacity assessment on young people aged 16-17.

Whilst the MCA applies to those 16 and above the Children Act must be considered in all cases. Seek expert guidance from the Named Safeguarding Practitioner and/or legal department if required. The safeguarding of a child is paramount and children must be kept safe and free from harm: if safeguarding concerns exist escalate immediately through children protection processes and consider Court of Protection.

7.2.2 Children, Young Persons and Liberty Protection Safeguards (LPS)

The LPS, together with the other provisions of the Act, apply to any person aged 16 or over. It sets out the role of those with parental responsibility in supporting a young person, the role of health and social care professionals working with young people, and the process for the use of LPS for young people.

LPS will provide protection for people aged 16 and above who are or who need to be deprived of their liberty in order to enable their care or treatment and lack the mental capacity to consent to their arrangements.

Young people who might have an LPS authorisation include young people with autism and learning disabilities. Advocates will ensure that their views and wishes are taken into consideration as part of the LPS process. This is especially important when the person objects to being supervised and/or prevented from leaving their home or placement.

LPS was introduced in the Mental Capacity (Amendment) Act 2019 and will replace the Deprivation of Liberty Safeguards (DoLS) system. They have been designed to put the rights and wishes of those people at the centre of all decision-making on deprivation of liberty.

7.3 Early Help

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from pre- birth and the foundation years through to the teenage years. Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.

Working Together to Safeguard Children 2018 sets out the rationale for providing early help and provides clear expectations of all partners in relation to this.

Effective early help relies upon local organisations and agencies working together to:

- identify children and families who would benefit from early help
- undertake an assessment of the need for early help
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child

7.4 SCAS will seek to keep children safe by:

- Ensuring a structured and systematic approach to safeguarding children and young people
- Valuing, listening to and respecting children and young people
- Ensuring everyone in the organisation understands their role and responsibilities in relation to safeguarding and is provided with appropriate support to recognise, identify and respond to signs of abuse, neglect or other safeguarding concerns relating to children and young people
- Providing early help, where appropriate, to support children and their families as soon as a problem emerges to prevent needs escalating to a point where intervention would be needed via a statutory assessment
- Adopting child protection and safeguarding practices through the safeguarding procedures and a code of conduct for all staff and volunteers
- Ensuring appropriate action is taken in the event of an incident or concern being raised and support provided to those who raise or disclose the concern
- Providing clarity regarding roles, accountability and responsibility from 'Board to Floor' in safeguarding children and young people
- Providing effective management for staff and volunteers through providing supervision, support, training and quality assurance measures
- Recruiting staff and volunteers safely, ensuring all necessary checks are always made
- Recording and storing information safely and securely and sharing information about safeguarding and good practice with children, their families, and staff and volunteers via leaflets, 1-2-1 discussions and / or training as appropriate
- Sharing concerns, along with relevant information, with agencies who need to know, and involving children, young people and their families and carers appropriately
- Having robust systems in place to manage any allegations against staff and volunteers appropriately
- Creating and maintaining an anti-bullying environment and dealing with any bullying effectively as and when it does arise
- Having effective complaints and whistleblowing measures in place
- Providing a safe physical environment for children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and appropriate regulatory guidance
- Agreeing outcome measures and systems such as audit and case review to identify when safeguarding interventions are effective and to underpin quality improvement

7.5 Partnership Working

7.5.1 Joint Working

In developing this policy, SCAS recognises that safeguarding children and young people is a shared responsibility, with the need for effective joint working between statutory and non-statutory agencies,

and professionals with different roles and expertise. In order to achieve effective joint working, there must be constructive systems and processes in place at all levels:

- Strong Executive lead at Board level in respect of statutory duties, and all Board members being accountable for safeguarding children and young people at risk of harm or abuse
- Clear lines of accountability for safeguarding within SCAS
- Robust communication and escalation processes that complement Safeguarding Partnership Boards multi-agency Safeguarding Children Policy.
- Staff training and continuing professional development so that staff are competent to undertake their roles and responsibilities, and understand those of other professionals and organisations in relation to safeguarding children and young people
- Safe working practices, including recruitment, vetting and barring procedures
- Effective interagency working, including effective information sharing

7.5.2 Child Safeguarding Practice Reviews

Sometimes a child suffers a serious injury or death as a result of child abuse or neglect. Understanding not only what happened but also why things happened as they did can help to improve a future response. Understanding the impact that the actions of different organisations and agencies had on the child's life, and on the lives of his or her family, and whether or not different approaches or actions may have resulted in a different outcome, is essential to improve collective knowledge.

The purpose of reviews of serious child safeguarding cases, at both local and national level, is to identify improvements to be made to safeguard and promote the welfare of children. Learning is relevant locally, but it has a wider importance for all practitioners working with children and families and for the government and policy-makers. Understanding whether there are systemic issues, and whether, and how, policy and practice need to change, is critical to the system being dynamic and self-improving.

SCAS could be a key contributor to Child Safeguarding Practice Review and/or a Domestic Homicide Review (DHR), the duties are the same. SCAS have a duty to co-operate and could be asked to submit an Individual Management Review report (IMR) or complete an audit of a case where SCAS has had active involvement or oversight. The Child Safeguarding Partnership Boards will give full guidance if this occurs.

It is important that the Executive Director of Patient Care and Transformation / Chief Nurse as Executive Lead for safeguarding (or nominated deputy) has full oversight of internal processes and the opportunity to scrutinise reports / audits before they are submitted to the Safeguarding Partnership Board(s).

7.5.3 Child Safeguarding Practice Reviews

Information sharing is essential for effective safeguarding and promoting the welfare of children and young people. It is a key factor identified in many Child Safeguarding Practice Reviews, where poor information sharing has resulted in missed opportunities to take action that keeps children and young people safe.

Remember that the General Data Protection Regulation Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately. Where possible, staff should share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 information may be shared without consent if there is a lawful basis to do so, such as where safety may be at risk.

The GDPR and Data Protection Act 2018 introduces new elements to the data protection regime, superseding the Data Protection Act 1998. Practitioners must have due regard to the relevant data protection principles which allow them to share personal information. The GDPR and Data Protection Act 2018 places greater significance on organisations being transparent and accountable in relation to their use of data.

The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children and young people safe.

7.5.4 Escalation and Resolution

Differences of opinion about the provision of help or arrangements for safeguarding

Where any staff member believes that another professional/agency is not meeting their safeguarding responsibilities, and that safeguarding arrangements and procedures are not being appropriately applied, they have a duty to challenge and resolve this using the staged process described within SCAS Safeguarding Children Procedures (2022).

Differences of opinion may relate to many different situations. For example, during assessment, planning, intervention or reviewing work with children and their family networks or the application of legislation in a particular child's case. There are other situations, and this list is not exhaustive.

There may be situations where the quality and effectiveness of the help and support being provided to a child and their family is at the core of the difference of opinion and there are other mechanisms to address this within the individual agencies and broader partnership arrangements. In such circumstances, a discussion may need to be held between line managers or senior managers and the Named Safeguarding Practitioners.

7.5.5 Managing allegations against people who work with children

Children can be subjected to abuse by those who work with them in any setting. All allegations of abuse or maltreatment of children by a professional, staff member, volunteer, foster carer including private foster carer, prospective adopter and any other member of their household must be taken seriously and treated in accordance with SCAS management of Allegations Against Staff Policy and Procedures.

In line with Working Together 2018 and Keeping Children Safe in Education 2021 SCAS policy and procedures should be used in respect of all cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- behaved or may have behaved in a way that indicates they may not be suitable to work with children

8. TRAINING

SCAS will ensure that all staff receive essential safeguarding training in line with SCAS Safeguarding Training Strategy and Training Needs Analysis 2022 – 2024 and the Safeguarding Children and young people: Roles and Competencies for Healthcare Staff (Intercollegiate Document) 2019.

Each area will maintain records of compliance for their own staff in line with the Safeguarding Training Strategy and Training Needs Analysis.

9. EQUALITY & DIVERSITY

The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees.

The Trust values differences between members of the communities we serve and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences to ensure equality of opportunity and diversity and remove any barriers that could potentially discriminate. Employees exercising their rights and entitlements under these regulations will suffer no detriment as a result. The Trust is entrusted to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.

10. MONITORING

SCAS Safeguarding Committee will monitor this policy through a system of audit and case review.

Criteria	Method	By	Committee	Frequency
Quality of referral	Audit	Named Practitioner	Safeguarding	Yearly
Outcome	Case review	Named Practitioner	Safeguarding	Yearly
Voice of Child	Audit	Named Practitioner	Safeguarding	Yearly

11. CONSULTATION & REVIEW

This policy has been developed in consultation with an interim safeguarding team.

This policy document is due for review in one year unless new legislation, a Safeguarding Partnership board(s) directive or learning from a serious incident requires earlier review.

12. IMPLEMENTATION

This policy will be launched by SCAS Safeguarding Service as part of a suite of revised and newly developed safeguarding policies. This will be through a programme of team meetings and seven- minute briefings

13. REFERENCES & ASSOCIATED DOCUMENTATION

South Central Ambulance Service NHS Foundation Trust:

- Safeguarding Strategy 2022
- Safeguarding Adults Policy 2022

- Prevent Policy and Procedures 2022
- Mental Capacity Act Policy 2022
- Safeguarding Training Strategy 2022
- Management of Allegations Against Staff Policy and Procedures 2022
- Safeguarding Supervision Policy 2022
- Safe recruitment Policy
- Whistleblowing Policy
- Complaints Policy
- Confidentiality and information sharing Policy
- Restraint / Restrictive Interventions or Practice Policy

APPENDIX 1 – DEFINITIONS

A child is defined as:	<ul style="list-style-type: none"> • Anyone who has not yet reached their 18th birthday
Safeguarding and promoting the welfare of children is defined as:	<ul style="list-style-type: none"> • Protecting children from maltreatment • Preventing impairment of children's health or development • Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care • Taking action to enable all children to have the best life chances
Child protection is:	<ul style="list-style-type: none"> • Part of safeguarding and promoting the welfare of children • Activity undertaken to protect specific children who are suffering, or are likely to suffer, significant harm
Significant harm:	<ul style="list-style-type: none"> • Ill-treatment or the impairment of health or development (including, for example, impairment suffered from seeing or hearing the ill-treatment of another) <ul style="list-style-type: none"> ○ ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical ○ health means physical or mental health ○ development means physical, intellectual, emotional, social or behavioural development
Child abuse	<ul style="list-style-type: none"> • A form of maltreatment of a child • Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm • Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g., via the internet) • Children may be abused by an adult or adults, or another child or children
Section 47 enquiry	<ul style="list-style-type: none"> • In circumstances where there are concerns that a child is suffering or likely to suffer harm, this must result in a referral to Children's Social Care. The local authority is obliged to consider initiating enquiries under Section 47 of the Children Act 1989 (Section 47 Enquiries) to find out what is happening to a child or whether action should be taken to protect a child
Child in Need	<p>In circumstances where a child has been identified as 'in need' a referral should be made to the local authority under the Children Act 1998 section</p> <p>The Children Act 1998 defines a child in need as:</p> <p><i>A child whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of service</i></p> <p>Or a disabled child</p>

<p>Child in Care / Looked After Child</p> <p>Care Leavers</p>	<p>The definition of a Child in Care is found in The Children Act 1989. A child or young person can be placed in the care of a Local Authority Childrens Services with the agreement of their parents or of the young person if over the age of 16 years OR a court order.</p> <p>The 1989 Children Act and sections 2 and 3 of The Children and Social Care Act 2017 stipulates provisions for Care Leavers. Care Leavers are young adults aged 18 to 25 years.</p>
<p>The Early Help Assessment Framework</p>	<p>The Early Help Assessment Framework should be followed to promote multi-disciplinary and multi-agency working at an early stage in order to identify and provide services to Children in Need of additional support before their needs escalate.</p>
<p>CPIS</p>	<p>The Child Protection - Information Sharing service (CP-IS) helps health and social care professionals share information securely to better protect:</p> <ul style="list-style-type: none"> • children with looked after status • those who have a child protection plan • expectant women who have an unborn child protection plan <p>CP-IS links IT systems used across health and social care to help organisations share information securely. As it covers 100% Local Authorities in England, it's the only national register of social care status, and the only system to provide information when a child is out of area. It already covers over 1,000 unscheduled health care sites.</p>

APPENDIX 2 – CATEGORIES OF ABUSE

Types of abuse:	
Physical abuse	<p>May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.</p> <p>May also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.</p>
Emotional abuse	<p>The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It 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 include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), 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 maltreatment of a child, though it may occur alone.</p>
Sexual abuse	<p>Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.</p>

<p>Neglect</p>	<p>Persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development.</p> <p>May occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> ○ provide adequate food, clothing and shelter (including exclusion from home or abandonment) ○ protect a child from physical and emotional harm or danger ○ ensure adequate supervision (including the use of inadequate care-takers) ○ ensure access to appropriate medical care or treatment ○ may also include neglect of, or unresponsiveness to, a child’s basic emotional needs
<p>Child Sexual Exploitation (CSE)</p>	<p>A form of child sexual abuse.</p> <p>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:</p> <ul style="list-style-type: none"> 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 <p>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. Children rarely self-report child sexual exploitation.</p>
<p>Child Criminal Exploitation (CCE)</p>	<p>There is no agreed statutory definition of child criminal exploitation (CCE) although the following is used:</p> <p>Involves exploitative situations, contexts and relationships where a child (or a third person or persons) receives ‘something’ (e.g., food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them completing a task on behalf of another individual or group of individuals; this is often of a criminal nature.</p> <p>Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person’s limited availability of choice resulting from their social/economical and/or emotional vulnerability.</p> <p>Children’s involvement in CCE is indicative of coercion or desperation rather than choice. CCE is a complex form of abuse and it can be difficult for those working with children to identify and assess.</p> <p>County Lines County lines is the police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or ‘deal lines’. It involves CCE as gangs use children and</p>

	vulnerable people to move drugs and money. Gangs establish a base in the market location, typically by taking over the homes of local vulnerable adults by force or coercion in a practice referred to as 'cuckooing'.
Domestic Abuse & Harmful Practices	<p>The terms 'domestic violence' and 'domestic abuse' are often used interchangeably, but in this policy 'domestic abuse' is used as it is thought to be a more inclusive way to describe a range of behaviours, which include violence as well as all other forms of abuse.</p> <p>Throughout this policy, where the term domestic abuse is used, it refers to all forms of domestic abuse that would fall under the statutory definition.</p> <p>The Domestic Abuse Act 2021 puts in place a statutory definition of domestic abuse. It defines domestic abuse as abusive behaviour of a person towards another person; if both people are aged 16 or over and are personally connected to each other.</p> <p>Behaviour is abusive if it consists of any of the following:</p> <ul style="list-style-type: none"> • Physical or sexual abuse • Violence or threatening behaviour • Controlling or coercive behaviour • Economic abuse • Psychological, emotional or other abuse <p>It does not matter whether the behaviour consists of a single incident or a course of conduct.</p> <p>Economic abuse means any behaviour that has a substantial adverse effect on a person's ability to:</p> <ul style="list-style-type: none"> • acquire, use or maintain money or other property, or • obtain goods or services <p>One persons' behaviour towards another person may be abusive despite the fact that it consists of conduct directed at another person, for example, their child.</p> <p>Two people are "personally connected" to each other if any of the following applies:</p> <ul style="list-style-type: none"> • They are, or have been, married to each other • They are, or have been, civil partners of each other (as in section 73 of the Civil Partnership Act 2004) • They have agreed to marry one another (whether or not the agreement has been terminated) • They have entered into a civil partnership agreement (whether or not the agreement has been terminated) • They are, or have been, in an intimate personal relationship with each other • They each have, or there has been a time when they each have had, a parental relationship in relation to the same child

- They are relatives (as in section 63 (1) of the Family Law Act 1996)

A person has a parental relationship in relation to a child if:

- The person is a parent of the child, or
- The person has parental responsibility for the child (as in the Children Act 1989)

A victim of domestic abuse includes a child who sees or hears, or experiences the effects of, the abuse, and is related to one of the people 'personally connected'.

Domestic abuse and young people

In 2012, the changes were made to the definition of domestic violence and abuse to raise awareness that young people in the 16 to 17 age group can also be victims of domestic violence and abuse. By including this age group the government hopes to encourage young people to come forward and get the support they need, through a helpline or specialist service.

SCAS has a Domestic Abuse Policy and Procedure please refer to this policy for actions to be taken.

Domestic abuse and harmful practices can encompass but is not limited to the following types of abuse:

Honour based abuse: is a violent crime or incident which may have been committed to protect or defend the honour of the family or community. Often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture.

Forced marriage: is a marriage in which one or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In the cases of some vulnerable adults who lack the capacity to consent, coercion is not required for a marriage to be forced.

There is a clear distinction between a forced marriage and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage, but the choice of whether or not to accept the arrangement still remains with the prospective spouses. However, in a forced marriage, one or both spouses do not consent to the marriage but are coerced into it.

Female genital mutilation: Female genital mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many

ways.

The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child. It is illegal in the UK to subject a child to FGM or to take a child abroad to undergo FGM.

Breast ironing: Breast ironing (sometimes known as breast flattening) is the term used to define the pounding and massaging of a girl's breasts (usually during puberty) using hard or heated objects to try to stop them developing or to make them disappear entirely.

Breast ironing is typically carried out by the girl's mother with the belief that she is:

- protecting her daughter from sexual harassment and/or rape
- preventing the risk of early pregnancy, which would tarnish the family name
- preventing her daughter from being forced into marriage, so she will have the opportunity to continue with her education

The girl generally believes that the practice is being carried out for her own good and she will often remain silent.

This practice has been documented primarily in Cameroon but is also practiced in West and Central African countries Guinea-Bissau, Chad, Togo, Benin and Guinea.

While it is estimated that 3.8 million young women are vulnerable to breast ironing on a global scale, approximately one thousand 9–15 year old girls are currently thought to be at risk in the UK. According to the United Nations 58% of perpetrators will be the victim's mother.

<p>Complex and organised child abuse</p>	<p>Complex and organised child abuse may be defined as abuse involving one or more abusers and any number of related or non-related abused children. This may take place in any setting. The adults concerned may be acting together to abuse children, in isolation or may be using an institutional framework or position of authority such as a teacher, coach, faith group leader or be in a celebrity position to access and recruit children for abuse.</p> <p>Such abuse can occur both as part of a network of abuse across a family or community and within institutions such as residential settings, boarding schools, in day care and in other provisions such as youth services, sports clubs, faith groups and voluntary groups. There may also be cases of children being abused via the use of electronic devices, such as mobile phones, computers, games consoles etc which all access the internet and in particular social networking websites</p>
<p>Fabricated and Induced Illness (FII)</p>	<p>Fabricated and Induced Illness (FII) Fabricated or Induced Illness (FII) is the systematic fabrication or induction of illness in a child. It is a condition whereby a child suffers harm through the deliberate action of his/her main carer. (Lazenbatt and Taylor 2011).</p> <p>FII by carers can cause significant harm to children, it involves a well child being presented by a carer as ill or disabled, or an ill or disabled child being presented with a more significant problem than he or she has in reality and suffering harm as a consequence (RCPCH 2009)</p> <p>FII has had a number of names and a number of definitions. Münchausen Syndrome by Proxy and Factitious Disorder by Proxy are also referred to in the literature under this subheading.</p> <p>Some children may be presented for medical examination by their parent/carers when they are well. This can be due to overanxious parents/carers, or a lack of understanding. Support may be required in order that the parents/carers are able to interpret and respond appropriately to childhood illness.</p> <p>A key professional task is to distinguish between the over anxious parent or carer who may be responding in an understandable way to a very sick child and those parent/carers who exhibit abnormal behaviour or have an unexpected. Familial or cultural styles of “illness behaviour” may affect how children are presented to health professionals.</p>
<p>Radicalisation and Prevent</p>	<p>The current threat from terrorism in the UK is severe and can involve the exploitation of vulnerable people. This threat can extend to children and young people to draw them into extremist ideology and behaviours. Prevent caters for vulnerabilities connected to any form of extremism including messages espoused by recognised groups such as DAESH (ISIL), Al-Qaeda, Far Right Groups who target ethnic communities as well as Far Left and Animal Rights activists.</p>

<p>Modern day slavery & child trafficking</p>	<p>Modern slavery is an illicit trade in which human beings are turned into commodities to be bought, sold and exploited for vast profits. Within a UK context and based upon the Modern Slavery Act 2015, modern slavery encompasses human trafficking, slavery, servitude, forced or compulsory labour and / or sexual exploitation.</p>
<p>Bullying including Cyber Bullying and Hate Crime</p>	<p>The effects of bullying can last into adulthood. At its worst, bullying has driven children and young people to self-harm and even suicide.</p> <p>Children who are bullied:</p> <ul style="list-style-type: none"> • may develop mental health problems like depression and anxiety • have fewer friendships • aren't accepted by their peers • are wary and suspicious of others • have problems adjusting to school, and don't do as well. <p>All children who are affected by bullying can suffer harm – whether they are bullied, they bully others or they witness bullying.</p> <p>Cyberbullying is bullying that takes place online. Unlike bullying offline, online bullying can follow the child wherever they go, via social networks, gaming and mobile phone.</p> <p>Bullying someone because of their gender, gender identity, sexuality, religious beliefs, race, skin colour or because they have a disability, is hate crime and against the law.</p> <p>A hate crime is described as ‘any hate incident which constitutes a criminal offence perceived by the victim or any other person, as being motivated by prejudice or hate’. Some offences are clear such as robbery and assault. However, less obvious incidents such as verbal abuse, harassment and threats of intimidation may also be criminal offences.</p> <p>Hate crimes are any crimes that are targeted at a person because of:</p> <ol style="list-style-type: none"> (a) disability (b) race or ethnicity (c) religion or belief (d) sexual orientation (e) transgender identity <p>This can be committed against a person or property.</p> <p>A victim does not have to be a member of the group at which the hostility is targeted. In fact, anyone could be a victim of a hate crime.</p> <p>Hate Incidents can feel like crimes to those who suffer them and often escalate to crimes or tension in a community.</p> <p>It is important to remember that these categories of abuse are not mutually exclusive and many situations contain a combination of different kinds of abuse. The Equalities Act 2010 defines certain protective characteristics. In dealing with potential adult abuse, staff should be aware that some individuals, for example pregnant females, transgender individuals and gay young people, may on occasions be subject to targeted abuse.</p>

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Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: Safeguarding Children

Officer completing assessment: Matthew Hargreaves

Telephone: 07866 205544

1. What is the main purpose of the strategy, function or policy?
<p>The aim of this policy is to ensure a structured and systematic approach to child protection across the organisation so that children are protected from maltreatment.</p> <p>The objectives of the policy are to identify concerns that a child may be suffering or likely to suffer significant harm. Another key objective is to ensure children's needs are promoted in a way that prevents impairment of their health and development. Promoting a child's welfare includes creating opportunities to enable children to have optimum life chances in adulthood and ensuring that children grow up in circumstances consistent with the provision of safe and effective care.</p>
2. List the main activities of the function or policy? (for strategies list the main policy areas)
<p>This policy applies to all employees and workers of South Central Ambulance Service NHS Foundation Trust (SCAS), including secondees into and out of the organisation, volunteers, trainees, contractors, and temporary workers, including those working on a bank or agency contract. For ease of reference, all employees and workers who fall under these groups will be uniformly referred to as 'staff' in this document.</p> <p>Every member of staff has an individual responsibility for the protection and safeguarding of children. All levels of management must understand and implement the SCAS Safeguarding Children Policy.</p>
3. Who will be the main beneficiaries of the strategy/function/policy?
<ul style="list-style-type: none"> • All SCAS colleagues • Our Patients • The Organisation • Service Commissioners

		Positive Impact	Negative Impact	Reasons	
GENDER	Women	x		<p>This policy is designed to provide a logical, clearly defined process when dealing with any staff member, patient or service user where there is a suspected safeguarding issue for a child. There is nothing within the policy and procedures that would apply to any groups with protected characteristics in a negative way. If there were circumstances which required any reasonable adjustments or to help realise an equitable outcome the policy is guided by the Equality Statement in Section 9</p>	
	Men	x			
RACE	Asian or Asian British People	x			
	Black or Black British People	x			
	Chinese people and other people	x			
	People of Mixed Race	x			
	White/white other	x			
DISABILITY	Disabled People	x			<p>Specific consideration is given to anyone covered by the Safeguarding Children Policy within section 9.</p>
SEXUAL ORIENTATION	Lesbians, gay men and bisexuals	x			
AGE	Older People (60+)	x			<p>Specific consideration is given to anyone covered by the Safeguarding Children Policy within section 9</p>
	Younger People (17 to 25) and children	x			
RELIGION/BELIEF	Faith Groups	x			
	Equal Opportunities and/or improved relations	x		<p>In developing this policy, SCAS recognises that safeguarding children and young people is a shared responsibility, with the</p>	

	Positive Impact	Negative Impact	Reasons
			<p>need for effective joint working between statutory and non-statutory agencies,</p> <p>and professionals with different roles and expertise. In order to achieve effective joint working, there must be constructive systems and processes in place at all levels</p>

Notes: Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5. If you have indicated that there is a negative impact, is that impact:		
	Yes	No
Legal (it is not discriminatory under anti-discriminatory law)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intended	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Level of Impact	High	Low
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
If there were circumstances that had a negative impact of low significance or that required any reasonable adjustments or to help realise an equitable outcome the policy is guided by the Equality Statement in Section 9. In addition, there is oversight by the Safeguarding Committee		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
Continual monitoring of any potential negative impact by the Safeguarding Committee		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How?		
This is outlined under section by the Equality Statement in Section 9		

Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.
Signed: 27542296
Name: Matthew Hargreaves
Date: 14 November 2022