



Title:	NIAS (Interim*) Safeguarding Policy Safeguarding Policy (Adults, Children and Young People)		
Author(s)	[REDACTED] (HSC Associate) NIAS safeguarding staff		
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1.0 INTRODUCTION

1.1 Background to policy development:

This Northern Ireland Ambulance Service Trust (NIAS) **safeguarding policy** was developed with reference to current Northern Ireland safeguarding legislation and regional safeguarding policies and procedures on the protection of adults, children and young people (see section 4). This policy sets out the overall aim and role of NIAS in meeting its safeguarding responsibilities and should be read in conjunction with other NIAS policies, procedures, and guidance (see page 1), including the NIAS **safeguarding procedures**¹ (NIAS, 2021). At the time of this policy development NIAS were co-operating with the five Health and Social Care Trusts to develop streamlined NIAS 'safeguarding' and 'welfare' referral pathway processes. This policy was also developed with reference to UK Ambulance Trusts clinical guidance practice, Joint Royal Colleges Ambulance Liaison Committee (JRCALC) 2019².

1.2 Aim:

The overall aim of the policy is to ensure that the NIAS fulfils its professional responsibilities in relation to safeguarding adults and children in Northern Ireland, in partnership with other

¹ Draft NIAS Safeguarding (including welfare) Procedures, including referral pathways document (2020)

² JRCALA, Clinical Practice Guidelines, (2019)

key agencies (Health and Social Care Trusts , PSNI, HSCB, RQIA and the Department of Health). This policy statement applies to all NIAS Trust Board members, staff, and volunteers and sets out their individual responsibilities under the policy.

1.3 NIAS Safeguarding Statement:

Safeguarding vulnerable adults and children is everyone's responsibility and all NIAS personnel are committed to protecting all patients (and others) from abuse and neglect and refer any safeguarding concerns to the appropriate organisations in Northern Ireland.

Given the nature of NIAS services, including emergency and transport services, ambulance staff interact with many patients and members of the public and thus have an important front-line role in safeguarding them. NIAS staff visit many patient's homes, (including residential care and nursing homes), and are often in a position to assess risks to adults and children, and general welfare issues, including 'neglect' (see sections 5 and 6). Ambulance Trust's recognise that good practice in protecting adults and children at risk from 'significant harm' and neglect, is most effective within a multi-agency approach (JRCALC, 2019), and NIAS is committed to inter-agency co-operation and a robust referral process.

NIAS staff have an important role in identifying safeguarding concerns and incidents and progressing these matters by referring them to the relevant local Northern Ireland authorities (Prevention and Protection in Partnership, DHSSPS,2015³). The NIAS Trust's safeguarding governance structure is designed to support and embed good safeguarding practice within the organisation through policies and procedures, regular training, recruitment practice, audits and the collaboration of all NIAS directorates.

2.1 Organisational Commitment:

NIAS is committed to safeguarding and protecting adults, children and young people through a number of processes including :

- ⇒ Safer recruitment and selection of staff and volunteers (using Access NI)
- ⇒ Safeguarding policies, procedures and guidance
- ⇒ Management, support, supervision and training of staff and volunteers
- ⇒ Recognising, responding to, recording and reporting concerns about abuse
- ⇒ Risk assessment and management of safeguarding activities
- ⇒ Receiving and management of concerns and complaints, including allegations against NIAS staff

³ DHSSPS and DoJ, Prevention and Protection in Partnership, 2015

- ⇒ Management of safeguarding records, respecting confidentiality and sharing of information with appropriate authorities, as per legal and policy guidance
- ⇒ Co-operation with other agencies on SAI's⁴ and other reviews

2.1 OBJECTIVES

The objectives of this safeguarding policy are:

- To set-out the legal and policy safeguarding context in Northern Ireland and how NIAS staff meet these requirements
- To ensure that all NIAS staff understand and know how to act in accordance with their safeguarding roles and responsibilities, as per this policy and associated NIAS procedures 2021 .
- To ensure that all staff have an understanding of how to recognise and respond to adults and children at risk of harm and abuse.
- To ensure that there are procedures in place to support staff, including clinical supervision, when making safeguarding assessments and referrals
- To clarify lines of responsibility for safeguarding within NIAS
- To identify how information will be shared with other relevant agencies (HSCT's, HSCB, RQIA, PSNI, SBNI) in order to safeguard patients and others, at risk

3.0 SCOPE OF THE POLICY

- 3.1** This policy applies to the NIAS Trust Board, staff, and should be made known to partner agencies who work in conjunction with, or on behalf of NIAS. This includes NIAS patient care staff and those others who may be managers, controllers etc who may not come into direct contact with patients or relatives / carers.

3.2 ROLES/RESPONSIBILITIES

This sets out the roles/responsibilities of the various staff groupings within NIAS, including those who are responsible for implementing and monitoring adherence to the policy. The policy should be read in conjunction with other staff professional body safeguarding responsibilities.

3.3 Trust Board

To scrutinise and ensure NIAS safeguarding obligations are met. The Trust Board also ensures that safeguarding remains integral to the Trust risk management strategy and governance processes.

⁴ Serious Adverse Incidents (SAI) Department of Health

3.4 Chief Executive

The Chief Executive is the executive member of the Trust Board with overall accountability in relation to safeguarding.

3.5 Medical Director

Act as the Trusts Caldecott Guardian and provides expert clinical advice in relation to Safeguarding matters. Is responsible as the Lead Director for the Training School for ensuring that Safeguarding training and education is delivered in line with NIAS Safeguarding Training and Education Strategy.

3.6 Director of Quality, Safety and Improvement

The Director of Quality Improvement and Safety is the nominated director responsible for Safeguarding leadership across the organisation, setting strategic objectives to ensure safeguarding is a priority and a regular agenda item at a senior level and is accountable for the governance of safeguarding to the Board, regulators and partners. He/she is responsible for making any referral to the Independent Safeguarding Authority.

3.7 Director of Human Resources & Corporate Services

The Director of Human Resources and Corporate Services must ensure that the Trust is compliant with all safeguarding vetting and enhanced disclosure recruitment processes, training requirements, and that all staff receive the appropriate level of training. He / She must ensure that records are kept on the required training statistics and ensure that the Trusts recruitment process follows that of the Safer Recruitment guidelines.

3.8 Director of Operations

The Director of Operations will ensure operational implementation and adherence to this policy. The Director will authorise the release of operational staff to contribute to external safeguarding investigations.

3.8 Risk Manager

The Risk Manager has a responsibility, in conjunction with the Head of Safeguarding, for the development and implementation of systems and processes for safeguarding, working with other Trusts in line with local and national standards and legislation. The Risk Manager will collate Management Reports to monitor the number of safeguarding referrals and will monitor the referral processes periodically to ensure referrals are being made appropriately.

3.9 Head of Safeguarding

The Head of Safeguarding acts as the NIAS 'adult safeguarding champion' (ASC) and provides expert, evidence-based leadership on all aspects of the safeguarding agenda including; referral processes, undertaking audits, compiling annual reports, leading on policy development, education/ training content and guidance. Provides in

conjunction with other clinical managers, safeguarding supervision to advise and support staff. Acts as a link between NIAS and external safeguarding agencies (HSCT's , PSNI, SBNI and HSCB adult safeguarding panels). Disseminate learning from local safeguarding Inquiries ,Case Management Reviews, Serious Adverse Incidents (SAIs), and JRCALC, UK wide best practice. The Head of Safeguarding will represent NIAS on such external bodies, processes, as appropriate. The post holder will also provide, as the ASC, strategic safeguarding leadership, and oversight in the implementation of this policy. The ASC will also compile an annual safeguarding 'position report' that will be shared with NIAS senior management, and be available for external auditing purposes by the LASP, RQIA and the DoH.

3.10 Area Managers & Station Officers

Liaise with the Head of Safeguarding and act as representatives of the NIAS Trust at appropriate meetings with agency partners in relation to safeguarding referrals to HSCT's, RQIA etc. He/she will arrange for the staff involved in any incident to be supported and to offer evidence of their experience and observations. The Manager will also support their staff when involved in a safeguarding incident and ensure the necessary recording requirements are complied with.

3.11 Clinical Training Manager

The Clinical Training Manager is responsible for ensuring that Safeguarding training and education is included as appropriate in training development plans, learning outcome plans and is robustly recorded through an effective and accessible training records system.

3.12 Training Officers and Clinical Support Officers

Training Officers and Clinical Support Officers are responsible for cascaded delivery of education and training relating to Safeguarding. Through their clinical observation role they will carry out competency based assessments, identifying both good practices as well as providing support when the need for improvement has been identified. They will offer advice or escalating developmental needs through the relevant line manager and training team as required. They will also be responsible for formally sharing outcomes from staff training and competency assessments with line managers to inform staff members' personal development reviews. They should also ensure maintenance of their own level of knowledge in Safeguarding.

3.11 NIAS Staff

All NIAS Staff are required to act at all times to safeguard the health and well-being of all patients (and others) and this includes children or vulnerable adults in need of protection, or care. Through training and service updates all staff should be able to recognise and respond to safeguarding concerns. They should be familiar with, and adhere to the Trust's policies and procedures and participate in mandatory safeguarding training.

3.11 Operational staff (including staff with control involved in safeguarding referrals)

NIAS Operational staff should use their training to assess patient's safeguarding needs and in discussion with the patient where possible, seek to gain consent for raising a safeguarding concern and where appropriate to make concern known to the local social services (or out-of-hours, the regional emergency social work team). In some safeguarding circumstances consent may not be required if it is a reasonable action required to protect a child or vulnerable adult, and staff must report possible criminal offences to the PSNI (see procedures also). *Paramedics have an additional professional safeguarding responsibility, as per their professional guidance.

3.12 Agency students, contractors and volunteers

All staff, contractors, volunteers, observers and visitors have a duty to act and respond to concerns about safeguarding in a timely manner, and undertake safeguarding training to the required levels. External partners should have their own internal safeguarding policies and procedures.

4.0 Legal and Policy context in N. Ireland

This section defines the regional legal and policy context for adult and child safeguarding in which NIAS staff operate. Please note there can be some regional variation between the five Health and Social Care Trusts in how these policies are operationalised.

4.1 The Human Rights context to safeguarding

All the laws and policies listed below for adults and children in Northern Ireland are subject to the Human Rights Act 1998. The safeguarding elements in the Act complement broader human rights protections. The Human Rights Act 1998 includes a right not to be subject to torture, inhuman or degrading treatment (article 3) and a right to enjoy private, family and home life, without unjustified interference from public authorities (article 8).

Serious abuse can be a violation of article 3, whilst risk averse or disproportionate public authority responses can be a violation of article 8. If it is a self-neglect issue for example in a patient's home, an authority (such as NIAS) has to think about balancing the rights of the patient to 'home and family life' and the duty to protect him/ her. This will often mean balancing conflicting rights, see additional NIAS policy and guidance on 'consent' and 'capacity' issues. NIAS staff will liaise with external partner agencies in reaching some of these thresholding decisions.

4.2 Confidentiality:

NIAS will share information on a 'need to know' basis to safeguard children and adults with relevant agencies. When possible and appropriate, patient / parental consent will be sought

but 'access to identifiable information will be shared in some limited circumstances where its legally required for the safety of the individuals concerned' (or others).
(ref: NIAS, Privacy Policy)

5.1. Adult Safeguarding: Legislation and policies:

- Safeguarding Vulnerable Groups (NI) Order 2007
- Mental Health Order (NI) 1986
- Police and Criminal Evidence (NI) Order 1989
- Public Interest Disclosure (NI) Order 1998
- Family Homes and Domestic Violence (NI) Order 1998
- Mental Capacity Act (NI) 2016
- Adult Safeguarding: Prevention and Protection in Partnership Policy (DHSSPS, DoJ, 2015)
- Adult Safeguarding Operational Procedures: Adults at risk of harm and adults in need of protection (HSCB, 2016)
- Protocol for the Joint Investigation of Adult Safeguarding (NIASP, 2016)

5.2 Defining Adult Safeguarding :

An '**adult at risk of harm**' is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- a) **personal characteristics AND/OR**
- b) **life circumstances**

Personal characteristics may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain. **Life circumstances** may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.

An '**Adult in need of protection**' is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- a) **personal characteristics AND/OR**
- b) **life circumstances AND**
- c) who is **unable to protect** their own well-being, property, assets, rights or other interests;

AND

- d) where the **action or inaction of another person or persons** is causing, or is likely to cause, him/her to be harmed.

In order to meet the definition of an 'adult in need of protection' either (a) or (b) must be present, in addition to both elements (c), and (d).

(Ref: Adult Safeguarding: Prevention to Protection in Partnership, DHSSPS, DoJ, 2015)

The decision as to whether the threshold of an 'adult in need of protection' is met will demand the careful exercise of professional judgement applied on a case by case basis. This will take into account all the available evidence, concerns, the impact of harm, degree of risk and other matters relating to the individual and his or her circumstances. The seriousness and the degree of risk of harm are key to determining the most appropriate response and establishing whether the threshold for protective intervention has been met (see procedures also). NIAS staff will consult with other agencies on this definition in practice.

5.3 Types of adult abuse:

The main forms of abuse are: (ref: Prevention and Protection in Partnership, HSC, 2016)

Physical abuse

Physical abuse is the use of physical force or mistreatment of one person by another which may or may not result in actual physical injury. This may include hitting, pushing, rough handling, exposure to heat or cold, force feeding, improper administration of medication, denial of treatment, misuse or illegal use of restraint and deprivation of liberty.

Sexual violence and abuse

Sexual abuse is any behavior perceived to be of a sexual nature which is unwanted or takes place without consent or understanding. Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming, being made to look at or be involved in the production of sexually abusive material, or being made to watch sexual activities. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping). Sexual violence can be found across all sections of society, irrelevant of gender, age, ability, religion, race, ethnicity, personal circumstances, financial background or sexual orientation.

Psychological / emotional abuse

Psychological / emotional abuse is behavior that is psychologically harmful or inflicts mental distress by threat, humiliation or other verbal/non-verbal conduct. This may include threats, humiliation or ridicule, provoking fear of violence, shouting, yelling and swearing, blaming, controlling, intimidation and coercion.

Financial abuse

Financial abuse is actual or attempted theft, fraud or burglary. It is the misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to, or which were invalidated by intimidation, coercion

or deception. This may include exploitation, embezzlement, withholding pension or benefits or pressure exerted around wills, property or inheritance.

Institutional abuse

Institutional abuse is the mistreatment or neglect of an adult by a regime or individuals in settings which adults who may be at risk reside in or use. This can occur in any organization, within and outside the HSC sector. Institutional abuse may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviors, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. Institutional abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services, and includes a failure to ensure that the necessary preventative and/or protective measures are in place.

Neglect occurs when a person deliberately withholds, or fails to provide, appropriate and adequate care and support which is required by another adult. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time. It may include physical neglect to the extent that health or well-being is impaired, administering too much or too little medication, failure to provide access to appropriate health or social care, withholding the necessities of life, such as adequate nutrition, heating or clothing, or failure to intervene in situations that are dangerous to the person concerned or to others particularly when the person lacks the capacity to assess risk.

This policy does not include self-harm or self-neglect within the definition of an 'adult in need of protection'. Each case will require a professional Health and Social Care (HSC) assessment by the adult safeguarding team (including NIAS) to determine the appropriate response and consider if any underlying factors require a protection response. For example, self-harm may be the manifestation of harm which has been perpetrated by a third party and which the adult feels unable to disclose, which may meet the criteria.

Exploitation is the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity. It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human trafficking.

This list of types of harmful conduct is not exhaustive, nor listed here in any order of priority. There are other indicators which should not be ignored. It is also possible that if a person is being harmed in one way, he/ she may very well be experiencing harm in other ways.

5.4 Related Definitions

There are related definitions which interface with Adult Safeguarding, each of which have their own associated adult protection processes in place. NIAS staff need to be aware of these concepts.

Domestic violence and abuse

Domestic violence or abuse is threatening, controlling, coercive behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation. Domestic violence and abuse is essentially a pattern of behaviour characterized by the exercise of control and the misuse of power by one person over another. It is usually frequent and persistent. It can include violence by a son, daughter, mother, father, husband, wife, life partner or any other person who has a close relationship with the victim. It occurs right across society, regardless of age, gender, race, ethnic or religious group, sexual orientation, wealth, disability or geography. In Northern Ireland the MARAC⁵ process is used to assess risks and develop a protection plan for the victim.

Human trafficking

Human trafficking involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting. Victims of human trafficking can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities.

Hate crime

Hate crime is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person's actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity.

Victims of domestic violence and abuse, sexual violence and abuse, human trafficking and hate crime are regarded as adults in need of protection. There are specific strategies and mechanisms in place designed to meet the particular care and protection needs of these adults and to promote access to justice through the criminal justice system. It is essential that there is an interface between these existing justice-led mechanisms and the HSC Trust adult protection arrangements described in this policy.

5.5 Consent and Capacity:

Safeguarding adults and children are often complex and challenging situations. The focus of any NIAS intervention must be on promoting a proportionate, measured approach to

⁵ Multi-agency Risk Assessment Conference (MARAC) DoJ, 2010

balancing the risk of harm with respecting the adult's choices⁶ and preferred outcome for their own life circumstances. 'The right of a person with capacity to make decisions and remain in control of their life must be respected. Consideration of 'capacity' and 'consent' are central to adult safeguarding, for example, in determining the ability of an adult to make lifestyle choices, such as choosing to remain in a situation where they risk being harmed or where they choose to take risks' (ref: Mental Capacity Act (NI) 2016; DHSSPS, DoJ, 2015). NIAS staff will come into contact with many 'vulnerable' adult patients, due to age, addiction, disability etc, so advice must be taken in relation to the appropriate referral pathway, as a 'welfare referral' to social services may be more appropriate (currently under review by HSC Trusts).

For consent to be valid, the decision needs to be informed, made by an individual with 'capacity' to make decisions and made free from coercion, constraint or undue influence. Each decision must be considered on its own merits as an adult may possess capacity to make some decisions but not others and/or the adult's lack of capacity to make decisions may be temporary rather than permanent. A consent-driven approach to adult safeguarding will always involve making a presumption that the adult at the centre of a safeguarding decision or action has the capacity to give or withhold consent unless it is established otherwise. The situation for children and young people will be different, dependent on age and level of understanding, see section 6.

6.1 Safeguarding Children and Young People:

Key Legislation and Policies:

- The Children (NI) Order 1995
- Criminal Law Act (NI) 1967
- Children's Services Co-operation Act (NI) 2015
- Co-operating to Safeguard Children and Young People in NI, DoH, 2017
- Regional Core Child Protection Policies and Procedures for N. Ireland (2018)
- Protocol for Joint Investigation by Social Workers and Police Officers of alleged and suspected cases of Child Abuse - Northern Ireland (PSNI, HSC, 2018)

The legislative framework for Northern Ireland's child protection system is set out in The Children (Northern Ireland) Order 1995. This sets out parental responsibilities and rights and the duties and powers public authorities have to support and protect children. For NIAS staff visiting families it may be worth establishing which adults present have 'parental responsibility' to make decisions but other family members may be used to provide temporary safeguarding arrangements, as agreed with social services. The Children (NI) Order defines a 'child' as anyone under the age of 18 years in Northern Ireland.

⁶ Children and Young People are different, as age and capacity to make decisions is an issue. (Children NI Order 1995)

The creation of the regional Safeguarding Board for Northern Ireland (SBNI) was set out in law in the Safeguarding Board Act (Northern Ireland) 2011. This also established five Safeguarding Panels to support the SBNI's work at a Health and Social Care Trust level (HSCT). NIAS liaises with the SBNI and social services in relation to children and young people safeguarding issues.

The Children's Services Co-operation Act (Northern Ireland) 2015 requires public authorities to co-operate in contributing to the wellbeing of children and young people, and NIAS works closely with the Health and Social Care Trusts and the PSNI to safeguard children.

Under Section 5 of the Criminal Law Act (Northern Ireland) 1967, it is an offence not to report a 'relevant offence' to the police. This includes offences against children and adults and NIAS staff have a protocol with the PSNI on such matters.

Revised regional core child protection policies and procedures for Northern Ireland (Safeguarding Board for Northern Ireland, 2018)

This provides definitions of the types of abuse and neglect and explains the actions that must be taken when there are concerns about the welfare of a child/young person, including:

- core procedures including the referral process
- individuals who pose a risk to children and young people
- learning and improvement to support and develop child protection
- the roles and responsibilities of the Safeguarding Board for Northern Ireland
- interagency guidance and protocols
- the role of child protection case conferences

Health and Social Care Board (HSCB) (2016) Protocol for joint investigation by social workers and police officers of alleged and suspected cases of child abuse – Northern Ireland (.DOCX). [Belfast]: Northern Ireland Executive government. This sets out how social workers and police officers investigate child abuse as part of a criminal investigation, including the use of specially trained staff who conduct video interviews. The service can be accessed through the HSCT's or the PSNI Public Protection, Central Referral Unit (CRU). If NIAS staff do talk to children about child protection issues, it is important that the questions asked and the child's responses are recorded, but it is not our role to investigate child abuse. (see safeguarding procedures also)

6.3 The guiding principle in child protection is that the Child's needs are paramount

The Dept. of Health Co-operating to Safeguard Children and Young People in N. Ireland (2017) regional policies and procedures, outline the main definitions of child abuse and neglect and state that harm from abuse is not always straightforward to identify, and a child or young person may experience more than one type of harm or significant harm.

6.4 Significant Harm can manifest itself in the following categories (not mutually exclusive):

- Physical abuse;

- Sexual abuse;
- Emotional abuse;
- Neglect; and
- Exploitation

Physical Abuse is deliberately physically hurting a child. It might take a variety of different forms, including hitting, biting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

Sexual Abuse occurs when others use and exploit children sexually for their own gratification or gain or the gratification of others. Sexual abuse 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 clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via e-technology). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.

Emotional Abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.

Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, deliberately silencing them, or 'making fun' of what they say or how they communicate. Emotional abuse may involve bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

Neglect is the failure to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter that is likely to result in the serious impairment of a child's health or development. Children who are neglected often also suffer from other types of abuse.

Exploitation⁷ is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, engagement in criminal activity, begging, benefit or other financial fraud or child trafficking. It extends to the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation. Exploitation can be sexual in nature

(ref: Co-operating to Safeguard Children and Young People, DoH, 2017)

⁷ Although 'exploitation' is not included in the categories of registration for the Child Protection Register, professionals should recognise that the abuse resulting from or caused by the exploitation of children and young people can be categorised within the existing CPR categories as children who have been exploited will have suffered from physical abuse, neglect, emotional abuse, sexual abuse or a combination of these forms of abuse.

6.5 NIAS role in safeguarding children and young people:

Co-operating to Safeguard Children and Young People in Northern Ireland , (CtSC) , DoH , 2017) sets out the role of NIAS and Fire and Rescue service safeguarding duty:

'As front-line responders, all emergency services have the potential to come across children who have safeguarding needs. The Northern Ireland Ambulance and Fire and Rescue Services may respond in circumstances where they identify a vulnerable child, or a child in need of protection. All staff and volunteers acting as front-line responders in these emergency services should be alert to the signs of harm and abuse, and know when and how to refer concerns about a child's welfare to a HSCT Gateway Service, taking immediate protective action when required'.

(CtSC, 3.7, DoH, 2017)

6.6 Child abuse and neglect is investigated in a multi-agency basis and NIAS staff will be supported in assessing and referring these situations by NIAS managers and safeguarding staff (see procedures for further information) All children and young people should be informed and their views sought in any safeguarding interventions but if at risk, decisions may be taken to safeguard them and to promote their welfare by making a referral.

6.7 Referrals and recording :

The NIAS referral processes were reviewed in 2021 in conjunction with the HSCT's and the HSCB. NIAS personnel make safeguarding referrals for adults and children through the appropriate HSC Trust's social work adult safeguarding teams / child protection gateway services and the regional emergency out-of-hours social workers. NIAS adhere to all regional safeguarding legislative and policy guidance and referrals are made to the Health and Social Care Trusts and / or the PSNI on a 24/7 basis. All NIAS safeguarding and 'welfare' referrals will be appropriately recorded as per NIAS guidance, and will be shared confidentially, within current GDPR requirements. Detailed guidance on the referral and follow-up process is provided for staff in the updated NIAS safeguarding and welfare procedures (see NIAS safeguarding and welfare procedures 2021⁸).

7.0 Safeguarding allegations against NIAS staff or agency representatives:

7.1 NIAS staff will be trained and given guidance and support on how to safely interact with patients and vulnerable members of the public and what may happen if a safeguarding allegation is made against them. NIAS will investigate the matter without prejudice and will have to contact other relevant agencies, as per the Protection of Children and Vulnerable Adults (NI) Order 2003. Please see the NIAS disciplinary policy and other relevant HR procedures for further information.

8.0 IMPLEMENTATION OF THE POLICY

⁸ NIAS Safeguarding (and Welfare) Procedures and Referral Pathways 2021

8.1 Dissemination

- 8.1.1 The publication of this policy will be disseminated to all members of staff. Any related updated policies and referral pathways guidance will also be widely shared.

8.2 Resources

The NIAS Head of Safeguarding will ensure governance of this policy and accompanying procedures and guidance. He / She will monitor the use of sufficient resources to support good safeguarding practice within NIAS. The Head of Safeguarding shall work with all other NIAS directorates to provide effective safeguarding practice and monitor its effectiveness in line with best clinical practice.

8.3 Exceptions

- 8.4 Section 2.0 details all areas where the policy is to apply. This is to note any area that has been noted as exempt because it is currently unable to comply with or implement the policy.

9.0 MONITORING

9.1 The number of safeguarding incidents and referrals (including UIR1s) involving NIAS will be monitored by the Head of Safeguarding and the Risk Manager to ensure best practice. In addition to regular reporting and providing assurance to the Trust Board that NIAS has robust safeguarding arrangements, the Trust will be subject to inspection by the Regulation, Quality and Improvement Authority and will continually provide assurance to commissioners that safeguarding policies and practice meet regional requirements.

9.2 The Strategic Learning Review Group will share lessons learned from Case Management Reviews (CMR's) Adult Safeguarding Reviews, SAI's and Complaints which are deemed by the Head of Safeguarding and the Risk Manager to be relevant for wider Trust learning.

9.3 This information will then be disseminated to staff (when relevant) through divisional team meetings, newsletters, website and clinical bulletins. Training and Education will also be informed to ensure up-to-date staff learning and development.

9.4 Action plans from Individual Management Reviews will be monitored at the Safeguarding Forum and Clinical Governance Group and where required will be escalated to the Quality Governance Committee

10.0 REFERENCES

- *Adult Safeguarding Prevention and Protection in Partnership* published jointly by the Department of Justice and Department of Health in 2015
- Adult Safeguarding Operational Procedures: Adults at risk of harm and adults in need of protection (HSCB, 2016)
- Association of Ambulance Chief Executives: *Clinical Practice Guidelines*, JRCALC, 2019
- Children (Northern Ireland) Order 1995, Belfast , HMSO
- Children's Services Co-operation Act (Northern Ireland) 2015
- Department of Health 2017 '*Co-operating to Safeguard Children and Young People in Northern Ireland.*' , DoH, 2017
- Family Homes and Domestic Violence (NI) Order 1998
- Mental Health Order (NI) 1986, Belfast, HMSO
- Mental Capacity Act (NI) , 2016 , Belfast: HMSO
- NIAS (draft) Safeguarding (and Welfare) Procedures and Referral Pathways 2020, *
- Police and Criminal Evidence (NI) Order 1989
- Protocol for the Joint Investigation of Adult Safeguarding (NIASP, 2016)
- Protocol for Joint Investigation by Social Workers and Police Officers of alleged and suspected cases of Child Abuse - Northern Ireland (PSNI, HSC, 2018)
- Public Interest Disclosure (NI) Order 1998
- Regional Core Child Protection Policies and Procedures for N. Ireland, SBNI (2018)
- Regional Implementation Policy on the Operation of the Place of Safety and Conveyance to Hospital under the Mental Health (NI) Order 1986 (Dec 2019)
- Safeguarding Vulnerable Groups (Northern Ireland) Order 2007
- The *Human Rights Act 1998* can be accessed at:<http://www.legislation.gov.uk/ukpga/1998/42/contents>
- The *UN Convention on the Rights of Persons with Disabilities*, the *UN Convention on the Elimination of Discrimination Against Women (CEDAW)*, and the *EU Istanbul Convention* on domestic and sexual violence against women 4

11.0 CONSULTATION PROCESS

- 11.1 Include a list of those groupings consulted in the development of this policy, e.g. Trade Unions, Specialist Committees, User groups, Section 75 groups.
- In the development of the Safeguarding procedure and early policy development, a range of staff were consulted – it was issued to the Safety Quality, Patient Experience and Performance Committee, it was circulated to Trade Union representatives, and it was circulated to Operational Managers.

12.0 APPENDICES / ATTACHMENTS

- 12.1 TBC

13.0 EQUALITY STATEMENT

13.1 In line with duties under Section 75 of the Northern Ireland Act 1998; Targeting Social Need Initiative; Disability Discrimination Act 1995 and the Human Rights Act 1998, an initial screening exercise, to ascertain if this policy should be subject to a full impact assessment, has been carried out.

10.2 The outcome of the screening exercise for this policy is:

- Major impact
- Minor impact
- No impact.

11.0 SIGNATORIES

Lead Author Date: _____

Lead Director Date: _____

