



Safeguarding Children and Young People Policy and Procedures

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The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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The East of England Ambulance Service NHS Trust is committed to protecting, safeguarding and promoting the welfare of all people using Trust services

1.0 Policy Statement

This policy document supersedes any previously identified policy for safeguarding within the Trust.

All healthcare organisations have a duty outlined in legislation to make arrangements to safeguard and cooperate with other agencies to protect individual children and young people from harm, abuse or neglect

(Intercollegiate Document 2019)

This East of England Ambulance Service NHS Trust's Safeguarding Children and Young People Policy and Procedure document contain the processes for managing allegations against staff and information sharing guidance, as well as a range of supporting material related to safeguarding and abuse.

This policy outlines the responsibility of the East of England Ambulance Service NHS Trust, as well as all staff, volunteers and commissioned services in safeguarding children and young people.

The policy aims to promote a high standard of awareness and participation in undertaking statutory duties in relation to making provision to protect children who may be at risk.

This document relates to the statutory duties in relation to children and young people. Further guidance for safeguarding adults is contained in the Trust policy for Safeguarding Adults.

Protecting children from harm and promoting their welfare depends on a shared responsibility and effective joint working between different agencies (Working Together to Safeguard Children 2018, 2015, 2013, 2010). NHS Trusts are expected to co-operate with the Local Authority and share responsibility for the effective discharge of its function in safeguarding and promoting the welfare of the children.

2.0 Introduction

The tragic death of Victoria Climbié on the 25th February 2000 and the subsequent Inquiry conducted by Lord Laming reminds every one of the risks from abuse and the ease whereby many individuals and agencies ignore warning signs.

As a result of the Children Act 2004, widespread changes have been implemented in the whole arena of child protection. Section 11 of the act is key to our activities as an ambulance Trust and provides a temperature check on how the Trust are managing safeguarding children and young people that is externally scrutinized by the regions Local Children's Safeguarding Boards.

There are other laws and legislation which shapes safeguarding for children. There are a few listed below. Please note this is not an exhaustive list.

Working together to safeguard children (2018)

A guide to inter-agency working to safeguard and promote the welfare of children.

The Department for Education published an updated version of the key statutory guidance for anyone working with children in England in July 2018. It sets out how organisations and individuals should work together and how practitioners should conduct the assessment of children. This latest guidance updates the previous version published in 2015. There are changes around:

- Referral of allegations against those who work with children – highlighting that “organisation’s and agencies working with children and families should have clear policies for dealing with allegations against people who work with children.
- Local Safeguarding Children Boards (LSCB’s) will be replaced by “Local Safeguarding Partners/arrangements”. Under the new legislation, three safeguarding partners (local authorities, chief officers of police and clinical commissioning groups) must make arrangements to work together with relevant agencies (as they consider to safeguard and protect the welfare of children in the area
- The guidance sets out the process for new national and local reviews. The responsibility for how the system learns the lessons from serious child safeguarding incidents lies at a national level with the Child Safeguarding Practice Review Panel (the Panel) and at local level with the safeguarding partners.
- The guidance replaces the requirement for LSCBs to ensure that child death reviews are undertaken by a child death overview panel (CDOP) with the requirement for “child death review partners” (consisting of local authorities and any clinical commissioning groups for the local area) to make arrangements to review child deaths.

It also incorporates legislation and statutory guidance published over the last two years.
Children and Social Work Act 2017

The Children and Social Work Act 2017 received Royal Assent on 27th April 2017. It mainly applies to England and includes a wide range of provisions relating to support for children in care and care leavers: the welfare and safeguarding of children and regulation on the social work profession.

Safeguarding Vulnerable Groups Act 2006

Established a single body to make decisions about individuals who should be barred from working with children and to maintain a list of these individuals.

Protection of Freedoms Act 2012

Merged the Independent Safeguarding Authority with the Criminal Records Bureau (CRB) to form a single, new, non-departmental public body named the Disclosure and Barring Service (DBS)
Children and Families Act 2014

This act obtained royal assent and became law on 13th March 2014. This outlines key changes the Act makes to the safeguarding and child protection system and services for children and families

Digital Economy Act 2017

Makes it a requirement for providers of internet pornography to prevent access to their material by anybody under the age of 18, and creates an age verification regulator, to publish guidelines about how this should be achieved. The regulator will have the power to fine providers that fail to comply, and require internet service providers to block access to any platform that makes extreme online pornographic material within the UK.

Also requires the Secretary of State to publish a code of practice for social media providers about responding to online bullying and harassment.

Female Genital Mutilation Act 2003

As amended by sections 73 and 74 of the Serious Crime Act 2015, makes provisions for FGM Protection Orders and the legal duty for regulated social care and health professionals and teachers to make a report to the police if a girl under 18 tells them she has gone undergone an act of FGM, or if they observe physical signs that a girl under 18 has undergone FGM.

3.0 Purpose

Trust staff, volunteers and all commissioned services on behalf of the Trust, will ensure that all patients and those members of the community who are considered to be at risk of abuse, are protected and brought to the attention of the relevant authorities/services.

4.0 Trust Responsibilities

The Trust is required to have a Safeguarding Lead responsible for guiding and supporting all Trust staff when dealing with safeguarding children. The Trust is also required to have a Named Professional for Safeguarding.

Under Section 11 of the Children Act 2004 it places a duty on key people and bodies to make arrangements to ensure that their functions are discharged with regard to the need to safeguard, and promote the welfare of children. As part of its responsibility, the Trust Board must have a Named Doctor for Safeguarding, as well as a Board Trust Champion for Safeguarding.

The Trust is also required to have a nominated Named Professional for child protection and equally within that provision to act in respect of Safeguarding adults.

The Named Professional for safeguarding is also the designated manager in respect of supporting allegations against staff. Allegations are investigated in accordance with statutory requirements.

The Trust Board will receive reports either directly or through the Trust Committee structure.

EEAST should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children and young people, including:

- A clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of services;
- A senior board level lead to take leadership responsibility for the organisations safeguarding arrangements.
- A culture of listening to children and wherever possible and practicable for an emergency service, engage with them in a safe environment whilst taking account of their wishes and feelings, both in individual decisions and the development of services;
- Clear whistleblowing procedures, which reflect the principles in Sir Robert Francis's Freedom to Speak up review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed.
- Arrangements which set out clearly the processes for sharing information with other professionals and with the Local Safeguarding Partners. A designated professional lead (or, for health provider organisations, named professionals) for safeguarding. Their role is to support other professionals in their agencies to recognise the needs of the children, including rescue from possible abuse or neglect. Designated professional roles should always be explicitly defined in job descriptions. Professionals should be given sufficient time, funding, supervision and support to fulfill their child welfare and safeguarding responsibilities effectively:
- Safer recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain an enhanced with barred lists disclosure & barring check
- Appropriate supervision and support for staff, including undertaking safeguarding training:
- Employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role
- Staff should be given mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare
- All professionals should have regular reviews of their own practice to ensure they improve over time
- Clear policies in line with those from the Local Authority and Safeguarding Partners for dealing with allegations against people who work with children. Such policies should make

a clear distinction between an allegation, a concern about the quality of care or practice or a complaint.

- Model of safeguarding supervision should be offered to key personnel involved in safeguarding allowing professional challenge and curiosity to develop.

(Working Together to Safeguarding Children WTSC 2018)

Where a Child Safeguarding Practice Review is instigated the safeguarding team will commit to responding when the Ambulance Service has been directly involved. This will be led by the Safeguarding Lead. This will be documented on Datix under the heading Child Safeguarding Practice Review (CSPR) with lessons learned disseminated. Where the CSPR has been commissioned the Safeguarding Lead will determine whether a full Individual Management Report is required and will look for agreement with the CSPR Overview writer as to the panel membership based on the contact with the victims and any associated persons. If the Ambulance Service had no involvement (adopted CSPRs) these will still be read, documented on Datix and any lessons we can take forward to improve the care we give to our patients will be used. These will be reviewed on the Safeguarding teams monthly work plan. This will be tabled at the bi-monthly safeguarding meetings.

Training Levels

EEAST have a legal duty under the Children Act (2004) and the Care Act (2014) to make appropriate arrangements to safeguard and promote the welfare of children, young people and adults, by ensuring all staff from Board to front line and those services contracted by EEAST including volunteers are trained and competent to be alert to the potential indicators of abuse and how to act & report on those concerns in order to fulfil their responsibilities in line with EEAST policies.

All staff should receive the appropriate safeguarding training in line with the adopted best practice guidance from the Royal College of Paediatrics and child health (2019) safeguarding children and young people: roles and competencies for health care staff intercollegiate document for children.

Safeguarding Supervision

Safeguarding supervision is an accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work to achieve agreed outcomes. East of England Ambulance Service has a separate safeguarding supervision policy which can be found on the intranet for further information

5.0 Duties

Accountability for children's and young people's protection is ultimately with the Trust's Chief Executive Officer (CEO). The CEO is responsible for ensuring that the health needs of children and young people are at the forefront of local planning and that high quality health services that meet identified quality standards provided.

The CEO is responsible for ensuring safe and robust operational arrangements in place for safeguarding children in all the services that are provided.

All staff, volunteers and commissioned services have a responsibility to read, understand their legal responsibility and to adhere to the requirements of this policy, and to maintain an up to date knowledge of current practice in both children and young people safeguarding.

In supporting the responsibilities as set out in this document, the Trust should, through its safeguarding team, keep itself and all staff up to date by means of both its statutory safeguarding training requirements, and the regular dissemination of information as a result of changes in legislation, new practice and recommendations from Child Safeguarding Practice Review (CSPR's).

All staff, volunteers and commissioned services must share the Trust's commitment to **protect, safeguard and promote the welfare of children and young people.**

All staff, volunteers and commissioned services who have access by phone or in person to family homes and other locations, or may be involved with individuals at a time of crisis, are in a position to identify initial concerns regarding a child or young person's welfare.

As well as understanding abuse and the indicators of abuse, it is essential that staff both understand and recognise those children and young people that they come into contact with, who are at risk. Recognising vulnerability itself is a key element in identifying that a person is being abused.

All staff, volunteers and commissioned services have a specific responsibility to share concerns that they become aware of.

Staff, volunteers and commissioned services may on occasions be required to co-operate further with other agencies with their investigations or enquiries where requested. This may involve making statements and / or being involved in information sharing, rapid response or strategy meetings. These processes involve the Local Authority and in some cases the Police in investigating concerns and criminal behaviour.

The Ambulance service has a statutory duty to work in partnership with and be an active member of all Local Safeguarding Partners within the Trust geographical area and to participate in relevant work streams and investigations when requested.

When reviewing Trust policy, to ensure best practice, the Trust will utilise relevant Local Safeguarding Partners policies from the Eastern region.

The safeguarding team will make every effort to ensure that staff, volunteers and commissioned services when making referrals receive feedback from Social Care and/or the GP as appropriate where outcomes have been identified to the Trust.

6.0 Staff Conduct

All Trust staff (regardless of position within the Trust), any volunteer, commissioned service or person associated with delivering services on behalf of the Trust, must not have acted in a way that breaches any of the following:

- Behaved in a way that has harmed, or may harm, a child, young person or adult.
- Possibly committed a criminal offence against, or related to, a child, young person or adult
- Behaved towards a child, young person or adult, that may indicate s/he is unsuitable to work in a position of Trust

Any member of staff identified either within their work or as a consequence of actions within their personal life will be subject to Trust disciplinary procedures, Local Authority Designated Officer (LADO) investigation (child and young person cases), criminal investigation and as appropriate investigation from their registering body (examples such as the General Medical Council (GMC), Nursing & Midwifery Council (NMC) or Health Care Professionals Council (HCPC).

The Trust has a legal duty to work with the Local Authority Designated Officers (LADO) from the relevant Local Safeguarding Partnership locality and the local Police force to investigate incidents and allegations and to take due note of recommendations made by the LADO regarding further/appropriate action relating to staff members outcomes and continue employment.

Identification of such incidents can come from various sources. The Trust will take due regard of all allegations and working within the required multi-agency agreements, consider recommendations and actions necessary from all safeguarding professionals to protect vulnerable people. This can/may include a member of staff being suspended, dismissed from the Trust and a Disclosure and Barring Service (DBS) referral made.

Employers may seek the advice of the LADO where an employee's behavior is a matter for concern to his/her manager because it compromises, or may seem to compromise the reputation and the ability of the organisation to safeguard children and young people. Some examples of such behavior may be where an individual has:

- Contravened or continued to contravene any safe practice guidance given by his/her organisation or regulatory body
- Exploited or abused a position of power/trust
- Acted in an irresponsible manner which any reasonable person would find alarming or questionable given the nature of work undertaken
- Demonstrated a failure to understand or appreciate how his/her own actions or those of others could adversely impact upon the safety and well-being of a child
- Demonstrated an inability to make sound professional judgements which safeguard the welfare of children
- This behavior does not only apply in the work setting. This applies in his/her personal life.

7.0 General Principles

The East of England Ambulance Service NHS Trust is committed to protecting, safeguarding and promoting the welfare of children and young people and there is a considerable amount of legislation and guidance to inform and direct that commitment.

The safeguarding agenda is rapidly changing and growing and there is an increasing number of facets which link very closely to the overarching definition and our understanding of abuse. This policy and its appendices identify a range of situations and known facets of abuse that staff may come into contact within their professional duties.

- A child is defined as anybody that has not yet reached his or her eighteenth birthday (*Children Act 1989*)
- All NHS Trusts are required to have in place policies and procedures to effectively respond to known or suspected abuse in both children and young people.

8.0 Disclosure and Barring Service

The East of England Ambulance Service NHS Trust has in place relevant 'safer recruitment' policies, procedures and guidance. All staff who are exempt from the Rehabilitation of Offenders Act 1974, for example those who provide direct services to children, are subject to enhanced Disclosure and Barring (DBS) checks. The Trust Human Resources policies and procedures provide support and guidance to the whole Trust on processes relating to recruitment, disciplinary procedures and the dismissal/ending of an employee's contract.

9.0 Specific Issues relating to Safeguarding

Children defined as having special needs have particular requirements because of their psychological and/or medical difficulties. For example, deaf or autistic children may demonstrate challenging behaviour, which may or may not be as a result of abuse.

It is essential that concerns are shared.

Call the Trust Single Point of Contact (SPOC)

0345 602 6856

Section 1 - Safeguarding and Child Protection

1.0 Introduction

Safeguarding children is defined in Working Together 2018, 2015, 2013, 2010 as:

- Protecting children from maltreatment
- Preventing impairment of child’s health and development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Enabling children to have optimum life chances and to enter adulthood successfully.

2.0 General Principles

- A child is defined as anybody that has not yet reached their eighteenth birthday. However there are special circumstances where the age is extended beyond this as for example children with disabilities and looked after children.
- All NHS Trusts are required to have in place policies and procedures to effectively respond to known or suspected abuse in children and young people.
- Child protection is part of safeguarding and promoting welfare and refers to the activity, which is undertaken to protect children who are suffering or are likely to suffer significant harm.

3.0 Definition of Abuse

Abuse’ is a violation of an individual’s human and civil rights by any other person or persons and can take many different forms. It can relate to a single act or repeated acts.

Abuse also falls into different patterns:

- **Long-term** – for instance, an on-going family situation such as domestic violence between spouses or generations or misuse of benefits
- **Opportunistic** - such as theft occurring because money has been left lying around; sexual abuse can also be opportunistic
- **Serial** - in which the perpetrator seeks out and grooms vulnerable individuals, one after another, for personal gain or exploitation. Sexual abuse usually falls into this pattern as do some forms of financial abuse.
- **Situational** - comes from external circumstances; it could arise, for instance, because unrelated pressures have built up or because of challenging behaviour

Abusive acts can take place anywhere - there is no such thing as “an assumed safe place” – and any individual may be an abuser.

4.0 Types of Abuse

It should be noted that in many situations different types of abuse can be inextricably linked, an example of this being *Internet* and *Sexual* abuse. Likewise some forms of abuse, for example *Financial* or *Discriminatory* tend to be confined to one specific group, in this case to adults at risk. There are the more familiar (statutory defined) types of abuse as listed below, as well as abuse patterns and types which have developed in specific areas, or in recent years. All types

of abuse are described in greater detail in the Trust’s Safeguarding Support Document, and with specific reference in the following appendices of this Policy and Procedure Document. The statutory types of abuse are:

- ***Physical Abuse and Fabricated Induced Illness***
- ***Emotional or Psychological Abuse***
- ***Sexual Abuse (this includes CSA/CSE)***
- ***Neglect and acts of Omission***

Whilst the above give a general view of the commonly recognised ‘types’ of abuse the Trust recognises the following additions to the types of abuse perpetrated on children who may be at risk;

- Discriminatory Abuse/Hate Crime/Mate Crime
- Migrant Abuse and Human Trafficking
- Internet Abuse
- Forced Marriage
- Domestic Abuse/Violence
- Concealed Pregnancy
- Female Genital Mutilation
- Prevent Strategy and Violent Extremism
- Sexual Exploitation
- Institutional
- Fabricated Induced Illness
- Toxic Trio

For further information on the types of abuse listed above, please refer to the Safeguarding Support Documentation - EAST24 Safeguarding

5.0 Staff Responsibilities

All staff, volunteers and commissioned services in the Trust have a legal responsibility to share any concerns they may have, or they may become aware of when acting on behalf of the Trust.

When something ‘just does not seem right’, all staff, volunteers and commissioned services must share their concerns using the SPOC Trust referral pathway. The key principles underlining the approach and actions to protect those involved are;

- Any child or young person can be at risk and has a right to protection from abuse.
- A multi-agency approach is the most effective response in dealing with any issue of safeguarding or child protection.
- The legal duty of investigation sits with the Local Authority, Police and NSPCC; these agencies must be supplied with any information that may indicate a child/young person may be at risk of abuse.

Everyone has a responsibility:

- to listen to the person telling you about the abuse
- to ensure the child's safety and your own safety and any other children or adult at risk who may be at risk
- to refer concerns or suspicions via the Trust referral pathway to the Local Authority and person's GP



Section 2 - Child Protection and Whistleblowing (raising concerns)

1.0 Introduction

All children deserve the opportunity to achieve their full potential. They should be enabled to:

- be as physically and mentally healthy as possible
- receive maximum benefit from educational opportunities
- live in a safe environment
- experience emotional well-being
- feel loved and valued
- become competent in looking after themselves
- have a positive image of themselves
- have opportunities to develop good interpersonal skills and confidence.

Section 10(2) of the Children Act 2004 underpins these ideals and additionally sets out five outcomes for improving the wellbeing of children, namely:

- Physical and mental health and emotional wellbeing (stay safe)
- Protection from harm and neglect (be healthy)
- Education, training and recreation (enjoy and achieve)
- Making a positive contribution to society; and
- Social and economic wellbeing

2.0 Significant Harm

The Children Act (1989) introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of the children. The Local Authority is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm (*section 47; Children Act 1989*).

There are no absolute criteria on which to rely upon when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse, the extent of premeditation and the degree of threat and/or coercion.

Some children may be suffering, or at risk of suffering, significant harm, either as a result of a deliberate act, or a failure on the part of the parent or carer to act to provide proper care of the child. These children need to be made safe from harm as well as their other needs being met.

Children may be abused in a family or in an institutional or community setting; by those known to them or more rarely, by a stranger.

3.0 Who is vulnerable to abuse?

Although any child can be perpetrated on by an abuser, there are some groups of children who may be particularly vulnerable. These include children with learning disabilities, severe physical illness or sensory impairments. Sources of stress within families may have a negative impact on a child's health, development or well-being, either directly or because they affect the capacity of parents to respond to their child's needs.

Sources of stress may include poverty, social exclusion, domestic abuse, the unstable mental illness of parent or carer, or drug and alcohol misuse. Parents who appear over-anxious about their child when there are signs of illness or injury may be displaying signs of an inability to cope.

Children with learning difficulties and/or special needs have particular needs because of a psychological or medical difficulty. For example, deaf or autistic children may demonstrate challenging behaviour, which may or may not be as a result of abuse. Children with special needs are more likely to be abused.

Looked after children

The definition of looked after children (children in care) is found in the Children Act 1989. A child is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours.

Children in care are 4 times more likely than their peers to have a mental health difficulty. A small proportion of children in care experience further abuse and neglect whilst in care.

4.0 Allegation of abuse by the child

Any allegation of abuse by a child is an important indicator and should always be taken seriously. It is important to note that children may only tell a small part of their experience initially. Adult responses can influence how able a child feels about revealing the full extent of the abuse. This can lead to what is known as disguised compliance (whereby the adult provides a rational explanation which may lead to professionals missing the harm). If abuse is alleged, the adult being told about the abuse must be careful not to ask leading questions.

5.0 If someone tells you they have been abused

Move them to a private place if possible. Providing a safe environment is key and every effort should be made to do so. Let them tell you what happened in their own words. Reassure them that they have done the right thing in telling you about the abuse. Do not ask leading questions as this might affect a subsequent Police enquiry.

Never promise to keep a secret. Tell them as soon as possible that you will have to report to at least one other person, as it is your duty to do this.

Do not talk to anyone who does not need to know about the allegation or suspicion of abuse, not even the witnesses if there were any. By inadvertently telling the alleged abuser for example, you may be later accused of "corrupting evidence" or "alerting."

6.0 Sharing and Referring (Reporting) Concerns

Any allegation or suspicion of abuse must be taken seriously and acted on immediately. Any staff member, volunteers & including commissioned services of the East of England Ambulance Service NHS Trust, or voluntary members of the public who help the Trust deliver our service, and who may come into contact with children and young people have a duty to share, and refer or report concerns regarding suspected abuse.

It is the duty of any person who comes in contact with the child/young to make a safeguarding referral and this should not be left to another agency.

Failure to act might place the victim at greater risk and they may be discouraged from disclosing the same or further details again as they may feel they were not believed. Failure to report suspected or alleged abuse may also put other people at risk.

7.0 Whistleblowing (raising concerns)

The Trust and its staff come into contact with a large number of agencies caring for people and a potentially large number of vulnerable people on a daily basis. It is likely that during a working shift a member of staff could witness a colleague/care provider abusing a child or young person.

Because abuse is a sensitive and difficult area we can be tempted not to take action when we think it has happened or is occurring within our own environment. This may be particularly true when the abuser is a member of staff. However, ignoring our concerns or keeping them "in house" can risk:

- reinforcing abusive behaviour and perhaps putting others at risk
- no action, including support and protection, for all those in the situation
- further misery because distress is not being fully acknowledged
- victims seen as not needing or entitled to care, treatment, support or justice
- perpetuation of a criminal act by the perpetrator

The Trust has a Whistleblowing Policy which sets out the policy, roles and responsibilities of staff and processes involved. The policy is available on the Trust Intranet site.

Section 3 – Trust Procedure for Referring

1.0 Trust Procedures

In the reporting of a suspected case of abuse, the emphasis must be on shared professional responsibility and immediate communication. Attempts must be made to meet the needs of the vulnerable child.

There are a number of ways in which staff may receive information or make observations which suggest that a vulnerable child has been abused or is at risk of harm. Staff will often be the first professional on scene with the family and their actions and recording of information may be crucial to subsequent enquiries.

It is particularly important that other people who may be present should not be informed of a staff member's concerns in circumstances when this may result in a refusal for the child to attend hospital or in any situation where a vulnerable child may be placed at further risk.

Clinical staff should follow the Trust medical process for history-taking, taking particular note of any inconsistency in history and any delay in calling for assistance.

Factual information must include details about the **environment, school details, next of kin** as well as the clinical record of the patient. The record should not contain any comment about suspicions, opinion or conjecture the staff member may have had.

Staff should be aware that a child who is frightened may be reluctant to say what may be the cause of their injury, especially if the person responsible for the abuse is present. It may be helpful to make a note of the child's body language. It is important to stop questioning when suspicions are clarified, avoiding any unnecessary questioning, as this may affect the credibility of subsequent evidence.

It is important to remember other vulnerable children/young people or adults on scene as they will require a SPOC referral as well.

Remember: It is neither your role, nor that of the Trust's to investigate suspicions. The task for Trust staff is to ensure that any suspicion or concern is passed to the appropriate agency, i.e. the Police or the appropriate Local Authority. This should be achieved by following the guidelines below. It is also important to ensure that those to whom care is handed over are also aware, for example A&E staff.

2.0 What to do if staff come into contact with a child being, or having been abused.

If there is another person present and the Trust member of staff is concerned that he or she may be the abuser, the staff member should not let that person know they are suspicious. If the child is conveyed to hospital, ambulance staff should inform a senior member of the A&E department of their concerns about possible abuse. They should detail only factual information on the Patient Care

Record Form (PCR), or the electronic patient care record (ePCR) ensuring that the bottom copy of the PCR is handed over to the A&E staff. They should be careful not to inform the senior member of A&E staff in a way that would alert the alleged abuser or place the child at risk of further abuse or intimidation.

While the wishes of the child, parents, relatives or guardian should be taken into account, if the level of suspicion is high then wherever possible the child should be taken to hospital.

If the child needs to be conveyed to hospital and another person tries to prevent this, staff may need to consider whether to involve the Police. A&E Clinicians should inform the Emergency Operations Centre (EOC) while Non-Emergency Service (NES) staff should inform their own control about the situation, seeking their guidance. **Trust staff must make sure a SPOC referral is made regardless of transportation or Police support.**

Where the child is considered to be in imminent danger the Police should be requested to attend.

3.0 Concerns over people other than patients

It is quite possible that while caring for a patient, ambulance staff may become aware of the possible abuse or neglect of a child in the household. This is perhaps a more difficult situation to manage.

While the patient is the most important focus of the staff member's attention, once the duty of care to the patient has been discharged the clinician must act upon their suspicions and report their concerns about the child to Social Care, using the Trust SPOC referral process.

It is imperative that staff fulfil their statutory duty to refer if they have a concern about a child who may be being abused or neglected.

Where the child is considered to be in imminent danger the Police should be requested to attend.

Unborn babies.

If there is a concern around a pregnant female a separate referral will need to be made for the unborn baby/babies. There may be a flag on the mothers address if there are concerns around the safety of the baby and the crew will need to follow any specific instructions.

In some cases it may be necessary to make a safeguarding referrals for all those living in the family for example; domestic abuse, mental illness in those who are the carer for a child, fabricated or induced illness, FGM (other females in the family), forced marriage etc.

4.0 It is important to understand that failing to act is not an option

If you have a concern or you suspect a child or young person is being abused or neglected you should initially assess whether or not it is safe or appropriate to remain in the situation, or whether to move to a place that this safer.

In these situations it is still essential to raise your concerns (if necessary without consent), and the decision to share information would be considered to be 'in the public interest' (Public Interest Disclosure Act 1998).

If it is obvious that the child or young person concerned wishes to discuss their situation with you, or starts to divulge information that raises your suspicion, staff must listen carefully to what they have to say. It is imperative that the situation remains safe for staff and other professional colleagues, as well as the person divulging the information.

Listen carefully to what they are telling you. If it is appropriate make contemporaneous notes, but remember that you must only document fact (e.g. What, Where, When, Why, How)

- Document what you see and hear
- Do not document opinion or conjecture
- Do not make accusations, either verbally or on paper
- Do not ask any leading questions
- Do not make promises not to take things any further – particularly where children are involved. Staff must make it clear that you might need to share your concerns with other people.

It is important to note that suspicions and concerns do not always relate to the patient that staff have been called to at that time. There are many examples of where concerns have actually been raised about partners, siblings, carers or others at the location.

Remember . if you consider that the child or young person you have a concern about is in imminent danger the Police should be called immediately.

As a professional you still need to make a referral

Even if you have conveyed the child or young person about whom you have a concern to hospital, it is still imperative that you telephone SPOC to make a referral.

0345 602 6856

Once you have recorded your referral on the Trust SPOC system the database will automatically transmit a fax/email copy to the Social Care team and person's GP.

**Enter situation and realise
something is 'just not quite right
here'**



Call SPOC on the Trust referral number

0345 602 6856

**Or through your radio phone (must be in
telephone mode)**

follow their support and advice



Sudden Unexpected Death in Childhood (SUDIC)

Please refer to the following JRCALC Guidelines in respect of the death of a child, including the Sudden Unexpected Death in Infancy Children or Adolescents (SUDICA), Please also refer to Safeguarding Support Document (EAST24 Safeguarding Section)

Definition of an unexpected death of a child

An unexpected death is defined as the death of an infant or child which was not anticipated as a significant possibility for example, 24 hours before the death; or where there was an unexpected collapse or incident leading to or precipitating the events which lead to the death.

As set out the Local Safeguarding Children Boards Regulations 2006, LSCBs are responsible for putting in place procedures for ensuring that there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death.

If the child dies suddenly or unexpectedly at home or in the community, the child must be taken to an Emergency Department rather than a mortuary. **It is good practice, where possible to ensure that no child's body is transported across county boundaries.** In some cases when a child dies at home or in the community, the police may decide that it is not appropriate to move the child's body immediately, for example, because forensic examinations are needed.

Every child who dies deserves the right to have their sudden and unexplained death fully investigated in order that a cause of death can be identified, and homicide excluded. The Police have a key role in the investigation of infant and child deaths, and their prime responsibility is to the child, as well as siblings and any future children who may be born into the family concerned.

Trust staff will need to make a SPOC referral for any deaths in children under the age of 18.

<https://www.eastamb.nhs.uk/performance/safeguarding/JRCALC-Sudden-Infant-Death-Protocol-SID.pdf>

Section 4 – Allegations of Abuse against a Member of Staff

Procedure for Responding to an allegation of abuse against a vulnerable person made against a member of staff working for or on behalf of the Trust

1.0 Staff Conduct

All Trust staff (regardless of position within the Trust), any volunteer, commissioned service or person associated with delivering services on behalf of the Trust, must not act in a way that constitutes any of the following:

- Behave in a way that has harmed, or may harm, a child, young person or adult
- Possibly committed a criminal offence against, or related to, a child, young person or adult
- Behave towards a child, young person or adult in a way that indicates s/he is unsuitable to work in a position of trust.

Any member of staff identified either within their work or as a consequence of actions within their personal life as falling into the above will be subject to Trust disciplinary procedures, LADO investigation (child and young person cases), criminal investigation and as appropriate investigation by their registering body (examples such as the GMC, NMC or HCPC).

Identification of such incidents can come from various sources. The Trust will take due regard of all allegations and work within the required multi-agency agreements, considering recommendations and actions necessary from all safeguarding professionals to protect at risk people. This can/may include a member of staff being suspended and dismissed from the Trust.

2.0 Responding to an allegation made against a member of staff working for or on behalf of the Trust

The procedure contained within this section sets out the role of the Trust and its responsibilities when there is an allegation against a member of staff and also the role of Local Area Designated Officer (LADO)

Working Together to Safeguard Children (2013) states:

‘Children can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse or maltreatment of children by a professional, staff member, foster carer or volunteer must therefore be taken seriously and treated in accordance with consistent procedures. Local Safeguarding Partners (LSP’s) have responsibility for ensuring that there are effective inter-agency procedures in place for dealing with allegations against people who work with children, and for the monitoring and evaluating the effectiveness of those procedures’

The guidance continues by stating that, *‘The scope of inter-agency procedures in this area is not limited to allegations involving significant harm, to a child’*.

In clarifying the above point it is also given to apply in situations where an individual is deemed to have:

- Behaved in a way that has harmed, or may harm, a child
- Possibly committed a criminal offence against, or related to, a child; or
- Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children

Working Together also makes clear that the framework above applies to a wider range of allegations than direct abuse of a child. It also means that the process has to be followed where there is an allegation that might indicate that the alleged perpetrator is unsuitable to work with children in his or her present position, or in any capacity.

3.0 Local Area Designated Officer (LADO)

Each county or unitary authority has at least one Local Area Designated Officer (LADO). Their overarching role is to see that cases and their progress are monitored effectively and to ensure that they are dealt with in a timely fashion, and that the process is fair, consistent and thorough.

4.0 What does this mean for the Trust?

The Trust takes any allegations against staff that are brought to its attention very seriously. The Trust has a statutory responsibility to safeguard and promote the welfare of children, young people and adults at risk.

It also means that the process has to be followed where there is an allegation that might indicate that the alleged perpetrator is unsuitable to work with adults in his or her present position, or in any capacity.

There could be a number of strands to an investigation, including:

- A Police investigation of a possible criminal offence
- Trust internal disciplinary investigation
- Enquiries and assessment by Adult Social Care about whether the adult is in need of protection or in need of services
- Serious Incident (SI) investigation
- Parallel investigations by other agencies
- Serious Case review by the Local Safeguarding Partners (LSP's).

There are a range of situations outside of obvious and direct abuse whereby procedures need to be instigated. For example; through whistleblowing or where information comes to light that an individual is or has been investigated by the Police in relation to accessing

inappropriate websites (involving children) and/or downloading inappropriate/indecent images or materials.

It is also given to mean situations where, as an individual's employer we become aware that the individual may be implicated, or that there may be an allegation against the individual, in a situation – as listed above - outside of their employment with the EEAST which may bring into question the individual's suitability to work with children, young people or vulnerable adults.

5.0 Carrying out enquiries

Local authorities **must** make enquiries, or ensure others do so, if it reasonably suspects a child or young person is, or is at risk of, being abused or neglected. An enquiry is the action taken or instigated by the Local Authority in response to a concern that abuse may be taking place.

An Enquiry could range from a conversation with the individual who is the subject of the concern to a much more formal multi-agency arrangement (Section 47)

The purpose of the enquiry is to decide whether or not the Local Authority or another organisation, or person, should do something to protect the individual from any actual or risk of abuse or neglect. If the LA decides another organisation should take action, for example a provider, then the LA should be clear on the timescales and the need to know the outcomes of the enquiry.

What happens as a result of an enquiry should reflect the individual's wishes whenever possible, and be in their best interests if they are not able to make the decision, and be proportionate to the level of concern.

If a crime is suspected then Police should be informed and the Police will be under a duty to investigate. This may be in circumstances when the individual does not want this.

The objectives of an enquiry into abuse or neglect are to:

- Establish facts
- Ascertain the individual's views and wishes and seek consent
- Assess the needs of the child for protection, support and redress
- Make decisions as to what follow-up action should be taken with regard to the person responsible, or the organization, for the abuse and neglect.

6.0 Manager Responsibilities

Upon receipt of information regarding an allegation against an individual, action will be initiated as per the Trust's Disciplinary Policy (Managing Conduct and Performance).

If you are not sure if the allegation is relevant to safeguarding then please contact the Trust's Named Professional for Safeguarding/Safeguarding Lead for advice. See the Trust Directory for contact details.

The Trust has responsibility for the welfare of any staff member against whom an allegation is made. In all such instances, the individual member of staff will be offered the support of a Welfare Officer.

7.0 Named Professional for Safeguarding

The Named Professional for Safeguarding is the Manager with responsibility for ensuring that allegations against staff are investigated, specifically in relation to the protection of children as per Working Together 2013 and provides the link between the Trust, particularly the appointed LADO/Local Authority and others involved in the Investigation.

They will be able to provide advice on the specific processes involved in investigating an allegation against a member of staff, particularly in relation to the interaction with the relevant LADO/LA.

The Trust, normally through the Named Professional for Safeguarding should inform the relevant LADO – as per Working Together 2013 – within 24 hours of initial notification. (The duty LADO can be accessed via the relevant children’s out of hours or in hours services).

The Named Professional for Safeguarding will attend the initial strategy meeting and any subsequent strategy meetings convened by the LADO and will liaise between the following agencies and key people;

- Trust Human Resources
- The Safeguarding Lead
- Trust Investigating Officer
- The Police
- Local Area Designated Officer
- Other relevant agencies – as appropriate

8.0 Action to be taken

This procedure should be applied when an allegation or concern has been made against any member of Trust staff including volunteers and sub-contractors who works with, or might come into contact with children or young people, or vulnerable adults and in doing so may have:

- Behaved in a way that has harmed, or may harm, a child, young person or adult at risk
- Possibly committed a criminal offence against, or related to, a child, young person or adult who may be at risk
- Behaved towards a child, young person or adult who may be at risk, their behaviour would be such that it would indicate s/he is unsuitable to work in a position of Trust

However, the scope of this procedure is not just limited to allegations involving significant harm, or risk of significant harm to a child, young person or vulnerable adult. It should also

be followed in other situations, as laid out below, all of which should be seen to be followed up in an objective manner.

Some examples of times when this multi-agency investigation system will be instigated are:

- An allegation made directly by a child young person or adult
- An allegation made by a colleague
- Information from Police
- Information from a third party
- Concerns generated through an employment relationship
- Contravened safe practice
- Exploited position of power
- Acted in an irresponsible manner
- Has demonstrated a failure to understand or appreciate how his/her own actions impact on the safety of a child, young person or adult
- Has demonstrated an inability to make sound professional judgement
- Failure to follow policy
- Failure to understand or recognise the need for clear personal and professional boundaries
- Behaved in a way in his/her personal life which could put children, young person or adult at risk
- Become the subject to a Police prosecution
- Become subject to enquiries under local safeguarding procedures
- Behave in a way that seriously undermines the trust and confidence placed in him/her by employer
- What is constituted as appropriate or inappropriate behaviour will vary dependent upon the context and nature of the work undertaken.

9.0 Notification and Initial Response

Allegations may arise from a number of sources, both internally and externally. In the case of an allegation received from the Police or LADO, the first point of contact will normally be the Trust's Named Doctor or Named Professional for Safeguarding. It is the responsibility of the person receiving the information to evoke the above guidance with immediate effect.

At the same time if the Trust is made aware of an allegation internally the Named Professional for Safeguarding **must be notified immediately**, along with a representative from Human Resources. Depending on the seriousness of the allegation either the Police (if not already done so) or relevant LADO should be notified as soon as possible.

In the initial stages it is important that staff or managers **do not** undertake any enquiries or seek to determine whether the allegation may be true or not. The Police and/or Local Authority may have primacy in terms of any initial investigation.

There may be situations where the allegation or concern is such that immediate action needs to be taken to ensure the safety of a child, young person or vulnerable adult. Such action should be taken in line with the Trust's Safeguarding and Disciplinary Policies. Action might include a decision to suspend the member of staff as per the Trust's disciplinary policy and actions to preserve potential sources of evidence (for example mobile phones or computers).

Where it is considered that there is an immediate risk to a child, young person, vulnerable adult or others the Police should be notified immediately, either via EOC or by the 999 system.

In the event that a member of Trust staff is made aware of an allegation against a person from another organisation, advice should be sought from the Named Professional for Safeguarding. Where necessary, this information will be reported to the relevant area LADO or Police depending on its severity.

10.0 Documentation and Record Keeping

It is imperative that any member of staff receiving details of an allegation or concern documents as much detail as possible. The information documented must be factual in relation to what has been said or heard, and should as a minimum record **when** the allegation was made, to **whom** the allegation was made and where possible be contemporaneous. It should be signed by the person receiving the allegation, timed and dated. Where the allegation is made face-to-face, the record should similarly be signed by the person making/relaying the allegation. Where this is not the case, written verification should be requested. Any records should be securely held for future reference.

All relevant documentation should be collated by the Named Professional for Safeguarding or manager receiving the allegation and stored securely. The Named Professional for Safeguarding will be able to provide advice on documenting information as appropriate. If it is not appropriate for the person receiving the allegation to obtain any notification of the allegation made, it will then fall to the Named Professional for Safeguarding to advise on appropriate advice prior to contacting the LADO/LA

All managers actively involved in the Trust response to an allegation against a member of staff should maintain an up to date chronology of events in relation to their own activity in the case.

11.0 Investigation

The relevant LADO/LA **MUST** be informed of any allegation within one working day of it being received. Each area operates an 'on call' system for its LADOs, the numbers of which are held by the Safeguarding team.

Where the staff member concerned is not aware of the allegation against them, and subject to the seriousness and potential need for immediate action by the Trust, no contact should be made with them until there has been an initial consultation with the LADO/LA.

Where it is decided that a multi-agency strategy meeting is to be held the Trust will take advice from, and agree with the LADO/LA what action, if any, needs to be taken in respect to the staff member(s) concerned at that time.

In some circumstances it may be appropriate that no action is taken until such time that the multi-agency strategy meeting has been held. There will be other times when it is deemed necessary to take immediate action, for example to safeguard an at risk child or vulnerable adult.

Consideration of suspension must be in line with the Trust Disciplinary Policy (Managing Conduct and Performance)

The Named Professional for Safeguarding overseeing the process is responsible for ensuring that the following people have been informed:

The Director of Clinical Quality or Gold on call

The Named Doctor

The staff member's General Manager or Silver on call

Senior member of Human Resources (HR).

Timing of the notification above will vary depending on where the information has originated, and upon the severity of the allegation.

12.0 Referrals

There may be situations where in addition to the initial actions documented above it is appropriate to make a formal referral to Children's Social Care.

Consideration should be given at an early stage as to whether the HCPC/MNC/GMC and DBS referral or any other professional body needs to be informed.

13.0 Confidentiality

Allegations or concerns of the nature being outlined can give rise to anxieties for staff member concerned and the person(s) that are the alleged victims. Confidentiality is key and should only be shared with those who have a legitimate right to know about the allegation.

14.0 Strategy Meetings

In the majority of cases an initial multi-agency strategy meeting will be called. Essentially, this is an 'information sharing' meeting and is convened by the Local Authority (LA) and will be attended by representatives from the staff member's employer, the Police, Social Care and the Local Authority, including the LADO. It is normally chaired by a member of the LA or the LADO.

Other relevant agencies may also be invited to attend. All agencies will share the information they have at that stage about the allegation, chronology of events, the background and

employment history of the person who is the subject of the allegation, as well as information about the alleged victim.

In instances where the allegations give rise to a Police interview, the Police are at liberty to request any relevant details from the employer about the individuals concerned. It is important that this is achieved at an early stage in order that the Police and Crown Prosecution Service (CPS) can progress the case.

The multi-agency strategy meeting will provide a forum for the Trust to be informed of events/outcomes and consider what actions may or may not be required. It may be a recommendation from this forum to suspend or temporarily redeploy a member of staff to a role that is closely supervised or no direct work with the public. **It is however important to stress that the decision on what action needs to be taken lies wholly with the Trust.** The multi-agency strategy meeting can only provide advice on what action they would consider appropriate in the circumstances.

If there is to be a Police investigation it is likely that further strategy meetings will be planned.

The Trust will be mindful of advice from the multi-agency strategy meeting and/or Police in making a decision regarding the undertaking of an internal investigation. The Trust would not normally undertake its own disciplinary investigation when advised that this could hinder any potential Police investigation and/or potential prosecution.

The Police have a responsibility to inform the LADO/LA and employer as soon as they have completed their investigation. This informs the Trust that either the person(s) have been charged, that no prosecution is being pursued, or that they have decided to close the investigation. When no further criminal proceedings are being taken the LADO/LA will discuss with the Trust in liaison with its Human Resources Department whether any further action is appropriate, and if so how to proceed. Information provided by the Police and Children's Social Care should assist in this process.

At the conclusion of any external investigation a final multi-agency strategy meeting should take place to review the case. At this point the allegation will also be categorised 'substantiated' or 'unsubstantiated' and any further actions planned. The Local Safeguarding Partners should be made aware of the case at an early stage and at this point the conclusion and any issues raised should be shared with the LSP's. It is also an opportunity for the Trust to consider any lessons learnt in respect to the management of the case, risk management or training needs the case may have identified.

Media interest can be generated when these situations become public knowledge. Following LADO/LA liaison with the Trust's Communication lead, agreement should be reached at the multi-agency strategy meeting as to whether or not a joint media strategy/briefing paper should be prepared in case there is media interest.

15.0 Trust Investigation and Outcomes

The Trust will be mindful of advice from the multi-agency strategy meeting and/or Police in making a decision regarding the timing of the undertaking of an internal investigation. The Trust would not normally undertake its own disciplinary investigation until a later point in time when advised that commencing the investigation earlier could hinder any potential Police investigation and/or potential prosecution. Any such internal investigation would be undertaken in accordance with the Trust's Disciplinary Policy (Managing Conduct and Performance).

The Trust should keep in contact with the Police so they can monitor progress of any external investigation and subsequent action including any convictions.

On conclusion of the disciplinary process, the LADO/LA should be informed of the outcome. In situations where the individual has harmed a child, young person or vulnerable adult, or is considered to pose a risk of harm to children, young person or vulnerable adult, a referral to the Disclosure and Barring Service and/or any regulatory body is required. If this is the case the referral should be made within one month (*Working Together 2013*), this is the duty of the Human Resources (HR) lead in the individual case.

Support to staff involved in this process should be in line with Trust procedures and a welfare officer assigned to work with the member of staff.

16.0 Disclosure and Barring Service referrals

The Trust has a duty to share intelligence regarding issues with staff. The legislation stipulates that a referral to the Disclosure and Barring Services must be made regardless of the outcome of the Trust investigation

Section 5 – Information Sharing

1.0 Introduction

It is essential that all agencies work together and share information. Using an agreed protocol strengthens the processes for safeguarding and promoting the welfare of at risk groups from abuse. It is only when all agencies share the information they hold that a full picture emerges upon which to reach decisions and determine a plan of action to minimise the risk of harm to at risk groups from abuse.

Safeguarding and promoting the welfare of children must always be the primary consideration. It should over-ride any perceived risk of damaging the relationship between professional and their client/patient.

Information sharing is vital to safeguarding and promoting the welfare of children from abuse. **A key factor in many serious case reviews has been a failure to record information, to share it, to understand the significance of the information shared, and to take appropriate action in relation to known or suspected abuse.**

In some situations staff are aware of the duty to share information but uncertainty about when they can do so lawfully can often occur. This guidance aims to provide clarity on that issue. It is important that staff:

- are supported by the Trust in working through these issues
- understand what information is and is not confidential, and the need in some circumstances to make a judgment about whether confidential information can be shared, in the public interest, without consent
- understand and apply good practice in sharing information at an early stage as part of preventative work
- are clear that information can normally be shared where you judge that a child or young person is at risk of significant harm or that an adult is at risk of serious harm.
- consult with Trust Caldicott Guardian when appropriate.

2.0 Purpose and Principles

Sharing information is an intrinsic part of any frontline practitioners' job when working with children and young people. The decisions about how much information to share, with whom and when, can have a profound impact on individuals' lives. Information sharing helps to ensure that an individual receives the right services at the right time and prevents a need from becoming more acute and difficult to meet.

Poor or non-existent information sharing is a factor repeatedly identified as an issue in Serious Case Reviews (SCRs) carried out following the death of or serious injury to, a child. In some situations, sharing information can be the difference between life and death.

Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect. Every practitioner must take responsibility for sharing the information they hold, and cannot assume that someone else will pass on information, which may be critical to keeping a child safe.

Professor Munro's review of child protection concluded the need to move towards a child protection system with less central prescription and interference, where we place greater trust in, and responsibility on, skilled practitioners at the frontline. Those skilled practitioners are in the best position to use their professional judgement about when to share information with colleagues working within the same organisation, as well as with those working within other organisations, in order to provide effective early help, to promote their welfare, and to keep children safe from harm.

Lord Laming emphasised that the safety and welfare of children is of paramount importance and highlighted the importance of practitioners feeling confident about when and how information can be legally shared. He recommended that all staff in every service, from frontline practitioners to managers in statutory services and the voluntary sector should understand the circumstances in which they may lawfully share information, and that it is in the public interest to prioritise the safety and welfare of children.

This guidance has been updated to reflect the General Data Protection Regulation (GDPR) and Data Protection Act 2018, and it supersedes the HM Government *Information sharing: guidance for practitioners and managers* published in March 2015.

A basic principle of the GDPR and the Data Protection Act 2018 is that there has to be a 'legitimate basis' for disclosing sensitive personal data. Research and experience have shown repeatedly that keeping children and young people safe from harm requires professionals and others to share information:

- About a child's health and development and exposure to possible harm
- About a parent/carer who may not be able to care for a child adequately or safely
- About those who may pose a risk of harm to the child

In cases of domestic abuse:

- Where there are children under the age of 18 years resident in the household or where there are adults considered at risk
- Where a person is pregnant

In broad terms therefore, sharing sensitive personal information can be legitimate because often it is only when information from a number of sources has been shared and put together that it becomes clear that a child or young person is at risk of or is suffering harm. The Trust subscribes to the overriding principle that the needs and rights of children and young people come first. It is worth bearing in mind those enquiries following deaths, domestic homicides and

other situations where practice has been called into question have repeatedly identified the failure to share information as a contributory factor.

It is critical that where there is reasonable cause to believe that a child or young person may be suffering or may be at risk of suffering significant harm, concerns should be referred to Social Care or the Police in line with the Trust Safeguarding Policy, contacting SPOC on 0345 602 6856.

If there is uncertainty as to whether what has occurred gives rise to ‘a reasonable cause to believe’ in these situations, the concern must not be ignored. Staff should always talk to someone to help them decide what to do – the Safeguarding Team, or Duty Manager/Leading Operations Manager (LOM) or Clinical Advice Line.

Where a staff member has concerns that the actions of some may place children at risk of significant harm, it may be possible to justify sharing information with or without consent for the purposes of identifying people for whom preventative interventions are appropriate.

Significant harm to children and young people is not restricted to cases of extreme physical violence. For example, the cumulative effect of repeated abuse or threatening behaviour may well constitute a risk of serious harm to a child.

3.0 Sharing information without consent

If a child or young person does not agree to disclosure, there are still circumstances in which you should disclose information:

- When there is an overriding public interest in the disclosure
- When you judge that the disclosure is in the best interests of the child or young person who does not have the maturity, mental capacity or understanding to make a decision about disclosure
- When disclosure is required by law

The General Data Protection Regulation (GDPR) and the Data Protection Act 2018 introduce 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 place greater significance on organisations being transparent and accountable in relation to their use of data. All organisations handling personal data need to have comprehensive and proportionate arrangements for collecting, storing, and sharing information.

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.

To effectively share information:

- all practitioners should be confident of the processing conditions, which allow them to store, and share, the information that they need to carry out their safeguarding role. Information

which is relevant to safeguarding will often be data which is considered 'special category personal data' meaning it is sensitive and personal

- where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 includes 'safeguarding of children and individuals at risk' as a condition that allows practitioners to share information **without consent**
- information **can be shared legally without consent**, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.
- relevant personal information can be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional well-being.

3.0 Seven golden rules for information sharing

The East of England Ambulance Service NHS Trust supports the 7 golden rules for information sharing outlined in the Information sharing.

1. Remember that the General Data Protection Regulation (GDPR), 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.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, 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 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

1 Remember that the Data Protection Act is not a barrier to sharing information

2 Be open and honest with the person (and/or their family where possible) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so

3 Seek advice if you are in any doubt

4 Share with consent where appropriate

5 Consider safety and well-being

6 Necessary, proportionate, relevant, accurate, timely and secure: SPOC do this for staff

7 Keep a record. SPOC do this for staff

4.0 The Child Protection - Information Sharing Project (CP-IS)

The Child Protection – Information Sharing (CP-IS) project is a NHS England/Department of Health/Department of Education sponsored work programme dedicated to developing an information sharing solution that will deliver a higher level of protection to children who visit NHS unscheduled care settings, for example;

- Emergency Departments
- Walk-in centres
- Minor Injury Units
- Ambulance Services
- GP Out of Hours
- Direct access to Paediatric wards
- Maternity Units

It proposes to do so, by connecting local authorities' child protection social care IT systems with IT solutions used by NHS unscheduled care settings. There are only three specifics on which the information sharing focuses, these are;

- Children on a Child Protection Plan (CPP)
- Children who are Looked After (LAC)
- Pregnant mothers with child protection plans for their unborn baby

Serious case reviews have demonstrated that children living in abusive and neglectful home environments are more likely to be moved across different local authority boundaries and yet most



child protection information is only held and shared locally in the area where the child lives. This means that healthcare practitioners often lack access to the information that could help them to form a clear assessment of a child's possible risks. This has been a long-standing problem for the NHS but one that CP-IS aims to address.

Although solutions have been and are being developed to share child protection information between health and social care at a local level, these solutions (along with current manual systems) do not capture the movement of children across local authority boundaries. A national solution will allow healthcare staff to see whether a child requiring treatment has a child protection plan, or is classed as looked after, regardless of whereabouts in England they live. CP-IS information supports the clinician in the decision making process and to encourage communication with social care.

The process of identifying children who have been maltreated, or are at risk of significant harm from abuse or neglect, at a single unscheduled care attendance remains difficult for even the most experienced clinician. The ability to correctly diagnose abuse or neglect depends on assessing all available information on the child. Giving clinicians in unscheduled care settings access to relevant social care information is essential to successfully identifying children who may be at risk.

The Benefits of CP-IS

CP-IS provides an additional layer of protection to the most vulnerable children and allows a secure, systematic way of sharing information across England. Implementation will help support clinicians to deliver healthcare built upon up to date information, and with time this approach will become embedded into every day practice.

The following have been identified as benefits of implementing CP-IS;

- **Early detection:** CP-IS improves the assessment of 120,000 vulnerable or at risk children in England and enables earlier intervention to prevent ongoing abuse or neglect.
- **Closes the information gap:** CP-IS builds a picture of a child's attendance at unscheduled care settings across their local and regional boundaries.
- **Reducing the risks & breaking the cycle:** a CP-IS alert with relevant information and contact details to care teams and clinicians to promote working together to focus on the needs of the child and prevent further abuse or harm. Enabling conversations!
- **Better use of resource:** less time is spent searching for and providing information, freeing up resources to apply elsewhere

CP-IS is currently being used by many NHS unscheduled care settings, however at the time of writing this policy it is not being used by Ambulance Services in part due to their more complex business processes and their integration into other services. NHS digital have made a decision at present to suspend active work with Ambulance Trusts in order to review these processes. It is expected that this will be introduced into Ambulance Trust's shortly.

Section 6 - References

This Policy supports legislation and guidance from:

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<http://www.legislation.gov.uk/ukpga/2017/16/contents/enacted>

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National Institute for Health & Clinical Excellence: When to suspect child maltreatment (2009) & Self-harm (2004) <http://www.nice.org.uk/nicemedia/pdf/CG89FullGuideline.pdf>

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National Service Frameworks Standard 5
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089101

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http://www.opsi.gov.uk/acts/acts2003/ukpga_20030031_en_1

Safeguarding Children in whom illness is fabricated or induced (2008)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008714

Children & Young People Act (2008)

http://www.opsi.gov.uk/acts/acts2008/ukpga_20080023_en_1

Safeguarding Vulnerable Groups Bill (2006)

<http://www.publications.parliament.uk/pa/ld200506/ldbills/079/06079.i-iii.html>

Human Rights Act (1998) <http://www.legislation.gov.uk/ukpga/1998/42/contents>

Department of Health: Improving Safety, Reducing Harm (2009)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108697

JRCALC (Joint Royal Colleges Ambulance Liaison Committee) Safeguarding Children (2006)

<http://www.jrcalc.org.uk>

Intercollegiate Document, Safeguarding Children and Young People: Roles and Competences for Health Care Staff (2010) http://www.rcpch.ac.uk/doc.aspx?id_Resource=1535

Guidance for Safer Working Practice for Adults who work with Children and Young People (2007) <http://www.cwdcouncil.org.uk/safeguarding/safer-recruitment/resources>

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www.resus.org.uk/pages/guide.htm

Prevent Strategy

<http://www.homeoffice.gov.uk/publications/counter-terrorism/prevent/prevent-strategy/>

Information sharing -Advice for practitioners providing safeguarding services to children, people, parents and carers

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

Guidance for Designated Professionals Safeguarding Children and Child Protection Information sharing (CP-IS)

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<https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2019/january/007-366.pdf>