



Safeguarding Children and Young People Policy and Procedures

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Linked procedural documents	EEAST Policies and Procedures: Safeguarding Vulnerable Adults Policy Mental Capacity Act Policy DBS employing people with criminal convictions procedure Disciplinary Policy (Managing Conduct and Performance) Recruitment and Selection Policy Whistleblowing Policy Use of digital media including social media and/or Networking sites policy Volunteer responder Policy Positions of Trust Policy
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Part of Trust's publication scheme	Yes

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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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1. Introduction

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 (EEAST) Safeguarding Children and Young People Policy and Procedure document contains information sharing guidance, as well as a range of supporting material related to safeguarding and abuse/neglect.

This policy outlines the responsibility of EEAST, as well as all staff, apprentices, volunteers, and commissioned services including Private Ambulance Services (PAS) 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.

The Trust has a duty to safeguard and promote the needs of children, this is informed by the following legislation and policies: the Children Act 1989, 2004, the Children and Families Act 2014, the Children and Social Work Act 2017 and Working Together to Safeguard Children (2018).

Protecting children from harm and promoting their welfare is dependent upon shared responsibility and effective multi-agency working (Working Together to Safeguard Children 2018). 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.

The Female Genital Mutilation Act 2003 places a legal duty on social care and health professionals and teachers to 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. (Amended by section 73 and 74 of the Serious Crime Act 2015)

2. Purpose

Trust staff, apprentices, 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/neglect, are protected and brought to the attention of the relevant authorities/services.

3. Duties

3.1 Chief Executive Officer (CEO)

The CEO has the ultimate accountability for the protection of children and young people from potential harm, harm, or abuse. 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. Other responsibilities include:3.2 (etc.)

- The CEO will ensure that the role and responsibilities of the board in relation to safeguarding/child protection are met and will appoint an Executive Director who will take responsibility for safeguarding
- The CEO is responsible for ensuring safe and robust operational arrangements in place for safeguarding children in all the services that are provided.
- Ensuring that the Trust Board receive updates and reports relating to safeguarding, compliance, and key performance indicators either directly or through the Trust Committee structure.

3.2 Chief Paramedic and Director of Quality

An Executive Director, who sits on the Trust board, with a clinical background will be nominated to hold responsibility for Safeguarding at an executive level. The Chief Paramedic and director of quality will report to the board on the performance of their delegated responsibilities. The Executive Director will also be the Chair of the Trust Safeguarding Group, the assurance committee for Safeguarding. This may be delegated to the Deputy Clinical Director. As the Executive Lead for Safeguarding, they will also have strategic oversight of any and all safeguarding allegations against persons in positions of trust.

They will work closely with the Named Doctor for Safeguarding (where appointed), the Deputy Clinical Director and Head of Safeguarding.

3.3 Non-Executive Director

- A Non-Executive Director (NED) is appointed to ensure the organisation discharges its safeguarding responsibilities appropriately & acts as a champion for children & young people and adults at risk. The NED will Ensure appropriate scrutiny of the organisation's safeguarding performance through the Quality Governance Committee.
- Provide assurance to the board of the organisation's safeguarding performance.

3.4 Head of Safeguarding/Safeguarding Lead

The Head of Safeguarding is the Senior Manager responsible for all areas of safeguarding within the Trust, overseeing the work of the Safeguarding Team. This includes ensuring regulatory compliance and that the trust meets its legislative requirements / responsibilities for safeguarding. The Head of Safeguarding will have a detailed oversight of any and all safeguarding allegations against persons in positions of trust, safeguarding enquiries and case reviews.

3.5 Safeguarding Team

Details of the Safeguarding Team can be found on the Trust directory. We have a generic safeguarding secure email address safeguarding@eastamb.nhs.uk

The Safeguarding Team are made up of designated professionals who have the appropriate level of training and supervision to carry out the role.

The Safeguarding Team are required to have external supervision and meet the correct level of training as per the Intercollegiate Document for children.

The Trust is required to have a Named Professional for Safeguarding; this can be a standalone role or part of someone's portfolio. The Named Professional for Safeguarding is operationally responsible for the management of safeguarding allegations against staff. The Named Professional will ensure the Head of Safeguarding/Safeguarding Lead is notified and informed of all safeguarding allegations against staff.

The Head of Safeguarding/Safeguarding Lead is a member of the National Ambulance Safeguarding Group (NASaG) this links all UK Ambulance Trusts.

3.6 Staff, apprentices, volunteers & commissioned services (including Private Ambulance Services PAS)

All staff, apprentices, volunteers, and commissioned services have a responsibility to read, understand and take full responsibility to adhere to the requirements of this policy and its appendices. As part of this requirement all staff must maintain an up-to-date knowledge of current practice in child & young person safeguarding.

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

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All staff, apprentices, 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/neglect and the indicators of abuse/neglect, 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 vulnerable groups is a key element in identifying that a person is being abused / neglected.

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

Staff, apprentices, 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 attending strategy meetings. These meetings are normally run by the Local Authority and in some cases the Police.

The ambulance service has a statutory duty to work in partnership with and be an active member of all Local Safeguarding Children Partners (LSCP) 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 Children Partners (LSCP) policies from the Eastern region.

Safeguarding training is detailed in the training needs analysis which can be found on EAST24.

The Safeguarding Team will make every effort to ensure that staff, apprentices, 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.

4.0 Conduct

All Trust staff (regardless of position within the Trust), apprentice, 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.
- Possibly committed a criminal offence against, or related to, a child, young person.
- Behaved towards a child, young person, that may indicate they may pose a risk of harm to children.
- Behaved in a way that indicates they may not be suitable to work with children.

As well as concerns and allegations raised in a person's place of work, concerns regarding a person's conduct in their personal life may also be considered relevant as the Local Authority Designated Officer (LADO) and EEAST must consider the transferable risk. Examples may include instances in which:

- A child you care for becomes subject of child protection enquiries by Children's Social Care.
- You have been the subject of a criminal investigation in relation to offences against children.
- You have difficulties with drug or alcohol misuse which might impact on your ability to do your job safely.
- There have been allegations of abuse against a member of your household, or a person closely associated to you.
- Allegations considered may be current or historic.

This would encompass identified behaviour in the presence of a child/young person, criminal offence against, related to or in the presence of a CYP.

This behaviour is both in work and within your personal life and both can have an impact on your professional career.

Any member of staff identified either within their work or because of their 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).

For further information please refer to the Persons in Position of Trust Policy found on EEAST24.

5.0 General Principles

Safeguarding children is defined in Working Together 2018 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.

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.

5.1 Definitions

A child is defined as a person who has not yet reached his or her eighteenth birthday (Children Act 1989)

Safeguarding is a term used to denote measures to protect the health, wellbeing and human rights of individuals which allows people to live free from abuse, harm, and neglect.

Looked After Children The definition of a Looked After Child (LAC) is found in the Children Act 1989. A child or younger person can be placed in the care of Children's Services, with the agreement of their parents or of the young person, if over the age of 16 years (S.20C.A.'89) or a Court Order (i.e.S38 or 31'89). Note. The 1989 Children Act, Section 2 and 3 of Children and Social Care Act 2017, stipulates provisions for Care Leavers, these are young adults 18 to 25 years of age. This is through the provision of a personal advisor, providing advice and support to assist them to live independently.

5.2 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' individuals, one after another, for personal gain sexual abuse or exploitation.
- **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 – it should never be assumed that a place is safe, and it should be remembered that any individual may be an abuser.

5.3 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.

5.4 Types of Abuse

It should be noted that in many situations different types of abuse can be inextricably linked, an example of this being cyber/online and sexual abuse. The more familiar (statutory defined) types of abuse as listed below.

- Physical Abuse
- Emotional Abuse
- Sexual Abuse (this includes Child sexual abuse CSA)
- Neglect

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
- Human Trafficking & Modern-day slavery
- Internet Abuse
- Forced Marriage
- Domestic Abuse/Violence
- Concealed Pregnancy
- Female Genital Mutilation
- Radicalisation and Violent Extremism
- Institutional/Organisational
- Fabricated or Induced Illness/Perplexing Presentations
- Spirit/witchcraft

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

5.5 Children with specific needs and risk of abuse

Though any child could be a victim of abuse, 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, mental health 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 defined as having special needs have particular requirements because of their psychological and/or medical difficulties. For example, deaf, autistic, physical and/or learning needs. Some of these children may demonstrate challenging behaviour, which may or may not be as a result of abuse/neglect. Section 17 (1) of the Children Act 1989 – places a duty on Local Authorities to provide services to safeguard and promote the welfare of child in need in their area, this is through an assessment and the provision of services.

Looked after children The definition of looked after children (children in care) is found in the Children Act 1989. (Please refer to definitions).

5.6 If someone tells you they have been abused

If a child makes a disclosure of abuse convey them to a place of safety, this might be to hospital, the home of a trusted adult / relative or friend. If they are able to, let them tell you what happened in their own words, provide reassurance, actively listen and never promise to keep the information that you are told secret. Do not ask leading questions as this might affect a subsequent Police investigation. Let them know that you have a duty to report their disclosure to the police to safeguard them and others from further harm.

Do not talk to witnesses or the suspected perpetrator of the abuse. As doing so you may place the child at further risk of harm and may inadvertently alert the alleged abuser of the concern, which could jeopardise any possible future investigations.

6.0 Responsibilities

All staff, apprentices, 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 is concerning, all staff must share their concerns using the SPOC Trust referral pathway. You will be assisted through making the appropriate referral with the factual information that you provide.

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/neglect.
- 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 and the Police; these agencies must be supplied with any information that may indicate a child/young person may be at risk of abuse/neglect.

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.

7.0 Trust Procedure for Referring

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

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There are several ways in which staff may receive information or make observations that a 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 child may be placed at further risk.

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

Factual information must include details about the environment, 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. This should also include verbatim comments from anyone involved in the incident.

Staff should be aware that children 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 disclosures/suspicions are clarified, avoiding any unnecessary questioning, as this may affect the credibility of subsequent evidence.

Remember: It is neither your role, nor that of EEAST to investigate abuse or neglect. Ensure that this information is passed to the appropriate agency, i.e., the Police and Children's Services. If a child is conveyed to hospital, it is also important to ensure that those to whom care is handed over are also aware, for example A&E staff.

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

When a child has made a disclosure of abuse or there are suspicions/evidence of abuse/neglect, if the person who is thought to have caused the harm is present and the member of staff is concerned, he or she may be the abuser, the member of staff should not let that person know about their concerns. If the child is conveyed to hospital, ambulance staff should inform a senior member of the Accident & Emergency department about the 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. This should also include verbatim comments from anyone involved in the incident.

While the wishes of the child, parents, relatives or guardian should be considered, where there is suspicions/evidence that abuse/neglect has taken place or likely to take place the child at further risk of harm the child should be conveyed to hospital. Please refer to the Trust Mental Capacity Act Policy which details Gillick Principles.

If the child needs to be conveyed to hospital and another person tries to prevent this, staff should contact the Police.

Trust staff must make sure a SPOC referral is made whether or not the child has been conveyed to hospital.

In circumstances where the child is considered to be in imminent danger the Police should be requested to attend via the Ambulance Operations Centres.

7.2 Concerns over People other than Patients

It is quite possible that while caring for a patient, ambulance staff may become aware of possible abuse/neglect against another child/other adult in the household. When approaching any situation, we should always “think family” so being alert to any other persons in the property and the safety/wellbeing/welfare of those present.

While the patient is the most important focus of the staff’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 adult or child to Social Care, using the Trust SPOC referral process. Referral pathways are in place to take the referral to the correct status for onward referral.

Where a child or adult is at imminent risk the Police should be requested to attend, and a SPOC referral made. It is important to understand that failing to act is not an option.

If you have a concern or suspect an adult is at risk of harm you should initially assess whether it is safe or appropriate to remain in the situation, or whether to move to a place that is safe. Also think about the role of the Police if there is any immediate danger. In these situations, it is still essential to raise your concerns (if necessary, when no consent has been gained to make a referral), 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 adult concerned wishes to discuss their situation with you, or starts to divulge information that raises your suspicions, 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)

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- 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 – staff must make it clear that you might need to share your concerns with other people.

It is important to note that disclosure of abuse or observations of neglect does 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 a child/children at the location or at another address.

As a professional you still need to make a referral. Even if you have conveyed the child or young person to hospital who has been abused or neglected, 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 email a copy to the Social Care team and person's GP, where they are registered with a GP. How to make a SPOC referral is covered in training.

All staff/volunteers/third party providers must use SPOC whilst working for or on behalf of EEAST.

7.3 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 referral detailing more than one concern or incident of abuse or neglect and the impact this may have had upon a child or children within

the household, for example, domestic abuse, mental health or parent, substance, or alcohol abuse.

8.0 Sudden Unexpected Death in Childhood (SUDIC)

Please refer to the following Joint Royal College Ambulance Liaison Committee (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).

8.1 Definition of an Unexpected Death of a Child

An unexpected death is defined as the death of an infant or child (under 18 years old) 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 in Children Act 2004 the Local Safeguarding Children Partnerships are responsible for putting in place procedures for ensuring that there is a coordinated response by the authority, their 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.

It is important to ensure that all documentation includes who was in the property, where the child was found, what the child was wearing, what position the child was found in. All of this information helps to inform other agencies.

Every child who dies deserves the right to have their sudden and unexplained death fully investigated so 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.

EEAST will cooperate with the Child Death Overview Panel (CDOP), or any equivalent arrangements put in place by child death review partners. This includes the immediate actions that should be taken after a child's death: the local review of a child's death by those who interacted with the child during life, and with the investigation after the child's death: through to the final stage of child death review process which is the statutory review arranged by child death review partners.

9.0 Whistleblowing

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 possible that during a working shift a member of staff could witness a colleague/care provider abusing a child or young person.

All Trust staff (regardless of position within the Trust), apprentice, 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.
- Possibly committed a criminal offence against, or related to, a child, young person.
- Behaved towards a child, young person, that may indicate they may pose a risk of harm to children.

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- Behaved in a way that indicates they may not be suitable to work with children.

As well as concerns and allegations raised in a person's place of work, concerns regarding a person's conduct in their personal life may also be considered relevant as the Local Authority Designated Officer (LADO) and EAST has to consider the transferable risk. Examples may include instances in which:

- A child you care for becomes subject of child protection enquiries by Children's Social Care.
- You have been the subject of a criminal investigation in relation to offences against children.
- You have difficulties with drug or alcohol misuse which might impact on your ability to do your job safely.
- There have been allegations of abuse against a member of your household, or a person closely associated to you.
- Allegations considered may be current or historic.

This would encompass identified behaviour in the presence of a child/young person, criminal offence against, related to or in the presence of a CYP.

This behaviour is both in work and within your personal life & both can have an impact on your professional career.

For further information please refer to the Persons in Position of Trust Policy found on EAST24.

Because abuse is a sensitive and difficult area, we can be tempted not to act 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

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- 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.

10.0 Allegations of Abuse against a Member of Staff

Responding to an allegation/concern made against a member of staff working for or on behalf of the Trust, please refer to the Persons in Position of Trust Policy. This would also relate to multi-agency investigation led by the Local Authority and/or Police.

This includes information relating to Disclosure & Barring service (DBS). Employers are under a duty to make a referral to the Disclosure and Barring Service if they have dismissed or removed an employee from working in regulated activity, following harm to a child or adult at risk or where there is a risk of harm.

11.0 Information Sharing

It is essential that all agencies worker together and share information. Using an agreed protocol strengthens the processes for safeguarding and promoting the welfare of the groups at risk from abuse/neglect. It is only when all agencies share the information they hold, that a full picture emerges. Sharing of information between agencies is imperative in order for a thorough picture to be created ensuring appropriate decisions can be reached and a relevant and effective plan of action implemented to minimise the risk of harm to vulnerable groups.

Safeguarding and promoting the welfare of children and young people must always be the primary consideration. It should

override 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/neglect. A key factor in many Serious Case Reviews (SCR) 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/neglect.

Early sharing of information is the key to providing effective help where there are emerging concerns. Fears of sharing information must not stand in the way of promoting and protecting the well-being of children at risk or abuse and neglect.

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's Caldicott Guardian when appropriate.

11.1 Purpose and Principles

Sharing information is an intrinsic part of any frontline practitioners' job when working with children and young people.

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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.

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 several 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.

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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 (CAL).

Where a staff member has concerns that the actions of a colleague 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/neglect or threatening behaviour may well constitute a risk of serious harm to a child.

11.2 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.

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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.

11.3 Seven Golden Rules for Information Sharing

EEAST supports the seven golden rules for information sharing outlined below: -

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.

12.0 Child Protection - Information Sharing System (CP-IS)

The Child Protection – Information Sharing project (CP-IS) is a tool to help health and social care staff to share information securely on children. This is an 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.

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 a child protection plan for their unborn baby.

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

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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.

If CPIS information is available on a patient, it will be flagged when accessing the patients Summary Care Record (SCR). A check of the SCR for a CP-IS flag should always be completed prior to discharging on scene for any male 18 years or younger and any female 60 years or younger. This can be done in three ways:

- If working in an area where Summary Care Record Access (SCRa) has been rolled out and staff have registered for Biometric Access, then they can perform the check themselves.
- The check may have been carried out at the time of the call by the call handler and recorded on the CAD
- If the check was not completed during the initial 999 the ECAT team will be able to check CPIS

13.0 References

This Policy supports legislation and guidance from:

- The Children Act (1989) & (2004)
www.opsi.gov.uk/acts/acts2004/ukpga_20040031_en_1
- Working Together to Safeguard Children (2018)
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- Children and Social Work Act (2017)
<http://www.legislation.gov.uk/ukpga/2017/16/contents/enacted>
- Digital Economy Act (2017)
http://www.legislation.gov.uk/ukpga/2017/30/pdfs/ukpga_20170030_en.pdf

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- Female Genital Mutilation Act (2003)
http://www.opsi.gov.uk/acts/acts2003/ukpga_20030031_en_1
- Department of Health: Improving Safety, Reducing Harm (2009)
- Guidance for Designated Professionals Safeguarding Children and Child Protection Information sharing (CP-IS)
- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. Fourth edition: January 2019
- <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2019/january/007-366.pdf>

Appendix A - Equality Impact Assessment

EIA Cover Sheet	
Name of process/policy	Safeguarding Children and Young People Policy
Is the process new or existing? If existing, state policy reference number	POL0004
Person responsible for process/policy	Safeguarding Lead
Directorate and department/section	Clinical Quality, Safeguarding
Name of assessment lead or EIA assessment team members	Safeguarding Team
Has consultation taken place?	The policy has been ratified by external CCG critical friends. It has also been internally verified.
Was consultation internal or external? (Please state below):	Internal
The assessment is being made on:	Guidelines Written policy involving staff and patients Training programme.

Equality Analysis
<p>What is the aim of the policy/procedure/practice/event?</p> <p>The Safeguarding Children and Young Peoples Policy and Procedure outlines the responsibility of EEAST staff, apprentices, volunteers and commissioned services in safeguarding children and young people from abuse and neglect. It should be read in conjunction with the Trust’s Safeguarding Adults Policy and Procedures.</p> <p>It is important that staff, including apprentices, volunteers and commissioned services remain aware that it is their duty to make safeguarding referrals where appropriate and they MUST NOT leave this to other agencies including the Police who may also be present on scene or the hospital staff who take over the care of the patient.</p>
<p>Who does the policy/procedure/practice/event impact on?</p> <p>Race X Religion/belief X Marriage/Civil Partnership X Gender X Disability X Sexual orientation X Age X Gender re-assignment X Pregnancy/maternity X</p>
<p>Who is responsible for monitoring the policy / procedure / practice / event?</p> <p>The Safeguarding Team</p>
<p>What information is currently available on the impact of this policy/procedure/practice/event?</p> <p>This policy is one of a number of Safeguarding Policies whose stated purpose is to ensure the safety of all service users.</p>

Do you need more guidance before you can make an assessment about this policy / procedure / practice / event?

No

Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes, If yes please provide evidence/examples:

Race X
Religion/belief X
Marriage/Civil Partnership X
Gender X
Disability X
Sexual orientation X
Age X
Gender re-assignment X
Pregnancy/maternity X

Please provide evidence:

Safeguarding by its nature is designed to provide the ability to identify and act upon any concerns that staff may have for service users including colleagues. This includes where, appropriate the sharing of information or signposting to alternate sources and/or pathways.

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? No, if so please provide evidence/examples:

Race, Religion/belief, Marriage/Civil Partnership, Gender, Disability, Sexual orientation, Age, Gender re assignment, Pregnancy/maternity.

Please provide evidence:

No, due to the ratification process both internal and external of the Trust. The CCG 'Critical Friend' has sighted and commented upon the policy.

Action Plan/Plans - SMART

Specific
Measurable
Achievable
Relevant
Time Limited

Evaluation Monitoring Plan/how will this be monitored?

Who: The Safeguarding Team

How: Escalation of Issues

By: Managers / Staff / Volunteers

Reported to: Safeguarding Lead / Safeguarding Group

Appendix B – Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
	Safeguarding Group Meeting which is held bi-monthly	Engagement with LADO / Designated officers	The policies are reviewed yearly which allows for the dynamic changes within the safeguarding remit	Changes in legislation or recommendations from learning	Safeguarding Group Meeting which is held Bi-monthly	This will be led by EEAST Safeguarding Lead and monitored through the Safeguarding Group Meeting	There are a number of ways this can be implemented. This will be led through the Safeguarding Lead, this can be disseminated through training, clinical app, comms bulletins, mandatory updates