London Ambulance Service NHS Trust

Safeguarding Children and Young People Policy

DOCUMENT PROFILE and CONTROL.

Purpose of the document: is to ensure all LAS staff are aware of, and can recognise cases of suspected abuse and neglect of children and young people and are aware of the action to follow when abuse and neglect are suspected.

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Sponsor Department: Clinical & Quality Directorate

Author/Reviewer: Head of Safeguarding. To be reviewed by February 2017

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
19/09/16	3.4	IG Manager	Document Profile and Control page update and corrections
09/09/16	3.3	Head of Safeguarding	Minor changes to update titles. Added 111 position in 4.1.14 and 9 with approval of Chief Quality Officer
24/10/13	3.2	IG Manager	Appendix 1 added.
09/10/13	3.1	Head of Safeguarding Children & IG Manager	Sentence regarding training added in S. 14 as requested by SMT.
18/07/13	2.6	Head of Safeguarding Children & IG Manager	Revisions to Sections 1,3,4, & 15. New sections 6 and 9 added.
12/07/13	2.5	IG Manager	Formatting and other changes
31/01/13	2.4	Head of Safeguarding Children	Substantial changes made throughout document
23/09/09	2.3	Records Manager	Minor - reformatted
23/09/09	2.2	Head of Patient Experiences	Minor - added scope, responsibilities, monitoring and training
	2.1	Head of Patient Experiences	Minor – substantial changes made throughout document

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

For Approval By:	**Date Approved**	**Version**
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LAS Website	19/09/16 (v3.4)	Governance Administrator	G&A
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The RIB	15/10/13	IG Manager	GCT
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Equality Analysis completed on	By
29/05/2013	Head of Safeguarding Children
Staffside reviewed on	**By**

Links to Related documents or references providing additional information		
Ref. No.	**Title**	**Version**
	The Children Act (HM Government)	1989 and 2004
	Working Together to Safeguard Children (HM Government)	2010
	National Service Framework for Children Young People and Maternity Services (DH)	2004
	London Safeguarding Children Board Policy and Procedures (LSCB)	2011
	United Nations Convention of the Rights of the Child (UNCEF)	1989
	What to do if you are Worried a Child is being Abused (HM Government)	2006
	Safeguarding Children in whom Illness is Fabricated or Induced (DCSF)	2005
	Data Protection Act	1989
	Procedure for the Maintenance of the High Risk Address Register and Notification of High Risk Addresses.	
	Munro Report (DfE)	2011
	Medical Director's Bulletin No.61	2009
LA279	Child at Risk/Child in Need/Notification of contact and Referral Form	
	Procedure on Patient consent for examination, treatment or care	
TP056	Core Training Policy (inc. TNA)	
LA456	Staff Safeguarding Action Plan	2013

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled or substantive.

1. Introduction

1.1. The London Ambulance Service Trust (LAS) is committed to safeguarding and promoting the welfare of children and young people in our community and continues to work closely with partner organisations to improve this process.

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

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

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

1.5. This policy should be read in conjunction with the list of related documents.

2. Scope

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

3. Objectives

3.1. To ensure that all Trust employees, contractors and volunteers are aware of their duties to uphold the welfare and rights of children and young people and fulfil their professional responsibilities to take action to prevent them from experiencing neglect, harm or abuse.

3.2. To ensure that all Trust employees, contractors and volunteers can recognise the signs of suspected neglect, harm or abuse and know how to report it in a timely manner.

4. Responsibilities

4.1.1. Trust Board

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

4.1.2. Chief Quality Officer

To provide leadership across the organisation, set strategic objectives to ensure safeguarding is a priority and a regular agenda item at a senior level and are accountable for the governance of safeguarding to the Board, regulators and partners.

4.1.3. Medical Director

To act as the Trust's Caldicott Guardian and provide expert clinical advice.

4.1.4. Director of Operations

To ensure operational implementation and adherence to this policy. Authorise the release of operational staff to contribute to external safeguarding investigations and monitor compliance of all contractors who come into contact with patients.

4.1.5. Director of Workforce

To ensure that the Trust is compliant with all safeguarding training requirements, and that all staff receive the appropriate level of training. That records are kept on the required training statistics and ensures that the trusts recruitment process follows that of the Safer Recruitment guidelines.

4.1.6. Clinical and Quality Directorate

To provide expert guidance and clinical leadership, quality assurance of clinical practice and to lead improvements in this area.

4.1.7. Head of Safeguarding

Is responsible for setting safeguarding activity across the Trust to meet the strategic objectives agreed with the Chief Quality Officer. Provides expert advice and guidance on Trust committees and represents the Trust with external partners.

4.1.8. Safeguarding Specialist –Children

Supports the safeguarding of children agenda within the Trust, provides expert opinion and leads on development of internal safeguarding training and audit work.

4.1.9. Emergency Bed Service (EBS) Manager

To coordinate and quality assure the referral process, ensure routine quality assurance and effective communication with local authorities and other partners.

4.1.10. Safeguarding Officer

A point of contact for all safeguarding enquiries. Respond in a timely manner to requests from partner agencies for information arising from referrals made by Trust staff. Respond to concerns about the safeguarding process and responsible for the delivery and drafting of serious case review documentation, incident reports and unexpected child death documentation.

4.1.11. Quality Governance Assurance Managers & Stakeholder Engagement Managers.

To act as representatives of the Trust at local Safeguarding Children Board, they ensure attendance at Rapid Response Meetings (RRM), Serious Case Reviews(SCR) or Safeguarding Adult Reviews (SAR) and other strategy meetings in relation to specific cases by local managers, having been briefed by the Safeguarding Officer as the point of central contact. To arrange for the staff involved in any incident to be supported and to offer evidence of their experience and observations, ensure feedback to staff any outcome from RRM or SCR.

4.1.12. Operational Staff

To assess patients' needs and where appropriate to make referrals to the Local Authority Children's Services via EBS and/or the MPS via EOC about suspected neglect, harm or abuse or criminal conduct. To contribute to investigations as required and directed.

4.1.13. Workforce, Contractors and Volunteers

All staff, contractors, volunteers, observers and visitors have a duty to act and respond to concerns about safeguarding in a timely manner, and undertake safeguarding training to the required levels.

4.1.14 *111 Staff*

All 111 staff should follow this policy but refer to their own local procedure for referrals from 111 to social care. In the coming year 111 should be integrated fully into the LAS policy and Procedure for safeguarding.

5. Definitions

5.1. Safeguarding

Working Together to Safeguard Children (DCSF, 2010), defines safeguarding as:

"The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully."

5.2. Child or Young Person

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

5.3. Categories of abuse

There are four categories of child abuse. They are defined in the UK Government guidance Working Together to Safeguard Children 2010 as follows:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

Bullying is not defined as a form of abuse in Working Together but there is clear evidence that it is abusive and will include at least one, if not two, three or all four, of the defined categories of abuse.

6. Legislation

The Children Act (1989, 2004) outlines the statutory and legal frameworks for the provision and delivery of child welfare services in England. Further Government guidance and legislation including *Working Together to Safeguarding Children* (DCSF, 2010 – now the DfE) and National Service Framework (NSF, 2004) have complemented this.

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

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

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

7. Key Principles

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

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution and
- achieve economic wellbeing

8. Safeguarding Issues

8.1. Domestic Abuse

Domestic abuse is defined as 'any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members regardless of gender or sexuality' (Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family; see ACPO, 2004).

Domestic abuse is by no means experienced only by adults at risk; children will be affected by the behaviour of violence and abuse by adults in their home either directly or indirectly. Domestic abuse occurs across geographical boundaries, age, wealth, social status, gender and ethnicity.

Children who reside in a household where domestic abuse occurs are affected either directly or indirectly. It is imperative that all staff make a safeguarding children referral, using form LA279, in all circumstances where a child(ren) is present when the abuse took place; or where the child(ren) may reside at the property but is/are absent at the time of the incident.

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

8.2. Fraser Competency (Formally known as Gillick Competency)

"...*whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent."* (Mr Justice Woolf, 1982)

8.3. Refusal and Consent

Children and young people will be able to participate in many decisions involving their care (please refer to Fraser Competency notes above) provided they have capacity to understand and process the information given to them. Children and young people can't refuse treatment in an emergency and it may be necessary to use good communication techniques to reach agreement that ensures they are adequately protected and their best interests are taken in to account.

8.4. Sudden Unexpected Death of an Infant, Child or Adolescent (SUDICA)

In all cases of SUDICA an LA279 must be completed for the child affected and also one form for each other child or sibling of the household, regardless of whether they were present during the episode leading to the death of the patient.

8.5. Safeguarding, alcohol and recreational drug use

8.5.1. Children

The routine standard is that all under 18year olds who are intoxicated or under the influence of recreational drugs need to have a pre hospital assessment and are also conveyed to hospital for a wider assessment. However, there are occasions when a patient's true age may not be known until much later in the care episode and it becomes inappropriate to convey to hospital.

This is particularly true if the patient has been admitted to an alcohol recovery service. In such instances the patient is likely to be less intoxicated at the end of their care and the responsible clinician may consider it inappropriate to automatically convey the patient.

In all cases of discovering a patient is under 18 years of age the following principles need to be considered:

If a patient is intoxicated or under the influence of recreational drugs and it appears that they may be under 18 they should be conveyed to hospital. They should not be admitted to another area of our service (such as the alcohol recovery service). However, no one, regardless of age, should be refused entry to a temporary holding area under Service supervision whilst waiting for transfer to a definitive safe place (i.e. hospital).

Full assessment needs to be made around the vulnerabilities of the child or young person based on their specific circumstances and if there are safeguarding concerns then a safeguarding referral must be made. If in doubt clinical support should be sought at the time.

It is not necessary to criminalise individuals and our prime concern is for the welfare of the child or young person, however, if a crime is suspected due consideration should be given to the need to inform the police.

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

All demographic details must be captured on the PRF including the patient's name, address, contact number, school or college, GP and next-of-kin name and contact number. If it is not possible to establish the information this must be declared on the PRF.

The patient's age must be communicated to all other clinicians who are subsequently involved in the patient's care including other ambulance clinicians or receiving hospitals.

8.5.2. Adults

Situations where adults who are intoxicated or under the influence of recreational drugs and who are supervising minors (under 18) need additional safeguarding consideration. It is against the law to be drunk and in charge of a child under seven years of age in a public place or on licensed premises. There is less clarity on intoxicated adults in the home. Nevertheless safeguarding needs to be at the top of the assessment process in all such cases and the welfare of the child needs to be considered as part of the assessment.

Clinicians need to evidence that they have considered the needs of the child on the PRF and what action has been taken. It would be appropriate to complete a safeguarding form on behalf of the child in all cases where the child is under seven. It is considered best practice to refer in cases where the child is older than seven unless there was absolute clarity on the circumstances. If in doubt, advice can be sought at the time from the clinical support desk.

8.5.3. Alcohol Intoxication and Alcohol and Drug Poisoning

Indications of alcohol intoxication may include signs such as facial flushing, slurred speech, unsteady gait, euphoria, increased activity, volubility, disorderly conduct, slowed reaction, impaired judgment and motor coordination, insensibility or reduced level of responsiveness. Alcohol or drug poisoning may manifest itself by signs including reduced level of consciousness, confusion, vomiting, dangerous anger, seizures, cardiac arrhythmias, respiratory rate <8 or >20, pale cyanosed skin or cold clammy skin.

9. Process

LAS staff will refer all safeguarding children concerns via the Emergency Bed Service and in circumstances which could be described as emergency cases should also be referred immediately to the MPS. Referrals are currently made by telephone to Emergency Bed Service (EBS) between 8am- 8pm. Outside these hours referrals made through completion of a LA279 (or a LA279A for Control Services Staff only) which is to be faxed within the job cycle time to the EBS for onward referral to the appropriate Children's Services Department.
111 currently make their own referrals direct to social care, this will change with the introduction of datix into EBS.

10. Information Sharing

10.1 Good Practice Point

Under the Children Act there is a statutory duty to share information, the Data Protection Act 1998, Schedules 2 and 3 enable information to be shared between organizations to safeguard children and young people. Information sharing between statutory organisations is fundamental to safeguarding children and young people, failing to do so may result in abuse going undetected or prolonging the suffering of patients.

The Trust should endeavour to obtain the parent or carer's written consent to share information about the child and should explain what the information will be used for, wherever possible. Young people may be considered to be competent to provide consent to information sharing.

Whilst it is good practice to share with families your intention to make a referral to Children's Social Care about their child's welfare, it is not a prerequisite. It is particularly important that parents/carers should *not* be informed of an ambulance crew's concern in circumstances when this may result in a refusal to attend hospital or any situation where a child may be placed at further risk. The safety of the child is paramount.

The following principles should be followed:

- The information should be necessary for the purpose for which it is being shared
- Shared only with those who need it
- Be accurate and up to date
- Be timely
- Shared securely

Any particular concerns about sharing information should be referred to the Trust's Information Governance Manager or the Medical Director who is the Caldicott Guardian.

10.2 Sharing information in cases of domestic abuse

Where there is domestic abuse, priority must be given to any children or young people in the household; regardless of whether they were present or not during this or any other episode a safeguarding referral must be made to Children's Services via EBS using the LA279. Consent is not necessary in this situation.

11. Whistle-blowing

Employees, who have concerns about a colleague's conduct in their personal life or their professional practice, in the context of safeguarding, should report this under the Whistle-blowing Policy HR003.

Employees are entitled to protection under the HR003 Whistle-blowing Policy and the Public Interest Disclosure Act 1998.

12. Commissioned Services

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

13. Allegations made against employees

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

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

Please refer to HR policy on Safeguarding Allegations Against Staff for further details.

The Chief Quality Officer or the Head of Safeguarding will refer the concern to the Local Authority Designated Officer, using the emergency duty team (EDT), if out of hours

The manager who has been alerted to the allegation against a member of staff has responsibility to ensure that the appropriate course of action is taken without delay, giving consideration to the following:

1. Consider referring to the police if the abuse suspected is a crime.

2. Make sure that other patients are not at risk.
3. Staff suspected of abusing a child or young person will be managed in accordance with the Trust disciplinary procedure.
4. Ensure that any staff or volunteer who has potentially caused risk or harm is not in contact with patients and others who may be at risk, for example, whistle blowers.
5. Inform the member of staff as they have a right to know in broad terms what allegations or concerns have been made about them.
6. Inform the Director for Health Promotion and Quality and/or the Named Professional for Safeguarding Children and the Designated Lead for Safeguarding Children for the Trust.
7. Consider raising the allegation as a Serious Incident.
8. Maintain a high level of confidentiality.

13.2. Support for staff involved in the safeguarding children process

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

14. Training and Supervision

Current guidance means the Trust specify Safeguarding Children and Adults at Risk training as mandatory. The Trust will ensure that all staff receives training that is appropriate to their level of responsibility. TP056 the Core Training Policy including the Training Needs Analysis can be accessed on the x:drive.

The Trust will ensure that clinical staff received appropriate support which allows the, to reflect on a challenging or traumatic call as well as reflect on their practice. Formal supervision sessions are held monthly for staff in specialist roles to provide a forum for professional supervision of practice, support and continuing professional development.

LAS staff may obtain access to advice and support from safeguarding leads within the organisation through the Clinical Hub (24hrs), Safeguarding Officer (during office hours), Emergency Bed Service (24hrs) and the Safeguarding Specialist - Children. Clinical Hub and the Safeguarding Officer may receive addition supervision from the Head of Safeguarding during office hours.

If as a result of an Internal Management Review of Serious incident etc, it is noted that further actions could or should have been undertaken by staff i.e. Missed Referral, staff will be provided with a LA456 Staff Safeguarding Action Plan (see Appendix 1) to address the issues. The plan will outline the reasons for the action plan and what learning or development needs to take place. On completion of the action plan staff and local management need to complete and sign the plan and return to the safeguarding.las@nhs.net email address.

15. Monitoring and Governance

The LAS is regulated by the Care Quality Commission (CQC) who have devised 'Essential Standards for Quality and Safety', of which safeguarding children and young people is one aspect.

In addition to periodic reporting and providing assurance to the CQC that the Trust has robust safeguarding arrangements, the Trust will be subject to inspection and will continually provide assurance to commissioners.

IMPLEMENTATION PLAN				
Intended Audience	All staff			
Dissemination	The Pulse and the LAS Website			
Communications	LAS News and The RIB			
Training	Staff will receive training as documented in section 14			
Monitoring:				
Aspect to be monitored	**Frequency of monitoring AND Tool used**	**Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported**	**Committee/ group responsible for monitoring outcomes/ recommendations**	**How learning will take place**
Training, safeguarding activity regarding the number and type of referrals made and any emerging trends.	Monthly safeguarding report will be produced detailing activity. Also an annual report will be produced. These will be shared with local leads and Safeguarding Boards. An annual audit of safeguarding will also be undertaken.	The Head of Safeguarding Children is responsible for monitoring all Safeguarding Children activity and reports to the Safeguarding Committee, chaired by the Chief Quality Officer.	Safeguarding children activity will be reported to the Safeguarding Committee bi-monthly and scrutinised by the Clinical Safety & Standards Committee. An annual report is published setting out Trust activity pan-London. Monitored by the Clinical Safety and Standards Committee.	Recommendations from SCRs will be reviewed and staff will receive feedback via the LA 456 action plan. Regular section in clinical news letter on safeguarding. Local information disseminated via complex leads as well as bulletins

Appendix 1

SAFEGUARDING ACTION PLAN FOR STAFF LA456

Reason for action:

☐ **Missed Referral** ☐ **Insufficient Information** ☐ **Learning Need Identified** ☐ **Other**

Further information Case No: CAD No: Date of Call:

Issues Identified:

Safeguarding Name: Date Sent:

Points to be covered with staff (To be completed by safeguarding team):

How points have been addressed (Need to provide evidence for each point. To be completed by local manager):

Date completed:

Staff comments:

Staff follow up/ review to confirm all actions have been completed (to be completed by local manager):

Officer/ Team Leader (printed) _____ (signed) _____

Staff Name (printed) _____ (signed) _____

Date: _____ Safeguarding Fax No: 0207 783 2125