



## **Safeguarding Children and Young People**

### **Policy and Procedure**

#### **(Ambulance Services)**

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<b>Contents</b>	<b>Section</b>
1.0	Policy Statement
2.0	Introduction
3.0	Purpose
4.0	Trust Responsibilities
5.0	Duties
6.0	Staff Conduct
7.0	General Principles for all Trust staff
8.0	Disclosure and Barring Procedures
9.0	Specific Issues relating to Safeguarding
Section 1	Safeguarding and Child Protection
Section 2	Child Protection and Whistleblowing
Section 3	Trust Procedures
Section 4	Allegations of Abuse Against a Member of Staff
Section 5	Information Sharing
Section 6	References

## 1.0 Policy Statement

**All Wales Ambulance Services Limited is committed to protecting, safeguarding and promoting the welfare of all people using the Company's services and will be non-tolerant of all and any abuse to both adults and children alike.**

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

***Safeguarding and protection of those most at risk is the business of every employee in the Company; it is the duty on any person who may come into contact with the public either by phone or in person to share concerns when suspected.***

This Safeguarding Children and Young People Policy and Procedure document contains 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 All Wales Ambulance Services Limited, as well all staff, volunteers and contracted 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 Company's policy for Safeguarding Adults.

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 a Private Ambulance Service.

This policy also takes on board the review of Professor Munro in 2011 and the recommendations made informing the government to amend statutory guidance and produce 'Working Together 2013' (WT2013).

## 2.0 Purpose:

Company staff, or those working to provide patient care on behalf of the Company, 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.

## 3.0 Trust Responsibilities:

All Wales Ambulance Services Limited is required to have a Safeguarding Lead who is made responsible for guiding and supporting all Trust staff when dealing with safeguarding adults.

Section 11 of the Children Act 2004 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 Company appoints a Named Doctor for Safeguarding.

The Company 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 is also the designated senior manager in respect of ensuring allegations against staff are investigated in accordance with statutory requirements.

The Board of Directors will receive reports either directly or through the Company's structure.

Where Serious Case Reviews (SCR) are 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 IT under the Health & Safety and SCR headings with lessons learned disseminated. Where the Serious Case Review has been commissioned and the Ambulance Service had no involvement (adopted SCR) these will still be read, documented on the same system and any lessons we can take forward to improve the care we give to our patients will be used to the best of our ability.

## 4.0 Duties:

Accountability for children's and young people's protection is ultimately with the Company's **Chief Executive Officer (CEO)**.

All staff, volunteers and contractors 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 safeguarding of both children and young people.

In supporting the responsibilities as set out in this document, the Company 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 Serious Case Reviews (SCRs).

All staff, volunteers and contractors must share the Company's commitment to protect, safeguard and promote the welfare of children and young people.

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

Staff, volunteers and contractors 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.

When reviewing Company policy, in order to ensure best practice, the Company will utilise relevant information from the CSSIW (Care and Social Services Inspectorate Wales) to ensure best practice.

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

## **5.0 Staff Conduct:**

All Company staff (regardless of position within the Company), any volunteer, contractors or person associated with delivering services on behalf of the Company, 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 she/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 Company's disciplinary procedures, Local Area 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)).

Identification of such incidents can come from various sources. The Company 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 Company and a Disclosure and Barring Service (DBS) referral made.

## **6.0 General Principles:**

All Wales Ambulance Services Limited 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 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 with within their professional duties.

- ✚ A child is defined as anybody that has not yet reached his or her eighteenth birthday (*Children Act 1989*)
- ✚ All companies, that may transport, treat or otherwise come into contact with children in a professional capacity are required to have in place policies and procedures to effectively respond to known or suspected abuse in both children and young people.

## **7.0 Disclosure and Barring Service:**

All Wales Ambulance Services Limited has in place relevant 'safer recruitment' policies, procedures and guidance.

All staff who are exempt from the Rehabilitation of Offenders Act, for example those who provide direct services to children, are subject to enhanced Disclosure and Barring (DBS) checks.

The Company's Human Resources policies and procedures provide support and guidance on processes relating to recruitment, disciplinary procedures and the dismissal/ending of an employee's contract.

#### **8.0 Specific Issues relating to Safeguarding:**

The Company has a legal duty to work with the Local Authority Designated Officers (LADO) from the relevant LSCB 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.

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 Company's Single Point of Contact (SPOC) on:  
(01639) 830253**

# Section 1 Safeguarding and Child Protection

## 1 Introduction:

Following the review of child protection and safeguarding practice by Professor Munro the government issued the current statutory guidance of 'Working Together 2013'. This document is the current legal guidance for child protection procedures for agencies. This is supported by other legislation such as the Children Act 1989, 2004, 2009. Other relevant legislation is indicated within Working Together 2013.

## 2 General Principles:

- ✚ A child is defined as anybody that has not yet reached their eighteenth birthday.
- ✚ All organisations who may come into contact with vulnerable adults and children in a professional capacity are required to have in place policies and procedures to effectively respond to known or suspected abuse in adults, children and young people.

## 3 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 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 below, 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***
- ✚ ***Neglect and acts of Omission***

Whilst the above give a general view of the commonly recognised ‘types’ of abuse the Company recognises the following additions to the types of abuse perpetrated on adult 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 these topics please refer to:**

**[www.scie.org.uk/care-act-2014/safeguarding.../sharing-information/](http://www.scie.org.uk/care-act-2014/safeguarding.../sharing-information/)**

## **5 Staff Responsibilities:**

**All staff in the Company have a legal responsibility to share any concerns they may have, or they may become aware of when acting on behalf of the Company.**

**When something 'just does not seem right', all staff 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.

## **6 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

### 1 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 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 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 violence, 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.

### **4 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. If abuse is alleged, the adult being told about the abuse must be careful not to ask leading questions.

### **5 If someone tells you they have been abused:**

Move them to a private place if possible. 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 Sharing and Referring (Reporting) Concerns:

Any allegation or suspicion of abuse must be taken seriously and acted on immediately. Any staff member of All Wales Ambulance Services Limited, or any other persons who help the Company deliver our service, and who may come into contact with children and young people have a duty to share, and if necessary refer or report concerns regarding suspected abuse.

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 Whistleblowing:

The Company 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 Company has a Whistleblowing Policy which sets out the policy, roles and responsibilities of staff and processes involved. The policy is available on the Company’s website as well as in hard copy at the headquarters.

## Section 3 – Company Procedure for referring:

### 1 Company 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 Company's 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.**

**Remember:** It is neither your role, nor that of the Company's to investigate suspicions. The task for Company's 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, ward staff, care homes etc.

## **2 What to do if staff come into contact with a child being, or having been abused:**

If there is another person present and the Company's 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 Record Form (PRF), ensuring that the bottom copy of the PRF 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 or place of care.

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. Staff should immediately inform their own control about the situation, seeking their guidance.

**Company staff must make sure a 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 Concerns over people other than patients:**

It is quite possible that while caring for a patient, ambulance staff may become aware of possible abuse against 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 staff member must act upon their suspicions and report their concerns about the child to control and the Operations Manager.

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

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

#### **4 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 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 is 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 we are caring for 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 control to make a referral on 01639 830253**

## 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 All Wales Ambulance Services Limited:

#### 1 Staff Conduct:

All Company staff (regardless of position within the Company), any volunteer, contractor or person associated with delivering services on behalf of the Company, 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 Company disciplinary procedures, Company 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 Company 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 Company.

## **2 Responding to an allegation made against a member of staff working for or on behalf of the Company:**

The procedure contained within this section sets out the role of the Company and its responsibilities when there is an allegation against a member of staff and also the role of the Designated Officer.

Working Together to Safeguard Children (2013) states:

*‘Children can be subjected 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. LSCBs (Local Safeguarding Children Boards) 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 she/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 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 What does this mean for the Company:**

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

As mentioned above, *Working Together* 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.

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

- ✚ A Police investigation of a possible criminal offence
- ✚ Company internal disciplinary investigation
- ✚ Enquiries and assessment by Children's Social Care about whether a child 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 Children's Board (LSCB)

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 AWAS which may bring into question the individual's suitability to work with children.

#### **4.1 Manager Responsibilities:**

Upon receipt of information regarding an allegation against an individual, action will be initiated as per the Company's Disciplinary Procedure.

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

#### **4.2 Named Professional:**

The Named Professional 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 Company, particularly the appointed LADO, 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.

The Company, normally through the Named Professional 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 Manager will normally attend the initial strategy meeting and any subsequent strategy meetings convened by the LADO and will liaise between the following agencies and key people;

- ✚ AWAS Human Resources
- ✚ AWAS Investigating Officer
- ✚ The Police
- ✚ Local Area Designated Officer
- ✚ Other relevant agencies – as appropriate

#### **4.3 Action to be taken:**

This procedure should be applied when an allegation or concern has been made against any member of Company’s staff who works with, or might come into contact with children or young people, 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 She/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 or young person. 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.

#### **4.4 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 Company's Named Professional. It is the responsibility of the person receiving the information to evoke the above guidance with immediate effect.

At the same time, if the Company is made aware of an allegation internally, the Named Professional should 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 or young person. Such action should be taken in line with the Company's Safeguarding and Disciplinary Policies.

Action might include a decision to suspend the member of staff as per the Company'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, or others the Police should be notified immediately, either via Control or by the 999 system.

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

## 5 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 or manager receiving the allegation and stored securely. The Named Professional 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 Safeguarding team to advise on appropriate advice prior to contacting the LADO

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.

## 6 Investigation:

The relevant LADO **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 Named Professionals.

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.

Where it is decided that a multi-agency strategy meeting, see point 13, is to be held the Company will take advice from, and agree with the LADO 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.

Consideration of suspension must be in line with the Company Disciplinary Policy

## 7 Referrals:

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

Consideration should be given at an early stage as to whether the Health Care Professions Council (HCPC) and DBS referral or any other professional body needs to be informed.

## 8 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.

## 9 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 Company 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 AWAS.** 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 Company 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 Company 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 and employer as soon as they have completed their investigation. This informs the Company 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 will discuss with the Company 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 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 LSCB 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 LSCB. It is also an opportunity for the Company 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 liaison with the Company'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.

## **10 AWAS Investigation and Outcomes:**

The Company 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 Company 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 Company's Disciplinary Policy.

The Company 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 should be informed of the outcome. In situations where the individual has harmed a child, or is considered to pose a risk of harm to children, 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 Company procedures and a support officer assigned to work with the member of staff.

#### **11 Disclosure and Barring Service referrals:**

The Company 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 Company's investigation.

## Section 5 – Information Sharing

### 1 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 Adults at risk 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 Adults at risk 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 Company 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.

## 2 Purpose and Principles:

The purpose of this protocol is to clarify the principles behind, and the arrangements for sharing sensitive personal information between the Company and other agencies in order to safeguard and promote the welfare of children and young people from abuse.

A basic principle of the Data Protection Act 1998 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
- ✚ 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. It is worth bearing in mind those enquiries following child deaths, domestic abuse homicides or other situations where practice has been called into question have repeatedly identified the failure to share information as a contributory factor.

The Company subscribes to the overriding principle that the needs and rights of children and young people come first.

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 Company Safeguarding Policy, contacting Control on 01639 830253.

**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 – a Named Professional or Named Doctor or duty manager.

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 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.

### **4 Seven golden rules for information sharing:**

All Wales Ambulance Services Limited supports the 7 golden rules for information sharing outlined in the Information sharing.

**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 confidential 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.**

## Section 6 – References:

This Policy supports legislation and guidance from:

The Children Act (1989) & (2004) [www.opsi.gov.uk/acts/acts2004/ukpga\\_20040031\\_en\\_1](http://www.opsi.gov.uk/acts/acts2004/ukpga_20040031_en_1)

Working Together to Safeguard Children (2013) <http://www.workingtogetheronline.co.uk/>

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

Every Child Matters (2003) <http://www.everychildmatters.gov.uk/resources-and-practice/IG00042/>

National Service Frameworks Standard 5

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4089101](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089101)

Care Quality Commission (CQC) Essential Standards of Quality & Safety (2010)

[http://www.cqc.org.uk/publications.cfm?fde\\_id=13512](http://www.cqc.org.uk/publications.cfm?fde_id=13512)

Health & Social Care Act (2008) <http://www.legislation.gov.uk/ukpga/2008/14/contents>

The Sexual Offences Act (2003) <http://www.legislation.gov.uk/ukpga/2003/42/contents>

Female Genital Mutilation Act (2003)

[http://www.opsi.gov.uk/acts/acts2003/ukpga\\_20030031\\_en\\_1](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](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](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](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>

Resuscitation Council (UK) (2005) UK Resuscitation Guidelines

[www.resus.org.uk/pages/guide.htm](http://www.resus.org.uk/pages/guide.htm)

Prevent Strategy

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

