



Safeguarding Policy (Children Young People and Adults at Risk)

Author: Named Professional for Safeguarding

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2.1	Nov 2015	Named Professional	D	Significant revision of content combining previous Safeguarding adult and children policy
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A = Approved D = Draft

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Associated Documentation:

- Assessment Conveyance and Referral of Patients
- Being Open (Duty of Candour) Policy
- Chaperone Policy
- Domestic Abuse Management Guidance;
- Employee Wellbeing: Supporting staff involved in an incident, complaint or claim policy
- Female Genital Mutilation (FGM) Management Guidance
- Management of Deceased Policy
- Managing Safeguarding Allegations Against Staff in a Position of Trust Procedure
- Patient Consent Policy
- PREVENT Policy
- Records Management Policy
- Social Media Policy

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Staff summary

If you believe there is an immediate risk to persons or property or, a crime has been committed, then the police should be contacted on 999 without delay. Consent of the individual does not need to be obtained.

This Policy provides advice, guidance, and information required for Yorkshire Ambulance Service staff and volunteers to act upon safeguarding concerns, ensuring that children, young people, and adults at risk have access to the services that can support them and reduce the risk of future harm.

The children, young people and adults at risk could be a patient, member of staff, volunteer, apprentice or the wider public.

The target audience for this policy is all YAS Staff and volunteers and works alongside their mandatory safeguarding training.

RECOGNISE-RESPOND-REPORT

RECOGNISE-are you worried about a child young person or adult at risk? Use your professional judgement, if something does not feel right, it may not be!

RESPOND- Where it is recognised that a Child, Young Person, or Adult at Risk has been harmed or is at risk of significant harm a safeguarding referral should be made to the appropriate local authority safeguarding team.

RECORD- All safeguarding concerns and actions must be clearly documented in the patient record as appropriate to the service line. This should include the concerns identified and the rationale for making the safeguarding referral.

Safeguarding concerns should be shared in accordance with the “Seven Golden Rules for Information Sharing,” All patient/staff information shared must be in line with General Data Protection Regulations (GDPR)/Data Protection Act 2018 /Caldicott Principles and Human Rights legislation.

If it is determined that a safeguarding referral needs to be made. This can be completed via the e-PR in the notifications and referral section or via the clinical hub on 0300 330 0274

Safeguarding advice, support and case focused supervision can be provided on request for YAS staff by contacting the YAS Safeguarding Team Email: yas.safeguard@nhs.net

1.0 Introduction

- 1.1 This policy document supersedes any previously identified YAS policy for safeguarding children, young people, and adults at risk.
- 1.2 Yorkshire Ambulance Service (YAS) recognises its responsibility to take all reasonable steps to protect and safeguard the welfare of children, young people, and adults at risk of harm, abuse, and neglect - Appendix A.
- 1.3 YAS has a statutory duty under legislation, including, but not limited to, The Children Act (1989) (2004) and The Care Act (2014) to ensure processes are in place to support this - Appendix B.
- 1.4 The Safeguarding Team at YAS provide assurance to the YAS Trust board, to commissioners and partner agencies, that the trust is meeting its safeguarding duties in line with relevant policies, practice guidance and legislation.
- 1.5 YAS has a duty of care to look after the physical and psychological well-being of staff who have been exposed to traumatic, distressing, or challenging incidents. It is recognised that this may include incidents in which a safeguarding referral for a child or adult at risk is required. Please refer to the *Employee Wellbeing: Supporting staff involved in an incident, complaint or claim policy*.
- 1.6 Safeguarding advice, support and case focused supervision can be provided on request for YAS staff by the YAS Safeguarding Team.

2.0 Purpose/Scope

- 2.1 To outline the collective and individual requirements of all Trust staff and volunteers to follow safeguarding legislation.
- 2.2 To provide staff and volunteers with the information needed to act upon safeguarding concerns, ensuring that children, young people, and adults at risk have access to the services that can support them and reduce the risk of future harm.
- 2.3 This policy applies to all Yorkshire Ambulance Service (YAS) staff, including employees, students, volunteers, sub-contractors (including private providers), and agency workers (hereafter referred to as Trust staff and volunteers).
- 2.4 This Policy should be read in conjunction with policies and guidance listed in associated documents.

3.0 Safeguarding Children and Young People

- 3.1 Safeguarding children legislation and guidance apply to the unborn child, and all children and young people from birth up to their 18th birthday.
- 3.2 Local Authorities also have an obligation to offer ongoing support to young people between the ages of 18 and 25 who have been a child who has been looked after by the local Authority as they may have ongoing care and support needs.
- 3.3 Neurodiverse conditions such as Autism and ADHD can present differently to neurotypical patients, in both adults and children. Being neurodivergent does not affect mental capacity but can increase vulnerability to abuse or neglect of themselves or

others. Staff should consider neurodiverse conditions, learning difficulties and mental health issues when caring for children and young people and this should be incorporated in any safeguarding and vulnerability assessment.

- 3.4 Black children are most likely to experience adultification bias due to race, ethnicity and racism acting as compounding factors that hinder child protection responses and professional curiosity. Adultification bias is a breach of child safeguarding legislation and guidance.
- 3.5 **Consent**- under safeguarding legislation, the needs of the child are paramount. This means that where abuse or risk of abuse is identified, a referral can be made to the local authority social care service **with or without consent** of a parent or carer.
- 3.6 However, staff are expected to ask for consent to make a safeguarding referral from a parent/carer (with parental responsibility under the Children Act 1989,2004) **if it is safe to do so**.
- 3.7 A young person can provide their own consent to a referral if they are deemed competent to consent by the referrer. The wishes and feelings of the child / young person should be included where possible.
- 3.8 Exceptions to obtaining consent for a referral would include:
- if obtaining consent would increase the risk of significant harm to the child or young person.
 - if obtaining consent would increase the risk of harm to the staff member or volunteer.
 - if obtaining consent would increase the risk of harm to a member of the public.
- 3.9 Where actions are taken without consent this **must be clearly recorded** in the patient record and the rationale for not obtaining consent provided in the referral.
- 3.10 **LACK OF CONSENT SHOULD NOT PREVENT YAS STAFF MAKING A SAFEGUARDING REFERRAL**

4.0 Safeguarding Adults

- 4.1 Safeguarding adult legislation and guidance apply to all adults from the age of 18 years.
- 4.2 Safeguarding adult referrals can only be sent for those who meet the criteria of an 'Adult at Risk' as described below:
An adult who has needs for care and support (whether or not the local authority is meeting any of those needs) **and**;
- 1) is experiencing, or at risk of, abuse or neglect; **and**
 - 2) as a result of their care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- 4.3 Neurodiverse conditions such as Autism and ADHD can present differently to neurotypical patients, in both adults and children. Being neurodivergent does not affect mental capacity but can increase vulnerability to abuse or neglect of themselves or others. Staff should consider neurodiverse conditions, learning difficulties and mental health issues when caring for adults and this should be incorporated in any safeguarding and vulnerability assessment.

- 4.4 Staff should take appropriate steps to reduce barriers to communication, such as use of a patient's communication aids, written and verbal information and repeating information if needed
- 4.5 If you have contact with patients who present with care and support needs or who find it difficult to look after themselves, you can request a Social Care Assessment on their behalf.
- 4.6 **Consent-** All staff and volunteers are expected to ask for consent from the adult, if it is safe to do so, before making a safeguarding or social care assessment referral.
- 4.7 Under safeguarding adult legislation, an adult who has been assessed as having mental capacity to make decisions about their care, has the right to refuse a safeguarding or social care assessment referral even when care and support needs and abuse/ risk of abuse is identified.
- 4.8 If, following assessment, an adult at risk is deemed not to have the mental capacity, permanent or temporary, to make decisions around the identified safeguarding risk, consent to make a referral is not required as this would be an act done or decision made in the best interests of the patient.
- 4.9 Staff should consider that older people may be affected by conditions that hinder their ability to consent and particular care should be taken to make sure that the patient understands what is being asked of them.
- 4.10 Where actions are taken without consent for either a safeguarding or a social care assessment referral, this **must be clearly recorded** in the patient record and the rationale for not obtaining consent provided in the referral.
- 4.11 There are some circumstances where a referral can be made in the interest of the wider public without the consent from the adult at risk. An example of this is self-neglect and hoarding that presents a risk to neighbours or professionals who need to enter the property.

5.0 Process

- 5.1 Where it is recognised that a Child, Young Person, or Adult at Risk has been harmed or is at risk of significant harm a safeguarding referral should be made to the appropriate local authority safeguarding team. **You should refer to your individual service line Standard Operating Procedures**
- 5.2 YAS staff and volunteers should endeavour to gather sufficient information to enable the local authority to identify the individuals involved and assess the risk of harm.
- 5.3 Professional curiosity is encouraged to ascertain facts that will support the identification of safeguarding risk however, YAS staff and volunteers are not responsible for conducting safeguarding enquiries and should avoid questions and enquiries that could jeopardise external investigations.
- 5.4 When considering any safeguarding concerns YAS staff should avoid any questioning that may increase the risk to the child, young person, or adult at risk, for example asking questions that could alert the perpetrator to your suspicions and lead to further abuse.

- 5.5 Immediate safeguarding advice is available from the clinicians in the clinical hub on 0300 330 0274.
- 5.6 The Safeguarding Team are available during office hours on 01924 584375 or YAS.safeguard@nhs.net
- 5.7 If a crime is taking place or a child, young person or adult at risk is in immediate risk of harm, abuse or neglect, YAS staff should contact **999** and consideration should be given to conveying to a place of safety or remaining on scene until other services arrive. Please refer to the YAS *Assessment Conveyance and referral of patients' policy* for further guidance.
- 5.8 A safeguarding referral can be submitted directly by staff via the electronic referral process on EPR, directly on the clinical hub platform or by telephone call to the clinical health desk on 0300 330 0274. Please refer to your area of work standard operating procedures.
- 5.9 All safeguarding concerns and actions must be clearly documented in the patient record as appropriate to the service line. This should include the concerns identified and the rationale for making the safeguarding referral. All records must be clear, concise, complete, and factual. Further guidance about record keeping can be obtained from the YAS *Records Management Policy*.

6.0 Information Sharing

- 6.1 It is important that all service users remain confident that their personal information is kept secure and safe.
- 6.2 Timely and effective information sharing is a key factor in Safeguarding. Yorkshire Ambulance Service staff should share key information in line with the Information Sharing Policy. [Information sharing advice for safeguarding practitioners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/information-sharing-advice-for-safeguarding-practitioners)
- 6.3 Staff should ensure they are familiar with the Data Protection Act 2018, General Data Processing Regulations 2018, and their responsibilities through statutory and mandatory Information Governance training.
- 6.4 Safeguarding concerns should be shared in accordance with the "Seven Golden Rules for Information Sharing," Appendix C.
- 6.5 Any information shared with external agencies must be recorded in YAS records-this can be via completion of the referral form.
- 6.6 Disclosure can be permitted if it is required by law or is permitted by a statutory process that sets aside the duty of confidentiality.
- 6.7 If Yorkshire Ambulance Service staff are not sure about information sharing or consent issues, they should seek advice from their Safeguarding Lead, Caldicott Guardian or Information Governance Team.

7.0 Escalation of Concerns

- 7.1 There may be occasions whereby a staff member believes that appropriate action has not been taken by a Social Care team following a child or adult at risk referral. In this

situation the staff member should contact the YAS Safeguarding team by emailing yas.safeguard@nhs.net evidencing a clear rationale of their concerns. The Safeguarding team will support resolution of concerns through the relevant local authority escalation policy.

8.0 Contribution to Statutory Multi-Agency meetings and Case Reviews

- 8.1 Yorkshire Ambulance Service as a provider agency may be requested to provide information to contribute towards a number of multi-agency review processes including but not limited to; Child Death Overview Panel, Child Safeguarding Practice Review, Domestic Homicide Review and Safeguarding Adult Review. This is coordinated by the YAS safeguarding team.
- 8.2 Trust staff and volunteers may be requested to provide a formal witness statement regarding their involvement, which may inform statutory safeguarding enquiries.
- 8.3 If operational staff are required requested to attend one of the above meetings, full guidance will be provided by the YAS Safeguarding team, including the standards expected on attendance and copies of relevant patient records. If staff are invited to attend directly by external agencies, please liaise with YAS safeguarding team.
- 8.4 Staff attending meetings must ensure that any contact details provided to the Chair and meeting organiser for further correspondence are those of the YAS safeguarding team (yas.safeguard@nhs.net tel. 01924 584375).

9.0 Specific Issues

9.1 Child Death

- 9.1.1 **SUDIC-Sudden Unexpected Death in Childhood** is a multi-agency response to unexpected child deaths and forms part of the statutory child death and Child Death Overview process (CDOP). When YAS staff or volunteers are called to a situation where a child dies or has died prior to YAS arrival, a safeguarding child referral must be made to inform Children Social Care of the child death. Please refer to the *YAS Management of the deceased policy*.

9.2 Female Genital Mutilation (FGM)

- 9.2.1 Please refer to the *YAS Female Genital Mutilation – Guidance for Staff*. This guidance provides a framework for the management of FGM cases in girls under 18 years of age (actual or planned) or if you become aware of a woman, who has or is expecting a female child, and the woman has undergone FGM.
- 9.2.2 Where you become aware of a child who has undergone FGM you are required to make a mandatory report to the police on 101 and for a child safeguarding referral to be made. Concerns should be clearly documented in detail on the Patient Care Record. The receiving health care professional or organisation should be informed. A copy of the referral should be received by YAS safeguarding team.

9.3 PREVENT

- 9.3.1 Please refer to the *YAS PREVENT Policy*.

- 9.3.2 In cases where YAS staff and volunteers identify a child, young person or adult at risk is at risk of radicalisation/displaying radicalised behaviours, a safeguarding referral should be made via the clinical hub. Where an immediate risk is present, information must be immediately shared with the police via 999. A copy of the referral should be received by YAS safeguarding team.

9.4 Domestic Abuse

- 9.4.1 Please refer to the YAS *Domestic Abuse Management Guidelines* for guidance on supporting patients and YAS staff and volunteers who may be the victims of domestic abuse and steps to take if YAS Staff and volunteers are the alleged perpetrators of domestic abuse.
- 9.4.2 Children are now recognised as victims, in their own right, if they experience domestic abuse and safeguarding child procedures must be followed if YAS Staff and volunteers are aware of children experiencing domestic abuse.

9.5 Child safeguarding concerns beyond the family

- 9.5.1 Young people often have many complex social relationships outside of their family unit which can make place them at risk of harm. This includes concerns around criminal and sexual exploitation, serious youth violence, substance use, and alcohol misuse by young people. YAS staff and volunteers are in key positions to be professionally curious and recognise young people who may be vulnerable to these risks.

10.0 Safeguarding concerns that involve YAS staff or volunteers.

- 10.1 In the workplace- if you are concerned that you or a member of staff may be experiencing, or at risk of, harm or abuse consideration should be given to completing a safeguarding referral. Advice can be sought from your line manager and the safeguarding team.
- 10.2 In the workplace- if you are concerned that a member of staff may be perpetrating harm or abuse against a child, adult, or member of staff, please refer to the YAS *Managing Safeguarding Allegations against Staff in a Position of Trust Guidance*. Advice should always be sought from your line manager and the safeguarding team.
- 10.3 Out of the workplace-if you are concerned that a member of staff and/or their children/ adult family member may be experiencing, or at risk of harm, abuse or neglect consideration should be given to completing a safeguarding referral. Advice can be sought from your line manager and the safeguarding team.
- 10.4 Out of the workplace-if you are concerned that a member of staff may be perpetrating harm, abuse or neglect against a child, adult, or member of staff, please refer to the YAS *Managing Safeguarding Allegations against Staff in a Position of Trust Guidance*. Advice can be sought from your line manager and the safeguarding team.

11.0 Duty of Candour

- 11.1 Further information can be found in the YAS *Policy on Being Open (Duty of Candour) Policy*.

- 11.2 Effective safeguarding practice requires transparency, honesty, and trust. There is a legal Duty of Candour on health service bodies to inform people, both in person and in writing, about mistakes and incidents which have not had the desired outcome.
- 11.3 YAS safeguarding team provide assurance to both internal and external partners that YAS are meeting their safeguarding responsibilities
- 11.4 YAS Safeguarding Team will attend YAS Incident Review Group, liaise with the YAS Investigations Team within the Quality and Safety Directorate to ensure the duty of candour is discharged.

12.0 Implementation Plan

- 12.1 The latest approved version of this Policy will be posted on the Trust Intranet site for all members of staff to view. New members of staff will be signposted to how to find and access this guidance during Trust Induction.
- 12.2 The policy will be circulated in Trust wide communications.
- 12.3 Reference to this policy will be made during Statutory and Mandatory training, safeguarding advice, support, and supervision.

13.0 Monitoring compliance and Effectiveness

- 13.1 Yorkshire Ambulance Service Safeguarding Team has a responsibility to undertake regular audit to monitor compliance and effectiveness of this policy.
- 13.2 Through the Trust Annual Safeguarding audit plan.
- 13.3 Themes, trends or lessons learned will be communicated to staff through a variety of means including Safety Alert Bulletin, Operational Updates and communicated through updated training products and training delivery.
- 13.4 YAS Safeguarding team review, monitor, evaluate and record feedback from Social Care regarding YAS safeguarding referrals and requests for social care assessments and act, as necessary.

14.0 Appendices

- 14.1 This document includes the following appendices:
 - Appendix A – Roles and Responsibilities
 - Appendix B – Legislation and safeguarding guidance
 - Appendix C – Seven Golden Rules for Information Sharing
 - Appendix D - Definitions

Appendix A – Roles & Responsibilities

Chief Executive

The Chief Executive is the executive member of the Trust Board with overall accountability in relation to safeguarding, ensuring that the Trust has policies and procedures in place and complies with its legal and regulatory obligations.

Executive Director of Quality and Chief Paramedic

As the executive Safeguarding Lead, the Executive Director of Quality and Chief Paramedic will ensure that the organisation discharges its statutory Safeguarding responsibility.

The Executive Director of Quality and Chief Paramedic is also the nominated director responsible for consent for treatment and ensuring that all attending personnel deliver care in accordance with best practice.

Deputy Medical Director

The Deputy Medical Director is the Caldicott Guardian.

Head of Safeguarding

The Head of Safeguarding has strategic responsibility for the development and implementation of systems and processes for safeguarding, working with partner agencies in line with local and national standards and legislation. This includes overall responsibility for policy development, education content guidance, and safeguarding supervision. The Head of Safeguarding oversees the Safeguarding Team.

Safeguarding Team

The Safeguarding Team provide operational provision of YAS safeguarding service. The team includes Named Professionals for Safeguarding who are responsible for safeguarding practice, support, peer review, supervision and ensuring compliance with training. The Named Professionals provide expert opinion for safeguarding adults, children and young people, and staff allegations. The Named Professionals also provide line management and leadership to the safeguarding team.

All Staff

All Trust staff including volunteers and apprentices, have duties and responsibilities in relation to Safeguarding.

RECOGNISE-RESPOND-REPORT

RECOGNISE-are you worried about a child young person or adult at risk? Use your professional judgement, if something does not feel right, it may not be!

RESPOND- Where it is recognised that a Child, Young Person, or Adult at Risk has been harmed or is at risk of significant harm a safeguarding referral should be made to the appropriate local authority safeguarding team.

RECORD- All safeguarding concerns and actions must be clearly documented in the patient record as appropriate to the service line. This should include the concerns identified and the rationale for making the safeguarding referral.

All staff including volunteers and apprentices, have a duty to familiarise themselves with this policy and adhere to its process. If a safeguarding concern is identified, have the responsibility to take the necessary actions and follow agreed processes.

Staff, volunteers, and apprentices are required to always act to safeguard the health and well-being of their patients and members of the public. They have a duty to access appropriate safeguarding statutory and mandatory training, to support their understanding of their role and responsibilities.

Appendix B – Legislation and Safeguarding Guidance

Adultification bias within child protection and safeguarding

<https://www.justiceinspectorates.gov.uk/hmiprobation/wp-content/uploads/sites/5/2022/06/Academic-Insights-Adultification-bias-within-child-protection-and-safeguarding.pdf>

Adult Safeguarding: Roles and Competencies for Healthcare Staff; (2018)

<https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069>

Barriers to accessing services for LGBT Domestic Abuse Victims and survivors

https://safelives.org.uk/practice_blog/barriers-accessing-services-lgbt-victims-and-survivors

Care Act (2014) <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Care and Support Statutory Guidance Issued under the Care Act (2014) [40573 2902364 DH Care Guidance accessible pdf \(publishing.service.gov.uk\)](#)

Children Act (1989) <https://www.legislation.gov.uk/ukpga/1989/41/contents>

Children Act (2004) <https://www.legislation.gov.uk/ukpga/2004/31/contents>

Children and Families Act (2014) [Children and Families Act 2014 \(legislation.gov.uk\)](#)

Children and Social Work Act (2017)

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

Convention on the Rights of Persons with Disabilities (2006) [Convention on the Rights of Persons with Disabilities – Articles | United Nations Enable](#)

Crime and Disorder Act (1998) [Crime and Disorder Act 1998 \(legislation.gov.uk\)](#)

Data Protection Act (2018) <https://www.gov.uk/data-protection>

Domestic Abuse Act (2021) <https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted>

European Convention on Human Rights (2021) [European Convention on Human Rights \(coe.int\)](#)

Female Genital Mutilation Act (2003) <https://www.legislation.gov.uk/ukpga/2003/31/contents>

Health and Social Care Act (2012) <https://www.legislation.gov.uk/ukpga/2012/7/contents>

Information Sharing; Advice for practitioners providing safeguarding services to children, young people, parents, and carers. (2024)

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

Looked After Children: Roles and Competencies of Healthcare Staff (2020) [Looked After Children: Roles and Competencies of Healthcare Staff | Royal College of Nursing \(rcn.org.uk\)](#)

Mental Capacity Act (2005) <https://www.legislation.gov.uk/ukpga/2005/9/contents>

Mental Health Act (2005) [Mental Health Act 2007 \(legislation.gov.uk\)](#)

Modern Slavery Act (2015) <https://www.legislation.gov.uk/ukpga/2015/30/contents/enacted>

NHS Constitution (2023) [The NHS Constitution for England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/nhs-constitution-for-england)

NSPCC; (2019); *Gillick competency and Fraser guidelines*;
<https://learning.nspcc.org.uk/media/1541/gillick-competency-factsheet.pdf>

Prevent Duty Guidance (2023) [Prevent duty guidance: England and Wales \(2023\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/prevent-duty-guidance)

Promoting the health and wellbeing of looked-after children (2022) [Promoting the health and wellbeing of looked-after children - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children)

Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff; (2019) <https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competencies-healthcare-staff>

Safeguarding children, young people, and adults at risk in the NHS: Safeguarding accountability and assurance framework (2022) [B0818 Safeguarding-children-young-people-and-adults-at-risk-in-the-NHS-Safeguarding-accountability-and-assuran.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/publication/safeguarding-accountability-and-assurance-framework/)

Safeguarding Vulnerable Groups Act (2006)
<https://www.legislation.gov.uk/ukpga/2006/47/contents>

Serious Crime Act (2015) <https://www.legislation.gov.uk/ukpga/2015/9/contents/enacted>

Sexual Offences Act (2003) [Sexual Offences Act 2003 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2003/62/contents/enacted)

United Nations Convention on the Rights of the Child (1992) [UN Convention on the Rights of the Child - UNICEF UK](https://www.unicef.org/uk/convention-on-the-rights-of-the-child)

Working Together to Safeguard Children: A guide to multi-agency working to help, protect and promote the welfare of children (2023)
[https://assets.publishing.service.gov.uk/media/65cb4349a7ded0000c79e4e1/Working_together_to_safeguard_children_2023 - statutory guidance.pdf](https://assets.publishing.service.gov.uk/media/65cb4349a7ded0000c79e4e1/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf)

Appendix C – Seven Golden Rules for Information Sharing

1. All children have a right to be protected from abuse and neglect. Protecting a child from such harm takes priority over protecting their privacy, or the privacy rights of the person(s) failing to protect them.
2. When you have a safeguarding concern, wherever it is practicable and safe to do so, engage with the child and/or their carer(s), and explain who you intend to share information with, what information you will be sharing and why.
3. You do not need consent to share personal information about a child and/or members of their family if a child is at risk or there is a perceived risk of harm.
4. Seek advice promptly whenever you are uncertain or do not fully understand how the legal framework supports information sharing in a particular case.
5. When sharing information, ensure you and the person or agency/organisation that receives the information take steps to protect the identities of any individuals (e.g., the child, a carer, a neighbour, or a colleague) who might suffer harm if their details became known to an abuser or one of their associates.
6. Only share relevant and accurate information with individuals or agencies/organisations that have a role in safeguarding the child and/or providing their family with support, and only share the information they need to support the provision of their services.
7. Record the reasons for your information sharing decision, irrespective of whether or not you decide to share information. [Information sharing - advice for practitioners providing safeguarding services \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/612212/Information-sharing-advice-for-practitioners-providing-safeguarding-services.pdf)

Appendix D – Definitions

Adultification	The concept of adultification is when notions of innocence and vulnerability are not afforded to certain children. This is determined by people and institutions who hold power over them. When adultification occurs outside of the home it is always founded within discrimination and bias. There are various definitions of adultification, all relate to a child's personal characteristics, socio-economic influences and/or lived experiences. Regardless of the context in which adultification take place, the impact results in children's rights being either diminished or not upheld.'
Allegation against staff includes sub-contractor, volunteer, agency workers and apprentices.	An "allegation" is defined as and may relate to a person who works with children who has: <ul style="list-style-type: none"> • Behaved in a way that has harmed, or may have harmed, a child • Possibly committed a criminal offence against or related to a child • Behaves towards a child or children in a way that indicates they may pose a risk of harm to children (<i>Working Together to Safeguard Children – July 2018</i>)
An Adult at Risk	Is described by the Care Act 2014 as being aged 18 years or over, has care and support needs (whether they are being met or not), is at risk of or experiencing harm or abuse and because of the care and support needs is unable to protect themselves from harm or abuse.
CDOP (Child Death Overview Panel)	A group of professionals who meet to review all child deaths in the area, with the aim of identifying learning which may prevent future deaths.
Child or young person	A child is anyone who has not yet reached their 18 th birthday. A young person is 16 years old or 17 years old but remain a child and subject to Child Protection law as is under 18 years of age.
Child Sexual Exploitation	is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.
Child Looked After by the local authority (CLA) Child in Care of the local authority (CIC) Looked After Child (LAC)	A child for whom a court has granted a care order placing the child in care of the local authority, the child may live in a foster placement, residential setting, within the child's extended family or with its own parents.

Child Safeguarding Practice Review (CSPR)	Commissions reviews of serious child safeguarding cases to improve learning and professional practice.
Clinical Hub	Clinical Advisors (Nurse or Paramedic trained) based within the Emergency Operations Centre at YAS.
Criminal Exploitation	is the exploitation of a person to commit criminal activities for financial gain or other benefits. It is a form of manipulation or abuse of power and control over another person. This can affect adults and children
Designated Nurse/Professional	Works within an ICB and provides safeguarding expertise and leadership throughout health and multi-agency partnerships.
Domestic Abuse	<p>Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to, psychological, physical, sexual, economical, emotional.' Domestic abuse affects all people regardless of sex, gender, sexuality, class, wealth, etc - however, it is accepted that this is a gender-based crime which disproportionately is experienced by women. (The Domestic Abuse Act 2021)</p> <p>Domestic and sexual abuse is more prevalent among trans and non-binary people than their LGBT+ peers.</p>
Domestic Homicide Review	A multi-agency review of circumstances whereby a person aged 16 or over has, or appears to have, died as a result of abuse, neglect and/or violence by a person related to them or with who they were or had been in an intimate relationship with.
Duty of Candour	A legal obligation to be open and transparent with people who use services and/or a person acting lawfully on their behalf with regards their care and treatment. Identifies specific requirements which must be followed when things go wrong including informing people about an incident, providing support and truthful information and an apology when things go wrong.
Female Genital Mutilation	A procedure in which female genitals are deliberately injured, changed, cut, or removed without medical reason. Usually carried out on young girls before puberty.
Gillick Competence	"...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)
Health Desk	Administrative staff available in the Clinical hub, to contact by telephone who complete referral documents including for safeguarding and social care assessment.

Integrated Care Board (ICB)/Integrated Care System (ICS)	partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. Each ICS has an Integrated Care Board (ICB), a statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS
Local Authority (Social Care, Adult Social Care, Children's Social Care)	An administrative body in local government. Local Authorities have a legal obligation to undertake enquiries and assessment of safeguarding concerns in relation to children, young people (Children Act 1989) and adults at risk (Care Act 2014). Provide Adult and Childrens social care services
Local Safeguarding Adult Board (LSAB)	Leads adult safeguarding arrangements across its locality to oversee and co-ordinate effectiveness of member and partner agencies. Assures local safeguarding arrangements are in place as defined in the Care Act 2014 and that safeguarding practice is person-centred and outcome focused. The LSAB is responsible for commissioning Safeguarding Adult Reviews for any case which meets the criteria.
Local Safeguarding Child Partnership (Formerly Local Safeguarding Children's Board)	Responsible for the development of multi-agency policies and procedures which promote the welfare of children and young people in a manner consistent with Working Together to Safeguard Children (2018). Responsible for ensuring co-ordinated responses to unexpected child deaths, analysing collated information, and undertaking review of serious cases to identify opportunities for learning are understood and acted upon.
Making Safeguarding Personal	Is fundamental to adult safeguarding; it means keeping a person at the centre of all safeguarding decisions that are made about them. The key focus is on developing a real understanding of what people wish to achieve, agreeing, negotiating and recording their desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then checking at the end of the safeguarding process how far their expectations have been met.
Memorandum of Understanding (MoA)	YAS Safeguarding teamwork with all multi agency statutory partners across the geographical region. There is a Memorandum of Agreement between Yorkshire Ambulance Service (YAS) NHS Trust and all ICB's across Yorkshire and the Humber, NHS England, and the local statutory safeguarding arrangements for children and adults. The aim of this agreement is to ensure that YAS is represented in each ICB area and is kept informed of any safeguarding issues which require YAS to take to action.
Named Professional	has a key role in promoting skilled professional practice within their organisation, supporting the local safeguarding system and processes, providing advice and expertise for fellow professionals, and ensuring

	safeguarding supervision and training is in place. They work closely with their organisation's safeguarding lead, Designated Professionals in the Integrated Care Board (ICB) and the local safeguarding children's partnership and safeguarding adult boards
Parental Responsibility	The legal rights, powers, responsibilities, duties, and authority a parent has for a child. This may be a birth parent, adoptive parent, legal guardian, Local Authority through Child Protection measures or parental responsibility may be shared between more than one agency.
Paediatric Liaison Nurse (PLN)	The role of the PLN is to liaise and share information between YAS and its multi-agency partners in health and social care across Yorkshire and Humber region. The PLN promotes child and family centred care through early identification, intervention and appropriate referral of vulnerable children and young people who access urgent and emergency care.
PREVENT	Prevent – part of the Home Office Counter-Terrorism strategy to prevent people from being drawn into terrorism. WRAP – Workshop to Raise the Awareness of Prevent Radicalisation – the process or action of causing someone to adopt radical positions on political or social issues. Radicalisation applies equally to all extreme political and social views, including extreme right-wing activities.
Provider Agency	A person, partnership or organisation providing regulated activities.
Regulated Activity	Regulated Activity relates to Activity with Children and Activity with Adults, which requires enhanced Disclosure and Barring Service checks to ensure employee suitability.
Safeguarding Adults Six Principles	Empowerment - support for people to make their own decisions Proportionality – the least intrusive or less restrictive intervention appropriate to the risk Partnership - Working across agencies, services, and communities to prevent, detect and report neglect and abuse Prevention - Taking action before harm occurs or risk escalates Protection - Supporting those in need as a result of abuse or neglect Accountability - Enabling service users and leaders to challenge agencies for their responses to those at risk of harm
Safeguarding Adult Review (SAR)	When an adult dies as a consequence of neglect or abuse, the Care Act 2014 requires a Safeguarding Adult Review (SAR) be arranged by the LSAB. The SAR aims to identify areas of good practice and promote learning and improvement.

Safeguarding Supervision	<p>is an accountable process to support, assure and provide critical reflection regarding safeguarding cases, to develop the knowledge, skills, and values of a staff member.</p> <p>Safeguarding supervision is specified for competency at Level 3 within the Intercollegiate Documents for Adults and Children.</p>
Serious Incident	An incident or occurrence in which one or more patients, staff members, visitors, or members of the public experience permanent or significant harm or alleged abuse, or where provision of service is threatened.
SUDIC (Sudden Death in Childhood)	The death of a child which was not anticipated. A multi-agency response by a group of key professionals to review known information, care provided and where lessons can be learned.
YAS Staff	All Trust staff, sub-contractors, students, agency, and volunteers.