

Safeguarding Children Policy

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

2015: This review has been a significant re-write of the original Safeguarding Children Policies and Procedures.

2019: update of all links and policy in line with Working Together to Safeguard Children (2018). Individual guidelines have been removed to standalone within the Trust intranet for ease of use for frontline staff.

2023: This review has been a significant re-write of the original Safeguarding Children Policy.

KEY WORDS

Child Protection, Safeguarding Children, welfare, Social Care, Social Services, consent, involving parents and carers, medical reports, dealing with disclosures, supervision, allegations of sexual abuse, deliberate self-harm, Police statements, requesting a second opinion, missing persons, children accompanying adult patients, DNA (Did not attend) appointments, provision of data, Form A, Four R's, Safeguarding Referral Form, Traffic Lights, child protection medical, Section 47, Community Liaison, CONI, Care of Next Infant, Child Death, mental health, parental responsibility, leading questions, teenager, mental health, CAMHS (Children Adolescent and Mental Health Service), Was not Brought, data protection, data requests, information request, Safeguarding Children Team, Safeguarding Information Sharing Meeting, discharge meeting, medical illustration, photographs, photographic evidence, adult mental health, domestic abuse, domestic violence, child welfare, absconding, contextual safeguarding, trafficking, child sexual exploitation, child criminal exploitation.

1 INTRODUCTION AND OVERVIEW

1.1 This Trust wide policy sets out how the Trust should work together to safeguard and promote the welfare of children, in line with Working Together to Safeguard Children (2018). The policy reflects the expectations of the Leicester and the Leicestershire & Rutland Safeguarding Children Partnership Board.

The purpose of the policy is to clearly outline the process of safeguarding and protecting individual children coming into contact with Trust services, who are identified as either suffering, or at risk of suffering, significant harm because of abuse or neglect, ensuring those with additional support needs, are identified and referred on to appropriate services. The policy outlines the responsibilities of the Trust and the process for managing the risks associated with safeguarding children.

1.2 The mechanisms for safeguarding children are in Appendix 1 in the Safeguarding Children Flowchart and explained in full in the body of this policy. Whenever staff have a concern about a child's welfare or they feel the child is at risk of significant harm* or deemed to be a 'child in need*' they should follow the flowchart (Appendix 1) and, if at any time remain unclear of their duties and responsibilities consult with the Trusts Safeguarding Named Professionals and/or Safeguarding Specialist Nurses.

* Children Act 1989 <http://www.legislation.gov.uk/ukpga/1989/41/contents>

- 1.3 For UHL to safeguard and protect children from harm and promote their welfare depends on a shared responsibility and effective joint working between different agencies (Working Together to Safeguard Children 2018). NHS (National Health Service) Trusts are expected to co-operate with the local authority and share responsibility for the effective discharge of its function in safeguarding and promoting the welfare of children. This policy equips UHL staff with the knowledge to work effectively with our interagency partners and, through attending Safeguarding Children Training, achieve the skills to recognise when a child is at risk of abuse, or meets the criteria for a 'child in need' and refer to children's social services or initiate an Early Help Assessment.
 - 1.4 To outline safeguarding children training requirements, supervision and support available throughout the Trust.
 - 1.5 To provide a system to deliver, control and monitor safeguarding children procedures.
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2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

- 2.1 This policy applies to all staff who work within University Hospitals of Leicester NHS Trust ("UHL").
- 2.2 This includes all staff that works in a bank/locum capacity or has honorary contracts.
- 2.3 This also includes "satellite" units which work as part of UHL, including UHL in the Community and The National Centre for Sports and Exercise Medicine (NCSEM).
- 2.4 This policy must be read in conjunction with the local joint policies and procedures manual for the Leicester, Leicestershire, and Rutland Safeguarding Children Partnerships. Electronic policies should be consulted as these will provide the most up to date guidance. Available via [Leicester and the Leicestershire and Rutland Safeguarding Children Partnerships Procedures Manual](#)
- 2.5 This policy is supported by a range of guidelines and quick reference guides for quick easy use in clinical settings within UHL

3 DEFINITIONS AND ABBREVIATIONS

Abuse:

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. 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 for example, via the internet. They may be abused by an adult or adults, or another child or children" (Working Together to Safeguard Children 2018)

Child:

A child is anyone who has not yet reached their 18th birthday. Children and young people therefore mean children and young people and unborn children throughout this policy. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate for children and young people, does not change his or her status or entitlement to services or protection under the children Act 1989(Children Act 1989 and 2004, Working Together to Safeguard Children 2018)

Children in Need (Section 17):

Children who are defined as being 'in need,' under section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services, this includes those who are disabled. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are:

- what will happen to a child's health or development without services being provided; and
- The likely effect the services will have on the child's standard of health and development.

Local authorities have a duty to safeguard and promote the welfare of children in need. (Children Act 1989)

Contextual Safeguarding:

This is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. The relationships young people form outside of their families (whether online or community) can sometimes expose them to violence and/or abuse. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including exploitation by criminal gangs and organised crime groups such as county lines, trafficking, online abuse, sexual exploitation, and the influences of extremism leading to radicalisation.

Missing, Exploited and Trafficked Children:

A 'missing' person is defined as:

"Anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be subject of a crime or at risk of harm to themselves or another" Those meeting this definition will be actively searched for, with a level of risk and assigned to each case.

An 'absent' person is defined as a:

"Person not at a place where they are expected or required to be" People categorised as such should not be perceived to be at any apparent risk. Cases classified as 'absent' will be monitored by the police and escalated to the missing person category if risk increases.

Definition of Exploitation:

Exploitation is "the action or fact of treating someone unfairly in order to benefit from their work."

Child Sexual Exploitation (CSE) 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 (Working Together 2017).

Child Criminal Exploitation (CCE) occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual.

Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. Criminal exploitation often happens alongside sexual or other forms of exploitation. Child Criminal exploitation is broader than just county lines and includes for instance children forced to work on cannabis farms, to commit theft, shoplift or pickpocket, or to threaten other young people.

Trafficking:

Human trafficking is defined as a process that is a combination of three basic components:

- Movement (including within the UK)
- Control, through harm / threat of harm or fraud
- For the purpose of exploitation (UNHCR 2006)

The Modern Slavery Act (2015) requires public authorities to notify the Home Office when they encounter a potential victim of modern slavery or human trafficking, and for children this is generally done through a referral to the National Referral Mechanism (NRM). Unlike adults, consent is not needed from a child for this referral to be made.

Children at risk of radicalisation (PREVENT)

Radicalization is defined as the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist activity. Extremism is vocal or active opposition to fundamental British values including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

Health care professionals may treat children who are vulnerable to radicalisation. The key challenge for the health sector is to ensure that, where there are signs that someone has been or is being drawn into terrorism, the health care workers can interpret those signs correctly, are aware of the support that is available and are confident in referring the child for further support (HM Government 2011).

Safeguarding:

Is broader than “Child Protection” as it also includes preventative services as well as protective, specialist services.

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

(Working Together to Safeguard Children (WTG) (DOH 2006) page 34- 35 Chapter 1 1.18 and Working Together to Safeguard Children 2010-page 34 Chapter 1 1.20)

Significant harm (Section 47):

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 children and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

4 ROLES – WHO DOES WHAT

4.1 Responsibilities within the Organisation

a) The Chief Executive and Board of Directors:

Have overall responsibility for Trust compliance with policies and procedures to effectively safeguard children.

b) The Chief Nurse:

Is the director with lead responsibility for Safeguarding Children. The Chief Nurse represents the Trust on the Leicester City and Leicestershire & Rutland LSCB's and provides feedback at appropriate UHL forums. Where necessary the Chief Nurse takes responsibility for communicating relevant information to Government Departments and/or professional bodies of those considered unsuitable to work with children. The Chief Nurse provides support on Safeguarding Children concerns and provides supervision to the Head of Safeguarding, ensuring the role is fulfilled. The Chief Nurse chairs the UHL Safeguarding Assurance Committee. Consider who will support the implementation process and if appropriate describe their roles so that it is clear who is responsible for what.

c) The Head of Safeguarding:

Provides support to the executive lead in exercising their functions in providing strategic leadership for safeguarding across the organisation. Other responsibilities include:

- Ensuring that there is a clear line of accountability and governance within the Trust and the provision of services designed to promote and safeguard the welfare of children.
- Collaborating with Human Resources Department to ensure recruitment and human resources management procedures, including contractual arrangements, take account of the need to safeguard and promote the welfare of children and young people.
- Ensuring that there are procedures for dealing with the allegations of abuse against members of staff and volunteers
- Leading the organisation to understand and embed learning from serious case reviews
- Represents the Trust on the Executive Groups and appropriate subgroups of both the Leicester City and Leicestershire & Rutland Safeguarding Partnership Boards

- Working collaboratively with partner organisations to grow business and ensure that

d) The Named Professionals:

The Trust has a Named Nurse and Named Doctor for Safeguarding Children, who form part of the Safeguarding Team. They carry out their duties in accordance with statutory guidance and work in partnership with the Local Safeguarding Children Partnership/Board and are responsible for:

- Promoting and developing good safeguarding practice throughout the Trust
- Providing expert advice and support on safeguarding issues for the Trust and Trust employees.
- Provide safeguarding supervision as and when required.
- Providing arbitration when professional or agency opinions differ as to whether a child is at risk (if this involves a Named Professional the Designated Professionals will become involved)
- Conducting the Trust's serious case reviews following a child death or serious/life threatening injury to a child through abuse or neglect
- Ensuring recommendations from serious case reviews (both internal and external) are implemented and subsequent learning is disseminated
- Support the organisation in its clinical governance role by ensuring that audits on safeguarding are undertaken and that safeguarding issues are part of the clinical governance systems.
- Represents the Trust on the Executive Groups and appropriate subgroups of both the Leicester City and Leicestershire & Rutland Safeguarding Partnership Boards

e) The Safeguarding Children Team:

Oversees and provides support to clinical staff on all safeguarding children cases raised to them. This will include managing cases, ensuring actions are appropriately taken, supporting staff to meet their duties, liaising with Police, Social Care, and community health practitioners', health practitioners. The Safeguarding Children Team provides Safeguarding Supervision to UHL Staff and will mentor the Safeguarding Children Clinical Links.

f) The Safeguarding Assurance Committee:

Has a strategic function to oversee, scrutinise and endorse safeguarding processes. Members are responsible for sharing information from the Committee meetings, raising awareness of safeguarding processes, escalating concerns, and supporting the implementation and monitoring of compliance with the policy and procedures across their Clinical Management Group (CMG) and staff groups. Committee members complete safeguarding reporting tools to enable the monitoring of compliance within each CMG. The current Terms of Reference are available on the Safeguarding Children Team website on UHL Connect.

g) CMG Heads and all Managers:

- Ensure that all staff are made aware of their roles and responsibilities in relation to this policy.
- Ensure that all staff have read the policy and are aware of what actions they need to take.
- Identify any additional training and support needs required by their staff to enable them to perform their duties as defined in this policy.
- Periodically monitor staff awareness of their roles in relation to this policy.
- Follow other appropriate Trust procedures, simultaneously where necessary e.g., disciplinary procedures, complaints, and incident reporting.
- Ensure appropriate Divisional representation at the Trust's Safeguarding Steering Group.

h) All Trust Staff will:

Undertake Safeguarding Children training as required by the Trust's Mandatory Training Policy

As appropriate to their role know how to access the Trust's Safeguarding Children Guidelines and local/national practice guidance via the Child Protection UHL Connect pages and understand how, when, and where to seek additional support and advice.

Respond immediately to any allegations against staff from any source as per the trust's [Safeguarding - Protecting Patients when Allegation is Made Against an Employee UHL Policy](#)

It is the responsibility of Trust staff (relevant to their role) to challenge actions/decisions made by other staff members/professionals/agencies if they are felt to be unsatisfactory. Support will be provided by their manager and Safeguarding Team where required. See the Trust's guidance on [Safeguarding Children 11 - Requesting a Second Opinion UHL Guideline](#) for guidance on this process.

Staff must ensure that the relevant documentation is completed in line with Trust policy and Codes of Practice, maintaining up to date and accurate written records.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS –WHAT TO DO AND HOW TO DO IT

5.1 Managing Individual Cases

University Hospitals of Leicester NHS Trust Safeguarding Strategy works to the “4 R’s”: **RECOGNISE, RESPOND, REFER** and **RESPONSIBILITY**. This is summarised in **Appendix 1**.

Recognise

- a) **Those who work with children:** All professionals working with children should be alert to indicators that a child may be being maltreated and aware of the appropriate response.
- b) **Those who work with adults who may be parents or caregivers:** Agencies and individual practitioners working with and/or providing services to adults who may need help in promoting and safeguarding their children's welfare should always consider the implications for children of the adult's behaviour.

For example: Adults presenting to hospital with mental health issues, drug/alcohol issues, assault, and domestic abuse or learning difficulties. When dealing with cases of domestic abuse, the Police and other involved agencies should consider the implications of the situation for any children in the family.

Note that the 1989 Children Act definition of “significant harm” has been extended to include “seeing or hearing the abuse of another”.

Respond

- a) It is recognised that each individual child has varying needs and that each case within the Trust will be different.
- b) As such, a Traffic Light approach has been designed to support staff in identifying the process to follow to address the needs of the child. The Traffic Light System can be viewed in detail in Appendix 2.

Refer

- a) All safeguarding cases (red, amber, or green) should be referred to the University Hospitals of Leicester NHS Trust Safeguarding Children Team using the UHL Safeguarding Referral Form, which can be found on ICE. This should be completed in full by the person with the concern at the time of the event.
- b) Children may attend the Trust from Local Authorities outside of Leicester, Leicestershire, or Rutland. In such circumstances, safeguarding concerns about the child or family must be referred to the relevant area in which they normally reside. The UHL Safeguarding Children team can assist in identifying the correct area if there is any uncertainty about where a referral should be made to.

Responsibility

Every member of staff employed by UHL has a responsibility for safeguarding the interests of children and adults they come into contact with during their work. To fulfil these duties, staff are required to attend training and development to recognise the signs and symptoms of abuse or individuals at risk, to follow local and national policy relating to safeguarding practice and to report and act on concerns they may have.

5.2 Case Specific Guidance

Information and comprehensive guidance on the management of cases where safeguarding concerns have been identified are available in the Safeguarding Children Guidelines via the Policy and Guideline Library on UHL Connect or through the following links.

- [Safeguarding Children 1 - Parental Responsibility \(Including Care Orders\) UHL Guideline](#)
- [Safeguarding Children 5 – Disclosures UHL Guideline](#)
- [Safeguarding Children 6 - Supervision of Patients in Safeguarding Children Cases UHL Guideline](#)
- [Safeguarding Children 7 - Suspected Sexual Abuse UHL Guideline](#)
- [Safeguarding Children 8 - Mental Health Issues and Deliberate Self Harm UHL Guideline](#)
- [Safeguarding Children 9 - Fractures of Concern in Children and Young People UHL Guideline](#)
- [Safeguarding Children 10 - Written and Verbal Statements in Cases UHL Guideline](#)
- [Safeguarding Children 11 - Requesting a Second Opinion UHL Guideline](#)
- [Safeguarding Children 13 - Children Who Are Not Brought \(WNB\) to Appointment UHL Guideline](#)
- [Safeguarding Children 14 - Provision of Data to External Agencies UHL Guideline](#)
- [Safeguarding Children 16 - Adults with Mental Health Issues with Child Involvement UHL Guideline](#)
- [Safeguarding Children Guideline 17 - Managing Safeguarding Children Risks in Domestic Abuse Concerns](#)
- [Safeguarding Children 18 - Patients Who Leave Hospital Prior to Medical Discharge UHL Guideline](#)
- [Safeguarding Children Guideline 19 - Undertaking a Child Protection Medical Examination](#)
- [Safeguarding Children Guideline 21 - The Management of Perplexing Presentations / FII in Children and Young People](#)
- [Safeguarding Supervision UHL Policy](#)
- [Safeguarding - Protecting Patients when Allegation is Made Against an Employee UHL Policy](#)

The Leicester, Leicestershire and Rutland Local Safeguarding Children Partnership Board websites have additional guidance and procedures available to support with cases where safeguarding concerns have been identified. These guidelines should be reviewed alongside the UHL guidelines.

- [Leicester and the Leicestershire and Rutland Safeguarding Children Partnerships Procedures Manual](#)

Links to these procedures and guidelines are also available on the [Child Protection pages](#) on UHL Connect.

5.3 Children in the Care of the Local Authority - 'Looked After Children'

- Children and young people who are in the care of the Local Authority, 'Looked After Children' remain amongst the most vulnerable children and young people in our communities. Often the impacts of their previous life experiences are multifactorial and mean that safeguarding remains a key factor in their lives.
- A 'Looked After' child is defined as a child who has been in the care of their Local Authority (children's social care) for more than 24 hours. Looked after children are also often referred to as children in care, a term which many children and young people prefer.
- There is clear evidence that children and young people who enter the care of the Local Authority often have worse levels of health than their peers, which have long term impact upon their future mental and physical health outcomes.
- All children in care will have a health care plan because of their health reviews, which is incorporated into their overarching care plan, which is led by their children's social care team. This health care plan will identify any known health needs for the child or young person and the actions that are in place to address them.
 - All children and young people in care are entitled to the same universal health services as all other children.
 - Looked after children, by the nature of their history and experiences, are statistically more likely to have additional health needs, both physical and emotional.
 - Within the Children and Adolescent Mental Health Service (CAMHS) there is a young person's team, who provide care to all looked after children living in LLR who meet their referral criteria of need.
 - All looked after children must be registered with a GP practice local to where they live.
- Trust staff working directly with children and young people who are known to be in the care of the Local Authority should work in partnership with the Leicester Partnership Trust Looked After Children Team, Children and Adolescence Mental Health team, child or young person's Social Worker and other partners e.g., Health Visitor/School Nurse
- LPT Looked After Children Team – 0116 295 1370

5.4 Child Protection – Information Sharing (CP-IS) Service

- The Trust uses a Child Protection – Information Sharing (CP-IS) Service which identifies if any child or young person is in the care of the Local Authority. CP-IS

links IT systems across health and social care in England to help organisations share information securely.

- Currently the CP-IS system is only set up for attendances to unscheduled health care settings. This only covers the Paediatric & Adult Emergency Department. For children or young people who are direct admissions to the children's hospital or transferred from another hospital this information will not be available. Staff must ask the child or young person or their parent/care giver if they have social care involvement.
- The CP-IS alert will be on the child or young person's Nervecentre record. Information available to staff includes:
 - the name of the responsible local authority - together with their office hours phone and emergency duty contact numbers
 - details of their plan - type, start date and end date
 - details of the 25 most recent CP-IS information accesses from approved care settings in England

The child or young person's social care team will be notified that they have attended an NHS unscheduled health care setting. They will be notified of:

- Which child or young person's record was accessed
 - Which NHS healthcare worker accessed the information (in UHL this is the Named Nurse for Safeguarding Children)
 - When the record was accessed
 - From where the child or young person's record was accessed.
- No information regarding the attendance will be available to social care. Social care will contact the UHL Safeguarding children team for details of the attendance if required.
 - Absence of a CP-IS alert does not mean that the child or young person does not have social care involvement. Staff should still ask the child or young person or parent/care giver if they have an allocated social worker.
 - If a child or young person has a CP-IS alert on their Nervecentre record and they require admission this alert will be mirrored on the Nervecentre profiles for the children's hospital.
 - If a child or young person has a CP-IS alert on their Nervecentre record the safeguarding children team must be notified of their attendance. Staff must complete a safeguarding referral form via the child or young person's ICE record.

5.5 Pregnant children and young people

The first contact a teenager may make regarding a pregnancy could be within the Emergency Department or the urgent care / walk in centres or inpatient or outpatient areas within the Trust.

Under the Sexual Offences Act 2003,

- any sexual intercourse with a girl younger than 13 years is unlawful and will be charged as rape. **A referral must be made to children's social care and the Police. A referral to the safeguarding children team must also be made.**

- Leicester City Children's Social Care 0116 454 1004
- Leicestershire County Children's Social Care 0116 305 0005
- Rutland Children's Social Care 01572 758 407
- Police Child Abuse Investigation Unit – 0116 248 5500

Please follow the [Safeguarding Children 7 - Suspected Sexual Abuse UHL Guideline](#) for additional support and guidance.

- It is recognised that whilst mutually agreed, non-exploitative sexual activity between teenagers does take place and that often no harm comes from it, the age of consent should remain at 16. This acknowledges that this group of young people is still vulnerable, even when they do not view themselves as such. Staff must consider:
 - Concerns of sexual exploitation
 - Offences of rape and assault.
 - Coercive & Controlling relationships

A referral needs to be made to the safeguarding children team

- between the ages of 16-17 years sexual activity is not an offence. **If there are any safeguarding concerns related to the pregnancy of a 16–17-year-old a referral must be made to the safeguarding children team.** Examples include:
 - If the partner is in a proven position of trust (i.e., a support worker or teacher),
 - Concerns of sexual exploitation
 - Offences of rape and assault.
 - Coercive & Controlling relationships
- On confirmation of pregnancy the child or young person should be counselled by an appropriate professional allowing her to make an informed choice about the future of the pregnancy.
- If the child or young person wants to continue the pregnancy, she should be offered the same advice, choices, and standards of care as women in other age groups. However, as evidenced by the high psychological and social needs of some young people the child or young person may need an enhanced care package tailored to her specific need.
- If the child or young person is 18 and under, they should be referred to the Specialist Midwives for the vulnerable groups who specialise in child or young person pregnancy. This can be done via a referral to the safeguarding midwifery team via email Maternity.Safeguarding@uhl-tr.nhs.uk

5.6 Where there are concerns about Child Sexual Exploitation (CSE), Trafficking and Child Criminal Exploitation (CCE)

- If a staff member is concerned that a child or young person is involved or likely to be involved in **sexual exploitation and / or trafficking**, they should immediately make a Referral to Children's Social Care or the Police CAIU (see section 5.5.2) A referral to the safeguarding children team should also be made.

- If a staff member is concerned that a child or young person is involved or likely to be involved in **criminal exploitation**, they should make an immediate referral to Children's Social Care and the Police if they believe the child/young person is at immediate risk of significant harm (see section 5.5). If there is no immediate risk to the child/young person, then a referral to the safeguarding children team should be made.
- Staff can discuss their concerns with the safeguarding children team prior to making a referral if they are not sure there is sufficient 'evidence' or are not sure about the possible risk indicators.
- Confidentiality - where there are concerns that a child or young person is subject to sexual exploitation/trafficking/criminal exploitation, all agencies have a responsibility to report their concerns and share information. The need for a child or young person to be safeguarded overrides their right to confidentiality. Data protection should not prevent the sharing of information but ensures that relevant information is shared appropriately.

5.7 Missing Children or Young People

Please use the following guidance alongside the Leicester and the Leicestershire and Rutland Safeguarding Children Partnerships [Missing Children & Young People - Guidance and Information](#)

- If it comes to the attention of any staff member that a child is missing, they must advise the parent/carer/guardian of the need for them to report the matter to the Police and it is the duty of UHL to verify that the child has been reported missing.
- If you believe that a child is at immediate risk, this should be reported without delay to Leicestershire Police on the emergency number 999. Non-emergency reporting can be made by calling 101. If you have a safeguarding concern, then you should contact Children's Social Care (see section 5.5).
- If the missing child is under the care of the Local Authority, then the person reporting must share the correct name and date of birth, the legal status (details of any open cases and/or care orders etc.) and any significant history
- A referral to children's safeguarding team must be made.

5.8 Safeguarding Children and Risk Management

An Incident is defined as 'any unexpected or unintended event, which gives rise to, or has the potential to produce harm, loss or damage.' Where an incident has been identified which relates to safeguarding children, all staff are responsible for ensuring that the incident is reported using the Trust Datix Risk Management System. All incidents will be monitored by the Risk Management Team jointly with the Named Nurse Safeguarding Children until robust assurances are received that appropriate actions have been identified and implemented to prevent reoccurrence.

5.9 Discharge Planning

- Where safeguarding issues have been identified and there are concerns about safe discharge, a discharge planning meeting should be held and a discharge

plan completed for the unborn, or child/young person regardless of whether they are nursed in midwifery, paediatrics or adult areas to ensure that the child, or pregnant mother, are being discharged to a safe place.

- Where there is a strategy meeting discharge planning can also be completed at this meeting. This should be done in conjunction with the Safeguarding Children Team who will either advise on the process and/or attend with the practitioner if the case is complex.
- Where there are issues of violence or aggression that could impact on the identified child, family members/carers, or other patient's or staff, the Safeguarding Children Team, Head of Security and Matron for the area should be informed as they may also decide to attend the discharge planning meeting if appropriate to do so.

5.10 Historic abuse allegations

The term 'historical abuse' is commonly used to refer to disclosures of abuse that were perpetrated in the past. It is normally used when the victim is no longer in circumstances where they consider themselves at risk of the perpetrator and more commonly used when adults disclose abuse experienced during childhood.

Allegations of child abuse are sometimes made by adults and children many years after the abuse has occurred. Please use the [Safeguarding Children 5 – Disclosures UHL Guideline](#) for additional guidance.

Action to Safeguard following a disclosure of historical abuse

- Clarify whether there are any children or young people (including the victim) who may currently be at risk from the perpetrator.
- If it has been ascertained that the alleged perpetrator has or may have contact with the victim or any other children or young people, a referral should be made to Children's Social Care (see section 5.2.2 on how to do this).
- If any child or young person is deemed to be at immediate risk of harm a referral must be made to Leicestershire Police on the emergency number 999. Non-emergency reporting can be made by calling 101.
- Make a referral to the Safeguarding children team

5.11 Managing Allegations Against Staff

Despite all efforts to recruit safely there will be occasions when allegations of abuse against children are raised. The allegations may relate to the person's behaviour at work, at home or in another setting. All allegations of abuse of children by those who work with children must be taken seriously. Allegations against people, who work with children, whether in a paid or unpaid capacity, cover a wide range of circumstances.

If you are aware of a person who works with children and has:

- Behaved in a way that has harmed a child, or may have harmed a child
- Possibly committed a criminal offence against or related to a child

- Behaved towards a child in a way that indicates he/she is unsuitable to work with children

All such allegations made against adults working with children must be referred to the Local Authority Designated Officer (LADO) who provides advice and guidance to employers and voluntary organisations, liaises with the police and other agencies, and monitors the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.

See [Safeguarding - Protecting Patients when Allegation is Made Against an Employee UHL Policy](#) for additional support and guidance.

5.12 Involving parents and caregivers

- Initial contacts with families set the tone for future working relationships with them. It is good practice to be open, direct, and as honest as possible about the nature of the concerns.
- Remember most parents and carers understand that health professionals must pass on concerns about children to other agencies, and they expect this to happen.
- Parents or carers will feel let down if you say one thing to them and then offer a different opinion to others, therefore, always be honest about your concerns and discuss them.
- However, the needs and safety of the child must remain paramount when determining what information is shared with parents/carers in these initial stages, how this is done and when.
- If you have concerns make it clear that you are not accusing the parents but have procedures to follow. You could say for example 'I have guidelines which I am duty bound to follow.'
- Relevant circumstances when the decision not to inform the parents/carers include where:
 - A child would be threatened or otherwise coerced into silence
 - Important evidence would be destroyed
 - The child did not wish for the parent/carer to be involved at that stage and is competent to make that decision
 - It would pose an immediate risk to siblings
- The UHL Safeguarding Children Team have developed a leaflet that should be provided and talked through with parents and carers when child protection concerns are raised called '**What happens when your child needs a Child Protection Medical Examination**' is available via [YourHealth](#) or via the QR code.



5.13 Information Sharing

- Effective information sharing underpins integrated working and is a vital element of both early intervention and safeguarding. The decision to share or not to share information about a child/young person should always be based on professional judgement, supported by the cross-governmental guidance *Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents, and carers* (HM Government, 2015).
- Information sharing must be done in a way that is compliant with the General Data Protection Regulation, the Human Rights Act, and the common law duty of confidentiality. However, a concern for confidentiality must never be used as a justification for withholding information when it comes to safeguarding a child/young person. The welfare of the child must always be of paramount consideration.
- Effective information sharing is an essential element of Safeguarding Children. The Children Acts 1989 and 2004 state we have a duty to co-operate with other agencies to safeguard and promote the welfare of children. Sharing information to protect children is in the public interest.

Advice on information sharing in safeguarding cases can be found by:

- Contacting the safeguarding children team on extension: 15770 or via email: child.protectionteam@uhl-tr.nhs.uk
- Trust guidance on information sharing is available in the [Data Protection and Confidentiality UHL Policy](#) and the [Safeguarding Children 14 - Provision of Data to External Agencies UHL Guideline](#)

5.14 Documentation

- When a child or young person is brought to UHL it is important for the clinician to confirm the identity of the adult attending with them and to confirm that they have parental responsibility and, if they are the main or sole carer. It is important to document names of all carers/parents with their full names, date of birth and contact telephone numbers. At this point, the status of the child/young person can be confirmed i.e., in family of origin, looked after (fostered/private foster care), looked after (residential care), private fostering or adopted and this information entered into the care record.

- When assessing patients, it is essential to document who lives in the household. This must include all family members, carers and other people who live in the house. Research stemming from serious case reviews has shown that there are often hidden males' resident in the household who could pose significant risks to children (DoE 2010). **If clinicians do not ask about all adults who live in the household opportunities can be missed to safeguard vulnerable children and young people.** The practitioner **MUST** document why they have been unable to fulfil this criteria and detail plans of how and when they will attempt to gain this information.

In all cases the following information should be collected:

- Child's first name and surname
- Address (even if not residing with the service user)
- Name of child's primary carer and relationship to child
- Date of birth
- GP and Health Visitor (for children aged 5 and under)
- School (if appropriate) and School Nurse
- Expected Date of Delivery (EDD) for pregnant women
- Any disability the child may have and how these impacts upon them
- Ethnicity
- First language if this is not English

Documenting safeguarding concerns

- Recognising abuse is important. Acting on concerns is vital. But it is just as important that a record is kept of all safeguarding concerns.
- Record keeping is essential to providing integrated services to children, and their families and carers. Consistent recording processes are essential for service planning, decision making and information sharing.
- Staff **MUST** record safeguarding information in the child or young person's health records. The [Patient Health Records - Documenting UHL Policy](#) sets out the standards that are expected of all staff that make any entries within either paper or electronic patients' records.

5.15 Safeguarding Electronic Notes System (SENS)

The UHL Safeguarding Children Team uses the Safeguarding Electronic Notes System (SENS) to record any safeguarding referrals made by staff in the Trust. This database will hold details of the referral, the concerns raised, what action has been taken or needs to be taken, any advice given, any contact with agencies or professionals involved in the care of the child or young person. The SENS database allows for recording of relationships and linking of relationships to children and young people, it allows the safeguarding children team to determine if any safeguarding concerns regarding the child or young person or their parent or carer have been raised with the Adult or Midwifery Safeguarding

Teams. Data from the SENS database can be used to for audits, monitor activity and identify trends and themes to support learning.

5.16 Additional support for staff

- Protecting children from abuse and neglect can impact on your emotions. It may also raise issues that you may not have considered
- If you find you are affected when involved in safeguarding children's cases, remember you can contact your line manager or the Trust's Safeguarding Children Team for support.
- You can also speak to someone at the Amica telephone counselling service on 0116 254 4388. The service is open every day from 8.30am to 8.30pm and is completely confidential.

5.17 Safeguarding Supervision

- The Trust recognises the need for clinical supervision for Named and core Safeguarding staff, and all levels of staff that may be involved in safeguarding children's cases.
- All staff involved in any safeguarding cases will be offered a safeguarding supervision session by the safeguarding specialist nurses. Guidance on what is offered is available via the [Safeguarding Supervision UHL Policy](#)

5.18 Use of Covert Video Surveillance (CVS)

- It is only in very exceptional circumstances that CVS may be considered for use within the acute hospital setting.
- Under the Regulation of Investigatory Powers Act 2000 there are several legal steps that must be taken prior to CVS being authorised.
- If UHL staff consider that CVS is required then an immediate referral should be made to the UHL Matron for Safeguarding Children, Named Doctor for Safeguarding, or Head of Safeguarding.
- Following assessment by the Safeguarding Children Team a decision will be taken if the case needs to be referred to Children's Social Care.
- A strategy discussion, attended by all relevant agencies, should then be held as per Leicester, Leicestershire, and Rutland Safeguarding Children Partnership Board procedures.
- If a decision is made to go ahead with CVS and an application is made to the courts, the UHL safeguarding team will be guided by the relevant Police Authority for the case.
- Under Leicester and Leicestershire & Rutland Safeguarding Children Partnership Board Procedures, the Police are the lead investigative agency in any case requiring CVS.
- The UHL SCT will take the lead in UHL for any CVS and will guide Trust staff on their roles and responsibilities.

6 EDUCATION AND TRAINING REQUIREMENTS

- 6.1 This policy will be disseminated via the Trust [Policy and Guideline Library](#) via UHL Connect. It will also be available on the [Child Protection](#) pages on UHL Connect.
- 6.2 Awareness of the policy will be raised within Trust's safeguarding training.
- 6.3 All staff employed with UHL will attend Safeguarding Children training, a minimum of 3 yearly for Levels 1 and 2 and annually for Level 3.
- 6.4 Staff with additional roles and responsibilities working with Children and Young People will require further training. This will be determined by the Intercollegiate Roles and Responsibility in relation to Safeguarding Children (2019), and is supported by the Trust's Safeguarding Training Strategy

Level 1 Training:

For non-clinical staff with no or minimal contact with children. This provides a basic level of understanding regarding the signs and indicators of abuse and who to contact if you have a concern. Level 1 training is completed as an e-learning module and is available via HELM.

Level 2 Training:

This training is for clinical staff but who have limited contact with children. The Training provides staff with a more in-depth knowledge of safeguarding and their role as a professional member of staff. Level 2 training incorporates Level 1 training and therefore can be undertaken alone. Level 2 training is completed as an e-learning module and is available via HELM.

Level 3 Training:

This training is for clinical staff who work with children and staff who have limited but intense periods of clinical contact with children. Where they could potentially contribute to assessing, planning, intervening and/or evaluating the needs of children. This training is made up of two modules 1) face to face session 2) e-learning module which is available to book on HELM.

- 6.5 Safeguarding Children training compliance is monitored monthly using the dashboard on HELM. This is reported to the Safeguarding Assurance Committee with SAC members responsible for identifying and addressing deficits in training compliance within their clinical areas.

7 PROCESS FOR MONITORING COMPLIANCE

- 7.1 This policy supports compliance with Outcome 7, Safeguarding people who use services from abuse, of the Care Quality Commissions Essential Standards of Quality and Safety (CQC (Care Quality Commission), 2010). Practice is audited against this standard through quality assurance and monitoring. A quarterly assurance is presented to the Trust Board with details of compliance to CQC Outcome 7. Compliance is also reviewed on an on-going basis with CCG commissioners through quality monitoring.
- 7.3 See policy monitoring table

8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

Working Together to Safeguard Children (2018). Available from:

https://assets.publishing.service.gov.uk/media/669e7501ab418ab055592a7b/Working_together_to_safeguard_children_2023.pdf

Children Act 1989 (c.41) London, HMSO. Available from:

<http://www.legislation.gov.uk/ukpga/1989/41/contents>

Children Act 2004 (c.31) London, HMSO. Available from:

<http://www.legislation.gov.uk/ukpga/2004/31/contents>

Safeguarding children, young people and adults at risk in the NHS (2024). NHS England. Available from: <https://www.england.nhs.uk/long-read/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs/>

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

This section should identify the process for tracking version control and archiving both current and previous versions of the document.

Example wording:

Review details must be described in the Policy and must give details of timescale and who will be responsible for review and updating of the document.

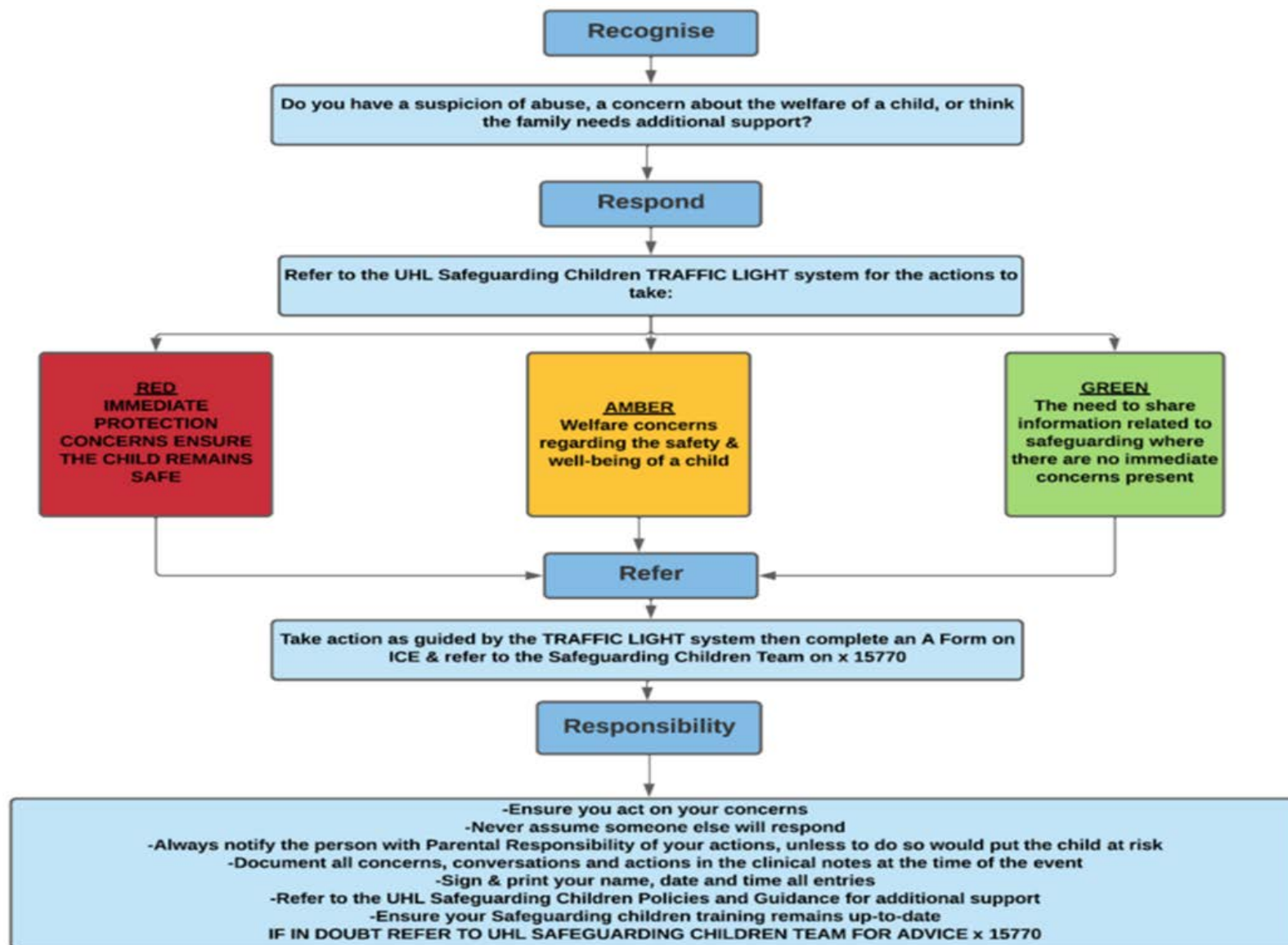
The updated version of the Policy will then be uploaded and available through UHL Connect Documents and the Trust's externally accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system

POLICY MONITORING TABLE

The top row of the table provides information and descriptors and is to be removed in the final version of the document

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
Appropriateness of safeguarding children referrals made by UHL Staff	Michelle Kelly Named Nurse for Safeguarding Children	Observation and review of safeguarding children referral forms	Annually	Report to the Safeguarding Children Assurance Committee
	Head of Safeguarding	Feedback via Serious Case Reviews/ Serious Incident Learning Processes	Quarterly	Safeguarding Assurance Committee QC Safeguarding Subgroups of City, County and Rutland Local Safeguarding Children Partnership Boards
Mandatory staff training at all levels	Named Nurse for Safeguarding Children	HELM data	Monthly	Safeguarding Assurance Committee
			Annually	Annual report to SAC and QC

Appendix 1 - UHL Safeguarding Children Case Process: The 4 'R's'



Appendix 2

UHL Safeguarding Children Team Traffic Light System

Guidance for Referrals

RED - Requiring acute/statutory intervention– children with complex and or acute needs (SPECIALIST)

Children and young people who present with acute needs/are very vulnerable and interventions are required to respond to risk of abuse or neglect. They will require a response from specialist service such as Children's Social Care and Community Mental Health Services.

This would include:

- Statutory services
- Section 47/ Child Protection/ Looked After
- Youth Offending

Child requires specialist or statutory involvement

- Follow Safeguarding Children Partnership Procedures if child at risk of, or suffering, significant harm
- Refer to Children's Social Care immediately

Actions for UHL Staff

- Complete a Safeguarding referral via ICE
- Inform the family of your concern (unless to do so would put the child at risk) and advise them of the safeguarding process.
- Provide the family with a copy of the Information Leaflet '**What happens when your child needs a Child Protection Medical Examination.**' This is available via [YourHealth](#) or can be accessed via the QR code in Appendix 3.
- Document all conversations and observations within the child/young person's hospital notes
- Refer to the on-call Paediatric Team/Consultant
- If a Child Protection Medical Examination is required, please ensure the 'Safeguarding Medical Examination Pack is used' - additional advice and support is available in the [Safeguarding Children 19 - Completion of Child Protection Medical Examinations UHL Guideline](#)
- Make a referral to Children's Social Care
 - Leicester City Children's Social Care 0116 454 1004
 - Leicestershire County Children's Social Care 0116 305 0005
 - Rutland Children's Social Care 01572 758 407
- Notify the UHL Safeguarding Children Team on x15770

Actions for UHL Safeguarding Children Team

- Liaison with Children's Social Care and the Police on behalf of the clinical area
- Attendance at the Multi-Agency Strategy Discussion meetings
- Liaising with health partners – Public Health Nurse/GP and collection of relevant health information to share with partner agencies
- Maintain oversight of the case with support of UHL staff providing direct care for the family
- Providing Safeguarding Supervision to staff regarding the case

- Provision of medical reports from the paediatric team to the safeguarding partners
AMBER – Requiring targeted early help support– children with multiple needs becoming more complex (TARGETED)

Children and young people where there are significant worries over an extended period or where worries recur frequently who would benefit from a coordinated multi-agency team around the family approach, and who will be supported by either a referral to Children’s Social Care or an Early Help Assessment.

This would include:

- Specialist assessment may be required
- Children in Need (Section 17) assessment – where the child/young person has complex needs (including disabilities), and further support may be required.
- A child with mental health issues
- Parents or care givers with mental health, substance, or alcohol misuse issues where the child is deemed to be in an appropriate safe place at the time of admission
- Parents or care givers who have suffered from domestic abuse and the child/young person was present at the time (they do not have had to witness it – just being in the property is emotional abuse)
- Children or young people attending UHL where their parents or care givers are unwilling to take their child home.

Seek advice from agency / safeguarding lead

- Follow Safeguarding Children Partnership Procedures if child at risk of, or suffering, significant harm
- Consider making a referral to Children’s Social Care
- Gather more information and involve relevant agencies

Actions for UHL staff

- Gain consent from the person with parental responsibility to make a referral to the Safeguarding children team. Advise them that the referral will be triaged by the specialist nurses and if appropriate the information will be forwarded to the agency best placed to offer support. This could include,
 - Children’s Social Care
 - Early Help
 - Turning Point
 - The Violence Intervention Project

Details of the attendance will always be shared with the child/young person’s community health team – GP/Public Health Nurse.

- Complete a safeguarding referral via ICE
- If you are unsure what support is required or if a referral is needed, please contact the safeguarding children team on X15770 or via email on child.protectionteam@uhl-tr.nhs.net

Actions for UHL Safeguarding Team

- Assess the information available in the referral, hospital notes and from staff and the child/young person and their family to determine what additional support is required. Make a referral to the agency best placed to offer this support.
- Share details of the referral and attendance to UHL with the child/young person’s community health team
- Maintain oversight of the case with support of UHL staff providing direct care for the family

- Provide safeguarding supervision and support to UHL staff regarding the case

GREEN – Requiring early intervention– children with some additional needs (ADDITIONAL)

Children and young people where some worries are emerging and who will require additional support usually from practitioners already involved with them including schools, health visiting services, children’s centres (where they are available), allocated Social Workers and may also require an Early Help Assessment.

This would include:

- Early Help
- Lead Professional required
- Under the NHS Early Help Framework, the Universal Plus level applies

Involve relevant agencies involved with the family

- Gather more information, consider completion of Early Help Assessment with family
- Identify lead professional
- If concerns escalate, seek advice from agency / safeguarding lead

Under this level, UHL staff can also refer children and families for Information Only.

This would include:

- Children who have an allocated Social Worker where there are no concerns regarding the reason for attendance at the hospital
- Children aged under 2 years who have attended with a burn or fracture where safeguarding concerns have been considered and ruled out during attendance

Actions for UHL staff

- Gain consent from the person with parental responsibility to make a referral to the Safeguarding children team. Advise them that the referral will be triaged by the specialist nurses and if appropriate the information will be forwarded to the agency best placed to offer support. This could include,
 - Children’s Social Care
 - Early Help
 - Turning Point
 - The Violence Intervention Project

Details of the attendance will always be shared with the child/young person’s community health team – GP/Public Health Nurse.

- Complete a safeguarding referral via ICE
- If you are unsure what support is required or if a referral is needed, please contact the safeguarding children team on X15770 or via email on child.protectionteam@uhl-tr.nhs.net

Actions for UHL Safeguarding Team

- Assess the information available in the referral, hospital notes and from staff and the child/young person and their family to determine what additional support is required. Make a referral to the agency best placed to offer this support.
- Share details of the referral and attendance to UHL with the child/young person’s community health team
- Maintain oversight of the case with support of UHL staff providing direct care for the family

- Provide safeguarding supervision and support to UHL staff regarding the case
Appendix 3 – Child Protection Handbook for Staff

For further information on child protection please visit the child protection handbook. This has useful information which can be accessed from a computer or from your phone.

The Handbook can be accessed [here](#) via the QR code

