

## SAFEGUARDING CHILDREN POLICY 2021

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## 1. INTRODUCTION

- 1.1. NHS Clinical Commissioning Groups (CCG's) have a statutory responsibility for Safeguarding Children and Young People under the Children Act 1989 and 2004. Section 11 of the Children Act 2004 places CCGs under a statutory duty to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children.
- 1.2. NHS Wirral Clinical Commissioning Group is committed to safeguarding and promoting the welfare of Children and Young People, to ensure that we make arrangements to safeguard and promote the welfare of children and young people that reflects the needs of the children that we deal with.

In order to fulfil its responsibilities effectively, NHS Wirral CCG promotes the following general principles as set out in 'Working Together to Safeguard Children HM Government 2018:

- Ensure that all affected children receive appropriate and timely therapeutic and preventative interventions.
  - Professionals who work directly with children should ensure that safeguarding and promoting the child's welfare forms an integral part of all stages of care they offer.
  - Professionals who come into contact with children, parents and carers in the course of their work also need to be aware of their safeguarding responsibilities. It is paramount that all health professionals can recognise risk factors, contribute to reviews, enquiries and child protection plans, as well as planning support for children and providing ongoing promotional and preventative support through proactive work.
  - Safeguarding children's standards should be included in all clinical contracts.
- 1.3. In discharging these statutory duties / responsibilities the following legislation is taken into account:
    - a) *Safeguarding Children, Young people and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (2019)*
    - b) *Working Together to Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children (HM Government, 2018)*
    - c) *Statutory Guidance on Promoting the Health and Well-being of Looked After Children (Department of Health,2015)*

d) The policies and procedures of Wirral Safeguarding Children Partnership.

- 1.4. Commissioning organisations are required to ensure that the organisations that services are commissioned from provide safe systems that Safeguard Children at risk of abuse or neglect. CCG's have responsibilities for Children Looked After (CLA) and for supporting the Child Death Overview Process (CDOP).
- 1.5. Working closely with NHS England/Improvement Cheshire and Merseyside to ensure there are effective Safeguarding arrangements across the local health community.
- 1.6. This policy details the roles and responsibilities of NHS Wirral Clinical Commissioning Group as a commissioning organisation and that of its employees.

## **2. WHAT OUR COMMITMENT MEANS**

- 2.1. In developing this policy NHS Wirral Clinical Commissioning Group recognises that Safeguarding children is a shared responsibility with the need for effective joint working between agencies and professionals that have different roles and expertise. In order to achieve effective joint working there must be constructive relationships at all levels. This is crucial in protecting the most vulnerable groups in society from harm.
- 2.2. NHS Wirral Clinical Commissioning Group recognises the additional needs of children from ethnic minority groups and children with disabilities and the barriers they may face, for example with communication or the impact of discrimination.
- 2.3. NHS Wirral Clinical Commissioning Group will give equal priority to keeping all children and young people safe regardless of their age, disability, gender, reassignment, race, religion or belief, sex or sexual orientation.

### **THIS WILL BE PROMOTED AND SUPPORTED BY NHS WIRRAL CLINICAL COMMISSIONING GROUP BY HAVING:**

- a) The commitment of Governing Body members and senior managers to safeguard children.
- b) Clear lines of accountability for safeguarding reflected in the governance arrangements.

- c) Appropriate arrangements in place to co-operate with Wirral Safeguarding Children Partnership, Corporate Parenting Board and the Health and Wellbeing Board.
- d) Arrangements in place for interagency working and effective arrangements for information sharing.
- e) Taken account during service developments of the need to safeguard all service users, and is informed, where appropriate, by the views of service users.
- f) A plan to train staff in recognising and reporting safeguarding issues and continuing professional development so that staff have an understanding of their roles and responsibilities, and those of other professionals and organisations in relation to safeguarding children and looked after children.
- g) Safe working practices including recruitment and vetting procedures in place.
- h) The expertise of a Designated Nurse and Doctor for Safeguarding Children and for Children Looked After, a Designated Paediatrician for unexpected deaths in childhood and a Named GP.

### **3. SCOPE AND PURPOSE OF THE POLICY**

3.1. The Safeguarding Children policy sets out NHS Wirral Clinical Commissioning Groups approach to ensure that:

- a) No act or omission on behalf of the organisation puts a child inadvertently at risk.
- b) Rigorous systems are in place to proactively safeguard and promote the welfare of children from abuse, or the risk of abuse.
- c) Support is available to staff in fulfilling their obligations.

3.2. The purpose of this policy is to enable NHS Wirral CCG to demonstrate how it meets its corporate accountability for safeguarding children, demonstrating that it follows national guidance, promotes best practice and reflects how NHS Wirral CCG works effectively with its partner agencies.

3.3. The scope of this policy therefore includes all staff employed by NHS Wirral CCG who work with families and children, either directly or indirectly, or commission services for children or parents/carers of children and young people. The policy is also applicable to contractors and all volunteers working within the organisation.

3.4. The principles in this document will provide support, advice and guidance to NHS Wirral CCG in discharging its full safeguarding responsibilities. It will alert staff to their safeguarding responsibilities for children through early

identification and appropriate information sharing and referral. As such this policy should be read by all staff and will be referred to in the Level 1 Safeguarding training delivered as mandatory training.

#### **4. ROLES, RESPONSIBILITIES AND DUTIES OF STAFF ACCOUNTABLE OFFICER**

##### ACCOUNTABLE OFFICER

4.1. As Accountable Officer, the Chief Officer of NHS Wirral Clinical Commissioning Group is responsible and accountable for:

- a) Ensuring that policies are fit for purpose.
- b) Ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy covered by NHS Wirral Clinical Commissioning Group through commissioning arrangements and in line with the statutory duties of *Working Together to Safeguard Children* statutory guidance (HM Government, 2018).
- c) Identifying NHS Wirral Clinical Commissioning Group Director of Quality and Safety/Chief Nurse as NHS Wirral Clinical Commissioning Group Board lead for Safeguarding Children.

##### DIRECTOR OF QUALITY AND SAFETY/CHIEF NURSE

4.2. The Director of Quality and Safety has been identified as the Executive Safeguarding Lead by the Chief Officer and is responsible and accountable for:

- a) Ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across all its commissioned services.
- b) Ensuring that the organisation contributes to the commissioning of specific clinical services.
- c) Ensuring that safeguarding and promoting the welfare of children is identified as a key priority area in all strategic planning processes. This is closely linked to the Joint Strategic Needs Assessment.
- d) Ensuring that safeguarding children is integral to Governance and Audit arrangements.
- e) Ensuring that all NHS Wirral Clinical Commissioning Group staff know what to do when they are concerned that a child is being abused.

- f) Representing and/or agreeing representation of NHS Wirral Clinical Commissioning Group on Wirral Safeguarding Partnership (WSCP) with the Chair of WSCP and the other Statutory Partners, and contributing to its work.
- g) Ensuring that all health providers from whom services are commissioned have comprehensive single and multi-agency policies and procedures for Safeguarding Children which are in line with Wirral Safeguarding Children Partnership procedures, and are easily accessible for staff at all levels.
- h) Keep the Governing Body fully informed of all issues in relation to safeguarding and ensuring that safeguarding is given appropriate considerations in all Governing Body business.
- i) Ensuring that contract specifications drawn up with NHS Wirral Clinical Commissioning Group as a commissioning organisation include clear service standards for Safeguarding Children. These service standards include standards for training, policies, and provide links to Wirral Safeguarding Children Partnership. These service standards are monitored thereby providing assurance that safeguarding standards are met.
- j) Ensuring that all staff within the organisation has Safeguarding Children training at the required level as defined in the Safeguarding Children and Young People: Roles and competences for health care staff Intercollegiate Document (2019) and Looked after Children: roles and competencies of healthcare staff (2020) and in line with the Wirral Safeguarding Children Partnership standards.
- k) Ensuring that there are arrangements in place to capture and listen to 'the voice of the child' in Safeguarding services.
- l) Ensuring that arrangements are in place for the Clinical Commissioning Group to commission appropriate services for Children Looked After including Initial and Review health assessments and robust health plans for any Child Looked after by the Local Authority in accordance with Statutory requirements.
- m) Presenting the Annual Safeguarding Children report to the Governing Body members.
- n) The performance management of the Designated Professionals.

#### DESIGNATED DOCTOR AND NURSE FOR SAFEGUARDING CHILDREN

4.3. The Designated Doctor and Nurse for Safeguarding Children are responsible for:

- a) Providing expert advice to all health professionals, the Local Authority, and the Safeguarding Children Partnership in the Local Authority area.



- b) Providing advice to ensure the range of services commissioned by NHS Wirral Clinical Commissioning Group take account of the need to Safeguard and promote the welfare of children.
- c) Ensuring that service plans/specifications/contracts/invitations to tender include reference to the standards expected for Safeguarding Children, including a Safeguarding Children policy statement.
- d) Providing advice on the monitoring of the safeguarding aspects of NHS Wirral Clinical Commissioning Group contracts.
- e) Providing advice, support and Safeguarding supervision to the Named Professionals in each provider organisation.
- f) Providing skilled advice to the Local Safeguarding Children Partnership on all health issues and contributing to the work of the WSCP and its Sub Groups.
- g) Promoting, influencing, and developing relevant training, on both a single and multi-agency basis to ensure the training needs of health staff are addressed.
- h) Ensuring that all NHS Wirral Clinical Commissioning Group staff are aware that people using services might be suffering from abuse and that they need to exercise vigilance to mitigate against risk. They should be trained and competent to be alert to the potential indicators of abuse and neglect and know how to act on those concerns in line with local guidance.
- i) Providing skilled professional involvement in Child Safeguarding processes in line with WSCP procedures.
- j) Providing expert health input to multi-agency safeguarding initiatives and developments.
- k) Contributing to Child Safeguarding Practice Reviews (CSPR), multi and single agency learning reviews, and multi-agency case audits.
- l) Contributing to the dissemination of learning from CSPRs, learning reviews and audits to all NHS Wirral Clinical Commissioning Group staff and health providers when appropriate.

#### DESIGNATED DOCTOR AND NURSE FOR CHILDREN LOOKED AFTER

4.4. The Designated Doctor and Nurse for Children Looked After are responsible for:

- a) Providing strategic and clinical leadership.
- b) Providing expert advice to all health professionals, the Local Authority, the Corporate Parenting Board and WSCP

- c) Providing advice on services commissioned by NHS Wirral Clinical Commissioning Group for Children Looked After.
- d) Ensuring arrangements are in place to monitor the quality of health assessments and other commissioned health service provision for Children looked after.
- e) Working with the Local Authority and partners to improve outcomes for Children Looked After.

## MANAGERS

### 4.5. Managers are responsible for:

- a) Ensuring staff can access Safeguarding Children procedures, policies and guidance.
- b) Ensuring staff are aware of their responsibilities under this policy, and that it is fully implemented within their area of responsibility.
- c) Providing leadership and support to staff.
- d) Ensuring that staff work effectively with professionals from other agencies and organisations.
- e) Ensuring operational implementation of this policy into practice and taking appropriate action should any breach of this policy take place.
- f) Ensuring that service plans / specifications / contracts include reference to the standards expected for safeguarding children.
- g) Ensuring that recruitment and selection process guidance is followed during recruitment of staff working with children, or handling information on children, including that references are always verified, a full employment history is always available with satisfactory explanations for any gaps in employment history, that qualifications are checked and that Disclosure and Barring Checks are undertaken in line with national and local guidance.
- h) Ensuring staff attend Safeguarding Children training at the appropriate level according to their responsibilities, to safeguard and promote the welfare of children.
- i) Ensuring that Safeguarding Children training is discussed with staff during annual Performance Development Reviews and included in individual staff development plans.

- j) Ensuring staff are released from their work area to attend single and multi-agency Safeguarding Children training according to staff roles and responsibilities.
- k) Ensuring safeguarding responsibilities are reflected in all job descriptions relevant to the job role.

## INDIVIDUAL STAFF MEMBERS

4.6. Individual staff members are responsible for:

- a) Being alert to the potential indicators of abuse or neglect in children and know how to act on those concerns in line with local guidance.
- b) Taking part in training, including attending regular updates so that they maintain their skills and are familiar with procedures aimed at safeguarding children.
- c) Understanding the principles of confidentiality and information sharing in line with local and government guidance.
- d) Contributing to, when requested, the multi-agency meetings established to Safeguard and protect children.
- e) Discussing with their line manager when they are aware of circumstances, difficulties or problems in their working life which may adversely affect their working relationships and ability to Safeguard Children. This should be discussed with their line manager so that appropriate support can be provided.
- f) Staff members employed or contracted who do **not** directly deliver services to individuals, in circumstances where they identify a concern around the safety and welfare of a child or young person, are expected to ensure that they act in accordance with Wirral Safeguarding Children Procedures and National guidance.

4.7. Appendix 1 identifies the specific actions required by individual staff members who have a concern about a child's safety and welfare.

4.8. Any independent contractors who deliver services directly to children, young people and their families should ensure that they:

- a) Access Safeguarding children training in accordance with national and local guidance and competency frameworks.

- b) Act in accordance with WSCP Safeguarding children procedures, policies and guidelines.

## 5. CONFIDENTIALITY AND INFORMATION SHARING

5.1. Sharing information amongst professionals working with children and their families is essential for the purpose of safeguarding and promoting the welfare of children. It is often only when information is shared that a child can be seen to be in need or at risk of serious harm. Professionals must use their judgement and available guidance and advice, but should also be aware that failure to share information that might prevent harm to a child, could expose them to criticism in the same way as an unjustified disclosure. The Data Protection Act 2018 and General Data Protection Regulations (GDPR) do not prevent the sharing of information for the purposes of keeping children safe’.

5.2. There are some legal controls to the disclosure of information, and these include:

- Common Law of Confidentiality
- Human Rights Act 1998
- Data Protection Act 1998
- General Data Protection Act (GDPR) (2018)

***“The law will not prevent you from sharing information with others if”:***

- Consent has been obtained.
- The public interest in safeguarding the child’s welfare overrides the need to maintain confidentiality.
- Information is being shared to inform an assessment being undertaken by social services. The Children Act places an obligation on health professionals to share information when an assessment is being undertaken.
- Disclosure is required under a court order or other legal obligation.

5.3. All practitioners should be confident of the lawful bases and processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information including information which is considered sensitive, such as health data, known under the data protection

5.4. Confidential information about a child or young person should never be used casually in conversation or shared with any person other than on a “need to know basis.”

- 5.5. There are some circumstances when employees may be expected to share information about a child, for example when child abuse is alleged or suspected. In such cases individuals have a duty to share information without delay in line with WSCP procedures. Employees must document when, with whom and for what purpose information was shared.
- 5.6. Disclosure should be justified in each case and guidance should be sought from the Designated Professionals for Safeguarding Children, in cases of uncertainty. The Designated Professionals may seek guidance from NHS Wirral Clinical Commissioning Group legal representatives.
- 5.7. The storing and processing of personal information about children and young people is governed by the Data Protection Act 2018. Effective information sharing underpins integrated working and is a vital element of both early intervention and Safeguarding. It is important that all NHS staff understand when, why and how they should share information.
- 5.8. Useful Department of Education Information Sharing Guidance and WSCP information sharing arrangements is available on the following website: <https://www.wirral safeguarding.co.uk>
- 5.9. Consider the likely outcome of sharing or not sharing information. At all times the safety and wellbeing of the child or young person is paramount. Reasons for decisions to share, or not share must be recorded. All decisions require professional, informed judgment. If in doubt this should be discussed with a Designated Professional for Safeguarding Children. The Designated Professionals may need to seek advice from NHS Wirral Clinical Commissioning Group legal representatives.

## **6. WHAT TO DO IF YOU ARE WORRIED THAT A CHILD IS BEING ABUSED**

- 6.1. All staff should exercise vigilance in their work to mitigate against the risk that children using NHS Wirral Clinical Commissioning Group services might be suffering from abuse. If any member of staff becomes concerned that a child may be suffering from abuse or neglect they must follow the guidance set out in the flow chart “What to do if you are worried that a child is being abused.” If in need of advice you should contact the Designated Nurse or Doctor for Safeguarding Children. See Appendix 1.

## **7. DOMESTIC ABUSE**

- 7.1 The Government defines domestic abuse as:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse (psychological, physical, sexual, financial, or emotional) 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, financial, and emotional”.

- 7.2. Domestic abuse affects significant numbers of children and young people and their families causing immediate harm as well as damaging future life chances. NHS Wirral Clinical Commissioning Group will have a view to this when commissioning services.
- 7.3. NHS Wirral Clinical Commissioning Group as members of WSCP will follow the multi-agency guidance set out in their policies and procedures: <https://www.wirral safeguarding.co.uk>

## **8. RESPONDING TO ALLEGATIONS AND SUSPICION OF CHILD ABUSE AGAINST STAFF**

- 8.1. Guidance on appropriate behaviour for staff working with children can be found on WSCP website. <https://www.wirral safeguarding.co.uk/>. All staff of NHS Wirral Clinical Commissioning Group should be aware of what constitutes inappropriate behaviour and what should be reported.

This may include reports initiated under the NHS Wirral Clinical Commissioning Group whistleblowing or/and complaints policy. <https://www.wirralccg.nhs.uk/about-us/policies/>

- 8.2. Any complaint made about a member of NHS Wirral Clinical Commissioning Group staff should also be considered in the context of the WSCP “Managing Allegations against Staff” policy.
- 8.3. In accordance with WSCP “Managing Allegations against Staff” policy, all such incidents should be reported to NHS Wirral Clinical Commissioning Group **Director of Quality and Safety/Chief Nurse** and/or the **Designated Nurse for Safeguarding Children**. In the case of General Practitioners, the Regional Lead Safeguarding (NHSE/I England North) should also be notified. The Local Authority Designated Officer (LADO) should be informed within one working day of all allegations to come to the attention of the Director of Quality and Safety/Chief Nurse. Any incidents should also be reported via the electronic reporting system (Datix)
- 8.4. If NHS Wirral Clinical Commissioning Group removes an individual because the person poses a risk of harm to children, a referral must be made to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason.

## **9. DISAGREEMENT BETWEEN PROFESSIONALS OR AGENCIES**

- 9.1. Designated professionals should be made aware of any professional or interagency disagreements. If the matter cannot be resolved by mediation then a professionals meeting should be instigated according to WSCP Procedures.
- 9.2. The Local Safeguarding Children Partnership Resolution Pathway and Escalation Policy is available on the website: <https://www.wirralsafeguarding.co.uk>

## **10. SAFEGUARDING CHILDREN QUALITY AND AUDIT**

- 10.1. NHS Wirral Clinical Commissioning Group has a process in place to ensure that all service plans / specifications / contracts / invitations to tender include reference to the standards expected for Safeguarding Children. Safeguarding contracts are monitored through the Quality and Performance meetings via monthly exception reporting arrangements, and contract monitoring meetings.
- 10.2. NHS Wirral Clinical Commissioning Group will contribute to multi-agency Safeguarding Children audits through the Designated Professionals. The Clinical Commissioning Group will provide assurance to WSCP that their statutory Safeguarding children responsibilities are in place through Section 11 audits and reports to the Partnership as requested.

## **11. INVOLVEMENT OF SERVICE USERS**

- 11.1. NHS Wirral Clinical Commissioning Group is strongly committed to listening to and acting on the views of service users when commissioning services. Children's views and opinions are heard through provider organisation audits and includes the views of Children Looked after, children who attend hospital and Walk in Centres and through WSCP multi-agency case audits. An NHS Wirral Clinical Commissioning Group, communication, engagement and experience strategy is in place to further facilitate listening to and acting on the views of children and their carers.

## **12. SAFEGUARDING CHILDREN TRAINING**

- 12.1. NHS Wirral Clinical Commissioning Group training framework is in line with the recommendations of:

*Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (Intercollegiate Document September 2019) and Working Together to Safeguard Children (2018).*

- 12.2. Staff will be enabled to participate in training on safeguarding and promoting the welfare of children on both a single and multi-agency basis. The training will be proportionate and relevant to the roles and responsibilities of each staff

member, as identified by their manager and in accordance with the guidance above.

- 12.3. Training can be delivered in any method that meets the requirement set out in the following documents and may be via e-learning packages, taught, work book. Conferences may be acceptable for Safeguarding Professionals that require higher than Level 4 training. Assessments or individual Supervision may be used to highlight changes in national / local legislation and guidance such as recommendations from Safeguarding Children Practice Reviews.
  - a) *Roles and Competencies for Health Care Staff, the Intercollegiate Document* (RCPCH 2019)
  - b) *Looked after children: Knowledge, skills and competence of health care staff Intercollegiate Role Framework* (RCG 2020)
  - c) *Working Together* (HM Government 2018).
- 12.4. For the majority of staff training will be at the mandatory “all NHS staff” level which is available both on induction for new staff members and as an e-learning package for update training. However, managers should ensure that members of staff who fall into any other category as outlined in the training framework access the relevant single or multi-agency training.
- 12.5. All staff must access mandatory safeguarding training as outlined in Appendix 2.

### **13. CHILD SAFEGUARDING PRACTICE REVIEWS/CRITICAL CASE REVIEWS**

- 13.1. NHS Wirral Clinical Commissioning Group has a statutory duty to work in partnership with WSCP and/or any other Safeguarding Children Partnerships, in conducting Child Safeguarding Practice Reviews in accordance with Working Together to Safeguard Children (HM Government 2018).
- 13.2. The Designated Safeguarding Professionals will inform NHS England Area Team when a Child Safeguarding Practice Review Case is commissioned.
- 13.3. NHS Wirral Clinical Commissioning Group will contribute fully to Child Safeguarding Practice Reviews which are commissioned by WSCP.
- 13.4. NHS Wirral Clinical Commissioning Group will ensure that the Designated Professionals’ are given sufficient time and necessary support to complete any Health Overview reports required.
- 13.5. The Governing Body must ensure that the review and all agreed actions following the review, are carried out according to the timescale set out by WSCP Child Safeguarding Review Committee scoping and terms of reference.



- 13.6. The Quality and Performance Committee will monitor the progress of identified recommendations and supporting action plans for issues relating to NHS Wirral Clinical Commissioning Group.

## 14. CATEGORIES OF ABUSE

14.1. For Children's safeguarding, the definitions of abuse are taken from Working Together to Safeguard Children (HM Government 2018). 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 an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children

- a) **Physical abuse:** May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness to a child.
- b) **Emotional abuse:** The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.
- c) **Sexual abuse:** involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include, non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.
- d) **Child sexual exploitation:** 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 for something that the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator.
- e) **Neglect:** The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

14.2. Also staff should be aware of children in specific circumstances, for example: Child Sexual Exploitation/Criminal Exploitation, Safeguarding outside the family home (previously referenced as Contextual Safeguarding), Female

Genital Mutilation, Forced Marriage and Honour Based Violence. Guidance can be found on the WSCP website: <https://www.wirralsafeguarding.co.uk>

14.3. These subjects are included in safeguarding training commissioned by NHS Wirral Clinical Commissioning Group, in addition to multiagency training.

## 15. REFERENCES AND BIBLIOGRAPHY

15.1. In developing this Policy account has been taken of the following statutory and non-statutory guidance, best practice guidance and the policies and procedures of WSCP

- Children Act 1989
- Children Act 2004 and 14
- Female Genital Mutilation Act (2003)
- NHSE Guidance on FGM 2016
- National Service Framework for Children, Young People and Maternity Services, DfES (2004)
- Records Management: NHS Code of Practice Part 2, DH (2006)
- Safer Recruitment - A Guide for NHS Employers, NHS Employers (2006)
- Sexual Offences Act (2003)
- Standards for Better Health DH (2004)
- The NMC Code of Professional Conduct:
- Standards for Conduct, Performance & Ethics, NMC, London (2007)
- Working Together to Safeguard Children, H M Government 2018
- RCPCH 2019 - Intercollegiate Document: Safeguarding Children & Young People: Roles and Competences for Health Care Staff Intercollegiate Document (2019)
- Roles and Competences for Health Care Staff Intercollegiate Document for Looked after Children (2020)

Wirral Safeguarding Children Partnership <https://www.wirralsafeguarding.co.uk>

Department of Health et al (2015) *Statutory guidance on Promoting the Health and well-being of Looked After Children*, Nottingham, DCSF publications

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# APPENDIX 1 - What To Do If You Have Concerns About A Child Flowchart



## WIRRAL SAFEGUARDING CHILDREN FLOWCHART

**Children's Social Care  
Integrated Front Door (IFD)**  
0151 606 2008  
[IFD@wirral.gcsx.gov.uk](mailto:IFD@wirral.gcsx.gov.uk)

(choose option)

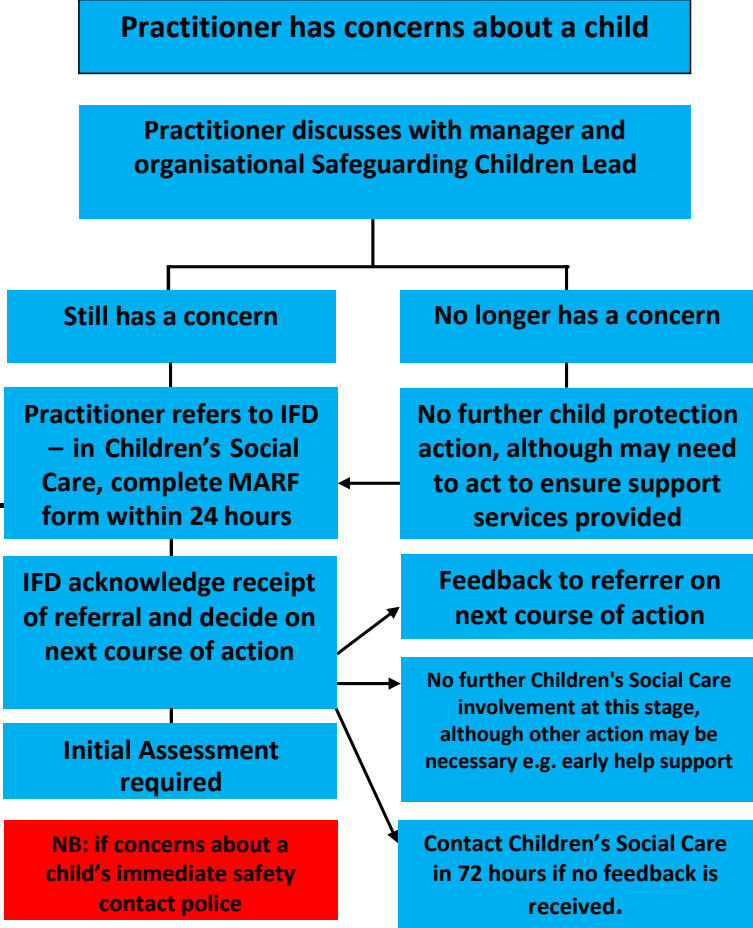
1. Social Worker – open cases
2. If worried about a child/young person at risk of harm and to report a concern
3. Fostering service
4. Children with disabilities service

Adoption Team : 0151 477 8700

**Social Services Emergency Duty Team (EDT)**  
0151 677 6557 (after 5pm)

**Merseyside Police  
Emergency – 999**  
0151 777 2683 (9am – 5pm)  
0151 709 6010 (24 hours)

## WHAT TO DO IF YOU HAVE CONCERNS ABOUT A CHILD



**For advice (if required)  
Monday to Friday (9am – 5pm)**

**Helen Heeley**  
Designated Nurse for Safeguarding Children/Designated Nurse Children Looked After  
Tel: 07776517328  
[helen.heeley1@nhs.net](mailto:helen.heeley1@nhs.net)

**Dr Amanda Bennett**  
Designated Doctor for Safeguarding Children  
Tel: 0151 514 2501  
[amanda.bennett1@nhs.net](mailto:amanda.bennett1@nhs.net)

**Dr Debra Hill**  
Named GP for Safeguarding Children  
Tel: 07557012414  
[dhill4@nhs.net](mailto:dhill4@nhs.net)

After 5pm contact:  
On call Consultant Paediatrician:  
0151 678 5111  
OR  
Social Services Emergency Duty Team (EDT)  
0151 677 6557

Version 8: March 2021

## APPENDIX 2 - SAFEGUARDING CHILDREN TRAINING CHART

<b>SAFEGUARDING CHILDREN TRAINING CHART</b>			
<b>COURSE</b>	<b>FREQUENCY</b>	<b>STAFF</b>	<b>KNOWLEDGE</b>
<p><b><u>Level 1</u></b></p> <p><b>Basic Awareness includes Corporate Induction Programme</b></p> <p><b>(e-learning Module)</b></p>	<p>On commencement of employment</p> <p>Repeat every 3 years for non-clinical staff</p>	<p>All NHS Wirral CCG staff</p>	<p>Know about the range of child abuse.</p> <p>Know about local policies and procedures.</p> <p>Know what to do if they have concerns.</p> <p>Understand the importance of information sharing and dangers of not sharing information. Know who to contact if concerned about a child or young person.</p> <p>Know how to access training and support.</p>
<p><b><u>Level Two</u></b></p> <p><b>Basic Safeguarding Children Training</b></p> <p><b>(e-learning Module)</b></p>	<p>Over 3 year period</p> <p>0.5 programmed activity (2 hours)</p>	<p>All clinical staff whose work brings them directly into contact with children, young people parents and carers</p>	<p>As above and:</p> <p>Understand which groups of children are at risk of harm or neglect. Know who to inform, seek advice from and how to contact them. Know what to record, how long to keep it, how to dispose of records correctly, when to follow up and to feedback.</p> <p>Aware of own (and others) roles and boundaries.</p> <p>Understand the importance of information sharing.</p> <p>Know how to share information.</p> <p>Understand next steps in child protection.</p>
<p><b><u>Level 3</u></b></p> <p><b>Core Safeguarding Children Training</b></p> <p><b>Specialist Safeguarding Children Training</b></p> <p><b>Combination of e-learning and face to face training</b></p>	<p>Over 3 year period refresher training</p> <p>1.5 programmed activity/sessions (6 hours)</p> <p style="text-align: center;">Or</p> <p>3 – 4 programmed Activity (14-16 hours)</p> <p>(Dependent on role)</p>	<p>All clinical staff who work predominantly with children, young people and /or their parents/ carers and who could potentially contribute to safeguarding assessments and plans</p>	<p>Working together with other Agencies to identify, assess and meet the needs of children where there are safeguarding concerns.</p> <p>Recognising the importance of family history and functioning and working with children and family members.</p> <p>As level 2 and aware of implications of: Specialists topics</p> <p>Current research findings and implications for practice.</p>

<b><u>Level 4</u></b>	Over 3 year period  6 programmed activity/sessions (24 Hours)	Child protection named professionals. Staff who have a particular responsibility for safeguarding and promoting children's welfare and working within an interagency context.	As level 3 plus:  Awareness of latest guidance/best practice. Awareness of latest research perspectives and implications for practice.  Advanced understanding of child care law, consent and confidentiality.  Good understanding of forensic procedures.
<b><u>Level 5</u></b>	Over 3 year period  6 programmed activity/sessions (24 hours)	Designated Child protection professionals	As level 4 plus:  Child protection supervision and sound policy advice and support.  Facilitate practice development Facilitation of training (and a training needs analysis).  Undertake / lead serious case reviews.  Give appropriate advice to external agencies/ organisations.  Be able to chair child protection sub groups.  Be able to lead / oversee child protection quality assurance/ improvement.

<p><b><u>Governing Body Members</u></b></p> <p><b><u>A tailored package encompassing Level 1 Knowledge, skills and competencies as identified and specific to their role</u></b></p>	<p>On commencement of employment</p> <p>Repeat every three years</p> <p>(1-2 hours)</p>	<p>Board level for Chief Executive Officers, Trust and Health Board</p> <p>Executive and non- Executive Directors/members, Commissioning Body Directors</p>	<p>As Level 1 plus:</p> <p>Demonstrates clear lines of accountability and governance within and across organisations for the commissioning and provision of services designed to safeguard and promote the welfare of children.</p> <p>Demonstrates awareness and understanding of effective board level leadership for the organisations safeguarding arrangements.</p> <p>Awareness and understanding of effective arrangements for the recruitment and appointment of staff, including safe whistle blowing.</p> <p>Demonstrates collaborative Working with lead and nominated professionals across agencies</p> <p>Demonstrates awareness and understanding of the need for appropriate safeguarding supervision and support for staff including understanding safeguarding training</p>
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**Note: A programmed Activity is equivalent to 4 hours**