

VALE OF YORK CLINICAL COMMISSIONING GROUP



SHADOW GOVERNING BODY MEETING

Vale of York
Clinical Commissioning Group

Meeting Date: 6 December 2012

Report Sponsor:

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Interim Executive Nurse

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Safeguarding Children

1. Title of Paper: Safeguarding Children – Learning and Development Strategy

2. Strategic Objectives supported by this paper

Achieving high quality care for patients. Safeguarding is particularly relevant to domains 4 and 5 of the NHS Outcomes Framework 2012/13 – patient experience and protecting people from avoidable harm

3. Executive Summary

Our CCGs role in safeguarding children and young people as set out in legislation, and updated in the most recent guidance (*Working Together to Safeguard Children 2010*) requires us to not only work closely in partnership with other health service commissioners and providers, but also to cooperate and communicate effectively with our inter-agency partners.

Safeguarding children is everyone's business and the CCGs based within North Yorkshire and York take this responsibility very seriously recognising that it is essential to ensure that all staff, irrespective of role, are competent and confident in carrying out their statutory duties to safeguard & promote the welfare of children and young people.

This strategy therefore is designed to bring together the workforce development issues in relation to safeguarding children across the CCGs based within North Yorkshire & York, bringing together

- in house learning and development programmes, and
- planned developments to meet the latest guidance on Learning & Development in "Working Together to Safeguard Children 2010" & in the intercollegiate documents "Safeguarding Children: Roles & Competencies for Health Care Professionals 2010, & 'Looked After Children: Knowledge, Skills & Competencies of Health Care Staff 2012 (RCN & RCPCH 2012)'.

<p>The CCGs have agreed to subscribe fully to the implementation of the strategy as both a vehicle for workforce development across the health service and as a significant contribution to the interagency workforce development agenda of the North Yorkshire and City of York's Safeguarding Children Boards.</p>
<p>4. Evidence Base</p> <ul style="list-style-type: none"> • Working Together to Safeguard Children (HM Gov 2010) and subsequent versions of this document; • Children Act 1989 and 2004 Section 11 duties (HM Gov 1989; HM Gov 2004) • Care Quality Commission, Review of Arrangements in the NHS for Safeguarding Children (CQC 2009a), • Safeguarding Children and Young People: Roles and Competences for Health Care Staff, (RCPCH 2010) • Looked After Children: Knowledge, Skills & Competencies of Health Care Staff 2012 (RCN & RCPCH 2012) • The State of Child Protection in England: A Progress Report, (Lord Laming 2009) • Safeguarding Training Stocktake Report, Dr Shribman (CQC 2009b) • Essential Standards of Quality and Safety (CQC December 2009)
<p>5. Risks relating to proposals in this paper</p> <p>N/A</p>
<p>6. Summary of any finance / resource implications</p> <p>Any future investment in learning and development will need to be agreed by the CCG however implications contained within report are cost neutral as resources will transfer from the PCT.</p>
<p>7. Any statutory / regulatory / legal / NHS Constitution implications</p> <p>Safeguarding of both children and adults is a fundamental requirement for registration and compliance with the Care Quality Commission Outcome 7 of Essential Standards for Quality & Safety.</p> <p>Commissioners duty to comply with legislation including, The Children Act, 2004 and Working Together to Safeguard Children, 2010, Promoting the Health and Wellbeing of Looked After Children (LAC) 2009, and The Health and Social Care Act 2012</p>
<p>8. Equality Impact Assessment</p> <p>Statement included in policy</p>
<p>9. Any related work with stakeholders or communications plan</p> <p>Policy for approval has been developed through the multi agency partnerships and associated forums including with the CCGs across North Yorkshire and York.</p>

10. Recommendations / Action Required

The Shadow Governing Body is asked to accept and approve the proposed policy

11. Assurance

Matters relating to safeguarding children will be discussed and considered at the Quality and Performance Committee, and matters will be escalated to the Shadow Governing Body as necessary. Safeguarding policies are included in all provider contracts and are monitored through the monthly Contract Management Board structures. Multi agency progress is coordinated and reported via the Local Safeguarding Children's Board structures of which the CCG Governing Body leads will be an integral part.

For further information please contact:

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Vale of York
Clinical Commissioning Group

Safeguarding Children and Young People, Learning and Development Strategy

2012 – 2015

Strategy for all staff who are

- **CCG Governing Body members**
- **directly employed by the CCGs**

**of Scarborough & Ryedale CCG; Hambleton, Richmondshire &
Whitby CCG; Harrogate and Rural District CCG & Vale of York CCG.**

Issue Date: October 2012

Review Date: October 2013

Lead Officers: Designated Nurses for Nurse Safeguarding Children

Ratified By:

- 1) Scarborough & Ryedale CCG
- 2) Hambleton Richmondshire & Whitby CCG
- 3) Harrogate and Rural District CCG
- 4) Vale of York CCG

Vision

To develop all personnel working for the four CCGs based within North Yorkshire & York in order to enable the staff to make a difference to the health and welfare of all North Yorkshire & York's children and young people by equipping staff with the appropriate knowledge and skills to recognise the early signs of abuse and neglect and to take the necessary action.

This strategy has been developed to ensure that the CCGs workforce is equipped with the appropriate level of knowledge and skills to reliably achieve that vision.

Foreword

Providing the highest quality healthcare to children and young people is one of the key drivers of the work of the four Clinical Commissioning Groups based within North Yorkshire & York (the CCGs), and integral to this is our important position in the interagency approach to safeguarding the welfare of children and young people and supporting their families.

Our role in safeguarding children and young people as set out in legislation, and updated in the most recent guidance (*Working Together to Safeguard Children 2010*) requires us to not only work closely in partnership with other health service commissioners and providers, but also to cooperate and communicate effectively with our inter-agency partners.

Safeguarding children is everyone's business and the CCGs based within North Yorkshire & York take this responsibility very seriously recognising that it is essential to ensure that all staff, irrespective of role, are competent and confident in carrying out their statutory duties to safeguard & promote the welfare of children and young people.

This strategy therefore is designed to bring together the workforce development issues in relation to safeguarding children across the CCGs based within North Yorkshire & York, bringing together

- in house learning and development programmes, and
- planned developments to meet the latest guidance on Learning & Development in "*Working Together to Safeguard Children 2010*" & in the intercollegiate documents "*Safeguarding Children: Roles & Competencies for Health Care Professionals 2010*", & '*Looked After Children: Knowledge, Skills & Competencies of Health Care Staff 2012 (RCN & RCPCH 2012)*'.

The CCGs have agreed to subscribe fully to the implementation of the strategy as both a vehicle for workforce development across the health service and as a significant contribution to the interagency workforce development agenda of the North Yorkshire & City of York's Safeguarding Children Boards.

In implementing this strategy it is also important to emphasise that this is the starting point. The Designated Nurses & Doctors for Safeguarding Children will continue to monitor progress to ensure that we do not deviate from our intention to ensure all CCG staff across North Yorkshire & York receive the support and learning opportunities they require. Thus all CCG staff across North Yorkshire & York will be enabled to work effectively to safeguard children & young people across the area within which they work.

This strategy should be viewed as a starting point for the training and development of staff and will be reviewed regularly in line with emerging national guidance and best practice. The CCG will need to receive assurance regarding training compliance across all levels of staff and by all members.

Rachel Potts
Chief Operating Officer Designate

Dr Mark Hayes
Chief Clinical Officer Designate

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1 Introduction

This is the first North Yorkshire & York Clinical Commissioning Groups learning and development strategy in relation to child safeguarding.

This strategy reflects and builds on the work previously undertaken by NHS North Yorkshire & York, and commissioned provider services, and will consider the learning and development needs of all staff working for the CCGs based within North Yorkshire & York with regards to safeguarding children.

This strategy has been developed such that, as statutory bodies, the four CCGs meet the expectations of:

- Working Together to Safeguard Children (HM Gov 2010) and subsequent versions of this document;
- Children Act 1989 and 2004 Section 11 duties (HM Gov 1989; HM Gov 2004)
- Care Quality Commission, Review of Arrangements in the NHS for Safeguarding Children (CQC 2009a),
- Safeguarding Children and Young People: Roles and Competences for Health Care Staff, (RCPCH 2010)
- Looked After Children: Knowledge, Skills & Competencies of Health Care Staff 2012 (RCN & RCPCH 2012)
- The State of Child Protection in England: A Progress Report, (Lord Laming 2009)
- Safeguarding Training Stocktake Report, Dr Shribman (CQC 2009b)
- Essential Standards of Quality and Safety (CQC December 2009)

In summary, the body of guidance above recommends that all health staff (for the purposes of this strategy, this refers to CCG directly employed staff across North Yorkshire & York) are made aware of the predisposing factors, signs and indicators of child abuse & neglect, and the specific health needs of Looked After Children. They will share information effectively and appropriately, collaborating appropriately with other agencies and disciplines, in order to safeguard the welfare of all children. All health staff will have access to the NICE guidance (NICE/89 2009) "When to Suspect Child Maltreatment" (Appendix 2).

Additionally, the 'The Common Core' for the Children's Workforce (CWDC 2010) sets out six areas of knowledge and skills that **everyone** working with children, young people and families must be able to demonstrate. These are:

- Effective communication and engagement
- Child and young person development
- Safeguarding and promoting the welfare of the child or young person
- Supporting transitions
- Multi-agency and integrated working
- Information sharing

2 Definitions

Abuse & Neglect: All forms of maltreatment of a child, including physical, emotional & sexual abuse (including child sexual exploitation).

'Child/children': The term 'children' within this strategy refers to children, young people and their families; The Children Act 1989 defines children and young people as all those who have not yet reached their 18th birthday. Where 'children' is stated, this includes ALL children, including children who are Looked After by a local authority, and disabled children.

Child Protection: Process of protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect.

Competence: The ability to perform a specific role, task, action or function successfully.

Designated professional: The term Designated Doctor or Nurse denotes professionals with specific roles and responsibilities for safeguarding children (including child protection & looked after children), including the provision of strategic advice and guidance, and professional leadership to service planners and commissioning organisations. This is a statutory role which covers all members of the health economy of the area within which the Designated professionals work (see Working Together to Safeguard Children 2010 & Arrangement to Secure Children's & Adult Safeguarding in the future NHS, NHSCB 2012).

Health staff: all staff working within the health economy. However, this document is directed towards all staff working within the four Clinical Commissioning Groups based within North Yorkshire & York.

Learning & Development: In relation to this strategy learning and development is defined as:

- Increasing staff awareness of safeguarding children and young people
- Developing their understanding of their role and responsibilities relating to safeguarding children & young people, and
- Affecting positive behavioural change so as to support staff in promoting the health and welfare of all children.

Looked After Children: This term applies to children currently being looked after and/or accommodated by local authorities/Health and Social Care Trusts, including unaccompanied asylum seeking children and those children where the agency has authority to place the child for adoption. It does not include those children who have been permanently adopted. In some parts of the UK children and young people have expressed a preference for the term 'Children in Care'.

Relevant LSCBs: Those Local Safeguarding Children Boards operating within the area covered by the Clinical Commissioning Group. In relation to

the Clinical Commissioning Groups based within North Yorkshire & York, this refers to: North Yorkshire Safeguarding Children Board (NYSCB); City of York Safeguarding Children Board (CYSCB) & East Riding Safeguarding Children Board (ERSCB).

‘Safeguarding’ (& promoting the welfare of children): The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully. Within this document ‘safeguarding’ refers to work related to both child protection & looked after children.

Health professionals and organisations have a key role to play in safeguarding and promoting the welfare of children. The general principles they should apply are:

- to aim to ensure that all affected children receive appropriate and timely preventative and therapeutic interventions;
- those professionals who work directly with children should ensure that safeguarding and promoting their welfare forms an integral part of all stages of the care they offer;
- those 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; and
- ensuring that all health professionals can recognise risk factors and 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.

All health professionals working directly with children and young people should ensure that safeguarding and promoting their welfare forms an integral part of all elements of the care they offer.

3 Scope

This strategy applies to all CCG staff in North Yorkshire & York, including Board members, direct employees, independent contractors, students and volunteers. Therefore all staff will be made aware of how to recognise and respond to the safeguarding needs of children.

As with any document, the content herein can only be informed by national guidance published at the time, though it is readily acknowledged that emergent national policies and guidance – such as the revision of *Working Together to Safeguard Children* (expected Autumn 2012)– will be adopted once published and used to provide an update of this strategy where necessary. To facilitate this process, this strategy will be reviewed on an annual basis to ensure that it remains fit for purpose.

4 Rationale

Working Together to Safeguard Children: 2010 states:

It is the responsibility of the Local Safeguarding Children Board to ensure that single-agency and inter-agency training on safeguarding and promoting welfare is provided to meet local needs. This covers both the training provided by single agencies to their own staff, and inter-agency training where staff from different agencies train together.

Whilst it is clear from this guidance that the responsibility for ensuring that organisational training is in place and fit for purpose rests with LSCBs, it is the responsibility of the CCGs as employing organisations, to actually commission, quality assure and monitor the impact of training provided to its employees and members,

In this respect, there is a direct relationship between this strategy document and broader Learning and Development Strategies of North Yorkshire Safeguarding Children Board (NYSCB), City of York Safeguarding Children Board (CYSCB) and East Riding Safeguarding Children Board (ERSCB).

Preventative learning and development can only achieve so much, and the sad reality is that, despite the best efforts of individuals & agencies, child deaths & permanent impairment of children through abuse or neglect still occur. When this happens, a Serious Case Review (SCR) will be commissioned by the relevant LSCB with recommendations on where remedial actions are required. Learning from these Serious Case Reviews is essential, and therefore it may be that bespoke training events need to be scheduled for specific teams, single-agency staff, multi-agency staff/teams or the much wider workforce in order to ensure that professional behaviours change within the safeguarding children arena of work. These emergent needs will be met and responded to as and when they arise, and further demonstrate the inter-relationship between health providers and the LSCBs.

5 Aim

The aim of this strategy is to ensure that the CCGs workforce throughout North Yorkshire & York is equipped with the appropriate attitudes, knowledge and skills to safeguard North Yorkshire & York's children and young people.

Given the cross-organisational and diverse nature of this workforce, it is imperative that individuals have a clear and consistent understanding of their responsibilities in relation to children and young people. This strategy will map out the levels of training required for different staff groups, and the methods for delivering that training.

6 Objectives

The objectives of this strategy are to:

- Reassure relevant LSCBs that all the employed, contracted or voluntary staff within the CCGs are fulfilling national expectations of receiving appropriate safeguarding children training.
- Demonstrate that CCGs based within North Yorkshire & York are continuously working towards improved outcomes for children and young people living within their catchment area.
- Ensure consistency with Chapter 4 of Working Together (2010) and other relevant national guidance.
- Ensure that all healthcare professionals are able to identify vulnerabilities at an early stage to secure timely intervention and support for children and families.
- Raise awareness for all staff working within for the CCGs to enable them to identify children who may be being maltreated or at risk of maltreatment (NICE 89/2009), and to take appropriate action in partnership with relevant agencies.
- Ensure that all healthcare professionals have an enhanced awareness of the continuing health needs of children who are in the Looked After system and are conversant with their responsibilities for monitoring these health needs in partnership with other agencies.

In meeting these objectives, the following is the strategic action plan to guide this work.

7 Strategic Action Plan

1. Short Term Targets – by end December 2012

- Agree and publish this strategy, ensuring an Equality Impact Assessment takes place before publication.
- Establish a Safeguarding Training Advisory Group (STAG) to cover the four CCGs based within North Yorkshire & York to ensure that the implementation of this strategy is monitored and reported on annually.
- Develop the medium & long term targets of the STAG & Learning Development Plan.
- Map the safeguarding children learning and development activity that is currently taking place within the four CCGs based within North Yorkshire & York.
- Develop a Learning and Development Plan which identifies where staff within the four CCGs based within North Yorkshire & York can access learning and development opportunities appropriate to their needs.
- Identify an evaluation methodology that will ensure impact measurement of training undertaken takes place and is linked to continuing service improvement.

2. Medium Term Targets – by September 2013

- Review this strategy annually in line with any emergent national drivers/legislation and update where necessary.
- Utilise the STAG to ensure that the implementation of this strategy continues to be monitored and an annual report is produced

Strategic Action Plan Continued

- Develop a common core programme of learning and development across the four CCGs based within North Yorkshire & York to provide a cohesive approach to safeguarding children learning and development.
- Review the Learning and Development Delivery Plan in alignment with the LSCBs, ensuring that multi-agency training needs are being commissioned in an informed way.
- Implement an evaluation strategy which provides measurement of outcome impact, thus ensuring that learning and development activity results in continual service improvement.

3. Long Term Targets – by September 2014

- Evaluate the effectiveness of the STAG including the Terms of Reference, the implementation of the Learning and Development Strategy and the Learning and Development Delivery Plan to ensure that they remain fit for purpose.
- Continue to ensure & monitor the delivery & uptake of a health programme of learning and development providing a cohesive CCG approach to safeguarding children learning and development.

8 Implementation

To ensure that the workforce development activity of the future is fit for purpose, there are operational requirements identified within this strategy. These provide the structural elements to facilitate successful delivery.

8.1 Learning and Development Needs Analysis

Identification of learning and development needs is not a single event. It is a dynamic, ongoing process which ensures that learning and development provision is specifically tailored to the service needs of practitioners & staff within each CCG. Each CCG will have their own specific needs and requirements pertinent to the nature of their organisation, and each CCG may have their own preference about modes of delivery for learning and development. However these will be agreed by the Safeguarding Training Advisory Group and relevant LSCBs.

8.2. Safeguarding Training Advisory Group

In order to support learning and development in a robust and transparent manner across all four CCGs, a Safeguarding Training Advisory Group (STAG) will be convened comprising of: Designated Nurse & Doctor for Safeguarding Children, Safeguarding Children Lead from each of the CCGs (to include at least one General Practitioner), and relevant training & development officers/leads as established by CCGs or Commissioning Support Units.

The STAG will be the body governing the implementation, review and reporting of progress in regards to this strategy and any associated delivery plans. It is anticipated that the STAG will be the official conduit between the four CCGs and the LSCBs Learning and Development Sub-Groups.

An additional purpose of the STAG will be to provide a forum for the development and review of all learning and development opportunities that support the safeguarding of children and young people across the four CCGs including quality assurance and evaluation.

8.3 Learning and Development Plan

A learning and development plan will be developed (as described above) taking into account the needs identified by the four CCGs. It will be developed in order to support the implementation of this strategy document, ensuring that approaches to safeguarding learning and development delivery are consistent across the four CCGs, and meet national requirements and the intercollegiate levels of competency.

The matrix attached at Appendix 1 identifies the safeguarding children learning and development requirements for health staff as defined by the Working Together to Safeguard Children 2010, Safeguarding Children and Young People: Roles and Competences for Health Care Staff (RCPCH 2010), and Looked After Children: Knowledge, Skills & Competencies of Health Care Staff 2012 (RCN & RCPCH 2012). These are further expanded upon in the Learning and Development Delivery Plan and each of the four CCGs will consider the level required by their specific staff groups.

8.4 Evaluation of Learning and Development

As part of the overall work plan for the STAG identified above, an effective methodology for the evaluation of training and its impact on practice will be developed.

The CQC authorisation requirements state each CCG must ensure that that all staff should have access to expert advice and support in relation to safeguarding children. Those working predominantly with children and young people should also have access to regular supervision which specifically considers the safeguarding needs of those children.

In this context, “supervision” is a process of professional support and learning, enabling staff to develop competences, and to assume responsibility for their own practice. Supervision provides a mechanism for support and guidance to staff that have contact with parents/carers, children and young people and unborn babies. The purpose of clinical governance and supervision within safeguarding practice is to strengthen the protection of children and young people by actively promoting a safe standard of safeguarding practice. Clinical governance and supervision are also a means of promoting excellence in safeguarding practice and preventing poor practice. One of the key functions of supervision is to support learning and development and is a vehicle through which (in addition to staff appraisal processes) individual learning needs may be identified.

8.5 Local Standards for Safeguarding Children Learning and Development

The Table below sets out the local standards expected from all of the four CCGs. Monitoring of compliance to these standards will be via the STAG and the CCGs own governance arrangements.

To support the production of an annual learning and development delivery plan, the following local standards will be adhered to:

Standard	Process	Outcome
<p>1. Training will be delivered by trainers who are knowledgeable about safeguarding and promoting the welfare of children, and have facilitation skills.</p>	<ul style="list-style-type: none"> ▪ Ensure all trainers have completed a training for trainers course/or equivalent. ▪ Set up a database of approved trainers, which will be reviewed annually. ▪ Commission learning and development in accordance with agreed procurement procedures. 	<ul style="list-style-type: none"> ▪ All learning and development is effective and is delivered by trainers who have developed and maintained high quality training skills.
<p>2. Learning and development is informed by current research evidence, lessons from Serious Case Reviews and local and national developments or directives.</p>	<ul style="list-style-type: none"> ▪ Continue to identify learning and development implications from relevant policy and Serious Case Reviews, linking this to the training strategy. ▪ Utilise the expertise within the workforce locally, before commissioning. ▪ Provide learning and development materials and resources that have been centrally agreed by the STAG. 	<ul style="list-style-type: none"> ▪ Staff have the knowledge and skills to fulfil their safeguarding responsibilities. ▪ A local perspective is explicit in learning and development. ▪ Training delivery is consistent and delivered to a high standard. ▪ There is consistency across the workforce of the four CCGs based within North Yorkshire & York.
<p>3. Training reflects the understanding of the rights of the child, and is informed by an active respect for diversity and the experience of</p>	<ul style="list-style-type: none"> ▪ Use of a standard application form for the CCGs safeguarding children learning and development to assist in monitoring candidate details. 	<ul style="list-style-type: none"> ▪ All staff working with children and young people are aware of the learning and development they need and how to access it.

Standard	Process	Outcome
<p>staff and service users, with a commitment to ensuring equality of opportunity.</p>	<ul style="list-style-type: none"> ▪ Ensure that valuing diversity will permeate all learning and development and all forms of discrimination and oppression will be challenged. ▪ Training programmes promote the rights of children and the importance of seeking their thoughts and feelings within all settings. 	<ul style="list-style-type: none"> ▪ Learning and development needs relating to Safeguarding, Looked After Children, children with disabilities and children from black and minority ethnic groups are regularly reviewed.
<p>4. Learning and development will be reviewed and evaluated regularly to ensure it meets the agreed learning outcomes for individuals and the CCGs.</p>	<ul style="list-style-type: none"> ▪ All learning and development will be evaluated centrally at the Safeguarding Training Advisory Group (STAG). ▪ Audits of the learning and development can be used to inform the overall picture and to identify gaps in service provision. ▪ A consistent approach to workforce development links to shared performance indicators and inspection criteria. 	<ul style="list-style-type: none"> ▪ Evaluation methods follow a robust and transparent methodology. ▪ An annual written report on learning and development and development activities will be available. ▪ Identified learning and development needs from Personal Development Reviews and the business plan will inform the Learning and Development strategy. ▪ Areas of risk through lack of training will be reduced. ▪ The four CCGs based within North

Standard	Process	Outcome
		<p>Yorkshire & York can evidence that the workforce is trained to an appropriate level in regard to the safeguarding of children and young people.</p>
<p>5. CCG staff & members work together & with partner agencies to safeguard children and are fully compliant in their statutory responsibilities.</p>	<ul style="list-style-type: none"> ▪ Robust training links with statutory agencies and relevant community based voluntary and independent organisations. ▪ CCG staff & members are conversant with the need to share information appropriately and that the child's right to be protected is paramount. ▪ Agencies will attend training together to learn from Serious Case Reviews where appropriate. 	<ul style="list-style-type: none"> ▪ Managers of services to be informed of attendance as required by their service. ▪ Improved communication and understanding of agency roles and responsibilities.

9 Equality and Diversity

The four CCGs value equality of opportunity and recognise the importance of respecting diversity. At the 2011 census, the population of North Yorkshire & York was predominantly white British. However, all content of safeguarding learning and development will be informed by the nature and make-up of the population of North Yorkshire & York that the NHS workforce serves. This goes beyond ethnicity, as diversity can relate to many other aspects of life.

10 Conclusion

Any strategy needs to consider the impact of national and local priorities. At the time of formulating this strategy, consideration has been taken of “Working Together to Safeguard Children 2010” & the intercollegiate documents “Safeguarding Children: Roles & Competencies for Health Care Professionals 2010, & “Looked After Children: Knowledge, Skills & Competencies of Health Care Staff 2012”.

This Strategy is a working document that will be reviewed annually and updated as required by the STAG, particularly in light of emerging significant legislative or procedural changes within safeguarding practice locally or nationally. As Lord Laming said:

“If Safeguarding Children is everyone’s responsibility, then everyone should know how, and who, to contact if they are concerned about a child or young person (including line managers and operational managers who should access learning and development equal to the level and responsibility of the staff they manage)”.

(Laming, HMSO 2009: p25)

This strategy sets the framework by which the CCGs will develop over the next 3 years to ensure that safeguarding children learning & development is delivered in an effective, coordinated, cost-effective and sustainable way. The role of the STAG will be pivotal in ensuring such development activity takes place.

11 References

1. Care Quality Commission (2009a, July) *Review of arrangements in the NHS for safeguarding children* London CQC
2. Care Quality Commission (2009b, Feb) *Safeguarding Training Stocktake Report* London CQC
3. CWDC (2010) *Refreshing the Common core for the Children's Workforce* Leeds CDWC
4. DCSF (2008) *Staying Safe: Action Plan* London DCSF Crown Copyright
5. DOH (2001) *Working Together a Framework for Life Long Learning* London Crown Copyright
6. DOH (2004a) *Standards for better Health* London Crown Copyright
7. DOH (2004b) *The Knowledge and Skills Framework (NHS KSF) and the Development Review Process* London DOH Crown Copyright
8. DOH (2004c) *National Service Framework for Children ,Young People and Maternity Services* London DOH Crown Copyright
9. HM Gov (2010) *Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote welfare of children* London DCSF Crown Copyright
10. Harrison R (2006) *Learning and Development 4th edition* CIPD London
11. Lord Laming H (2009) *The Protection of Children in England: A Progress Report* The Stationary Office London
12. NICE /89 (2009) *When to Suspect Child Malnutrition- Quick Reference Guide Guideline 89 National Institute for Health and Clinical Excellence* London
13. NHSCB (2012) : Arrangement to Secure Children's & Adult Safeguarding in the future NHS,
14. NHS Rotherham Safeguarding Children Learning and Development Strategy 2011-2014 Draft 5 (*with thanks for the use of their material*)
15. ONS 2010 indicative mid-year estimate based sub-national population projections. Available at: <http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2010-based-projections/index.html>
16. RCPCH (2010) *Safeguarding Children and Young People: Roles and Competences for Health Care Staff Intercollegiate Document*. Royal College of Paediatrics and Child Health (RCP&CH) London

17. RCN & RSCPCH (2012) *Looked after children: Knowledge, skills and competences of health care staff, Intercollegiate Role Framework*

18. The Children Act 1989: London HMSO

19. The Children Act 2004: London HMSO

Appendix 1

(It is acknowledged that CCGs will NOT be employing all of the staff groups mentioned below, but they are mentioned herein to assist CCGs to identify the levels of training required by each particular staff group.)

<p>Group 1</p>	<p>This awareness raising is an introduction to safeguarding children and young people. It can be an approved e-learning package or at corporate induction (must last at least 30 minutes) and be undertaken within 6 months of taking up post. <i>(Denotes Level 1 Intercollegiate Documents 2010¹⁴ & 2012¹⁵).</i></p> <p>All Staff / Non-clinical staff working in any health care setting e.g. CCG administrative staff</p>
<p>Group 2</p>	<p>Those with regular contact or have a period of intense but irregular contact, with children, young people and/or parents/carers including all health clinical staff who may be in a position to identify concerns about maltreatment, including those that may arise from the use of the CAF. <i>(Denotes Level 2 Intercollegiate Documents 2010¹⁴ & 2012¹⁵).</i></p> <p>Staff groups include District Nurses, Adult Allied Health Professionals, clinical laboratory staff, pharmacists¹, ambulance staff, dentists, opticians, physicians, surgeons, anaesthetists², radiologists, allied health care practitioners and all other adult orientated secondary care health care professionals including technicians, practice nurses with irregular contact with children and young people</p>
<p>Group 3 and 4</p>	<p>Members of the workforce who work predominantly with children, young people and/or parents/carers and who could potentially contribute to assessing, planning, intervening and reviewing the needs of the child and/or parenting capacity where there are safeguarding concerns. These groups also include all members of the workforce working with looked after children and should encompass programmes to increase knowledge about the effects of abuse and neglect, attachment theories/resilience building, promoting mental health and psychological wellbeing substance abuse/use and sexual health. For doctors, they should be able to demonstrate training to Level 3 Community Child Health competences (http://www.gmc-uk.org/Community_Child_Health_NEW_curriculum_document_June_2010.pdf_34230346.pdf)</p> <p><i>(Denotes Level 3 Intercollegiate Document 2010¹⁴ & Levels 3 Intercollegiate Document 2012¹⁵).</i></p> <p>Staff groups include GPs, Practice Nurses, Children & Young People's Allied Health Professionals, Adult Allied Health Professionals, community mental health staff, paediatric allied health professionals, sexual health staff, school nurses, health visitors, children's nurses, midwives, child psychologists, obstetricians, paediatricians, paediatric radiologists, paediatric surgeons, children's/paediatric anaesthetists and paediatric dentists.</p>
<p>Group 5 and 6</p>	<p>Specialist safeguarding children roles. <i>(Denotes Level 4 Intercollegiate Documents 2010¹⁴ & 2012¹⁵).</i></p> <p>Specialist professionals should undertake further education, training and learning appropriate to their role. This may include developing knowledge and skills related to motivational interviewing, management of resources, undertaking appraisals and the provision of supervision for level 3 staff. Nurses must successfully complete a paediatric</p>

¹ See *Guidance on Child Protection* for pharmacists www.rpsgb.org/pdfs/childprotectguid.pdf

²RCA and The Association of Anaesthetists of Great Britain and Ireland. *The Good Anaesthetist, Standards of Practice for Career Grade Anaesthetists* London 2010

	<p>assessment module as part of a paediatric advanced nurse practitioner programme to have the knowledge and skills at the required level to be able to undertake first medical assessments in line with local clinical governance protocols. For paediatricians, they must demonstrate Level 3 Community Child Health competences (http://www.gmc-uk.org/Community_Child_Health_NEW_curriculum_document_June_2010.pdf_34230346.pdf) and additional training/experience in respect of looked after children</p> <p>Staff groups include Named Nurses for Safeguarding Children, Named Doctors for Child Protection, specialist safeguarding children advisors, specialist looked after children advisors, safeguarding supervisors and operational managers with a safeguarding lead.</p>
Group 7 and 8	<p>Senior managers responsible for the strategic management of services; NHS Board members and Designated Safeguarding Children & Child Protection professionals. (<i>Denotes Level 5 Intercollegiate Documents 2010¹⁴ & 2012¹⁵</i>)</p>

Definitions of consider and suspect

The alerting features in this guidance have been divided into two categories, according to the level of concern, with recommendations to either ‘consider’ or ‘suspect’ maltreatment.

CONSIDER means maltreatment is one possible explanation for the alerting feature or is included in the differential diagnosis.

SUSPECT means serious level of concern about the possibility of child maltreatment but not proof of it.

Using this guidance

If you encounter an alerting feature described in this guidance it is good practice to follow the process outlined below.

Listen and observe

Take into account the whole picture of the child or young person. Sources of information that help to do this include:

- any history that is given
- report of maltreatment, or disclosure from a child or young person or third party
- child’s appearance, demeanour or behaviour
- symptom
- physical sign
- result of an investigation
- interaction between the parent or carer and child or young person.

Seek an explanation

Seek an explanation for any injury or presentation from both the parent or carer and the child or young person in an open and non-judgemental manner. An **unsuitable explanation** is one that is:

- implausible, inadequate or inconsistent:
 - with the child or young person’s presentation, normal activities, medical condition (if one exists), age or developmental stage, or account compared with that given by parent and carers
 - between parents or carers
 - between accounts over time
- based on cultural practice, because this should not justify hurting a child or young person.

Record

Record in the child or young person’s clinical record exactly what is observed and heard from whom and when. Record why this is of concern.

CONSIDER child maltreatment

If an alerting feature prompts you to consider child maltreatment:

- look for other alerting features of maltreatment in the child or young person’s history, presentation or parent– or carer–child interactions now or in the past.

And do one or more of the following:

- Discuss your concerns with a more experienced colleague, a community paediatrician, child and adolescent mental health service colleague, or a named or designated professional for safeguarding children.
- Gather collateral information from other agencies and health disciplines.
- Ensure review of the child or young person at a date appropriate to the concern, looking out for repeated presentations of this or any other alerting features.

At any stage during the process of considering maltreatment the level of concern may change and lead to exclude or suspect maltreatment.

SUSPECT child maltreatment

If an alerting feature or considering child maltreatment prompts you to suspect child maltreatment refer the child or young person to children’s social care, following Local Safeguarding Children Board procedures.

Exclude child maltreatment

Exclude child maltreatment if a suitable explanation is found for the alerting feature. This may be the decision after discussion of the case with a more experienced colleague or gathering collateral information as part of considering child maltreatment.

Record

Record all actions taken and the outcome.

Appendix 3

EQUALITY IMPACT ASSESSMENT (EIA) INITIAL SCREENING TOOL

Document Name: Safeguarding Children and Young People Learning and Development Strategy and Delivery Plan

Date/Period of Document: 2012/2015

Lead Officer: Designated Nurses for Safeguarding Children

Directorate: Quality and Performance

Reviewing Officers: Executive Nurse and Designated Nurse

<input type="checkbox"/> Function	<input type="checkbox"/> Policy	<input type="checkbox"/> Procedure	<input checked="" type="checkbox"/> Strategy and Delivery Plan	<input checked="" type="checkbox"/> X Joint Document? YES – between the four CCGs based within North Yorkshire & York
Describe the main aim, objectives and intended outcomes of the above: This strategy considers the learning and development needs of all staff within & members of the four CCGs based within North Yorkshire & York, with regards to safeguarding children.				

You must assess each of the 7 areas separately and consider how your policy may affect people's human rights.

1. Assessment of possible adverse impact against any minority group				
How could the policy have a significant negative impact on equality in relation to each area?		Response		If yes, please state why and the evidence used in your assessment
		Yes	No	
1	Age?		X	
2	Gender (Male, Female and Transgender)?		X	
3	Disability (Learning Difficulties/Physical or Sensory Disability)?		X	
4	Race or Ethnicity?		X	
5	Religious, Spiritual Belief?		X	
6	Sexual Orientation?		X	
7	Socio-economic groups?		X	
You need to ask yourself:				

<ul style="list-style-type: none"> • Will the policy create any problems or barriers to any community of group? No • Will any group be excluded because of the policy? No • Will the policy have a negative impact on community relations? No <p style="text-align: center;">If the answer to any of these questions is Yes, you must complete a full Equality Impact Assessment</p>				
2. Positive impact:				
Could the policy have a significant positive impact on equality by reducing inequalities that already exist? Explain how will it meet our duty to:		Response		If yes, please state why and the evidence used in your assessment
		Yes	No	
1	Promote equal opportunities	X		Inclusive strategy across the four CCGs based within North Yorkshire & York
2	Get rid of discrimination		X	
3	Get rid of harassment		X	
4	Promote good community relations	X		Standardised process with all included
5	Promote positive attitudes towards disabled people		X	
6	Encourage participation by disabled people		X	
7	Consider more favourable treatment of disabled people	X		Vulnerability of disabled children will be highlighted in all relevant training
8	Promote and protect human rights	X		The whole safeguarding agenda promotes children and the unborn child's rights

3. Summary						
On the basis of the information/evidence/consideration so far, do you believe that the policy will have a positive or negative adverse impact on equality?						
Positive		<i>Please rate, by circling, the level of impact</i>				Negative
HIGH	MEDIUM X	LOW	NIL	LOW	MEDIUM	HIGH
Date assessment completed: 19 th September 2012		Is a full equality impact assessment required?		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No

Appendix 4

Version Control

Version	Date	Author	Status	Comment
1	19 th September 2012	S Roughton & E Wyllie, Designated Nurses for Safeguarding Children	Draft 1	
2	20 th September 2012	S Roughton & E Wyllie, Designated Nurses for Safeguarding Children	Draft 2	Minor amendments to add in definitions.
3	21 st September 2012	S Roughton & E Wyllie, Designated Nurses for Safeguarding Children	Draft 3	Minor amendments to references.
4	2 nd October 2012	S Roughton & E Wyllie, Designated Nurses for Safeguarding Children	Draft 4	Minor amendment for increased clarity.
5	16 th October 2012	S Roughton & E Wyllie, Designated Nurses for Safeguarding Children	Draft 5	Minor amendments for increased clarity Document presented to the four CCGs based within North Yorkshire & York for comments.