

SAFEGUARDING CHILDREN POLICY

July 2015

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Reviewing Committee:	
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Related Policies	Recruitment and Selection Policy Disciplinary Policy Whistle Blowing Policy Training and Development Policy Allegations Against People Who Work with Vulnerable Persons Policy
Target Audience:	Council of Members, Governing Body and its Committees and Sub-Committees and CCG Staff
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NHS Vale of York Clinical Commissioning Group
SAFEGUARDING CHILDREN

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
2.0	Designated safeguarding nurses	Re-draft of legacy policy		

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NHS Vale of York Clinical Commissioning Group
SAFEGUARDING CHILDREN

CONTENTS

1.	INTRODUCTION	4
2.	ENGAGEMENT	4
3.	IMPACT ANALYSES	4
4.	SCOPE	5
5.	POLICY PURPOSE/AIMS & FAILURE TO COMPLY	5
6.	DEFINITIONS	5
7.	DUTIES & RESPONSIBILITIES	7
8.	IMPLEMENTATION	10
9.	TRAINING & AWARENESS	11
10.	MONITORING & AUDIT	11
11.	POLICY REVIEW	11
12.	REFERENCES	11
13.	ASSOCIATED POLICIES	12
14.	APPENDICES	12
15.	APPENDIX1: SAFEGUARDING CHILDREN STANDARDS FOR CCG COMMISSIONED SERVICES	13
16.	APPENDIX 2: EQUALITY IMPACT ANALYSIS FORM	16
17.	APPENDIX 3: SUSTAINABILITY IMPACT ASSESSMENT	22

SAFEGUARDING CHILDREN

1. INTRODUCTION

- 1.1. The Children Acts of 1989 and 2004 and the associated statutory guidance, 'Working Together to Safeguard Children', (HM Gov, 2015) and 'Promoting the Health and Well-being of Looked After Children' (DH, 2015) set out the principles for safeguarding and promoting the welfare of children and young people. This policy outlines how, as commissioning organisations, the CCGs across North Yorkshire and York will fulfil their legal duties and statutory responsibilities effectively both within their own organisations and also across the local health economy via their commissioning arrangements. This will also be in accordance with safeguarding children procedures of City of York Safeguarding Children Board (CYSCB) and North Yorkshire Safeguarding Children Board (NYSCB).

2. ENGAGEMENT

This policy was developed by the Designated Professionals for Safeguarding Children on behalf of the four North Yorkshire and York Clinical Commissioning Groups.

3. IMPACT ANALYSES

3.1. Equality

- 3.1.1. In line with the CCG's Equality and Diversity Policies, this policy aims to safeguard all children and young people who may be at risk of abuse, irrespective of disability, race, religion/belief, colour, language, birth, nationality, ethnic or national origin, gender or sexual orientation. Approaches to safeguarding children must be child centred, upholding the welfare of the child as paramount. (Children Acts, 1989 and 2004).
- 3.1.2. All CCG staff must respect the alleged victim's (and their family's/ carers) culture, religious beliefs, gender and sexuality. However this must not prevent action to safeguard children and young people who are at risk of, or experiencing, abuse. Support in clarifying or understanding diversity issues can be sought from the Equality and Diversity department within the Commissioning Support Unit.
- 3.1.3. All reasonable endeavours must be used to establish the child, young person and families/carer's preferred method of communication, and to communicate in a way they can understand. This will include ensuring access to an interpretation service where people use languages (including signing) other than English. Every effort must be made to respect the person's preferences regarding gender and background of the interpreter.

3.2. Sustainability

A sustainability impact assessment has been completed. The impact of this policy is neutral.

SAFEGUARDING CHILDREN

3.3. Bribery Act 2010

Due consideration has been given to the Bribery Act 2010 in the development of this policy and no specific risks were identified.

4. SCOPE

4.1. This policy applies to all staff employed by the CCG, this includes; all employees (including those on fixed-term contracts), temporary staff, bank staff, locums, agency staff, contractors, volunteers (including celebrities), students and any other learners undertaking any type of work experience or work related activity.

4.2. All CCG personnel have an individual responsibility for the protection and welfare of children and must know what to do if concerned that a child is being abused or neglected.

5. POLICY PURPOSE/AIMS & FAILURE TO COMPLY

5.1. The CCG adopts a zero tolerance approach to child abuse and neglect, and will work to ensure that its policies and practices are consistent with agreed local multi-agency procedures, and meet the organisations legal obligations.

5.2 This policy outlines how, as a commissioning organisation, the four North Yorkshire and York CCGs will fulfil their legal duties and statutory responsibilities effectively both within their own organisations and across the health economy in North Yorkshire and York via commissioning arrangements. As such the CCGs will ensure that there are in place robust structures, systems and quality standards for safeguarding children, and for promoting the health and welfare of Looked After Children, which are in accordance with the legal structure and with the Safeguarding Children Boards of both City of York and North Yorkshire.

6. DEFINITIONS

6.1. Definitions in relation to the following terms used within this document are taken from statutory guidance (HM Government, 2015):

6.1.1. "Child" or "young person":

In this document, as in the Children Acts 1989 and 2004, a '*child*' is anyone who has not yet reached their 18th birthday. For disabled children this will be inclusive of those up to and including 18 years of age. The fact that a child has reached 16 years of age, is living independently or is in further education does not change their entitlement to services or protection under the Children Act 1989. Where '*child*' or '*children*' is used in this document, this refers to children and young people.

SAFEGUARDING CHILDREN

6.1.2. “Safeguarding” and “promoting the welfare of children:”

is the process of protecting children from abuse or neglect and/or preventing impairment of their health or development. This includes ensuring children are growing up in circumstances consistent with the provision of safe and effective care so as to enable them to have optimum life chances and to enter adulthood successfully.

6.1.3. “Child Protection:”

This is one element of safeguarding children practice and promoting children’s welfare. Child protection refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

6.1.4. “Abuse” and “Neglect:”

Statutory guidance defines four categories of abuse (HM Government, 2015):

- **Physical abuse** – this may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. A parent or carer fabricating the symptoms of illness in a child or deliberately inducing illness in a child may also cause physical harm.
- **Emotional abuse** – this is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. Emotional abuse may involve conveying to children they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. Emotional abuse may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
- **Sexual abuse** – this involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. It may not necessarily involve a high level of violence. The sexual activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. Sexual abuse may also include non-contact activities, such as involving children in looking at or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse

SAFEGUARDING CHILDREN

(including via the internet). Women can also commit acts of sexual abuse, as can other children.

- **Neglect** – this is 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. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to
 - provide adequate food, clothing and shelter (including exclusion from home or abandonment);
 - protect a child from physical and emotional harm or danger;
 - ensure adequate supervision (including the use of inadequate care-givers);
 - ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

6.1.5. “Significant Harm”- some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. It 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.

7. DUTIES & RESPONSIBILITIES

CCGs	<p>Statutory guidance states that CCGs are required to demonstrate compliance with Section 11 of the Children Act, 2004. This places a duty on organisations and individuals for ensuring their functions and any services they contract out to others, are discharged with the regard to the need to safeguard and promote the welfare of children.</p> <p>As the major commissioners of local health services, CCGs are responsible for quality assurance of safeguarding children standards through contractual arrangements with all provider organisations. (HM Government, 2015) See Appendix 1 for the safeguarding children standards for CCG commissioned services.</p> <p>CCGs have a statutory duty to be members of Local Safeguarding Children Boards (LSCBs), working in partnership with local authorities to fulfil their safeguarding responsibilities.</p> <p>CCGs are required to secure the expertise of Designated Doctors and Nurses for Safeguarding Children and for Looked After Children and a Designated Doctor for Deaths in Childhood. (NHS CB, 2013)</p>
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SAFEGUARDING CHILDREN

<p>CCG Governing Body</p>	<p>The Clinical Commissioning Group Governing Body is responsible for the safeguarding of children arrangements within the CCG; and is responsible for reviewing and maintaining an effective system of internal control, including systems and resources for managing all types of risk associated with safeguarding children.</p>
<p>CCG Chief Officer</p>	<p>The Chief Officer is accountable and responsible for ensuring that the CCG's contribution to safeguarding and promoting the welfare of children is discharged effectively. The Chief Officer is also responsible for ensuring the CCG is compliant with Section 11 of the Children Act 2004; this is discharged through the Executive Lead for Safeguarding Children.</p>
<p>Executive Lead for Safeguarding</p>	<p>The Executive Lead for Safeguarding Children is the Executive Nurse / Chief Nurse, and is responsible, along with the Chief Officer, for ensuring that the CCG discharges its duties in relation to safeguarding children.</p>
<p>Designated Professionals Team</p>	<p>The Designated Professionals Team should be taken as referring to the Designated Nurses and Doctors for Safeguarding Children, the Designated Doctor for Deaths in Childhood and the Nurse Consultant for Safeguarding Children and Vulnerable Adults in Primary Care.</p> <p>The Designated Professionals are clinical experts and take a strategic and professional lead on safeguarding children across the health economy of North Yorkshire and York. They are also required to act as a vital source of advice and expertise to the CCGs, NHS England, the local authorities and the LSCBs. (HM Government, 2015).</p> <p>The Designated Professionals work closely with all Named Doctors and specialist nurses for safeguarding children across the health economy to support the implementation of this agenda: ensuring safe processes, up to date internal procedures, and training strategies to meet the learning and development needs of staff.</p> <p>The Designated Professionals will access advanced training and supervision commensurate with their roles as per national guidance (RCPCH, 2014).</p> <p>The Designated Professionals report to Executive Leads for Safeguarding within each CCG and to relevant quality structures.</p>
<p>Named GP</p>	<p>The named GPs role is to act as safeguarding champion for General Practice in their locality. They take a strategic and professional lead on ensuring that safeguarding children is embedded in the practice, training policies and procedures of General Practices. They work closely with the Nurse Consultant and Designated Professionals to act work as a source of expert advice to Primary Care.</p>

SAFEGUARDING CHILDREN

<p>CCG Personnel</p>	<p>All CCG personnel have an individual responsibility for the protection and welfare of children and must know what to do if concerned that a child is being abused or neglected.</p> <p>Advice regarding individual cases can be accessed from the Designated Professionals Team who will also record and store information in accordance with information governance requirements.</p> <p>Contact details:</p> <p>Designated Nurses:</p> <p>Karen Hedgley (07946 337290)</p> <p>Elaine Wyllie (07917 800793)</p> <p>Nurse Consultant Primary Care:</p> <p>Jacqui Hourigan (0792026640)</p> <p>Designated Doctors Safeguarding Children:</p> <p>Natalie Lyth (01845 521681)</p> <p>Barbara Stewart (01904 631313)</p> <p>If you consider that a child is in immediate danger you should call the police (999)</p> <p>Guidance may also be found in “What to do if you’re worried a child is being abused, Advice for practitioners” 2015, accessible at:</p> <p>https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2</p> <p>Where abuse or neglect is suspected or known, staff are required to make a referral to Children’s Social Care in accordance with relevant LSCB procedures.</p> <p>Procedures can be accessed via the following websites:</p> <p>City of York: http://www.saferchildrenyork.org.uk/</p> <p>North Yorkshire: http://www.safeguardingchildren.co.uk/</p> <p>East Riding of Yorkshire http://erscb.org.uk/</p>
<p>Partnership Commissioning Unit</p>	<p>On behalf of the CCG the Partnership Commissioning Unit will:</p> <p>Be fully compliant with Section 11 of the Children Act, which requires that their functions are discharged with due regard to the need to safeguard and promote the welfare of children.</p> <ul style="list-style-type: none"> • Support the CCGs to fulfil their statutory obligations as major commissioners of local health services. • Ensure that services commissioned on behalf of the CCGs are monitored via contractual arrangements with regard to quality assurance of safeguarding children

SAFEGUARDING CHILDREN

	standards. (See Appendix 1 for safeguarding children standards for CCG commissioned services).
Commissioning Support Unit	<p>On behalf of the CCGs, the Commissioning Support Unit will ensure that:</p> <ul style="list-style-type: none"> • Safe recruitment policies and practice are in place which meet with current NHS Employment Check Standards in relation to all staff, including those on fixed-term contracts, temporary staff, locums, bank staff, agency staff, volunteers, students and trainees. • Post- recruitment employment checks are repeated in line with all contemporary national guidance and legislation. • Employment practices meet the requirements of the Disclosure and Barring Service (DBS) and that referrals are made to the DBS and relevant professional bodies where indicated, for their consideration in relation to barring. • All contracts of employment (including staff on fixed-term contracts, temporary staff, locums, bank staff, agency staff, volunteers, students and trainees) include an explicit reference to staff responsibility for safeguarding children and adults. <p>The CCGs, via the Designated Professionals, the Commissioning Support Unit and relevant LSCB personnel, will ensure that all safeguarding children concerns relating to a member of CCG staff are effectively investigated, and that any disciplinary processes are concluded irrespective of a person's resignation, and that 'compromise agreements' are not be allowed in safeguarding cases. The CCGs Allegations against People Who Work with Vulnerable Persons Policy should be followed along with multi-agency procedures from the relevant LSCB.</p> <p>The CSU will work with the Designated Professionals to support the CCGs regarding the reporting and management of Serious Safeguarding Incidents notified by CCGs and provider organisations</p>

8. IMPLEMENTATION

8.1. Staff will be advised of the policy through staff briefings. The Safeguarding Children Policy will be available via the CCG website and intranet.

8.2. Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure.

NHS Vale of York Clinical Commissioning Group
SAFEGUARDING CHILDREN

9. TRAINING & AWARENESS

- 9.1. All CCG staff must be trained and competent to be alert to potential indicators of abuse and neglect in children, know how to act on their concerns and fulfil their responsibilities in line with LSCB procedures and the *Safeguarding Children and Young People Competencies for Health Care Staff Intercollegiate Document* (RCPCH, 2014)
- 9.2. All CCG staff will complete the level of training commensurate with their role and responsibilities.
- 9.3. The CCG will keep a training database detailing the uptake of all staff training so that Line Managers can be alerted to unmet training needs.
- 9.4. Staff will be made aware of this policy through briefing within the staff newsletter.

10. MONITORING & AUDIT

- 10.1. Audit of awareness of safeguarding children processes will be undertaken via agreed personnel appraisal processes.
- 10.2. Breaches to this policy will be exception reported to CCG quality structures.

11. POLICY REVIEW

- 11.1. This policy will be reviewed two years from the date of issue. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as instructed by the senior manager responsible for this policy.

12. REFERENCES

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

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

HM Government (2015) Working Together to Safeguard Children
www.workingtogetheronline.co.uk/index.html

NHS Commissioning Board (2013) Safeguarding Vulnerable People in a reformed NHS: Accountability and Assurance Framework. (Published in electronic format only)
<http://www.england.nhs.uk/wp-content/uploads/2013/03/safeguarding-vulnerable-people.pdf>

DH (2015) Promoting the Health and Wellbeing of Looked After Children

NHS Vale of York Clinical Commissioning Group
SAFEGUARDING CHILDREN

<https://www.gov.uk/government/publications/promoting-the-health>

RCPCH (2014) Safeguarding Children and Young People: Roles and competences for health care staff. Intercollegiate Document Third Edition
<http://www.rcpch.ac.uk/child-health/standards-care/child-protection/updates/child-protection-updates>

13. ASSOCIATED POLICIES

- Recruitment and Selection Policy
- Disciplinary Policy
- Whistle Blowing Policy
- Training and Development Policy
- Allegations Against People Who Work with Vulnerable Persons Policy

14. APPENDICES

Appendix 1: Safeguarding Children Standards For CCG Commissioned Services

Appendix 2: Safeguarding Children Commissioner Standards

Appendix 3: Equality and Sustainability Impact Assessment

SAFEGUARDING CHILDREN

15. APPENDIX1: SAFEGUARDING CHILDREN STANDARDS FOR CCG COMMISSIONED SERVICES

In accordance with statutory guidance *Working Together (2015)* the CCG has safeguarding children standards for all commissioned services, these include:

15.1. Leadership and Accountability

- A lead senior manager who is informed about, and who takes responsibility for the actions of their staff in safeguarding and promoting the welfare of children.
- A senior lead for children and young people to ensure their needs are at the forefront of local planning and service delivery.
- Safeguarding children is integral to clinical governance and audit arrangements, and there is a clear line of accountability and responsibility for this.

15.2. Policies / Strategies

- Each provider must have comprehensive up to date safeguarding children policy and procedures, which are in line with Government, CQC and LSCB guidance and take account of guidance from any relevant professional body. The policy should include a child's right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs. This policy must be accessible to staff at all levels.
- Clear priorities for safeguarding and promoting the welfare of children should be explicitly stated in providers' key policy documents and strategies.
- Clear principles should underpin direct work with children and families, which are child centred, focused on positive outcomes, informed by evidence and rooted in child development.

15.3. Staff training and Continued Professional Development

- Staff should be trained and competent to be alert to potential indicators of abuse and neglect in children, know how to act on their concerns and fulfil their responsibilities in line with their Local Safeguarding Children Boards requirements.
- A staff training strategy and programme should be in place that includes the levels of safeguarding children training appropriate to staff's roles and responsibilities. And compliant with the *Safeguarding Children and Young People Roles and Competencies for Health Care Staff*, Intercollegiate Document (RCPCH, 2014)
- A training database detailing the uptake of all staff training so employers can be alerted to unmet training needs and training provision can be planned.
- Staff as appropriate should be made aware of any new guidance or legislation and any recommendations from local and national serious case reviews and internal management reviews with regards to safeguarding children.

SAFEGUARDING CHILDREN

15.4. Safe Recruitment and Vetting Procedures

- Safe recruitment policies and practices including the necessary Disclosure and Barring Service (DBS) checks for all staff working with children must be in place and must make certain no person who is barred by the Independent Safeguarding Authority is recruited.

15.5. Managing Allegations Against Staff

- Procedures for dealing with allegations of abuse against staff and volunteers, including referral to the Local Authority Designated Officer (LADO) must be in place. The procedures should clearly reference following Local Safeguarding Board procedures in particular referral to the LADO.

15.6. Effective Inter-agency Working

- The provider policies and procedures should be in line with and conducive to work together with other agencies in accordance with their LSCB policies and procedures.

15.7. Information Sharing

- Providers should have in place or have adopted local policies and procedures for sharing information about children and young people in line with legislation.

15.8. Supervision

- Each provider should have a safeguarding children supervision policy in place, which has been agreed with the Designated Nurse Safeguarding Children and meets the requirements of national guidance and the Local Safeguarding Children Board.
- Staff should be aware how to contact their own Named Professional(s) for safeguarding or Safeguarding Children Lead for supervision/consultation.

15.9. Response to Incidents and Complaints

- There should be a policy with regard to incidents, errors and complaints relating to any aspect of safeguarding children and it should include the requirement to inform the Named or Safeguarding lead within the organisation/practice.
- Procedures are in place for reporting Serious Incidents to the CCG via the Incident Reporting and Investigation Policy and Procedure and Policy and Procedure for the Management of Complaints.

SAFEGUARDING CHILDREN

15.10. Serious Case Review (SCRs)

- Providers will cooperate with any Local Safeguarding Children Board conducting a Serious Case Review and Learning Lessons Reviews ensuring any lessons coming out of the Review are clearly identified, implemented and embedded in practice.

15.11. Child Death Reviews

- Providers involved with the management of child deaths, must be familiar with Local Safeguarding Children Board procedures for unexpected deaths in childhood.
- They must have arrangements in place to respond to the death of a child and the review process, including providing staff with the time and resources to fully engage in the process.

NHS Vale of York Clinical Commissioning Group
SAFEGUARDING CHILDREN

16. APPENDIX 2: EQUALITY IMPACT ANALYSIS FORM

1.	Title of policy/ programme/ service being analysed
	Safeguarding Children Policy
2.	Please state the aims and objectives of this work.
	This policy describes how the CCG will fulfill statutory duties in respect of safeguarding children.
3.	Who is likely to be affected? (e.g. staff, patients, service users)
	Employees
4.	What sources of equality information have you used to inform your piece of work?
5.	What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics
	The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework.
6.	Who have you involved in the development of this piece of work?
	<p>Internal involvement: Senior Management team Stakeholder involvement: Consultation with Senior Managers</p> <p>Patient / carer / public involvement: This is an Internal policy aimed at staff employed by the CCG and contractors working for the CCG. The focus is on compliance with statutory duties and NHS mandated principles and practice. There are no particular equality implications.</p>

NHS Vale of York Clinical Commissioning Group

SAFEGUARDING CHILDREN

7.	<p>What evidence do you have of any potential adverse or positive impact on groups with protected characteristics? Do you have any gaps in information? Include any supporting evidence e.g. research, data or feedback from engagement activities</p> <p>(Refer to Table 1 - Embedding Equality into the Commissioning Cycle if your piece of work relates to commissioning activity to gather the evidence during all stages of the commissioning cycle)</p>
<p>Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</p>	<p>Consider building access, communication requirements, making reasonable adjustments for individuals etc.</p>
<p>This policy does not negatively impact on disabled people, however adjustments may need to be made to ensure the service is accessible. These are addressed in LSCB guidelines. For example; ensuring that people who are blind or partially sighted or have a learning difficulty receive information in an accessible format.</p>	
<p>Sex Men and Women</p>	<p>Consider gender preference in key worker, single sex accommodation etc.</p>
<p>N/a</p>	
<p>Race or nationality People of different ethnic backgrounds, including Roma Gypsies and Travelers</p>	<p>Consider cultural traditions, food requirements, communication styles, language needs etc.</p>
<p>This policy does not negatively impact on BME people, however there are issues associated with race and culture that need to be considered so that the service provided is accessible and appropriate. These are addressed in LSCB guidelines. For example staff are aware that interpreters may be needed where there are language barriers.</p>	
<p>Age This applies to all age groups. This can include safeguarding, consent and child welfare</p>	<p>This policy explicitly pertains to how CCG staff should respond when they have concerns for the welfare of children according to statutory requirements.</p>
<p>N/a</p>	

NHS Vale of York Clinical Commissioning Group

SAFEGUARDING CHILDREN

<p>Trans People who have undergone gender reassignment (sex change) and those who identify as trans</p>	<p>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.</p>
<p>N/a</p>	
<p>Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.</p>	<p>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.</p>
<p>N/a</p>	
<p>Religion or belief Includes religions, beliefs or no religion or belief</p>	<p>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.</p>
<p>Although the policy does not negatively impact on people on the grounds of religion or belief, there may be issues associated with religion or belief that need to be considered. These are addressed in LSCB guidelines.</p>	
<p>Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)</p>	<p>Consider whether civil partners are included in benefit and leave policies etc.</p>
<p>N/a</p>	
<p>Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p>	<p>This policy explicitly pertains to how CCG staff should respond when they have concerns for the welfare of unborn children according to statutory requirements.</p>
<p>N/a</p>	

NHS Vale of York Clinical Commissioning Group

SAFEGUARDING CHILDREN

<p>Carers This relates to general caring responsibilities for someone of any age.</p>	<p>Consider impact on part-time working, shift-patterns, options for flexi working etc.</p>
<p>N/a</p>	
<p>Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc</p>
<p>N/a</p>	

NHS Vale of York Clinical Commissioning Group
SAFEGUARDING CHILDREN

8.	Action Planning for Improvement				
	Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
	People who cannot read English will not be able to have access to this information	<p>Speak with people who already work with different racial groups to find out how they think the information could be made accessible to them.</p> <p>Proactively produce information in a specific language where there is a specific need.</p>			
	People who are blind or partially sighted or have a learning difficulty may not be able to have access to this information	<p>Engage with local communities from different disabilities to find out how they in what way they would like to access this information.</p> <p>Speak with people who already work with different disabilities to find out how they think the information could be made accessible to them.</p> <p>Proactively produce information in a specific format as recommended by groups (look at font size, coloured paper)</p>			

NHS Vale of York Clinical Commissioning Group
SAFEGUARDING CHILDREN

Sign off
Name and signature of person / team who carried out this analysis Elaine Wyllie and Karen Hedgley Designated Nurses for Safeguarding Children
Date analysis completed 15/06/2015
Name and signature of responsible Director
Date analysis was approved by responsible Director

All CCG commissioned services will have Safeguarding Children Local Quality Requirements which require the service to be delivered in accordance with and adhere to statutory guidance, Local Safeguarding Board Procedures and associated practice guidance (see appendix 1). As such it is implicit that commissioned services will not discriminate against children, young people and their families in respect of the above protected characteristics.

NHS Vale of York Clinical Commissioning Group
SAFEGUARDING CHILDREN

17. APPENDIX 3: SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Safeguarding Children Policy
What is the main purpose of the document	This policy explicitly pertains to how CCG staff should respond when they have concerns for the welfare of children according to statutory requirements.
Date completed	
Completed by	

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?	N/a		
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?	N/a		
	Will it reduce 'care miles' (telecare, care closer) to home?	N/a		
	Will it promote active travel (cycling, walking)?	N/a		
	Will it improve access to opportunities and facilities for all groups?	N/a		
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?	N/a		
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?	N/a		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it promote ethical purchasing of goods or services?	N/a		
	Will it promote greater efficiency of resource use?	N/a		
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?	N/a		
	Will it support local or regional supply chains?	N/a		
	Will it promote access to local services (care closer to home)?	N/a		
	Will it make current activities more efficient or alter service delivery models	N/a		
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?	N/a		
Workforce	Will it provide employment opportunities for local people?	N/a		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it promote or support equal employment opportunities?	N/a		
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?	N/a		
	Will it offer employment opportunities to disadvantaged groups?	N/a		
Community Engagement	Will it promote health and sustainable development?	0		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	N/a		
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?	N/a		
	Will it increase safety and security in new buildings and developments?	N/a		

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	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?	N/a		
	Will it provide sympathetic and appropriate landscaping around new development?	N/a		
	Will it improve access to the built environment?	N/a		
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	N/a		
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?	N/a		
	Will it promote prevention and self-management?	N/a		

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	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?	N/a		
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	N/a		