

SAFEGUARDING CHILDREN TRAINING STRATEGY

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POLICY AMENDMENTS

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

Amendment Reference	Date of Issue	Issued by	Nature of Amendment

CONTENTS

1.	Purpose	4
2.	Strategic aims	4
3.	Equality and diversity Assessment	4
4.	Introduction	5
5.	Local health services	6
6.	Provision 2009 - 2011	6
7.	Legislative imperatives / drivers for change	8
8.	The Strategy	9
	8.1. Hull and East Riding Trusts and CHCP	9
	8.2 Independent contractors and other commissioned services	10
	8.3 Supplementary training	10
9.	Implementation	11
10.	Individual organisation - responsibility and accountability	11
11.	Responsibilities of specific individuals	12
12.	Monitoring & reporting of implementation of the strategy	14
13.	Linked documentation	15
14.	Safeguarding Children Training Strategy Action Plan	16

1. PURPOSE

We believe that all children* have the right to be supported to achieve the outcomes described in 'Every Child Matters'. That is to:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution and
- Achieve economic well being

As commissioners of health services, we will strive to ensure that all our services, and those acting on our behalf, work in such a way that children's welfare is safeguarded and promoted, acting at all times in the best interest of children whatever their circumstance; and that our structures and processes support this.

Having a readily accessible and effective training program for all such staff is a fundamental cornerstone of this aim.

*children are defined as people who have not yet reached their 18th birthday (Children Act 1989)

2. STRATEGIC AIMS

Advise and support commissioners and provider organizations to

- Ensure that their staff are competent and confident in carrying out their responsibilities for safeguarding and promoting children's welfare
- Ensure that their staff are aware of how to recognise and respond to safeguarding concerns, including signs of possible maltreatment. This knowledge and expertise should be put into place before employees attend inter-agency training.
- Identify adequate resources and support for single and inter-agency training
- Ensure training is adequately resourced to develop a workforce who are competent and confident in the delivery of safeguarding requirements under section 11 of the Children Act 2004

3 EQUALITY AND HUMAN RIGHTS IMPACT ASSESSMENT

This strategy applies to all PCT employees irrespective of age, colour, disability, nationality, gender, sexual orientation, marital, social and employment status, gender reassignment, political affiliation, trade union membership or any other status. All employees will be treated in a fair and equitable manner recognising any special needs of individuals where adjustments may need to be made. No member of staff will suffer any form of discrimination, inequality, victimisation, harassment or bullying as a result of implementing this policy.

In developing this strategy, the equalities impact assessment screening process has been completed. A full equalities impact assessment was deemed not to be required because the strategy sets out what safeguarding children training should be provided to staff. The provision of the training is the responsibility of

each organization and they must ensure that training is accessible to their staff and provided in a way that is compliant with the Equality Act 2010

Following the screening process a point has been added in the 'roles and responsibilities' section to remind organizations' of their responsibility to ensure compliance with the Equality Act 2010.

If, at any time, this strategy is considered to be discriminatory in any way, the author of the policy should be contacted immediately to discuss these concerns.

4. INTRODUCTION

As commissioners, and providers, of health services both East Riding PCT (NHS East Riding of Yorkshire) and Hull PCT (NHS Hull) have a statutory duty to safeguard and promote the welfare of children (Children Act 2004, section 11).

Working Together to Safeguard Children (DfES, 2010) identifies specific functions for safeguarding children and indicates professional roles and responsibilities for meeting these requirements, including specifically, training.

Safeguarding training is an aspect of quality standards which is monitored by the Care Quality Commission on behalf of the DoH. The Care Quality Commission standards for training are those specified in the Intercollegiate Document 2010. Compliance with training is also monitored by the Local Safeguarding Children Boards.

The Common Core Skills and Knowledge for the Children's Workforce sets out the six areas of expertise that everyone working with children, young people and their families should be able to demonstrate. This can be accessed at www.everychildmatters.gov.uk.

There is a continuing need to ensure that all health organisations co-operate with other agencies, especially the local authority, in planning services for vulnerable children and their families and to ensure that local health agencies and professionals contribute fully and effectively to local inter-agency working to safeguard children and promote their welfare.

Participation in interagency training is essential if the interest of children is to be safeguarded. Working Together 2010 requires that members of the workforce who work predominantly with children and families undergo interagency training in addition to single agency training.

All individuals working for health organisations must continue to play their part in this and need to have a basic awareness about: what is harm; how it might manifest; and what they, in their role can, and must do, about it. Additionally, those with specific roles with children and adults who may be parents or carers of children will need more in depth and interagency training according to their particular role and responsibilities

This training strategy sets out the rationale and practical outline of how the services commissioned by NHS Hull and NHS East Riding of Yorkshire

(NHSERY) will fulfil their obligations in enabling those who work on their behalf to undergo effective training to meet the requirements outlined in Working Together, 2010. It will also seek to direct staff to receive training which effectively informs them of the need to work in a collaborative manner with other professionals and agencies to safeguard and promote the welfare of children.

5. LOCAL HEALTH SERVICES

The PCT's have responsibility for commissioning a range of independent contractors and commissioned services and have a duty to ensure that these also employ appropriate arrangements to ensure that the welfare of children is safeguarded and promoted.

NHSERY commissions health services from a range of providers including City Health Care Partnership (CHCP), Hull and East Yorkshire Hospital Trust (HEYHT), Humber Foundation NHS trust (HFT) and independent providers.

NHS Hull is a commissioning organization which commissions services from City Health Care Partnership, Hull and East Yorkshire Hospital Trust, Humber Mental Health Foundation Trust and independent providers.

In the Hull and East Riding area health organizations are working collaboratively to jointly develop, administer and deliver a mandatory programme of safeguarding children training together with other specialist related training sessions such as 'training the trainers' and supervision as outlined in 'current provision' below. This helps to maintain consistency and flexibility in the service which is particularly important for cross boundary services, in particular, for staff of HFT and HEY which are major service providers for both PCT's.

6. PROVISION 2009 - 2011

The 2009 - 2011 training programme is provided by:

- Training and Development Officer (CHCP)
- Nurse Educator (employed by HEY)
- Designated Professionals (employed by both NHS Hull and NHSERY)
- Named Professionals from local health organizations.
- Trained professionals from local health organizations.

Sessions are predominantly facilitated by 2 practitioners for support due to the extreme emotive content of safeguarding training.

The focus of the training is on how to recognise and respond to safeguarding children concerns; emphasising trainees own responsibilities and that safeguarding is everyone's business.

The 2009 - 2011 **mandatory** provision for staff within CHCP, HEY, NHS Hull, NHS ERY, NHSERY Community Services and HFT comprises:

- Safeguarding Awareness Training which is mandatory for all staff in all health organisations and constitutes the bulk of the training. This equates to level 1 and part of level 2 of the Intercollegiate Document 2010.
- More in-depth training is provided by the LSCB for staff working predominantly with children, young people and their carers or with adults who may be parents or carers. This equates to level 1,2 and 3 of the Intercollegiate Document* 2010. CHCP provide a bespoke training which meets these competences (entitled Safeguarding Children level 2).

Members of staff from all health organizations are expected to refresh at the awareness level (formerly called level 1) every 3 years.

*The intercollegiate document has been produced by the Royal College of Paediatrics and Child Health in conjunction with a range of others, as safeguarding children competency framework for all staff working within the health service sector

Royal College of Paediatrics and Child Health et al (2010) Safeguarding Children and Young people: roles and competences for health care staff

Other training, provided as requested and less frequently includes

- Court Craft,
- Handle with Care (Shaken Baby)
- Court Report writing,
- Supervisor training,
- Training the Trainers,
- Domestic Violence workshops

Staff can also access the training provided by the Local Safeguarding Children Boards which currently offer a series of half/ full day courses on a range of safeguarding children related areas including: 'Working Together', Domestic Abuse, Substance Misuse, Safeguarding Children with Disabilities.

7. LEGISLATIVE IMPERATIVES / DRIVERS FOR CHANGE

7.1 The Children Act 1989 is the most comprehensive piece of legislation that parliament has ever enacted about children. It directs practice, particularly in relation to children in need, in need of protection and 'looked after' children.

- 7.2 The Adoption and Children Act 2002 section 120 amended the 1989 Act, to include the witnessing by a child of harm to another as falling within the definition of significant harm in the Children Act 1989.
- 7.3 The Children Act 2004 places statutory obligations on local authorities to establish Local Safeguarding Children Boards (replacing Area Child Protection Committees), places statutory obligations on member agencies to co-operate in the safeguarding of children and further places obligations on staff and managers of member agencies of LSCB's to safeguard and promote the welfare of **all** children.
- 7.4 The Sexual Offences Act 2003 is the principle legislation governing sexual offences, in relation to both adults and children and incorporates new offences in relation to the use of media (e.g. the internet) and new offences such as grooming for the purposes of abuse.
- 7.5 Working Together to Safeguard Children (HM Government 2010) sets out how all agencies and professionals should work together to promote children's welfare and protect them from harm and takes into account the relevant legislation. The guidance provides a national framework within which each agency must agree local arrangements. Contained within Chapter 4 is an outline of training requirements for staff working with children and those who may in contact with children, and recommends a combination of single and interagency training.
- 7.6 The Safeguarding Vulnerable Groups Act 2006 provides for a central vetting process built on the Criminal Records Bureau (CRB), with a new independent statutory Board which will take decisions on including someone on the barred list where evidence suggests that they present a risk of harm to children or vulnerable adults. It has implication for all staff working within health services.
- 7.7 Common Assessment Framework (CAF) (DfES 2006) is a shared assessment tool for use across all children's services and all areas in England. It is a common process that is being systematically introduced into practice by 2008.
- 7.8 The Children and Young People's Act 2008 introduces provisions in relation to private fostering arrangements, child death notification to LSCBs and Secretary of State powers in relation to Emergency Protection Orders.

8. THE STRATEGY 2011 - 2013

Both Hull and East Riding local safeguarding children boards have established comprehensive safeguarding children training programmes. These, together with the structural changes within health organizations mean that it is an optimal time for revising the strategy.

8.1. Hull and East Riding NHS Trusts and CHCP

8.1.1 Mandatory training

- The centrally administered booking/trainer support system for HFT, CHCP and ERY, NHS Hull and NHS ERY will continue and similar arrangements for trainers to deliver sessions will continue, i.e. sharing the delivery of training between the Trusts in the Hull and East Riding
- The **mandatory programme** will be a basic awareness for **all** staff within provider services, provided as a half day programme and, where possible, included in Trust induction programmes for new staff*. This will enable these staff to meet the intercollegiate competency level 1 and 2. PCT commissioning staff will undertake training according to the needs of their role as identified and agreed by their Director and the Executive Lead for Safeguarding Children.

*all new staff must be provided with information on their safeguarding children responsibilities and where they can access support with safeguarding children issues.

- Staff who need to contribute to multi-agency working on behalf of children and carers (see * in box below) will undertake the relevant inter-agency Local Safeguarding Children Board's Working Together training, or an equivalent programme. This will enable these staff to meet the intercollegiate competency level 3.
- Detail of staff groups requiring this level of training should be clearly defined within each provider organisation and specified within the KSF process

This will not need to be repeated unless a need is identified by other means (e.g. annual appraisals, supervision, adverse incidents etc)

- **All staff** will need to refresh their training every 3 years
- The refresher session will incorporate key messages and highlight any changes in relevant procedures and legislation

8.1.2 Named and designated professionals and specialist safeguarding professionals

- Will undertake training via the LSCB, conferences and other means to maintain expert skills and knowledge commensurate with their role (as identified within the current intercollegiate document)

8.2 Independent contractors and other commissioned services

- It is recommended that staff within all independent contractor services, and all other commissioned services undertake safeguarding children training at intercollegiate levels 1 and 2
- General practitioners and other relevant* staff, such as nurse practitioners and practice leads for safeguarding, should be trained to intercollegiate level 3
- **All staff** will need to refresh their training every 3 years
- The refresher session will incorporate key messages and highlight any changes in relevant procedures and legislation

*** Those who work predominantly with children and young people and/ or their parents/ carers AND who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child and parenting capacity where there are safeguarding concerns.**

Research has shown that inter-agency training is highly effective in helping professionals understand their respective roles and responsibilities; the procedures of each agency involved in safeguarding children and in developing a shared understanding of assessment and decision-making practices. Participants report increased confidence in working with colleagues from other agencies and greater mutual respect

Carpenter et al (2009) The Organisation, outcomes and Costs of Inter-agency Training to safeguard and promote the welfare of children. DCSF (Working Together 2010)

8.3. Supplementary training

- Programmes specific to particular work areas such as independent contractors (GP's, pharmacists, dentists etc) will be developed to meet the outcomes required by 'Working Together 2010'.
- A programme for raising awareness of safeguarding children issues will be developed and delivered to Directors, Non Executive Directors, and senior managers across the local health economy.
- Sessions specific to particular areas and particular issues will be developed and offered as additional recommended training alongside the mandatory programme such as the effects of mental ill health on children.
- Trainers for each Trust will deliver a number of sessions proportionate to their staff/service provider numbers and will deliver sessions in their respective areas where feasible.
- Relevant staff, particularly fulfilling the criteria in the box * above will be encouraged to access other relevant training modules as outlined and from the Safeguarding Children Board Programmes.

9. IMPLEMENTATION

- Training will be developed and revised by the specialist safeguarding children professionals within the organisations to ensure that it meets both national and local requirements (follow the link below for national requirements as described in Working Together, 2010:

<http://www.everychildmatters.gov.uk/resources-and-practice/IG00061/>)

- The Royal Colleges Intercollegiate Document 2010 describing competencies will also be used when revising training programmes.
- Training programmes will be submitted to the Local Safeguarding Children Boards for comment/approval as appropriate.
- A system of monitoring and evaluating the value and effectiveness of training will be implemented
- Trainers will continue to undergo a suitable programme of preparation specific to the requirements of safeguarding children training and a system of trainer evaluation will be continued.

10. INDIVIDUAL ORGANIZATION RESPONSIBILITY

- Each organization will retain their responsibility for complying with the Children Act 2004, section 11 duty to safeguard and promote the welfare of children and their responsibility to meet the Care Quality Commission requirements.
- Organizations will ensure that, in line with the Equality Act 2010, no staff are denied access to training as a result of their 'protected characteristics'
- Uptake of training will continue to be the responsibility of, and monitored by, the individual organisations.
- The safeguarding training administrator will continue to provide this information to the relevant Trusts.
- Organisations will need to ensure that their specialist safeguarding children staff are able to contribute to the development of and monitoring of the content and quality of the training programme
- Organisations will need to ensure they have sufficient numbers of trainers released to deliver the required training and ensure that their staff are enabled and encouraged to attend for training
- Organisations and practitioners will be responsible for identifying who needs which training based on the programmes arising from this strategy,

their internal systems of supervision and appraisal, and in conjunction with their Named and Designated Safeguarding Children professionals.

- Each organisation will retain their responsibility for complying with their Children Act 2004 section 11, duty to safeguard and promote the welfare of children

11. RESPONSIBILITIES OF SPECIFIC INDIVIDUALS

11.1 All staff will:

- Identify individual training needs using the statutory and mandatory training policy in relation to safeguarding children and young people and ensure this is linked to the Knowledge and Skills Framework where relevant.
- Ensure attendance on training courses as need identified and if unable to attend advise the relevant training department so the place can be reallocated.

11.2 Designated professionals will:

- maintain knowledge and skills commensurate with their role as defined in the Intercollegiate Document 2010 at level 5 and have direct clinical experience.
- Develop, influence and promote relevant training on both a single and interagency basis;
- Provide advice on the training needs and support the delivery of safeguarding children training for health service staff
- Develop a safeguarding training needs analysis in collaboration with the Named Professionals
- Contribute to the planning, delivery, evaluation and review of inter agency safeguarding training
- Advise the PCT on the commissioning of relevant additional training through the PCT Safeguarding Steering Group
- Monitor attendance at training through information provided by commissioned organizations/named nurses.

11.3 Safeguarding Children Training Practitioner: (commissioned by NHS Hull, employed by CHCP)

- The Safeguarding Children Training Practitioner will lead on the strategic planning and overview of safeguarding children training across the provider organizations – CHCP, HEYHT, HMFHT and independent contractors.

11.5 Named Professionals and Specialist Safeguarding Children Advisors will:

- Contribute to the development of a safeguarding training needs analysis in collaboration with the Designated Nurse.
- Maintain the knowledge and skills commensurate with their role as defined in the Intercollegiate document 2010 at level 4 and have direct clinical experience.

- Play an active role in the planning, design, delivery and evaluation of training for health personnel within their organisations.
- Contribute to the planning, design; delivery and evaluation of inter agency training in partnership with other agencies.
- Respond to any additional training requirements for health personnel that are identified through professional practice.
- The Named Professional will take the lead role in coordinating the PCT safeguarding children training pool for their individual organisation; including assessment of competencies, training and supervision requirements in collaboration with service managers and the Designated Nurse.
- Audit attendance at training for their own organisation.
- Named professionals support LSCB training by membership of LSCB training sub groups and contributing to LSCB training programmes.

11.6 Safeguarding Children Supervisors will:

- Identify additional safeguarding children training needs through the supervision process and in conjunction with the named professional and/or manager; advise on how these can be met.
- Contribute to training needs analysis by reporting on gaps in training provision to the Safeguarding Children Training Practitioner and Named professionals as relevant.

11.7 Operational Managers will:

- Develop and maintain operational knowledge on safeguarding children and promoting their welfare.
- Identify the appropriate level of safeguarding training as outlined in this strategy for the staff they manage that reflects their roles and responsibilities to safeguard children and protect their welfare.
- Ensure that staff attend training on both single and interagency basis proportionate to their roles and responsibilities.
- Support their staff to be released from their work area to attend single and interagency training proportionate to their roles and responsibilities.
- Provide opportunities for their staff to consolidate learning from training into practice congruent to their roles and responsibilities.
- Ensure that all safeguarding training undertaken links to the Knowledge and Skills Framework.
- Ensure that within their annual appraisal safeguarding children training requirements are addressed.

11.8 Safeguarding Children Trainers will:

- Commit to delivering a specified minimum number of sessions as agreed with their manager.
- Will undergo a suitable preparation for delivering/facilitating safeguarding children training.
- Will maintain and update their safeguarding children knowledge.

11.9 The Organisation Education and Workforce Development Departments will:

- Ensure that the mandatory safeguarding children and young people training for the organisation is incorporated into the relevant organisational training strategy/policy.
- Publicise single and interagency training opportunities to staff.
- Inform operational managers which staff within their service did not attend for training.
- Generate reports on attendance at sessions arranged through the department as requested by the Named or Designated professionals as appropriate

11.10 The Safeguarding Children Training administrator will:

- Manage the booking arrangements for the health service only part of the training programme.
- Assist the LSCB training department with booking appropriate health staff onto LSCB programmes.
- Ensure details of staff attending are entered onto the electronic staff record.
- Inform operational managers which of their staff did not attend for training.
- Generate reports on attendance at sessions arranged through the department as requested by the Designated Nurses.

12. MONITORING AND REPORTING OF IMPLEMENTATION OF THE STRATEGY

- Implementation of the strategy will be reported to, and monitored by, the PCT Integrated Governance Committee (NHS Hull) and QPEX (NHS East Riding of Yorkshire) against specific actions to address the strategic aims above via an annual report.
- A development plan to ensure timely implementation of the Strategy is appended and will be reported on 3 monthly to each PCT's governance committee.
- Reporting of attendance at training will continue as currently through each organisations workforce development / training department.
- Organisations will provide information on their training programmes, and uptake of relevant training, to the LSCB to enable the LSCB to full fill their role in monitoring and quality assuring training.

13. LINKED DOCUMENTATION

Each of the Organisation's

- Adverse incident and SUI policy / risk management strategy
- Statutory and mandatory training policy
- Individual appraisal systems
- Safeguarding Children Supervision Protocol

The Knowledge and Skills Framework

14.

SAFEGUARDING CHILDREN TRAINING STRATEGY ACTION PLAN

AIM:

TO PROVIDE A QUALITY TRAINING PROGRAMME THAT WILL EFFECTIVELY INFORM & SUPPORT HEALTH STAFF IN FULFILLING THEIR RESPONSIBILITIES IN RELATION TO SAFEGUARDING CHILDREN.

Objective	Planned Actions	Key Responsible Persons	Timescale/ completion date
<p>1. To provide all staff (including managers/ senior managers) with an awareness of the issues of child protection / safeguarding children in today's society.</p>	<p>Devise Training Programmes to address Safeguarding Children:</p> <ul style="list-style-type: none"> ▪ Awareness for ALL staff ▪ Refresher for ALL staff ▪ Senior Manager and Directors/ Board members Awareness module ▪ GP Training modules (levels 1 and 2; and 3) ▪ Hospital Consultant module (s) ▪ Pharmacist module (for levels 1 and 2) ▪ Optometrist module (for levels 1 and 2) ▪ Dental Services module (for levels 1 and 2) 	<p>Named and Designated Safeguarding Children professionals</p> <p>Independent Contractor Leads</p>	<p>Programmes to be written/revised & updated by 31.10.2011</p>
<p>2. Each organization to determine the numbers of staff needing to access multi- agency training in relation to their expected role with families & children</p>	<p>Compilation of staff group numbers requiring training in multi agency forums from:</p> <ul style="list-style-type: none"> ▪ Humber Foundation NHS Trust ▪ Hull & East Yorkshire Hospitals ▪ City Health Care Partnership 	<p>Named Nurses/Safeguarding Training leads in conjunction with the organizations' Education and Workforce Development departments and Operational Managers within Trusts</p>	<p>Approx numbers to be compiled by 30.06.2011</p>

<p>3. To establish a system for monitoring the effectiveness of training provided by Safeguarding Children Trainers</p>	<p>Review effectiveness of training by::</p> <ul style="list-style-type: none"> ▪ Use of evaluation forms during training ▪ Follow up evaluation of training form to be established ▪ Staff questionnaire / feedback ▪ Trainer's evaluation forms ▪ Trainer's meeting minutes ▪ To be collated and filed by the safeguarding children team administrator and made available to the Named Nurses/Training leads for analysis and reporting purposes 	<p>Named Nurses / Safeguarding Children training Leads</p> <p>Safeguarding Trainers</p> <p>Designated Nurses</p>	<p>Compile new evaluations before revised training implemented and then quarterly review.</p>
<p>4. To establish a robust system of training for independent contractors and GPs which will also meet CQC requirements</p>	<p>Utilize advice from</p> <ul style="list-style-type: none"> ▪ Named Doctor (for General Practice) ▪ Dental, ▪ Optometry and ▪ Pharmaceutical professional advisors <p>to develop robust and relevant training modules</p>	<p>Named and designated professionals</p>	<p>Ongoing</p>
<p>5. each organization to map staff groups and define job roles in order to identify target groups for each level of training</p>	<ul style="list-style-type: none"> ▪ Enlist the assistance of Human Resources Departments ▪ Inform LSCB training sub-group 	<p>Named and designated professionals. Safeguarding training lead.</p>	<p>Information to be available to LSCB training sub-group.</p>