

# Safeguarding Children Training Policy

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**Document control sheet**

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<b>Originating Directorate:</b>	Clinical Governance
<b>Originating team:</b>	Safeguarding
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<b>Author(s) name:</b>	Charlie Whelan
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<b>Target audience:</b>	All staff
<b>Can this policy be released under FOI?</b>	Yes
	Give reasons for exemption if no:

**Version control**

Version No	Revision date	Revision by	Nature of revisions
1.0		Charlie Whelan	Final

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## 1. Introduction

NHS Kernow Clinical Commissioning Group (NHS Kernow) is committed to safeguarding and promoting the welfare of all children and young people as well as those who may be vulnerable as stated in its 'Safeguarding Strategy 2017-19 as follows: 'In terms of safeguarding, this means ensuring that despite major change to how local people live, access care and how care is delivered, this is a major consideration to ensure that people continue to receive high quality and safe care. As a commissioning organisation, the CCG must ensure that its employees and staff working in services commissioned and contracted by them understand their role and responsibilities regarding safeguarding children and young people. Note: any subsequent references to child / children also include young people too.

In accordance with the Children Act 2004 (Section 11) all individuals who work in health care organisations, both substantive staff and those working in services that are contracted or commissioned, must be trained and competent to recognise when a child may need to be safeguarded and know what to do in response to concerns about their welfare.

CCG employees and contractors must protect service users from abuse by adhering to the CQC Essential Standards of Quality and Safety Outcome 7 (2010; 2017) by means of:

- a) Taking reasonable steps to identify the possibility of abuse and prevent it before it occurs; and
- b) Responding appropriately to any allegation of abuse.

Working Together to Safeguard Children (2013 and 2015) sets out statutory guidance on the responsibilities of CCGs and NHS England to ensure that employees and independent contractors have an awareness of how to recognise and respond to safeguarding concerns.

The Children and Families Act, 2014 (C&FA) which came into force in September 2014 strengthens the accountability for the provision of services and support to children with special educational needs and/or disability (SEND). NHS Kernow will seek assurance that service providers fulfil their responsibilities to this vulnerable group of children.

## 2. Purpose

The purpose of this policy is to provide a framework to ensure NHS Kernow meets its contractual and legislative responsibilities to equip staff to work effectively to safeguard and promote the welfare of children and young people. The Policy aims to provide information on mandatory safeguarding training requirements for all managers and staff within NHS Kernow and its commissioned services (See appendices A to D).

The identification of the level of safeguarding training required is dependent on the CCG staff member's role and responsibilities.

All training provided should respect diversity (including culture, race, religion, gender and disability), promote equality and encourage the participation of children and families in the safeguarding process.

All training provided should place the child (at risk of abuse) as the central focus and promote the importance of listening to the child or young person, understanding their daily life experience, ascertaining their wishes and feelings and never losing sight of their needs.

### **3. Roles and responsibilities**

The CCG has a responsibility to ensure their staff has access to appropriate training so that they are competent to carry out their safeguarding responsibilities, including recognising and reporting safeguarding issues.

Commissioned providers have a responsibility to adhere to training requirements outlined in the CCG commissioned services safeguarding standards (aligned to S.11 standards). These are incorporated into all provider contracts. They have a responsibility where relevant to adhere to the standards set out in the Care Quality Commission (CQC) "Essential Standards for Quality and Safety" in order to maintain registration with CQC, in particular outcomes 7: Safeguarding People who use services from abuse and outcome 14: Supporting Workers.

The Designated Nurses and Doctors take a strategic and professional lead across the health economy and also support the safeguarding executive lead within the CCG in relation to this.

The CCG safeguarding professionals in conjunction with the workforce managers have a responsibility to assess and analyse the training needs of all staff within the CCG. Training needs are identified through a Training Needs Analysis completed by the Designated Nurses.

The CCG safeguarding professionals have a responsibility to provide training and development for the Governing Body members, developing and maintaining training competencies that are compatible with national guidance and Local Safeguarding Children Partnership multi-agency policies (i.e. Cornwall and Isles of Scilly Our safeguarding Children Partnership – CIOSOSCP).

They are responsible for ensuring that lessons learnt from major investigations (Serious Case Reviews (SCR'S), Individual Management Reviews (IMRs) Case Reviews and Domestic Homicide Reviews (DHR's)) is incorporated into training and development opportunities.

The Local Safeguarding Children Partnership, in line with Working Together to Safeguard Children 2015 and the 2006 LSCB Regulations operates to coordinate and ensure the effectiveness of safeguarding activity of all agencies within Cornwall. Alongside its core objectives the CIOSOSCP has specific functions in respect of training which include developing policies and procedures for safeguarding children in relation to training of persons who work with children or in services affecting the safety and welfare of children, and for monitoring and evaluating the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

#### **4. Monitoring and assurance**

The CCG is responsible for maintaining quality standards and quality assurance in relation to service delivery, both within the CCG and across provider services. This responsibility includes ensuring that safeguarding and the need to protect children from harm is embedded within organisational culture.

The CCG will require assurance that all staff employed by both the CCG and its providers, have the knowledge and skills, appropriate to their role, to identify and act on safeguarding concerns, including concerns related to safeguarding children, safeguarding adults at risk, Looked after Children and Domestic Abuse.

This assurance will be obtained through relevant organisational quality and performance monitoring processes including S.11 audits and CCG safeguarding standards self-audit, internal and external audit and outcomes from inspections (e.g. CQC and Ofsted).

In order to provide assurance to the CCG, all contracted providers / services will record and provide evidence to include:

- Quarterly Percentage of staff compliant with identified levels of safeguarding and looked after children training;
- The training programmes and materials delivered for safeguarding children are appropriate to the training needs of staff and meet the requirements laid out in the “Safeguarding Children and Young People: roles and competences for health care staff- Intercollegiate Document” (2014) and the Intercollegiate document for Looked After Children (2015) and those identified by CIOSOSCP Learning Subgroup; and
- Learning from Serious Case Reviews, Case Reviews, Domestic Homicide Reviews, Critical Incidents, Complaints and User feedback is embedded within training.

#### **5. Bibliography**

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

- CIOSOSCP website: <http://www.safechildren-cios.co.uk/health-and-social-care/childrens-services/cornwall-and-isles-of-scilly-safeguarding-children-partnership/>
- Department of Education and Departments of Health, Special Educational Needs and Disabilities: <https://www.gov.uk/childrens-services/special-educational-needs>
- [Promoting the health and wellbeing of looked-after children - Publications - GOV.UK Working Together to Safeguard Children \(2015\)](#)
- [NHS Commissioning Board \(2015\) Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework.](#)
- [Safeguarding children and young people: roles and competences for health care staff Intercollegiate Framework](#) March 2014.
- [Looked after children: Knowledge, skills and competences of health care staff Intercollegiate Role Framework](#) March 2015

## Appendix A: Safeguarding children training guide and framework

NHS Kernow's training guide and framework is in line with the recommendations of:

- Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (Intercollegiate Document September 2015); Looked After Children: Knowledge, Skills and competencies of health care staff (intercollegiate Role Framework 2015) and Working Together to safeguard Children (2015). This guide and the framework below (Appendix B) indicate how staff can achieve and evidence their training.

Staff will be enabled to participate in training on safeguarding and promoting the welfare of children on both a single and interagency basis. The training will be proportionate and relevant to the roles and responsibilities of each staff member, as identified by their manager.

Training can be delivered by any method that meets the requirement set out in the documents above.

All staff must undertake induction safeguarding children's training once and after that they must complete the level of training that is relevant to their work – see the training framework (Appendix B). All CCG staff must have a safeguarding training level recorded on their electronic staff records (ESR). It is the manager's responsibility to ensure each post has a safeguarding training level allocated to it. No new post should be advertised without the correct level of safeguarding training indicated.

Following induction, all staff must comply with the CCG's Mandatory Training requirements as outlined in job descriptions and their training record must be kept up to date on ESR. A general overview of the safeguarding training is provided in Appendix B.

The Governing Body will require Level 1 knowledge, skills and competences (e-learning) as well as specific Governing Body focused training.

### Training requirements summary

- **Induction training - All new staff clinical and non-clinical:** All new staff must attend Induction training, which includes a basic awareness of issues related to safeguarding children. This training is 45 minutes. You can also completed the safeguarding children E-Learning training on the core-learning unit
- **Level one - All staff employed by the CCG: Duration:** 30 minutes safeguarding children training is included in the annual / three yearly mandatory training program.
- **Level two - Clinical and non-clinical staff that have regular contact with parents, children and young people:** This is a training session, which is two to

three hours long and must be repeated every three years. The Designated Nurse for Safeguarding Children delivers this training. The course includes: advocating for the young person, being clear about yours and others roles in safeguarding children, understanding the law and information sharing, your role in effective documentation and recognising how parent's behaviours can have an impact on the child's safety –'Think Family' / exercise professional curiosity and challenge and always doing what is right in the best interests of the child.

- **Level 3 - All staff working predominately with children, young people and parents:** This is training for staff that predominantly work with children / young people and / or their parents / carers and who may contribute to the assessment, monitoring and planning for child protection cases. To comply with this level you must attend CIOSOSCP multi-agency training, or a multi-agency training event related to safeguarding children. You must evidence you have completed an annual update on your level three multi-agency training. All GPs in their relevant practice staff should be trained to a minimum of level three for safeguarding children.
- **Level four** - Training at this level is for Named Safeguarding Children Professionals – these are employed by provider organisations.
- **Level five** - Training at this level is for Designated Safeguarding Children Professionals

Please note: It is the duty of all staff to inform their manager when they have registered for any safeguarding children training, and they must inform them when they have completed the training. If you have received a certificate for any safeguarding children training, this can be used as evidence of attendance together with the aims and objectives of the training.

If staff have completed training delivered by providers outside of Cornwall the Designated Nurse Safeguarding Children can quality assure the training and accredit the training where relevant if they receive the certificate of attendance, the name of the trainer / service provider and the aims and objectives of the training attended.

You must complete all your safeguarding training to ensure you meet the requirements of your KSF and mandatory training.

All staff must access mandatory safeguarding training as outlined in Appendix B. Full details of training requirements (knowledge / Skills / Attitudes and Values) are contained in the Intercollegiate Document 2015.

## Appendix B: Safeguarding children training matrix

Course	Frequency	Staff	Knowledge, skills, attitudes and values and comments
Induction	Within six weeks of commencement of employment – 30 minutes	All Staff	See Intercollegiate documents for Safeguarding and Looked after Children
Level 1	Every three years for non-clinical staff – two hours	All CCG Staff	See Intercollegiate Documents as noted above
Level 2	Three to four hours over three year period	All staff whose work brings them directly into contact with children, young people and parents.	See Intercollegiate Documents as noted above
Level 3	12 – 16 hours over a three year period	Clinical staff working with children, young people, parents and carers. This includes GP's and children continuing care team staff.	See Intercollegiate Documents as noted above
Level 4	24 hours over a three year period	Specialist Roles – Named Professionals	See Intercollegiate Documents as noted above
Level 5	24 hours over a three year period	Specialist Roles – Designated Professionals	See Intercollegiate Documents as noted above
Governing body	Every three years	Chair of the Governing Body; Chief officer; Directors and members	See Intercollegiate Documents as noted above (level one e-learning and specific face-to-face Governing Body Learning)

## Appendix C: Application process

### Training requirements

The requirement to attend Child Protection Training is included in the CCG's Statutory and mandatory Training Policy (December 2017). If you have joined from another part of the NHS, we will on receipt of evidence of previous completion of your statutory and mandatory training (copy of ESR record or email from your previous L&D department) update your new learning record. There will be no requirement to complete it again unless any of your competencies are out of date. If your ESR record needs to be updated, please get in contact with a member of the HR team.

Your line manager is responsible for checking your mandatory and statutory training compliance levels during your annual appraisal and any actions required and by when will be noted on your appraisal form. Statutory and mandatory training requirements must be met before any decisions relating to funding for any other development opportunities, including but not limited to externally verified courses or qualifications, are considered.

### How do I access training?

All colleagues can access mandatory and statutory training (including Child Protection Training) via their ESR account. Please refer to the Statutory and mandatory Training Policy (appendix one) for an ESR user guide. Please see appendix two of that policy for an up-to-date list our statutory and mandatory training requirements that apply to all colleagues.

Workshop-based mandatory training courses will be advertised using the weekly staff bulletin. You can also access mandatory training courses at RCHT and booking should be made through the HR team.

### CIOSOSCP multi-agency training

In addition, staff that are required to undertake level three Safeguarding Children Training can access information about attendance / courses via the CIOSOSCP website / via the following link: <https://www.cornwall.gov.uk/health-and-social-care/childrens-services/cornwall-and-isles-of-scilly-safeguarding-children-partnership/learning/>

## Appendix D: Training Passport

### Child Protection Children Training Passport for level three or above

The purpose of this passport is to enable health professionals to record details of any safeguarding children / child protection training they complete. This information can be used to update their ESR and to inform discussion at annual Personal Development Review (PDR) / Appraisal.

The CCG's requirements for safeguarding training will be available to you through the Human Resources team or your line manager as well as in this policy.

If you wish to use experience gained from another course other than standard training courses provided by the CCG then the following process applies:

1. Before attending a learning experience contact the Designated Nurse Child Protection and they will advise on the appropriateness of the learning. Following attendance you should be prepared to discuss with the Designated Nurse and / or your manager any learning outcomes.
2. After attending the event enter the details in the passport (below) and send with a copy of your certificate of attendance to the Designated Nurse / your line manager. Arrangements must be made to add this evidence to the 'P' file.

It is important to note that:

- Accurate records of all training undertaken including programmes, notes and attendance certificate are kept for audit purposes. All information you retain must be kept securely and in line with the Data Protection Act 1998 / General Data Protection Regulation (GDPR) 2018;
- You must keep reflective notes during or after attending a course / event and identify any changes to your practice as consequentially of the learning. This information should inform your personal development plan (PDP)

## Training Passport (form)

<b>Name of professional:</b>	
<b>Role of professional:</b>	
<b>Department / Directorate:</b>	
<b>Signature:</b>	

<b>Date undertaken</b>	<b>Course title and level</b>	<b>Organiser and venue</b>	<b>Duration / hours</b>	<b>Signature of line manager</b>

## Appendix E: Equality Impact Assessment

<b>Name of policy to be assessed</b>	Child Protection / Safeguarding Training Policy		
<b>Section</b>	Click here to enter text.	<b>Date of Assessment</b>	20/03/2018
<b>Officer responsible for the assessment</b>	Charlie Whelan	<b>Is this a new or existing policy?</b>	Existing
<b>1. Describe the aims, objectives and purpose of the policy.</b>			
To ensure that NHS Kernow Clinical Commissioning Staff comply with national and local guidance on the level of training required relevant to the role in the organisation in order to know what to do to safeguarding children and young people			
<b>2. Are there any associated objectives of the policy? Please explain.</b>			
Staff to be able to identify abuse or neglect Staff to know where to access advice and support Staff to know how to raise a safeguarding alert for children and young people			
<b>3. Who is intended to benefit from this policy, and in what way?</b>			
All children and young people being provided with services by CCG staff / contractors			
<b>4. What outcomes are wanted from this policy?</b>			
All NHS Kernow Clinical Commissioning Group staff / contractors to be aware of the requirements of attending safeguarding children training in order to be able to recognise and report child abuse.			
<b>5. What factors/ forces could contribute/ detract from the outcomes?</b>			

Not having access to the policy or being provided with training about it. And relevant staff attending training updates.
<b>6. Who are the main stakeholders in relation to the policy?</b>
NHS Kernow Staff and Safeguarding team; Children at risk of abuse or neglect
<b>7. Who implements the policy, and who is responsible for the policy?</b>
NHS Kernow via Head of Nursing in the role of Safeguarding team manager
<b>8. What is the impact on people from Black and Minority Ethnic Groups (BME) (positive or negative)?</b>
Consider relevance to eliminating unlawful discrimination, promoting equality of opportunity and promoting good race relations between people of different racial groups. Issues to consider include people's race, colour and nationality, Gypsy, Roma, Traveller communities, employment issues relating to refugees, asylum seekers, ethnic minorities, language barriers, providing translation and interpreting services, cultural issues and customs, access to services.
Not applicable as all people regardless of ethnicity will be treated fairly under safeguarding legislation (Care Act 2014)
<b>How will any negative impact be mitigated?</b>
N/A
<b>9. What is the differential impact for male or female people (positive or negative)?</b>
Consider what issues there are for men and women e.g. responsibilities for dependants, issues for carers, access to training and employment issues, attitudes towards accessing healthcare.
Not applicable as all people regardless of gender will be treated fairly under safeguarding legislation (Care Act 2014)
<b>How will any negative impact be mitigated?</b>
N/A

<b>10. What is the differential impact on disabled people (positive or negative)?</b>
Consider what issues there are around each of the disabilities e.g. access to building and services, how we provide services and the way we do this, producing information in alternative formats and employment issues. Consider the requirements of the NHS Accessible Information Standard. Consider attitudinal, physical and social barriers. This can include physical disability, learning disability, people with long term conditions, communication needs arising from a disability.
Not applicable as all people regardless of disability will be treated fairly under safeguarding legislation (Care Act 2014)
<b>How will any negative impact be mitigated?</b>
N/A
<b>11. What is the differential impact on sexual orientation?</b>
Consider what issues there are for the employment process and training and differential health outcomes amongst lesbian and gay people. Also consider provision of services for e.g. older and younger people from lesbian, gay, bi-sexual. Consider heterosexual people as well as lesbian, gay and bisexual people.
Not applicable as all people regardless of sexual orientation will be treated fairly under safeguarding legislation (Care Act 2014)
<b>How will any negative impact be mitigated?</b>
N/A
<b>12. What is the differential impact on people of different ages (positive or negative)?</b>
Consider what issues there are for the employment process and training. Some of our services impact on our community in relation to age e.g. how do we engage with older and younger people about access to our services? Consider safeguarding, consent and child welfare.
N/ Not applicable as all people regardless of age will be treated fairly under safeguarding legislation (Care Act 2014A)

<b>How will any negative impact be mitigated?</b>
N/A
<b>13. What differential impact will there be due religion or belief (positive or negative)?</b>
Consider what issues there are for the employment process and training. Also consider the likely impact around the way services are provided e.g. dietary issues, religious holidays, days associated with religious observance, cultural issues and customs, places to worship.
N/A Not applicable as all people regardless of religious belief / religion will be treated fairly under safeguarding legislation (Care Act 2014)
<b>How will any negative impact be mitigated?</b>
N/A
<b>14. What is the impact on marriage of civil partnership (positive or negative)? NB: this is particularly relevant for employment policies</b>
This characteristic is relevant in law only to employment, however, NHS Kernow will strive to consider this characteristic in all aspects of its work. Consider what issues there may be for someone who is married or in a civil partnership. Are they likely to be different to those faced by a single person? What, if any are the likely implications for employment and does it differ according to marital status?
N/A
<b>How will any negative be mitigated?</b>
N/A
<b>15. What is the differential impact who have gone through or are going through gender reassignment, or who identify as transgender?</b>

Consider what issues there are for people who have been through or a going through transition from one sex to another. How is this going to affect their access to services and their treatment when receiving NHS care? What are the likely implications for employment of a transgender person? This can include issues such as privacy of data and harassment.
N/A
<b>How will any negative impact be mitigated?</b>
N/A
<b>16. What is the differential impact on people who are pregnant or breast feeding mothers, or those on maternity leave?</b>
This characteristic allies to pregnant and breast feeding mothers with babies of up to six months, in employment and when accessing services. When developing a policy or services consider how a nursing mother will be able to nurse her baby in a particular facility and what staff may need to do to enable the baby to be nursed. Consider working arrangements, part-time working, infant caring responsibilities.
N/A
<b>How will any negative impact be mitigated?</b>
N/A
<b>17. Other identified groups:</b>
Consider carers, veterans, different socio-economic groups, people living in poverty, area inequality, income, resident status (migrants), people who are homeless, long-term unemployed, people who are geographically isolated, people who misuse drugs, those who are in stigmatised occupations, people with limited family or social networks, and other groups experiencing disadvantage and barriers to access.
N/A
<b>How will any negative impact be mitigated?</b>

N/A																									
<p><b>18. How have the Core Human Rights Values been considered in the formulation of this policy/strategy? If they haven't please reconsider the document and amend to incorporate these values.</b></p> <ul style="list-style-type: none"> <li>• <b>Fairness;</b></li> <li>• <b>Respect;</b></li> <li>• <b>Equality;</b></li> <li>• <b>Dignity;</b></li> <li>• <b>Autonomy</b></li> </ul>																									
The Core Human Rights are protected by this policy as it relates to protecting all children from abuse as they have the right to live a life free from harm, abuse or neglect																									
<p><b>19. Which of the Human Rights Articles does this document impact?</b></p> <table border="1"> <thead> <tr> <th>The right:</th> <th>Yes / No:</th> </tr> </thead> <tbody> <tr> <td>• To life</td> <td>No</td> </tr> <tr> <td>• Not to be tortured or treated in an inhuman or degrading way</td> <td>No</td> </tr> <tr> <td>• To liberty and security</td> <td>No</td> </tr> <tr> <td>• To a fair trial</td> <td>No</td> </tr> <tr> <td>• To respect for home and family life, and correspondence</td> <td>No</td> </tr> <tr> <td>• To freedom of thought, conscience and religion</td> <td>No</td> </tr> <tr> <td>• To freedom of expression</td> <td>No</td> </tr> <tr> <td>• To freedom of assembly and association</td> <td>No</td> </tr> <tr> <td>• To marry and found a family</td> <td>No</td> </tr> <tr> <td>• Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention</td> <td>No</td> </tr> <tr> <td>• To peaceful enjoyment of possessions</td> <td>No</td> </tr> </tbody> </table>		The right:	Yes / No:	• To life	No	• Not to be tortured or treated in an inhuman or degrading way	No	• To liberty and security	No	• To a fair trial	No	• To respect for home and family life, and correspondence	No	• To freedom of thought, conscience and religion	No	• To freedom of expression	No	• To freedom of assembly and association	No	• To marry and found a family	No	• Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention	No	• To peaceful enjoyment of possessions	No
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<b>a) What existing evidence (either presumed or otherwise) do you have for this?</b>
Safeguarding policies and procedures contain references to child care legislation / human rights to ensure fairness / equality for all.
<b>20. How will you ensure that those responsible for implementing the Policy are aware of the Human Rights implications and equipped to deal with them?</b>
They will be required to read and understand the policy and be aware of paragraph A above
<b>21. Describe how the policy contributes towards eliminating discrimination, harassment and victimisation.</b>
It ensures that all children are protected from abuse regardless of their background details as described above.
<b>22. Describe how the policy contributes towards advancing equality of opportunity.</b>
N/A
<b>23. Describe how the policy contributes towards promoting good relations between people with protected characteristics.</b>
N/A
<b>24. If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services or the working environment for that group of people.</b>
N/A
<b>25. Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.</b>
None
<b>26. If the negative impacts identified have been unable to be mitigated through amendment to the policy or mitigating actions, explain what your next steps are.</b>
N/A

Signed (completing officer): .....

Date: .....

Signed (Head of Section): .....

Date: .....

**Please ensure that a signed copy of this form is sent to both the Policies Officer with the policy and the Equality and Diversity lead.**