Further copies of this document can be obtained from:

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The potential for the future prosperity and success of Wales resides with the children and young people of today. These standards are testament to the Assembly Government’s commitment to the children of Wales. This National Service Framework (NSF) sets out the quality of services that children, young people and their families have a right to receive. It also embodies our belief that, in Wales, we can deliver on these standards by service planners and providers working in partnership and collaboration across organisations to achieve this vision. The development of the Children’s NSF has been an inclusive process involving professionals from all areas of children’s services as well as children, young people and families. A Young Person’s Consultation Document has also been produced to enable young people to help shape the services they would like to receive.

We urge you now to participate in this consultation and to help us develop the standards further to make sure they have maximum impact on the health and well-being of children and young people. Ensuring that quality services are provided for our children and young people is the best investment we can make for the future of Wales.
The Welsh Assembly Government’s Commitment to the Children and Young People of Wales

Wales – A Better Country ¹ set out the Assembly Government’s vision for creating a fairer, more prosperous, healthier and better-educated country. We committed to achieving this by putting health and wealth creation that is sustainable at the heart of policy making and by ensuring that:

“children and future generations enjoy better prospects in life, and are not landed with a legacy of problems bequeathed by us.”

The Assembly Government’s strategy for delivering this commitment is laid out in Frameworks for Partnership ². This gives guidance on setting up local Partnerships to ensure that policy formulation and service provision are appropriate to need, receive due priority and are delivered in a co-ordinated and focused way. Progress made is described in Children and Young People: Rights to Action ³.

The National Service Framework (NSF) for Children, Young People and Maternity Services should not be viewed in isolation, as it is just one part of the delivery of the Assembly Government’s strategy for children and young people. The synergy that results from bringing together all policy development for children and young people will become a powerful force for helping all children and young people in Wales achieve their full potential and live healthy and satisfying lives.

All the work which the Assembly Government does with children and young people is guided by the UN Convention on the Rights of the Child ⁴ and has been translated into seven core aims to ensure that all children and young people:

1. Have a flying start in life;
2. Have a comprehensive range of education and learning opportunities;
3. Enjoy the best possible health and freedom from abuse, victimisation and exploitation;
4. Have access to play, leisure, sporting and cultural activities;
5. Are listened to, treated with respect, and have their race and cultural identity recognised;
6. Have a safe home and a community which supports physical and emotional well-being;
7. Are not disadvantaged by poverty.
These seven core aims have formed the guiding principles for the development of these standards. The standards and key actions set out in this NSF aim to provide a yardstick against which the quality and equity of services can be measured over time. Delivery will ensure that the vision set out in Wales – A Better Country is achieved by improving the quality and equity of service delivery to children and young people in all the settings in which they spend time.
NOTE: Any section within these standards should be read in conjunction with Chapter 2, which contains key actions that are relevant to all children, young people and their families.

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KEY

| Key Actions to be delivered by the end of March 2006 |  arkadaş |
| Local Health Board | LHB |
| National Health Service trust | NHS trust |
| Local Authority | LA |
| Health Commission Wales | HCW |
| Area Child Protection Committee | ACPC |
| National Public Health Service | NPHS |
| Higher Education | HE |
| Children and Young People’s Framework Partnership | CYPFP |
| Registered Social Landlord | RSL |
| Independent Education Sector | IES |
| Welsh Assembly Government | WAG |

Terms or words in blue in this document are defined in the Glossary of Terms
CONSULTATION QUESTIONS

Responses are invited to this consultation document by Friday 21st January 2005. Responses can be sent to the address at the end of the list of questions or sent electronically to: jean.christensen@wales.gsi.gov.uk. Responses to the consultation will be made public. Normally, the name and address (or part of the address) of the author are published along with the response. If you do not wish to be identified please state this expressly in your response.

1. Please state your name, title and place of work (please also state if you want your name withheld from the publication of the results of this consultation).

2. Some of the key actions within this document have been flagged for delivery by the end of March 2006. Implementation of these key actions has been estimated to be low or no-cost because they are organisational issues or are already being planned for, or worked towards, in many areas.

Do you agree that the flagged key actions are the right ones to prioritise for early delivery? Please state which of the flagged key actions you do not believe can be delivered by this deadline and why. Please also state if there are any unflagged key actions which you believe could be delivered by the end of March 2006.

3. Each key action has the organisations which are responsible for their delivery clearly identified.

Are there any key actions which you feel that the organisation you work for is not responsible for delivering? Are there any key actions which you feel your organisation could contribute to delivering but has not been listed next to a key action? (Voluntary organisations should read “Organisation of the chapters in this document” on page 12)

4. When you read this document you will notice that this NSF does not address specific conditions but instead addresses the overall needs of children, young people and their families.

Are there any important needs of children, young people and their families which you feel have not been addressed by the key actions in this NSF?

5. When writing the key actions, every attempt has been made to make each one clear, specific and measurable to allow for easier audit.

Are there any key actions which you feel do not meet the above criteria? If so, can you suggest a form of wording that would improve the key action?
6. A self-assessment audit tool (SAAT) is being designed to measure the extent to which key actions are being delivered (a further explanation of this can be found on page 9 under Measuring Success). In many instances, local areas will already be gathering data for their own purposes that will assist organisations in assessing their progress against a key action using the SAAT.

**Are there any key actions in which you feel that it would be very difficult to assess your progress because of a lack of local information?**

7. Every attempt has been made to avoid the use of professional jargon within this document. Where use of professional terms has been unavoidable, these have been defined within a glossary of terms. Other terms included in the glossary are those for which there is already common understanding but they need definition with regard to these standards e.g. disabled child.

**Are there any terms or phrases used within this document that have not been included in the glossary, but which you feel require definition?**

8. **Can you foresee any barriers to the implementation of these standards? If so, are there any actions which the Welsh Assembly Government should take to help overcome these barriers?**

9. **From those key actions which are NOT FLAGGED (i.e. developmental key actions) please select the three that you feel will have the greatest impact on the health and well-being of children and rank them in order of priority.**

10. **Do you have any other comments that you would like to make about this document?**

Please send your consultation responses to:

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CHAPTER 1

SETTING THE SCENE

The National Service Framework for Children, Young People and Maternity Services will contribute to the achievement of the Assembly Government’s seven core aims for children and young people by improving quality and reducing variations in service delivery through the setting of national standards. These standards have been set not just for health and social care but also for other local government services which have a strong influence on the health and well-being of children, such as education, housing, leisure and transport. Its value lies in the extent to which the standards and key actions can be incorporated into policy development and service planning and used to define measures of service quality that will be the basis for monitoring and evaluation.

The scope of the NSF includes all children and young people from pre-conception to their 18th birthday. As the health of the mother and her maternity care can affect the health of the baby, these standards also cover maternity services. Special consideration is also given for transition management into adult services beyond the 18th birthday, for those requiring ongoing services.

The NSF was developed by the following seven External Working Groups (EWGs), which comprised key stakeholders from all relevant children’s services:

- Improving Health and Well Being for all Children and Young People;
- Maternity;
- Mental Health and Psychological Well Being of Children and Young People;
- Disabled Children and Young People;
- Children and Young People in Special Circumstances;
- Children and Young People Suffering from Acute and Chronic Illness or Injury;
- Medicines.

Setting standards for an NSF with such a wide scope, and covering a range of NHS and Local Government services, has been particularly challenging but was made possible by the enthusiasm and commitment of EWG members who shared the same vision of improving the quality of services received by children and young people in Wales. The Welsh Assembly Government wishes to extend its sincere thanks to EWG members who gave their time and effort so willingly. The membership of
Poverty and Social Inclusion

Poverty and social inclusion are very important factors, which influence the health and well-being of children and young people, and this is recognised throughout the Children’s NSF. There is growing evidence that social disadvantage shapes the health of children and that this has a continuing legacy, influencing adult disease risk factors. Health inequalities do not simply emerge in mid-life, they accumulate over decades. Despite some evidence of redistribution of income in the UK, child poverty rates are still among the highest in wealthy nations. In 2001-02, 31% of children in Wales lived in households with incomes below 60% of the median income compared with 30% in Great Britain, and 17.1% of dependent children lived in workless households compared with 15.9% in the UK as a whole. Children and young people who grow up in poverty often feel alienated, have reduced expectations from life and have lower career aspirations. The fact that approximately one third of the children in Wales live in poverty has been described by the Children’s Commissioner for Wales as a national disgrace. The Welsh Assembly Government is addressing these issues and has set up a Task Group that has provided recommendations to the Assembly Government in relation to providing a long-term strategy for combating child poverty in Wales.

There has been recognition of strong links between ethnicity and low socio-economic status, and some recent research has shown that families of Pakistani and Bangladeshi origin are the most disadvantaged minority ethnic groups. Similar problems are also faced by the homeless and by mobile populations such as Gypsies, Travellers and some refugees and asylum seekers. These groups share socio-economic disadvantage evidenced by weak links with the labour market, poor housing conditions or no housing at all, uncertainty and lack of predictability in their lives, as well as discrimination and prejudice. The form that these disadvantages take varies from group to group and it defines the context in which children grow up, shaping parents’ ability to provide good enough parenting.

Patterns of health vary, not only by socio-economic status and ethnicity, but also by gender. Because women bear and generally care for children, they act as the guardians of the health of their families. Yet women are more vulnerable to poverty, in particular young lone mothers and those from minority ethnic groups.

There are key actions throughout this document which have been designed to address some of these issues, but in particular, chapter 4 on disabled children and chapter 5 on children in special circumstances place a strong emphasis on the need for social inclusion.
Evidence Base to Support the Standards

The rationale within this document contains some of the evidence base that supports these standards. Owing to limitations of space it has not been possible to include the entire evidence base within this document but further evidence will be available on the Children’s NSF web site: http://www.wales.nhs.uk/nsf when the final standards are launched in summer 2005.

The National Public Health Service (NPHS) was commissioned by the Welsh Assembly Government to produce *A Profile of the Health of Children and Young People in Wales* 15. Some of those data have been included in the rationale for the standards, but the full report can be viewed on the NPHS web site (http://www.nphs.wales.nhs.uk). This report will be updated on a regular basis and will provide useful information to inform Children and Young People’s Framework Partnership Plans.

Consultation with Children, Young People, Parents and Carers

When developing standards for the Children’s NSF it was important to listen to the views of service users. The Welsh Assembly Government commissioned an extensive series of consultation events with children, young people, parents and carers at a variety of venues around Wales, as well as through a questionnaire sent out to schools 16, 17, 18, 19, 20, 21, 22. The final reports of these consultation exercises are available to view or download from the Children’s NSF web site: http://www.wales.nhs.uk/nsf. The development of key actions within this document have been driven by the results of these consultation exercises to ensure that children and their families are placed at the heart of all service planning.

The 10-Year Vision

The key actions within the Children’s NSF set strategic priorities linked to the Community Strategies over a 10-year period. Key actions will need to be phased in over this period of time and prioritisation will be locally determined and informed by local Health Needs Assessments, carried out to inform the Health, Social Care and Well Being Strategies.

Leadership at All Levels

The Assembly Government’s commitment to delivering high quality services for all children and young people is going to require visionary leaders who are passionate about children’s services at all levels of service delivery.

Wales has a Minister for Children and a Cabinet Sub-Committee for Children and Young People which ensures that children’s issues are given a high priority on the government’s political agenda. The Assembly Government also has a Children and Young People’s Policy Co-ordination Group whose function is to ensure that there is
chapter 1 - setting the scene

an integrated approach to policy development across all areas that can have an impact on the health and well being of children and young people.

In September 2003, the first Director of Healthcare Services for Children and Young People in Wales was appointed to act as a champion for children’s health interests in the development and implementation of the Health, Social Care and Well Being Strategies. The Director will lead the drive for innovation and continuous improvement of service standards for children’s healthcare services across Wales.

The Assembly Government recognises that this strong leadership is needed at all levels. Proposals in the Children Bill will require that each local authority identifies a lead director and a lead member for children and young people to oversee planning under the Framework Partnerships. Likewise, LHBs will be required to appoint lead officers and lead members for Children and Young People, and NHS trusts will be required to appoint Lead Executive Directors and Lead Non-Executive Directors for Children and Young People. These arrangements are intended to ensure that effective joint planning takes place in the three Framework Partnerships and to promote the profile of children and young people in partner organisations.

**Children’s Commissioner for Wales**

The first statutory independent Children’s Commissioner for Wales was appointed on 1st March 2001. Peter Clarke was the first Children’s Commissioner to be appointed in the UK and has the powers to review the effects of policies, and the delivery of services, to children and young people in Wales, and act as a champion for their rights and welfare. His remit includes ensuring that children and young people are safe from harm and abuse, are respected and valued and receive the life chances that they deserve. Representatives from the Office of the Children’s Commissioner have acted as independent observers during the development of the Children’s NSF standards.

**Coherent Policy Development and Delivery**

The Children’s NSF is a joint policy initiative across the NHS and Local Government which supports the Assembly Government’s seven core aims for children and young people and is intended to support the delivery of other policies, reviews and government responses carried out or commissioned by the Welsh Assembly
The key actions of the NSF seek to facilitate partnership working and priority setting for children’s services in line with Policy Agreements between Local Government and the Assembly Government and the Wales Programme for Improvement. The delivery of specialised services (tertiary services) for children and young people are being developed as a separate project but with very close links to the Children’s NSF. There are also close links with other NSFs published in Wales which are relevant to children and young people, including the Coronary Heart Disease NSF \(^{23}\), the Diabetes NSF \(^{24}\), the Adult Mental Health NSF \(^{25}\), as well as the Renal NSF \(^{26}\) which is currently being developed.

The \textit{Review of Health and Social Care in Wales [advised by Derek Wanless]} \(^{27}\) made recommendations for reform to the way health and social care services are delivered in Wales. This includes a greater emphasis on prevention and individual responsibility for health with a shift towards greater service delivery in primary care, better access to secondary care when needed, improved public and patient participation in service delivery and an improved performance management framework. The key actions of the Children’s NSF have been designed to facilitate the changing pattern of service delivery recommended in this report.

\textbf{Joint Working Across Organisations}

It is crucial that planning is co-ordinated across the various organisations that deliver services to children and young people. However, consultation exercises carried out with children, young people and their families to inform the development of these standards tell a story of inflexible and disjointed services that are unable to adapt to the specific needs of children and their families. This is reinforced by the findings of Professor Kennedy’s Report \textit{Learning from Bristol} \(^{28}\). As an example, poor communication between different organisations is often a reason for failure of the child protection system to protect children from harm \(^{29,30}\).

The Children’s NSF is founded on a philosophy of placing children and their families at the centre of service delivery, with services designed to meet their particular needs. This will only be achieved by a commitment to joint working between all

\begin{itemize}
\item[a] Health and Social Services Committee \textit{Review of Children with Special Health Needs} (National Assembly for Wales, November 2002)
\item[b] Child and Adolescent Mental Health Strategy \textit{Everybody’s Business} (National Assembly for Wales, September 2001)
\item[c] Review of Tertiary Services for the Children of Wales (Specialised Health Services Commission for Wales, May 2002)
\item[d] \textit{Lost in care – report of the tribunal of inquiry into the abuse of children in care in the former county council areas of Gwynedd and Clwyd since 1974} (Waterhouse et al, 2000)
\item[e] \textit{Too Serious a Thing: the review of safeguards for children and young people treated and cared for by the NHS in Wales. The Carlile Review.} (National Assembly for Wales, March 2002)
\item[f] \textit{Learning from Bristol: The Report of the Public Inquiry into children’s heart surgery at the Bristol Royal Infirmary 1984-1995.} (Kennedy et al, 2001)
\item[g] \textit{The Royal Liverpool Children’s Inquiry} (Redfern, January 2001)
\item[h] \textit{The Victoria Climbié Inquiry} (Laming, 2003)
\end{itemize}
organisations which deliver services to children and young people. Most of the key actions within this NSF are the responsibility of multiple organisations that will be required to work in partnership. Partnership working means equality of responsibility and respect for each organisation concerned. The achievement of true partnership working will achieve more in terms of improvement in services and outcomes for the benefit of children and families than anything else contained within these standards.

**Commissioning**

Where organisations commission services to meet these standards, the process of commissioning should be transparent and accountable and has to be undertaken by staff who are trained and competent to undertake this vital role. Most importantly, they must have an understanding of the special requirements of children’s services and the joint responsibilities held by services in meeting many of their needs. Good commissioning is a skill that has to be learnt and if carried out effectively will resolve some of the issues around implementation by maximising use of resources. This will be carried out in the NHS at the local level by Local Health Boards and nationally by Health Commission Wales. Both sets of commissioners are bound by the priorities set by the Minister, who has clearly stated that children’s issues are a key priority area. Commissioners will therefore be expected to incorporate the NSF standards in their agreements with providers. Where these are not achievable within the commissioning timescale, a development plan will need to be agreed to meet the standards over a longer period. Regional Offices will need to be alert to the possibility of differential service standards and advise commissioners if this appeared to be developing.

Many of the key actions of the Children’s NSF involve joint working and some will require joint commissioning. Local Children and Young People’s Framework Partnerships are ideally placed to facilitate this process. The Welsh Assembly will strengthen their role by a requirement to ensure senior officer and elected member representation on the Partnerships and to empower local organisations to pool budgets. The Partnerships will be setting out the agreed priorities to inform joint commissioning through local Health, Social Care and Well Being Strategies and the planning of direct service provision. Commissioners from different organisations are challenged to overcome the historical creation of barriers to effective joint working.

**How will the standards be delivered?**

The standards are wide-ranging and deliberately drawn to encompass a broad range of service areas. The success of the Children’s NSF is wholly dependent upon an implementation plan which involves rigorous performance management across the NHS and local authority services. Developing a performance management framework that is compliant with the different accountability and funding mechanisms of NHS services and local authority services has been a challenging task.
Standards have been incorporated into the design of statutory performance measures for local government that is currently being drawn up by the Local Government Data Unit and will form a basis for the monitoring of service standards that constitute the next stage of the Wales Programme for Improvement 31.

Monitoring of service standards in the NHS is achieved through organisational balanced scorecards. Local health organisations should assess their progress against the NSF standards and carry out a gap analysis. The self-assessment audit tool described in this chapter under Measuring Success will facilitate this process. The gap analysis will direct prioritisation of key actions to generate an action plan, which will in turn become measures for the Children’s NSF balanced scorecard. The iterative use of the self-assessment audit tool will assess whether key actions are being delivered and form an evaluation of the action plan. If improvement is not being achieved there should be a check back to the balanced scorecard and a realignment of action plans.

The co-ordination of planning and prioritisation of services for children and young people in Wales is the responsibility of Children and Young People’s Framework Partnerships in each local authority area in Wales. Partnerships are made up of local authorities, health services, other statutory bodies such as the police, and voluntary organisations. Each Partnership is asked to involve children, young people and families in preparing their Framework Plan. Each Framework sets out agreed strategic priorities for services for children and young people aged up to 25, based on the Assembly’s seven core aims.

More detailed planning is undertaken by two sub-groups, the Children’s Partnership (set out in Early Entitlement Guidance 32) covering the 0-10’s and the Young People’s Partnership (set out in Extending Entitlement Guidance 33) for 11-25’s. Under the Children Bill, the Framework and Children’s Partnerships will be made statutory, as are the Young People’s Partnerships. The results of the Framework Partnerships’ planning for children and young people are incorporated into local Health, Social Care and Well Being Strategies, which in turn contribute to the Community Strategies. As the determinants of health and well-being include a mix of social, economic and environmental factors, the Community Strategy aims to address these factors and contribute to sustainable development 34. As well as setting out the overall priorities, Framework Partnerships are responsible for making sure that there is continuity of service provision across key areas of transition, particularly at age 11 and as young people begin to receive adult services after they reach 18 years. This is particularly relevant for children and young people in need, for whom services often change at these ages.

In November 2003, the Cabinet Sub-Committee on Local Government and Public Services agreed to establish a plan rationalisation programme to reduce the planning burden on local authorities and to develop a more streamlined and coherent approach. The revised planning programme will be based on the use of a
common structure, based on community strategies, policy agreements and the *Wales Programme for Improvement* 31, supported by a new performance measurement framework for local government and the audit and inspection regime.

Frameworks, Children and Young People’s Plans and the Partnerships on which they are based provide a practical context for the incorporation of the standards and key actions of the Children’s NSF into local policy development and service planning. Children Bill Guidance, which will be issued by the Welsh Assembly Government in the autumn of 2004, will clarify the children’s planning processes in the light of the Plan Rationalisation Programme and the interface between the Framework Partnerships, the Health, Social care and Well Being Strategies and the Community Strategies.

**Workforce Development**

Some key actions within the NSF are going to have significant workforce implications and will require additional trained staff. Workforce development requires co-ordinated joint planning at both national and local level if it is to achieve sustainable solutions to the extra demands of delivering the NSF. This will be made all the more challenging by the requirements of the European Working Time Directive and the recruitment and retention problems that are currently being encountered.

Furthermore, many of the weaknesses identified in the provision of children's services from the Chief Nursing Officer (CNO) focus visits across Wales in 2003 35 have been addressed within the Children’s NSF, including the need for improvements to transition services, child protection arrangements and communication systems during transfers of care. This report also highlights that staff shortages in some areas have already been addressed through innovative reconfiguration of services. Adequate staffing levels and training issues identified in the CNO report will be considered alongside workforce implications resulting from implementation of the Children’s NSF.

Training new staff to sufficient levels of competency takes many years. The Children’s NSF is a 10-year programme, and it is accepted that some of the key actions within the NSF will not be achieved until the latter part of that programme because of the additional workforce requirements.

**Information Management and Technology (IM&T)**

The advent of electronic recording systems has the potential to have a dramatic impact on the efficiency and effectiveness of the delivery of services to children and their families. *Informing Healthcare* 36 sets a 10-year plan to move the NHS into the Information Age. The introduction of a single electronic health record will improve communication between primary, secondary and tertiary services. The addition of decision support systems and staff access to knowledge and information to support
practice will transform the way that we deliver services. Recently reported failures in communication and effective information systems, such as those highlighted in the Bristol Royal Infirmary, Alder Hey, the Shipman case, the Waterhouse Inquiry, the Birchard Inquiry, the Victoria Climbié Inquiry, and the Clwyd Report demonstrate that the need for effective information management systems is well overdue. As well as improving communication, electronic systems will facilitate easier audit and measurement of the effectiveness and efficiency of services provided resulting in better quality services for children and their families as well as cost savings for the NHS.

*Informing Social Care* is a sister document to *Informing Healthcare* which sets out the strategic vision that information systems will make in the delivery of social services. The pillars around which the work programmes for social services authorities have been built are collaborative working, introducing and operating relevant information systems, the effective use of information and the introduction of a strong information governance framework to ensure that information is shared appropriately. The aim is to create IM&T systems which support front line practice effectively with access to round the clock electronic records and decision support systems. The ability to collect, aggregate and analyse up-to-date and accurate information will enable service planners and managers to plan and deliver services which meet current and future needs of children and their families. Alignment and integration with other systems in health, education, youth justice and housing will facilitate and create better information flows so that care delivery can be well co-ordinated around the needs of children and their families. A common approach, across disciplines and agencies, to the core process of assessment, care planning, intervention and reviewing of children’s cases would help agencies to pool their knowledge of the circumstances of individual children, understand their needs and identify interventions that are most likely to be effective. *The Integrated Children’s System (ICS)* has been developed to support multi-disciplinary and inter-agency working with children in need and their families. It provides the basis for developing a common language across disciplines and is designed to capture the information practitioners need to support their work with children and families as well as the information local authorities need to manage and plan children’s social services.

**Measuring Success**

The key actions within this NSF will only be as good as our ability to implement them. We cannot know if we are being successful in our implementation unless we measure the extent to which they are being delivered. The challenge is to develop a methodology for measuring success that is compatible with the performance management framework already developed for the NHS and Local Government services, and which assists local areas with service planning without being too burdensome.
To meet this requirement a self-assessment audit tool is being developed which will enable local measurement of progress in achieving key actions within the NSF that can be used to inform local service planning. As the Children’s NSF is a 10-year programme it is important to measure progress iteratively, so that at any point in time local areas are able to easily assess their achievements against a key action and what is still left to be done. The self-assessment audit tool will be a web-based tool that will use a maturity matrix to provide a numerical score for each key action as well as qualitative information that will assist local areas in identifying actions they need to take to overcome any barriers to success. In the NHS, this information will also feed into organisational balanced scorecards. The self-assessment audit tool will be published at the same time as the final standards in the summer of 2005.

**Inspection**

As with all NSFs these standards will be subject to inspection processes. Healthcare Inspectorate Wales (HIW) was established in April 2004, and it is likely that HIW, or the Healthcare Commission (formerly known as CHAI), will take the lead for inspection of the Children’s NSF standards in Wales. As many of the key actions of the Children’s NSF involve joint working, we anticipate that joint inspections will be carried out between HIW, Social Services Inspectorate for Wales (SSIW), Care Standards Inspectorate for Wales (CSIW) and Estyn, the Inspectorate for Education and Training in Wales.

**Making it Happen**

The Welsh Assembly Government acknowledges the difficulties encountered by service providers when asked to implement new policies in a climate of financial restraint. In the Children’s NSF this is made all the more challenging by the fact that funding mechanisms are different in the NHS from Local Government services. In the NHS, funding is centrally controlled by the Welsh Assembly Government, but in Local Government services such as social care, education, housing, transport and leisure, funding decisions are made by local authorities. The Children’s NSF sets the direction for a 10-year journey of travel to meet nationally agreed priorities to be achieved at the end point of the journey. Decisions about which key actions within the NSF should be prioritised for delivery after March 2006 should be made locally, dependent on local assessment of need and priorities for investment set by local Partnerships.

One mechanism that is used for aligning national and local priorities in NHS organisations is via the Service and Financial Framework (SaFF). Targets set in the SaFF direct how discretionary money is used at local level to meet national priorities. An example of where this has already happened in the Children’s NSF can be seen in key action 5.4 where a hand held record for disabled children with complex needs has become a SaFF Target for 2004/05, ahead of publication of the standards.
To give a longer-term context and ensure that a clear and co-ordinated approach to service delivery is adopted the Minister for Health and Social Services has directed the development of a 3-year strategy for health and social care for the period 2005/06 – 2008/09. The strategy will be completed by autumn 2004 and sets out national priorities and clear objectives for the 3-year period.

The 21 standards and associated 203 key actions in this NSF present a challenging number of implications for the service providers affected. Some actions will already be planned and underway, and others will have little additional burden in terms of cost or staff time. However, others will have extensive resource implications that need to be identified.

EWG members, in each of the seven modules, have quality assured the key actions that they developed using a tool designed for the purpose. Part of the quality assurance process involved making an assessment about how long it would take to deliver each key action. Those key actions, which EWG members assessed as being low or no cost (because they should already be happening or were organisational issues), have been flagged for early delivery. Flagged key actions are thus the ‘core key actions’ of the NSF and all should be implemented by the end of March 2006. One of the functions of this consultation is to determine whether these are the right key actions to prioritise for early delivery.

The remaining key actions may be termed ‘developmental key actions’ because they will require additional resources to deliver them and will be worked towards over a number of years. Developmental key actions which have significant extra resource requirements, especially those that will require extra staff to be trained, may take 10 years to be fully delivered. Whilst core key actions are nationally prescribed, the delivery of developmental key actions will be prioritised locally to meet the needs identified in the local Health, Social Care and Well Being Strategies. Regional Offices will oversee the prioritisation of developmental key actions to guard against different service standards occurring in the three regions.

The final NSF document, which is due for publication in summer 2005, will therefore include a phased programme for the introduction of the standards and key actions into local practice. The programme will be reviewed on a three-yearly basis to ensure it remains relevant and up to date and make recommendations for revision to key actions in consultation with stakeholders. In this way we will constantly strive to deliver better services for children, young people and their families.

Service Models of Best Practice

Development of these standards has involved wide consultation with organisations that deliver children’s services across Wales. What has become evident from this process is that there are already many areas of Wales in which there is excellence in the delivery of services to children, young people and their families. The Children’s
NSF web site will be used to collate and share service models that illustrate best practice and innovative examples of service delivery to achieve the key actions of this NSF.

Organisations are invited to submit service models for inclusion by following the instructions on the web site: http://www.wales.nhs.uk/nsf (click on Children’s NSF).

**Organisation of the Chapters in this Document**

The standards and key actions which populate the Children’s NSF were developed in seven modules. To avoid repetition, key actions which apply to all children and young people, no matter what their circumstances, have been grouped together under Chapter 2 as universal key actions. This chapter therefore forms the core part of the NSF and should be read in conjunction with any other chapter. The remaining chapters relate to more specific sections of the NSF.

Each of the remaining chapters contains a number of standards within them which contain a standard statement that sets out the quality to be achieved. Underneath each standard are listed specific and measurable key actions with the organisations that are responsible for their delivery clearly identified. A number of voluntary sector organisations may be responsible for the delivery of some of these services. They have not been specifically listed against key actions as they would be commissioned by NHS or local authorities to deliver services on their behalf for different key actions in different areas. It is the responsibility of the commissioning body to ensure that any voluntary sector organisations that have been commissioned, deliver services to the standards required.

As the scope of the Children’s NSF is so broad the final version of the document was by necessity quite long. In recognition of the fact that service planners and deliverers have many demands placed on their time and do not have time to read lengthy documents, this shortened version was produced. A full version of the NSF has also been produced and is available for those who are interested in reading the evidence base that supports the standards. The full version is available as hard copy on request from the Assembly Government or can be downloaded from the Children’s NSF web site: http://www.wales.nhs.uk/nsf. When the final standards are published in summer 2005, the full version will only be available electronically.

The Transitions Standard has been placed within Chapter 5 (Disabled Children and Young People) but readers should note that this standard applies to all young people who require on-going services or support after their 18th birthday. This standard therefore also applies to young people who are chronically ill, have mental health problems or disorders or are young people in special circumstances. For the sake of parsimony this standard has not been repeated in each chapter, but this does not make it any less relevant to the young people referred to in Chapters 4, 6 and 7.
Terminology Used in these Standards

All key actions within this NSF are written as present tense “is” statements rather than future tense “should”, “will” or “must” statements. Present tense statements are the strongest way of wording key actions to ensure compliance and will make it possible to monitor against them using the self-assessment audit tool developed for the purpose.

Whenever “children” are referred to in this document it should be accepted that this also includes young people. Reference to “parents” includes mothers, fathers, carers, and other adults with responsibility for caring for children, including those responsible for Looked After Children, those in young offender institutions or juvenile units. Throughout this document “Children’s NSF” is used as an abbreviation for “National Service Framework for Children, Young People and Maternity Services”.

CHAPTER 2

KEY ACTIONS UNIVERSAL TO ALL CHILDREN

INTRODUCTION:

This chapter defines standards for the universal services which all children and young people in Wales should receive in order to achieve optimum health and well-being. This is a core chapter and should be read in conjunction with any of the other chapters in this document.

This chapter contains 5 standards:

1. Child and Family Centred Services 15
2. Access to Services 20
3. Quality of Services 21
4. Promoting Health and Well-Being 24
5. Parenting 28
6. Safeguarding 29

STANDARD – CHILD AND FAMILY CENTRED SERVICES

STANDARD:

Children, young people and their families receive services that meet their particular needs. They are treated with respect by service providers and are provided with information and support appropriate to their needs and ability that assists them in making decisions about the care that they receive.
### chapter 2 - key actions universal to all children

**2.1.** Agencies implement a policy for the participation of children, young people and their families as partners in planning and evaluation of the services that affect them

<table>
<thead>
<tr>
<th>Responsible Organisation</th>
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<td>LHBs</td>
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<td>HCW</td>
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**2.2.** Children and young people, receiving services from any agency, are fully involved in regular reviews that allow them to express a view about how their needs are met, including the professionals and organisations that will provide the services.

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**2.3.** Accurate and timely information on services is provided to meet the needs of all children and young people, but particularly those from marginalized communities. The information is written with the participation of children, young people and their families using a variety of formats, media and languages

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<td>HCW</td>
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</table>

**Culture, ethnicity, language, religious and spiritual concerns**

**2.4.** When required, there are independent, appropriate translation services and sign language interpreters readily available wherever professionals have contact with children, young people and their families. Children and young people are never used as sole interpreters.

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<td>HCW</td>
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**2.5.** Children in hospital and care settings are offered choice in the services they receive that enables them to fulfil their developmental potential and meets their social needs, including their right to follow cultural and religious beliefs.

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<th>Responsible Organisation</th>
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<tr>
<td>HCW</td>
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**Advocacy and Complaints**

**2.6.** Independent advocacy is freely available to all children and young people where and when needed and requested, in line with Welsh Assembly Government Standards.

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<th>Responsible Organisation</th>
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<td>LHBs</td>
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<td>NHS trusts</td>
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<tr>
<td>LAs</td>
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<tr>
<td>HCW</td>
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</table>
2.7. Organisations who deliver services to children have a complaints system that is child friendly and accessible, and acknowledges complimentary letters. Organisational plans take account of key messages received and feedback to children, young people and their families about how this information has been used to improve service planning.

2.8. Children and young people receive an holistic assessment of their needs that:
- Includes an evaluation of the child’s social, physical, emotional, educational, cultural and spiritual needs in the context of the family and community in which they live;
- Offers choice to the child whenever possible about how, where and by whom the assessment is carried out;
- Is carried out by staff with relevant skills and competencies developed through regular training;
- Results in appropriate referrals to other agencies where required.

2.9. A common electronic health record is used so that organisations have access to assessment information, with the agreement of the child or young person and their parents/carers, where appropriate, so that children and their carers do not need to give the same information many times.

2.10. All health professionals are responsible for recording relevant information, including medicines, in the Personal Child Health Record (PCHR) whenever a child is seen. Information is recorded in a way that is easily understood by the parent/carer or young person.

2.11. Service providers ensure that families receive information, explanation and support concerning benefits they are entitled to, particularly when there are children with complex needs in the family.
**Confidentiality**

2.12. Service providers have a nominated person who is responsible for implementing the recommendations of the Caldicott Committee Review on patient identifiable information \(^{45}\) and Data Protection Act 1998 \(^{46}\). The nominated person ensures professionals receive training about sharing information that is relevant to the well-being of children and young people, particularly at key transition stages, and following confidentiality guidelines.

**Co-ordinated multi-agency services**

2.13. All health settings have appointment systems which:
- Include a booking system that is flexible and takes account of the needs of children and their families;
- For children who require multiple appointments, these are synchronised in one setting and on one day whenever possible;
- Have maximum waiting times of 30 minutes;
- Do not move children from one waiting area to another unless unavoidable.

2.14. Children and young people, who require more than two on-going services in addition to the universal services, have their services co-ordinated by a key worker. The name of the key worker is made known to the child and is recorded in the child’s care plan.

**Service Planning/ Environment**

2.15. LAs have a Lead Director and Lead Member, who is responsible for co-ordination and partnership working in the delivery of children’s services in the local authority area.

2.16. LHBs have a Lead Officer and a Lead Member, and NHS trusts have a Lead Executive Director and a Lead Non-Executive Director. It is their responsibility to ensure that the interests of children and young people, including clinical governance and child protection issues, are considered at all levels of commissioning, planning and service delivery.
2.17 Staff who identify areas of risk for children and young people, or who have ideas about how services could be improved, have access to a mechanism for feeding this information to those who are responsible for service planning in the organisation.

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<tr>
<th>HCW</th>
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</table>

2.18. When a child or young person requires admission to hospital or residential placement, either in or out of county:

- They are placed in settings which are most appropriate for their developmental as well as clinical needs;
- They are only admitted to adult settings in exceptional circumstances;
- When placed in adult settings, systems are in place to protect them from harm.

| LHBs | NHS trusts | LAs | HCW |
STANDARD – ACCESS TO SERVICES

STANDARD:

All children, young people and their families receive equitable access to appropriate, high quality services irrespective of where they live, their ethnic group or their social circumstances. Services are available as close to home as possible, whilst ensuring that care remains of the highest quality.

KEY ACTIONS:

Universal services

2.19 Uptake of universal services by children from marginalized communities is monitored and appropriate action taken to ensure they are reached. In particular, there are local mechanisms for joint working that ensure:

• They have access to a local GP;
• They have access to the all Wales Core Child Health Surveillance Programme (guidance to be issued by Assembly Government towards the end of 2004);
• They have access to a local family dentist or salaried dental service providing a full range of preventative oral health advice, care and treatment;
• They receive appropriate universal and targeted health promotion information and advice;
• They have access to education appropriate to their needs.

2.20. Service providers publish and disseminate referral guidelines and pathways for access to their services.
CHAPTER 2 - KEY ACTIONS UNIVERSE TO ALL CHILDREN

STANDARD – QUALITY OF SERVICES

STANDARD:

Children, young people and their families receive timely, high quality, co-ordinated services delivered in an environment which is safe and well suited to their age, needs and stage of development. Service delivery is evidence based or innovative with a structured evaluation, and delivered by competent staff.

KEY ACTIONS:

Training and support for staff

2.21. All organisations have in place agreed core joint education and training programmes for staff who deal with children and young people, including:

- Child protection training that includes recognition of signs of neglect, sexual, physical and emotional abuse, and procedures specified in Working Together to Safeguard Children 47 and associated guidance in collaboration with ACPCs;
- Identification and management of domestic violence, following guidance issued by the Welsh Assembly Government 48, 49;
- Child and family centred assessment and care;
- Use of the Framework for the Assessment of Children in Need and their Families 50;
- Identification of the early warning signs of mental health problems and disorders in children and how to make appropriate referrals;
- Cultural awareness training;
- Principles of gaining legally valid consent from children of all ages and/or persons with parental responsibility;
- Data Protection Act training, including awareness of situations in which disclosure of information is in the best interests of the child;
- Availability of local services to support families;
- Communicating effectively and with sensitivity;
- Advocacy rights of children and their families.

2.22. All staff delivering services for children have:

- Protected time for professional development, audit and appraisal;
- Appraisal at least annually;
- Access to a desk, phone, e-mail and Internet.
2.23. Service providers have protocols for resolution of differences in professional opinion and raising concerns about service provision both internally and between organisations. All staff are aware that they have a responsibility to critically challenge decisions which they feel may not be in the best interests of children and their families.

<table>
<thead>
<tr>
<th>Clinical governance systems with a focus on children</th>
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<tbody>
<tr>
<td>2.24. <strong>Patient Safety Incidents and prevented accidents</strong> (near misses), including medicines errors, are thoroughly investigated and reported to the National Patient Safety Agency and other relevant agencies/bodies in line with the Welsh Assembly Government requirements.</td>
</tr>
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<thead>
<tr>
<th>Commissioning</th>
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<tbody>
<tr>
<td>2.25. Commissioners of NHS services carry out all of the functions specified in <em>NHS Planning and Commissioning Guidance</em>.</td>
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<table>
<thead>
<tr>
<th>Consent</th>
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<tbody>
<tr>
<td>2.26 All health professionals follow the <em>Guidance about Consent for Examination or Treatment for the NHS in Wales</em>.</td>
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<thead>
<tr>
<th>Medicines</th>
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<tbody>
<tr>
<td>2.27. LHBs and NHS trusts have a medicines strategy that includes:</td>
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<tr>
<td>• A named pharmacist with expertise in paediatric prescribing who can provide advice when needed;</td>
</tr>
<tr>
<td>• Access to a standard and regularly updated information source on children’s medicines for all practitioners who prescribe, administer or dispense medicines for children, available both as hard copy and electronically;</td>
</tr>
<tr>
<td>• Implementation and monitoring of any National Institute for Clinical Excellence (NICE), National Patient Safety Agency (NPSA) and All Wales Medicines Strategy Group (AWMSG) guidance relating to the use of medicines by children;</td>
</tr>
<tr>
<td>• Efficient reporting systems for adverse drug reactions seen in children, including those seen with off-label or unlicensed medicines, through the Medicines and Healthcare products Regulatory Agency (MHRA) Yellow Card System;</td>
</tr>
</tbody>
</table>
- Mechanisms for the annual review of prescribed medicines to treat chronic conditions that include community pharmacists and GPs;
- Provision of facilities for preparation of parenteral doses of medicines for children to take place centrally, under controlled conditions in a hospital pharmacy;
- Promotion of prescribing and dispensing of sugar free medicines for children whenever possible;
- Provision of information for young people, parents and carers, in a range of appropriate languages, formats and media to enable them to manage their medicines accurately, safely and effectively, including unlicensed medicines or those prescribed off-label.

### 2.28. When it is necessary to import medicines from another country because there is no licensed children’s formulation available in the UK, the purchasing pharmacist ensures that technical information and clinical information is translated into English.

### 2.29. **Children’s homes, foster care, hospices** and **secure units** implement guidance on the safe use of medicines that adheres to Care Standards Inspectorate Wales standards 51, and have a pre-agreed contact point for pharmaceutical advice.

### 2.30. Service providers ensure safe and effective administration of medicines to children and young people in education settings by adherence to guidelines recommended in the new Welsh Health/Education Circular to be issued in winter 2004.

### 2.31. Service providers ensure that staff receive the appropriate training to develop relevant competencies in dosage calculation, prescribing, dispensing and administration of medicines for children.

### 2.32. Undergraduate and postgraduate pharmacy curricula include training in the principles of prescribing and use of medicines for children.
**STANDARD – PROMOTING HEALTH & WELL BEING**

**STANDARD:**

*All children, young people and their parents and carers have access to a range of services that promote health and well-being and prevent ill-health.*

**KEY ACTIONS:**

**Healthy schools**

<table>
<thead>
<tr>
<th>2.33. All LEA maintained schools participate in the Welsh Network of Healthy School Schemes[^54], and consider food and fitness actions during their involvement.</th>
<th>LAs</th>
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</thead>
<tbody>
<tr>
<td>2.34. Service providers work together to ensure the successful reintegration of children and young people who have been absent from school due to hospital episodes or other long term illness, pregnancy, care or custodial placements away from their family and community, mental health problems, personal difficulties or a period of exclusion.</td>
<td>LHBs, NHS trusts, LAs</td>
</tr>
<tr>
<td>2.35. Every school has access to appropriately trained advisers, including named health advisers, so that supportive and confidential advice and counselling services are available to all young people.</td>
<td>LHBs, NHS trusts, LAs</td>
</tr>
<tr>
<td>2.36. Schools are supported to provide effective sex and relationships education, drawing on best practice as set out in <em>Sex and Relationships Education in Schools</em>[^55].</td>
<td>LHBs, NHS trusts, LAs</td>
</tr>
<tr>
<td>2.37. Schools, which are not LEA maintained, have policies that promote the health and well being of children that are consistent with the requirements of key actions 2.33 to 2.36.</td>
<td>IES</td>
</tr>
</tbody>
</table>

[^54]: [Link to Welsh Network of Healthy School Schemes](#)
[^55]: [Link to Sex and Relationships Education in Schools](#)
### Prevention of injuries and accidents

**2.38. Children and Young People’s Framework Partnership Plans** (under Core Aim 6) include mechanisms for the prevention of accidental injuries in children that include:

- Monitoring of accidental injuries in children using effective data collection systems (see 7.21);
- Promotion of home safety, including safety equipment loan schemes in deprived areas and the safe storage and disposal of medicines;
- Safe play areas which are easily accessible for children;
- Traffic-calming measures in densely populated areas and near schools;
- School policies to encourage pupils to behave safely on their journeys to and from school.

### Healthy and Safe Homes

**2.39. LAs use their housing strategies and related powers to facilitate the implementation of the Housing Health and Safety Rating System** to ensure that children, young people and their families live in safe and healthy homes.

### Food and Fitness

**2.40. Local organisations work together to develop and implement a policy to encourage health-promoting infant nutrition, including initiation and maintenance of breastfeeding in line with Investing in a Better Start, Promoting Breastfeeding in Wales**.

**2.41. All settings where meals are provided for children and young people have policies in place to promote healthy food options (including in vending machines) as well as reducing the promotion and availability of snacks that are high in fat, salt and sugar and drinks that are high in sugar.**

**2.42. All settings that deliver services to children and young people have drinking water readily available in an appropriate place and at no charge.**
### Promoting positive mental health and psychological well being

**2.43. Children and Young People’s Framework Partnership Plans**

Plans (under Core Aim 4) include (under Core Aim 4) mechanisms to promote physical activity, particularly by providing services and an environment that supports active play and physical activity.

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<th>CYPFPs</th>
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**Promoting positive mental health and psychological well being**

**2.44. Children and Young People’s Framework Partnership Plans**

(under Core Aim 4) include services and facilities to encourage the social interaction of children and young people with their peers, including playgroups, play facilities and youth services appropriate to the needs of the community.

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<th>CYPFPs</th>
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**2.45. Children and Young People’s Framework Partnership Plans**

(under Core Aims 2 & 3) contain joint working arrangements to actively promote mental health and psychological well being in children and young people that include:

- Provision of a range of universal programmes to promote mental health and psychological well-being, in a variety of settings designed to maximise participation;
- Provision of easy and confidential access to advice for young people in the community setting on a range of issues that may affect their health and well-being;
- Implementation of effective anti-bullying policies in schools.

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<th>CYPFPs</th>
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### Promotion of positive health-related behaviour

**2.46. Children and Young People’s Framework Partnership Plans**

(under Core Aim 3) include:

- Tobacco control measures to reduce the numbers of children and young people who smoke or who are exposed to passive smoking;
- Delivery of a Local Substance Misuse Action Plan developed by the Community Safety Partnerships;
- Rapid access to confidential contraceptive and sexual health advice services, including emergency hormonal contraception as set out in Best practice advice on the provision of effective contraception and sexual health advice services for young people.

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<th>CYPFPs</th>
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2.47. There is a communicable disease control programme for children and young people that includes:

- Offering all children and young people routine childhood immunisations in line with current UK policy;
- Follow up of children who have missed immunisation appointments before one year of age and again at school entry, with further appointments offered as appropriate;
- Monitoring of vaccine uptake by GP practice and managing support for those with the lowest uptake, particularly for MMR vaccine.
## STANDARD – PARENTING

### STANDARD:

*Parents and carers have access to a range of services to help them to nurture the physical, social and emotional growth of children and young people in their care.*

### KEY ACTIONS:

**Parenting education and support**

<table>
<thead>
<tr>
<th>2.48. Children and Young People’s Framework Partnership Plans (under Core Aims 1, 2, 3, 5 and 6) include joint working arrangements to promote and deliver parenting education that includes:</th>
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<tbody>
<tr>
<td>- Ready access for parents/careers to evidence-based information about parenting issues through a range of appropriate media;</td>
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<tr>
<td>- Programmes designed with the participation of parents;</td>
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<td>- Service delivery in a variety of settings, including homes;</td>
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<tr>
<td>- Finding creative solutions for barriers to participation, which may include transport, timing and availability of childcare;</td>
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<tr>
<td>- Suggesting appropriate methods for managing children’s behaviour that support the Welsh Assembly Government’s views that physical punishment of children is unacceptable.</td>
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<table>
<thead>
<tr>
<th>2.49. Parenting support programmes are available that include:</th>
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<tr>
<td>- A range of universal and targeted services to meet assessed need;</td>
</tr>
<tr>
<td>- Particular services for families who find themselves in difficult circumstances, such as support for parents of children with chronic illness, mental health or behaviour problems, services targeted at school-aged parents, and services for parents of disabled children or for those parents who are themselves disabled.</td>
</tr>
<tr>
<td>- Provision of advice which is consistent, achieved through multi-agency training programmes.</td>
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</table>

| 2.50. Service providers, in their role as employers, have family friendly and flexible staffing policies that recognise the valuable roles that their staff play as parents. |
STANDARD – SAFEGUARDING

STANDARD:

In every area, there are multi-agency and multi-disciplinary systems and services in place, in line with local Area Child Protection Committee (ACPC) procedures, which safeguard and promote children’s welfare and development. These systems enable clear identification of risk, referral to the appropriate statutory agency with the duty to investigate and multi-agency participation in interventions to achieve the best possible outcome for children.

NOTE: The key actions within this standard do not replace any existing guidance in relation to child protection, but serve to emphasise and enhance existing guidance and legislation.

KEY ACTIONS:

<table>
<thead>
<tr>
<th>Number</th>
<th>Action</th>
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<tbody>
<tr>
<td>2.51</td>
<td>Executive and non-executive members of NHS Boards, and relevant local authority members and officers, school staff and governors receive child protection awareness training and understand their corporate responsibility for child protection issues.</td>
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<tr>
<td>2.52</td>
<td>There is a nominated person in every NHS trust, LHB and LA who is responsible for monitoring the implementation of the child protection procedures in line with Working Together to Safeguard Children and local ACPC procedures.</td>
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<tr>
<td>2.53</td>
<td>There is a named doctor, nurse and midwife in every NHS trust, and named child protection co-ordinators in social services and Local Education Authorities who take the lead in child protection matters. They are given protected time to fulfil this role.</td>
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<tr>
<td></td>
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</tr>
<tr>
<td>2.54</td>
<td>There is a preventative strategy to ensure the safeguarding of children in all areas that recognises the importance of creating communities which protect children from harm.</td>
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<tr>
<td>2.55</td>
<td>School children are informed of the availability, purpose and access routes to services that are in place to protect them from harm, including ChildLine, the NSPCC Child Protection Helpline, social services, the Children’s Commissioner for Wales and advocacy services.</td>
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<tr>
<td>2.56.</td>
<td><strong>ACPCs</strong> adopt and follow protocols to seek to ensure that all children and young people are safeguarded from emotional, physical and sexual abuse and neglect. This includes monitoring the numbers of disabled children and young people who are subject to child protection processes.</td>
</tr>
<tr>
<td>2.57.</td>
<td><strong>NHS trust Chief Executives, Local Authority Chief Executives and Directors of Social Services</strong> are aware of the outcome of the audit of their services following the publication of the Assembly Government’s response to the recommendations of the Laming Report 30, and Carlile Review 29, and ensure that they have implemented their action plan.</td>
</tr>
<tr>
<td>2.58.</td>
<td><strong>Primary care and contractor practices</strong> implement written child protection procedures for dealing with child protection issues that are in line with local ACPC procedures, and there is a nominated lead practitioner in each practice who is responsible for child protection issues.</td>
</tr>
<tr>
<td>2.59.</td>
<td>There are clear protocols on sharing of information to facilitate co-operative working between organisations. These protocols take account of and make reference to Government guidance and legislation.</td>
</tr>
<tr>
<td>2.60.</td>
<td>There is a mechanism for the early identification and referral of <strong>vulnerable children</strong> who are at risk of harm, and a well-defined early intervention programme.</td>
</tr>
<tr>
<td>2.61.</td>
<td>Agencies adopt and implement protocols which ensure that children and young people who are cared for by adults with mental health problems or disorders, or who misuse substances, are safeguarded. The <em>Framework for Assessment of Children in Need and their Families</em> 50 is used to make a multi-agency assessment of risk and need.</td>
</tr>
<tr>
<td>2.62.</td>
<td>All <strong>staff who deliver services to children</strong> and families, and those who have access to children’s records, receive child protection awareness training and appropriate <strong>CRB checks</strong>.</td>
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</tbody>
</table>
### 2.63. Interview panels that appoint staff to work with children are aware that not all abusers are known to police and use robust selection and recruitment process as recommended in the Carlile Review.

<table>
<thead>
<tr>
<th>HCW</th>
<th>LHBs</th>
<th>NHS trusts</th>
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<th>LHBs</th>
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### 2.64. Organisations develop and implement the following policies to ensure the safeguarding of children within their care:

- **Whistleblowing Policy** in relation to unsafe practices, including child protection issues;
- **Professional Abuse Policy** to detect and prevent professionals from abusing children and young people;
- **Risk Management Procedures** that, in the health sector, includes **Patient Safety Incident and Untoward Event Reporting**.

### 2.65. Agencies responsible for children and young people placed outside the agency area ensure that the best interests of each child is safeguarded.

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<th>HCW</th>
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### 2.66. As soon as it is known that a child or young person on the Child Protection Register has moved, it is the responsibility of the named professional for child protection to:

- Inform the responsible LA;
- Secure all relevant records for the child;
- Inform the named professionals in the receiving area that the child has moved into their area within 2 working days;
- Ensure the named professionals in the new area receive the child’s records within 10 working days.

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### 2.67. When a named professional for child protection becomes aware that a child on the Child Protection Register has moved into their area, they are responsible for informing the local authority Child Protection Co-ordinator who informs other relevant partner agencies within 24 hours.

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<tr>
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### 2.68. Mechanisms are in place for prompt dissemination of lessons learned from other geographical areas as well as national reviews and guidance on child protection that are distributed by the Welsh Assembly Government.

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CHAPTER 3

MATERNITY SERVICES

INTRODUCTION

Pregnancy and childbirth are natural events but also have great social and emotional significance, particularly for those who are experiencing this for the first time. The prospect of transition into parenthood can bring great joy and excitement but also anxiety about the birth process and the responsibilities that parenthood brings. The challenge for health care providers is to minimise risks for mother and baby, ensure that the experience of pregnancy and childbirth is a satisfying one, and support the family in adapting to the changes needed to love and nurture a new member of the family.

This chapter should be read in conjunction with Chapter 2 which details the universal standards which all children, young people and their families are entitled to receive.

This chapter contains 3 standards: PAGE

1. Child and Family Centred Services 34  
2. Access to Services 36  
3. Quality of Services 38
STANDARD – CHILD AND FAMILY CENTRED SERVICES

STANDARD:

Women and their partners are empowered to make informed choices throughout their pre-pregnancy and maternity care. Services are co-ordinated seamlessly between hospital and community, and between agencies, to maximise the health and well-being of families.

KEY ACTIONS:

Pregnancy Care

3.1. Pregnant women are offered an holistic assessment at their initial interview with a named midwife and care is planned to meet their needs and recorded in the jointly agreed individual care plan.

3.2. Women are given information about locally available services to allow them to choose the most appropriate options for pregnancy care, birth and postnatal care. Women who choose home delivery as their birth option are supported in that choice, appropriate to the level of clinical risk.

Labour and Birth

3.3. Care of women and babies is regularly reassessed and planned in partnership with women and their partners by a named midwife, or for high-risk pregnancy/ birth by a named obstetrician and paediatrician.

3.4. Birth environments are regularly audited to ensure they optimise normality, privacy and dignity during labour and birth for the mother and birth partner(s).
## Postnatal

3.5. Shortly after birth an identified **lead professional**, normally the **named midwife**, is responsible for reassessing individual needs and co-ordinating the postnatal care of all babies and women.

3.6. Wherever possible, separation of mothers and babies is avoided by nursing babies who require additional care with appropriately trained staff on the postnatal wards.

3.7. Parents of stillborn babies, or babies with identifiable medical or physical problems, receive timely and appropriate care and support.

3.8. Following the death of a baby, the lead paediatrician meets with parents within 6 weeks to discuss the results of a post-mortem examination.
STANDARD – ACCESS TO SERVICES

STANDARD:

Maternity services are available to maximise the opportunity for all women to receive accessible care, focused upon maintaining and improving health and well-being. This requires that women are equal partners in planning the delivery of their care.

KEY ACTIONS:

**Pre-pregnancy Care**

3.9. Women are able to access midwives in their community on a drop-in basis for pre-conceptual advice about developing healthy lifestyles, including taking folic acid supplements, and seeking maternity care as soon as pregnancy is confirmed. Early maternity care is promoted by the availability of midwives as the first point of contact for women.

**Pregnancy and postnatal care**

3.10. Women have access to antenatal care, which is provided in a variety of local settings, and at times that take account of the demands of the woman’s family and working life.

3.11. There are specialist services available for young, pregnant teenage girls, such as peer parent education and support groups.

3.12. Pregnant women who smoke have access to information and support to assist them with smoking cessation.

3.13. Women who have a termination of pregnancy are offered appropriate information and counselling, in line with guidelines from the Royal College of Obstetricians and Gynaecologists 59.

3.14. All pregnant women and their partners have access to parent education in their local areas, organised by an appropriately trained professional, and in a setting appropriate to their needs.
3.15. Pregnant women are offered antenatal screening as recommended by Antenatal Screening Wales.

3.16. Parents are offered newborn-screening for their babies, and appropriate follow-up care is commissioned if necessary.

3.17. Mothers, babies and their families have access to services in the postnatal period from:
- A midwife for up to 28 days following birth;
- A health visitor from 10-14 days following birth;
- Other professionals according to assessed need.

3.18. Women are offered an assessment for depression in the antenatal and postnatal period by appropriately trained health professionals, and there is access to specialised follow-up support services if needed.

3.19. All women are given help line contact numbers for infant feeding advice before discharge from hospital or early in the postnatal period if their baby is delivered at home.

### Labour

3.20. When a potential risk or emergency occurs pregnant women have access to care and treatment as defined in [Welsh Risk Management Standard 15](#).
STANDARD – QUALITY OF SERVICES

STANDARD:

Maternity services are delivered in partnership with women and their families and strive to ensure safe and positive outcomes for women and babies at all times.

KEY ACTIONS:

Pre-pregnancy Care

3.21. There is a multi-agency strategy to provide pre-pregnancy advice including nutrition and exercise, benefits of breastfeeding, sexual health and avoidance of substance misuse, starting with school-aged young people.

Pregnancy, labour and birth

3.22. Women in early labour have the opportunity to access a home visit from a community midwife.

3.23. There is an All Wales National Woman-Held Maternity Record (to be developed by the Welsh Assembly Government) that is used by both women and professionals.

3.24. Women receive one-to-one care (one woman receiving the dedicated time of a midwife) once labour is established.

3.25. All maternity units use the All Wales Clinical Pathway for Normal Labour and undertake regular audit of its implementation.

3.26. Maternity services follow any National Institute for Clinical Excellence (NICE) guidelines relating to maternity services.

3.27. Staff who deliver services to mothers and babies, in whatever location, are trained to carry out neonatal and adult life support.
### Postnatal Care

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<tr>
<th>Section</th>
<th>Description</th>
<th>Responsible Parties</th>
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<tbody>
<tr>
<td>3.28.</td>
<td>Women and their partners are offered the opportunity, by a named midwife in the postnatal period, to reflect on their experiences of pregnancy and childbirth. This information is sent to the <strong>Maternity Services Liaisons Committee</strong> to inform service planning and delivery.</td>
<td>LHBs, NHS trusts</td>
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<td>3.29.</td>
<td>Women who choose to breastfeed their babies are provided with appropriate support to initiate and sustain breastfeeding.</td>
<td>LHBs, NHS trusts, HCW</td>
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<tr>
<td>3.30.</td>
<td>All babies receive a newborn examination within 24 hours by an appropriately trained professional.</td>
<td>LHBs, NHS trusts, HCW</td>
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<td>3.31.</td>
<td>NHS trusts which have consultant-led obstetric units have a named consultant paediatrician who has responsibility and a special interest in neonatology.</td>
<td>LHBs, NHS trusts</td>
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<td>3.32.</td>
<td>Babies requiring neonatal intensive care receive services in line with standards that are being developed by the Welsh Assembly Government and Health Commission Wales.</td>
<td>LHBs, NHS trusts, HCW</td>
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<tr>
<td>3.33.</td>
<td>The lead midwife for child protection informs all appropriate staff of any agreed multi-agency arrangements for safeguarding of a baby e.g. babies subject to child protection plans and babies who are to be placed for adoption or surrogacy.</td>
<td>LHBs, NHS trusts, HCW</td>
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