

CORNWALL AND THE ISLES OF SCILLY HEALTH CARE ORGANISATIONS

GUIDANCE FOR RESPONDING TO ALLEGATIONS OR CONCERNS ABOUT CHILD ABUSE PERPETRATED BY HEALTH PROFESSIONALS AND ANCILLARY STAFF WORKING IN NHS ORGANISATIONS

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Introduction

The Clothier Report (Beverley Allitt)¹ and subsequent Child Protection enquiries clearly identify that on rare occasions, health staff may abuse their position of trust and may harm children either within their working environment, their own families or within the community

Working Together to Safeguard Children² requires all agencies to have in place robust procedures for responding to concerns/allegations regarding people who work with children. The scope of these procedures is not limited to allegations involving significant harm or risk of significant harm to a child. This guidance should be followed in respect of any allegations that a person who works with children has:

- Behaved in a way that has harmed, or may have harmed, a child
- Possibly committed a criminal offence against, or related to, a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children

This guidance is written with reference to the local South West Child Protection Procedures³ as well as national guidance.

Professional Accountability

Health staff should act at all times in such a manner as to safeguard and promote the interests of individual patients and clients.

Where a health worker may compromise the safety of a child, the needs and protection of the child must be the paramount consideration (Children Act 1989). All health organisations and staff have a duty to safeguard children and to promote their welfare (Children Act 2004).

Children may be subjected to abuse by those who work with them in any and every setting. Concerns or allegations may relate to the person's work or their role as a volunteer and may be current or historical. In some circumstances it may relate to their behaviour outside this setting, for example:

- an allegation that an individual has been involved in some form of criminal activity involving children such as downloading abusive images
- an allegation that an individual has harmed, or failed to protect, their own child
- an individual whose children are subject to a child protection plan
- such circumstances may include situations of domestic violence within the home setting

All allegations of abuse or maltreatment of children by a professional, staff member, volunteer or person contracted to provide services should be taken seriously and treated in

¹ Clothier Report *Independent inquiry relating to deaths and injuries on the children's ward at Grantham and Kesteven General Hospital*. London: HMSO, 1994

² Working Together to Safeguard Children HM Government 2013 (Ch 2. Section 4)

³ www.swcpp.org.uk

accordance with Cornwall and Isles of Scilly Safeguarding Children Board (SCB) and the South West Child Protection Procedures.

Each NHS organisation is required to have an identified Named Senior Officer usually working in Human Resources (HR) who is responsible for the operation of this guidance and ensures that staff are aware of how to report allegations or concerns.

Reporting Concerns

N.B. The person under suspicion should not be alerted to the concerns being expressed at this stage of the process.

If a child or children are deemed to be at immediate risk of harm, a child protection referral must be made urgently to the Multi Agency Referral Unit (MARU)/Children's Social Care.

It is essential that all health staff report concerns to a senior member of staff, preferably a Line Manager and/or the Named Professional for Child Protection in their Organisation. Although this may mean breaking confidentiality, Child Protection Procedures permit this sharing of information with appropriate colleagues and Child Protection agencies, in the best interests of the child and wider community.

The Public Interest Disclosure Act 1998 provides legal protection, in certain circumstances, to workers making disclosures in good faith about malpractice. The Act makes it unlawful for an organisation to dismiss anyone or allow them to be victimised on the basis that they have made an appropriate lawful disclosure in accordance with the Act.

The concerns should be documented and reported immediately to the employees' Senior Manager and or Named Senior Officer who may need to seek advice from the Named Child Protection professionals for the Organisation.

Immediate Action

The senior manager or Named Child Protection professionals for the health Organisation will inform the Designated Professionals for Child Protection and the Named Senior Officer with responsibility for dealing with allegations against staff.

If this person is not from the Human Resources department a Senior Manager from Human resources will also need to be informed.

Inform the Named Senior Officer immediately

For the contact details of the Named Senior Officers see Appendix 1.

Action by Named Senior Officer

- Do not investigate the matter or interview the member of staff, child concerned or potential witnesses
- Obtain written details of the concern/allegation, signed and dated by the person receiving this information (not the child/adult making the allegation)
- Countersign and date the written details
- Record any information about times, dates and location of incident(s) and names of any potential witnesses

- Record discussions about the child and/or member of staff, any decisions made, and the reasons for those decisions
- Record details of the parent/carer/siblings

Criteria for Interagency Referral

The Named Senior Officer on behalf of the health Organisation, in conjunction with the above, will consider whether the member of staff/volunteer is alleged to have:

- harmed a child or children
- committed an offence against or related to a child or children
- behaved toward a child or children in a way that indicates they may pose a risk of harm to children

If the incident falls into one of the above categories, the Named Senior Officer for the Organisation should contact the Local Area Designated Officer (LADO) without delay (no longer than within one working day).

Local Authority Designated Officer (LADO) contact details are:

Safeguarding Children Standards Unit (SCSU)
Pendragon House, Gloweth, Truro, TR1 3XQ
Tel No: 01872 254549

If following discussion with the LADO the incident is deemed to be appropriate, the staff member will be asked to complete the 'Allegations meeting referral and tracking form' following the directions ensuring the email is encrypted for security purposes (see Appendix 2)

Initial Considerations Following Referral to the Local Authority Designated Officer (LADO)

Following referral, the safety of vulnerable children in our care is the primary concern. There needs to be consideration regarding what support the subject child and their carer may require.

If the concern/allegation relates to the restraint of a child then the initial consideration and any subsequent strategy discussion/meeting should consider the agency policy and training on the use of safe handling.

There are three strands in the initial consideration of the allegation or concern:

- A police investigation of a possible criminal offence
- Enquiries and assessment by the Local Authority (L.A) Children's Social Care about whether a child is in need of protection or in need of services.
- Consideration by an employer of disciplinary action in respect of the individual

The LADO and Named Senior Officer should consider whether further details are needed and whether there is evidence that the allegation is false or unfounded, taking care to ensure there is no confusion.

Where the initial evaluation decides that the allegation does not involve a possible criminal offence and there are no children in need of protection or other services, it can be dealt with by the employer. In such cases, if the nature of the allegation does not require formal disciplinary action, appropriate action should be instituted within three working days. If a disciplinary hearing is required and can be held without further investigation, the hearing should be held within 15 working days. These decisions should not be made without discussion with the LADO.

Interagency Working

Strategy discussion

If there is cause to suspect a child is suffering or is likely to suffer significant harm or a criminal offence might have been committed, the LADO should contact Local Authority (LA) Children's Social Care and/or police and must have a strategy discussion with all relevant professionals within 24 hours to decide on appropriate action. Where the strategy discussion concludes there should be further enquiries by the police and/or L.A Children's Social Care, a recommendation should be made as to whether the member of staff should be suspended. The decision to suspend a member of staff rests with the employer (see later*).

Strategy discussions are crucially important in any case which fits the criteria above in order to ensure that there is an effective, co-ordinated response from the agencies involved. Even in cases where it is anticipated that a strategy meeting will be held, it will still be important to hold a strategy discussion to agree that a strategy meeting is required. The discussion should cover:

- Whether there should be a police investigation, social care inquiries, and/or any parallel disciplinary process.
- If there are any issues such as support for the child and member of staff, and possible media interest.
- What action will be undertaken, and by whom, in advance of the strategy meeting.

If the outcome of the strategy discussion is an agreement that the threshold of significant harm has been reached, a strategy meeting should be convened by the LADO. There may be other circumstances where the complexity of the case warrants a meeting being held. This should be agreed by those involved in the strategy discussion.

A strategy meeting should take place within 3 days of the referral.

Strategy meeting

If the outcome of the strategy discussion is an agreement that a strategy meeting should be convened by the LADO, this should happen within 3 days of the referral.

Attendance should include; the LADO (Chair); a social worker and his/her manager; the Police Designated Officer, Child Abuse Investigation Team Officers; the health Organisation's Named Senior Officer; the Named Child Protection professionals for the Organisation or the Designated child protection professionals, HR if they are not the Named Senior Officer; representative of agency supplying a worker or volunteer, and if appropriate, other agencies involved with the child. If a member of health staff is involved

with other organisations, for example Children's Centres, other bodies may need to be involved in the investigation e.g. Ofsted.

The meeting should take into account any information agencies can provide about the circumstances or nature of the allegation and should consider whether other children might be at risk.

The meeting should be updated on any police investigation, social care enquiries, and/or any parallel disciplinary process if taking place. It should also consider any ongoing issues such as support for the child and for the member of staff, and possible media interest.

The meeting will need to take into account whether and when it is appropriate to inform the member of staff concerned. If the allegation is current and in regard to a specific child, consideration will need to be given to informing the parents of the child and who would be the most appropriate person to do this. They should be told about the allegations as soon as possible and should be kept informed about the progress of the case, and the outcome where there is not a criminal prosecution. This should be done as soon as possible. The child or young person also needs to be aware of action to be taken and the reasons for the decision, and where appropriate the child's wishes and feelings in this respect should be ascertained and recorded.

A decision needs to be made as to whether the circumstances meet the criteria for Serious Incident (SI), previously known as Serious Untoward Incident (SUI) or internal Trust reporting mechanism - Datix. If so, the appropriate documentation should be completed.

***Suspension** (to be read in conjunction with the Trust's Disciplinary Procedure)

The possible risk of harm to children posed by any alleged perpetrator needs to be effectively evaluated and managed – in respect of the child(ren) involved in the allegations, and any other children in the individual's home, work or community life. In some cases it will require the employer to consider suspending the person. Suspension should be considered in any case where there is cause to suspect a child is at risk of significant harm, or the allegation warrants investigation by the police, or is so serious that it might be grounds for dismissal. People must not be suspended automatically, or without careful thought. Employers must consider carefully whether the circumstances of a case warrant a person being suspended or otherwise prevented from contact with children until the allegation is resolved.

Neither the Local Authority nor the police can require an employer to suspend a member of staff or a volunteer. The power to suspend is vested in the employer alone. However, where a strategy discussion or initial evaluation discussion concludes that there should be enquiries by L.A Children's Social Care and/or an investigation by the police, the LADO should also canvass police/social care views about whether the member of staff needs to be prevented from contact with children, to inform the employer's consideration of suspension or other action.

Where the allegations concern an employee's own child(ren), a child protection conference may be necessary. The Initial Child Protection Conference will not make decisions or recommendations about disciplinary proceedings but views may be shared on the matter and implications for Child Protection arrangements conveyed to health Organisation Management. The health Organisation Management should not normally be required to

wait longer than three weeks as a result of Child Protection enquiries before deciding whether to conduct disciplinary procedures or not.
The Police will decide whether or not the case should be forwarded to the Crown Prosecution Service.

Sharing information for disciplinary purposes

If there is to be an investigation, it is likely that the strategy meeting will re-convene in order to discuss the outcome

Police and L.A Children's Social Care should inform the employer of the outcome of any enquiries and provide any relevant information for disciplinary purposes at the strategy meeting.

If the police and/or Crown Prosecution Service decide not to charge the individual with an offence, or decide to administer a caution, or a court acquits the person, the police should pass all information they have which may be relevant to a disciplinary case to the employer without delay. If a disciplinary hearing is required this should follow organisational policy.

If the person is convicted of an offence or accepts a caution, the police should also inform the employer straight away so that appropriate action can be taken.

The Local Authority Designated Officer (LADO) should continue to liaise with the employer to monitor progress of the case and provide advice/support when required or requested. (Working Together (2013) Pages 47-49).

Support For Staff

- It may be helpful to allocate a senior professional to support the member of staff (this member of staff should not discuss the allegation with the subject member of staff), who should also be advised to contact his/her union or professional association
- Consult HR / Named Senior Officer about support via the occupational health or employee welfare arrangements.
- Help all parties to understand the process
- Maintain confidentiality
- Guard against unwanted publicity

The fact that a person tenders their resignation or withdraws their services should not prevent either an investigation or disciplinary proceeding continuing.

NB 'Compromise Agreements' by which a person agrees to resign, the employer agrees not to pursue disciplinary action or the parties agree a form of words to be used in a future reference, must not be used.

Other members of staff who have had close involvement with the member of staff or with the investigation may also need support.

Where the identity of the alleged perpetrator is unclear or unknown, or particularly where more than one member of staff are suspected to be involved, an assessment of risk should be undertaken by senior management in consultation with the:

- Designated Nurse/Doctor Child Protection
- Named Nurse/Doctor Child Protection for the health Organisation
- Named Senior Officer/Human Resource Manager
- LADO

Based on the above assessment and dependant upon the severity of the alleged abuse, the following options need to be explored in order to ensure protection of other children in our care:-

- Staff may need to be paired up with a colleague who was not on duty at the time of the alleged incident
- Re-deployment or suspension of those staff on duty at the time of the incident whilst enquiries are made.
- In extreme circumstances a unit or a ward may need to be closed.
- Management needs to consider what explanation is given to other staff without giving any specific details for the absence or changes of duties of the staff member.
- Consideration needs to be given by management to the implications for colleagues of the member of staff in question, as they may be required as witnesses in a legal process, therefore any discussions between themselves and with others about the case should be forbidden.

Record Keeping

All the above actions need to be recorded in detail and all records pertaining to the issue should be collected in and reviewed by the Named Senior Officer in conjunction with the Designated Nurse/Doctor or Named Nurse/Doctor (Child Protection) for the health Organisation.

A clear and comprehensive summary of the case should be kept on a member of staff's confidential personnel file and he/she provided with a copy. The record should include details of how the allegation was followed up and resolved, the decisions reached and the action taken. The record should be retained until retirement and beyond up to ten years.

Publicity

If there are serious allegations against staff, there is a possibility of publicity. The Named Senior Officer of the health organisation should liaise with their Organisation's Media Officer and a decision made about informing the Area Team.

Further Action by The Health Organisation

Any disciplinary action that is considered should be clearly separated from Child Protection enquiries. Whilst the disciplinary process may be informed by the Child Protection enquiry, the Child Protection process has different objectives from the disciplinary procedure and the two should not be confused.

Whilst disciplinary action should not be delayed, it should be conducted in consultation with the L.A and the Police, in order to avoid "contaminating" potential witnesses and compromising ongoing enquiries and actions by the Police.

Should disciplinary action be taken, the member of staff suspected of abuse should be advised of his/her right to have union representation and to seek legal advice.

The Designated Child Protection Professionals and the Named Child Protection Professionals for the Health Organisation should be kept informed throughout and will be available for advice and support to Health Management and will monitor the process of the Child Protection enquiry.

If the person resigns during the enquiry, and concerns about child abuse remain, consideration should be given as to what action is required to ensure that any future risk to children is assessed. This may include ensuring that the Human Resource Department keeps appropriate records for the purposes of completing reference requests.

It may also be necessary for the Named Senior Officer to report suspected misconduct of a member of staff to the Nursing and Midwifery Council, General Medical Council or other professional regulatory organisations as appropriate.

After the Enquiry has Been Completed

On completion of the enquiries where abuse was proven or highly suspected, health Management needs to make a decision on whether or not the person should continue working for the Organisation and if so, in what capacity.

Referral to barring lists or regulatory body

“If an organisation removes an individual (paid worker or unpaid volunteer) from work such as looking after children (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation must make referral to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason.” (Working Together 2013 (Ch 2 Section4).

It is the responsibility of the employer to make such an application if this action is agreed.

Re-integration into the workplace

If the health Organisation makes a decision to re-integrate the member of staff back into the workplace the employee, and where appropriate the staff team, should receive support and counselling to facilitate this process.

If there are any remaining concerns about risks to patients due to a worker's behaviour a Consultant in Occupational Health should be requested to make a full assessment of the employee's health and fitness to work, taking advice on job responsibility from a senior member of staff working in the same speciality as the person who has been enquired into.

Consideration should also be given to any identified retraining needs of the member of staff which may need to be addressed before re-integration into the workplace.

Unfounded and false allegations

Following investigation, if the allegations against the member of staff are unfounded or false, but concerns for a child remain; the LADO should refer the matter to LA Children's Social Care to determine whether the child is in need of services, or might have been abused by someone else.

If allegations are found to be malicious, the police should be asked to consider what action may be appropriate.

Learning lessons

A final strategy discussion should be held to ensure all tasks are complete and, where appropriate, agree an action plan based on lessons learnt. The Named Senior Officer and LADO should review the case to decide whether improvements can be made to the organisation's procedures or practice. In some circumstances a serious case review in accordance with Working Together 2013 Chapter 4, may be appropriate.

Audit

It is the responsibility of the Named Senior Officer for the Health Organisation to ensure an audit is undertaken to:

- Assess if this procedure is fit for purpose
- Collate statistical information of cases for Section 11 returns (Children Act 2004), providing information of the numbers of allegations/concerns of possible/actual abuse by professionals against children on an annual basis
- Clarify outcomes of cases to identify trends and recommendations for future practice.

Appendix 1 – Contact details of the Named Senior Officers

CFT

Lead Human Resources (HR) Manager
Acting Chief Operating Officer - Executive Nurse
Tel No: 01726 291021/291003

RCHT

Head of Human Resources
Tel No: 01872 258127

PCH

Resources Manager
Tel No: 01209 881714
Human Resources Advisor
Tel No: 01579 335204

KCCG

Director of Clinical and Corporate Affairs
Tel No: 01726 627844
Human Resources Advisor
Tel No: 01726 627688

Referrer to complete pages 1-2 only

<p align="center">Safeguarding Children Standards Unit ALLEGATIONS MEETING REFERRAL & TRACKING FORM REFERRAL & PROFESSIONAL DETAILS (PLEASE FILL IN AS MANY CONTACT DETAILS AS POSSIBLE, ADD ROWS IF NECESSARY AND EMAIL TO LADO@cornwall.gov.uk / LADO@cornwall.gcsx.gov.uk</p> <p align="center">If required, please contact the Safeguarding Children Standards Unit for further guidance on completing this form (01872 254549)</p> <p align="center"><i>Electronic Versions Preferred</i></p>			
REFERRAL DATE:		TIME	
CASE NAME: (Adult/Alleged Perpetrator)			
Name of Referrer	Designation/Organisation:	Telephone Number:	Email Address:

SUBJECTS DETAILS: (PLEASE GIVE AS MANY DETAILS AS POSSIBLE)
1) DETAILS OF ADULT/ALLEGED PERPETRATOR
FULL NAME(S):
D.O.B:
ADDRESS:
ETHNICITY:
JOB TITLE & PLACE OF EMPLOYMENT (inc Volunteers)
LENGTH OF TIME ADULT HAS BEEN INVOLVED IN THE ORGANISATION
RELATIONSHIP TO CHILD: (eg teaching assistant/foster carer etc)
2) DETAILS OF ADULT/ALLEGED PERPETRATOR
FULL NAME(S):
D.O.B:
ADDRESS:
ETHNICITY:
JOB TITLE & PLACE OF EMPLOYMENT (inc Volunteers)
RELATIONSHIP TO CHILD: (eg teaching assistant/foster carer etc)

1) DETAILS OF CHILD
FULL NAME(S)
D.O.B:
ADDRESS:
ETHNICITY:
PERSONS WITH PARENTAL RESPONSIBILITY:
SOCIAL WORKER (if applicable):
TEAM:

TELEPHONE NO:
2) DETAILS OF CHILD
FULL NAME(S)
D.O.B:
ADDRESS:
ETHNICITY:
PERSONS WITH PARENTAL RESPONSIBILITY:
SOCIAL WORKER (if applicable):
TEAM:
TELEPHONE NO:

IF THERE ARE MORE CHILDREN OR ADULTS INVOLVED, PLEASE COPY AND PASTE ROWS ABOVE.

IF IN RELATION TO TEACHING STAFF/A MEMBER OF STAFF IN A SCHOOL, DID THE ALLEGATION ARISE FROM PHYSICAL CONTACT WHILST THE MEMBER OF STAFF WAS CARRYING OUT A PHYSICAL INTERVENTION OR RESTRAINT?

YES ☐ NO ☐

DETAILS OF INCIDENT / ALLEGATION / CONCERN
Please include location/address where alleged incident occurred.
(Please give as many details as possible. Any relevant files/papers to be copied and attached to referral)

OTHER WORKERS/ORGANISATIONS INVOLVED OR WHO SHOULD BE CONSULTED OR INVITED TO THE MEETING			
Name	Designation/Organisation	Phone	e-mail

Members of other Local Authorities who should attend			
FOR SCSU ADMIN			

Date received in SCSU:		TIME	
Date referred to Police CRU (if applicable)		TIME	

Date of Strategy Meeting (if applicable)	
Allocated Chair	
Allocated Minute Taker	

FOR SCSU LADO

CATEGORIES OF ABUSE	
Physical	
Emotional	
Neglect	
Sexual	
Unsuitable	
IT related	

ALLOCATED CHAIR – RECORD OF ACTIONS/DECISIONS

OUTCOMES:	
Initial enquiry	
No further action after initial consideration	
Unfounded	
Unsubstantiated	
Being malicious	
Founded	
Suspension	
Dismissal	
Resignation	
Cessation of use	
Section 47 investigation	
Criminal investigation	
Disciplinary procedures	
Caution	
Conviction	
Acquittal	
Referral to Independent Safeguarding Authority	
Referral to regulatory body	
Fostering Panel – changes to registration	
Advice/Guidance/Further training	

DATE CLOSED TO SCSU:

SCSU MANAGER/LADO SIGNATURE:

TO BE COMPLETED AT THE PLANNING AND SCOPING STAGES OF THE INITIATIVE
Appendix Two Equality Impact Assessment Proforma Initial Screening

Section	Commissioning	Officer responsible for the assessment	Judith Parsons – Designated Nurse for Child Protection			
Name of Policy to be assessed	Guidance for responding to allegations or concerns about child abuse perpetrated by health professional and ancillary staff working in NHS Trusts	Date of Assessment	30.09.2014	Is this a new or existing policy?	Existing	
1. Briefly describe the aims, objectives and purpose of the policy.		<p>Health staff should act at all times in such a manner as to safeguard and promote the interests of individual patients and clients.</p> <p>Where a health worker may compromise the safety of a child, the needs and protection of the child must be the paramount consideration (Children Act 1989). All health organisations and staff have a duty to safeguard children and to promote their welfare (Children Act 2004).</p> <p>Children may be subjected to abuse by those who work with them in any and every setting. Concerns or allegations may relate to the person's work or their role as a volunteer and may be current or historical. In some circumstances it may relate to their behaviour outside this setting, for example an allegation that an individual has been involved in some form of criminal activity involving children such as downloading abusive images, an allegation that an individual has harmed, or failed to protect, their own child; an individual whose children are subject to a child protection plan.</p> <p>All allegations of abuse or maltreatment of children by a professional, staff member, volunteer or person contracted to provide services should be taken seriously and treated in accordance with Cornwall and Isles of Scilly Local Safeguarding Children Board (LSCB) and the South West Child Protection Procedures.</p> <p>Each NHS Trust is required to have an identified Named Senior Officer in Human Resources who is responsible for the operation of this guidance and ensures that staff are aware of how to report allegations or concerns.</p>				

2. Are there any associated objectives of the policy? Please explain.		To ensure compliance with data collection requirement as required by the Section 11 (Local Safeguarding Children Board LSCB and the SHA).	
3. Who is intended to benefit from this policy, and in what way?		Cornwall and Isles of Scilly Health Staff and Vulnerable Children and Young People within Cornwall and Isles of Scilly	
4. What outcomes are wanted from this policy?		To reduce harm to children and young people perpetrated by professionals working in healthcare environments	
5. What factors/forces could contribute/detract from the outcomes?		Non compliance of the policy and lack of awareness and acceptance of the policy by staff.	
6. Who are the main stakeholders in relation to the policy?		7. Who implements the policy, and who is responsible for the policy?	Kernow Clinical Commissioning Group
8. What is the impact on people from Black and Minority ethnic Groups (BME) (positive or negative)?	Children from all cultures are subject to abuse and neglect. In order to make sensitive and informed professional judgements about a child's needs and parents' capacity to respond to their child's needs, it is important that professionals are sensitive to differing family patterns and lifestyles and to child rearing patterns that vary across different racial, ethnic and cultural groups. At the same time they must be clear that child abuse cannot be condoned for religious or cultural reasons. This particular issue is raised in "Working together to Safeguard Children 2013.		
How will any negative impact be mitigated?	If there is a negative impact a mitigation plan will be produced and monitored		
9. What is the impact for male or female people (positive or negative)?	There is no evidence to support that children are more susceptible to abuse because of their gender. This particular issue is raised in "Working together to Safeguard Children 2013'		
How will any negative impact be mitigated?	If there is a negative impact a mitigation plan will be produced and monitored		
10. What is the impact on disabled people, including those with learning disabilities (positive or negative)?	The available evidence on the extent of abuse amongst disabled children suggests that disabled children are at increased risk of abuse and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect. There is evidence to support this statement in the National Service Framework for Children, Young People and Maternity Services – Standards 5, 7, and 8.		

How will any negative impact be mitigated? If there is a negative impact a mitigation plan will be produced and monitored	
11.What is the impact on sexual orientation (lesbian, gay, bisexual)?	There is no evidence either local or national to suggest that Children might be more likely to be abused due to there sexual orientation. Not documented in “working together to Safeguard Children 2013”, “National Services Framework” and “The Department of Health’s - Safeguarding children who may have been trafficked 2007”
How will any negative impact be mitigated? If there is a negative impact a mitigation plan will be produced and monitored	
12.What is the impact on people of different ages (positive or negative)?	This policy has been designed solely to protection vulnerable children and although is a differential impact it is a positive one as the policy’s aim it to protect vulnerable children. A definition of a child is “anyone who has not yet reached their 18 th birthday. This definition of a child is outlined in the Children’s Act 1989 – Part 6 subsection 1.
How will any negative impact be mitigated? If there is a negative impact a mitigation plan will be produced and monitored	

13. What impact will there be due to religion or belief (positive or negative)?	The assessment process should maintain a focus on the needs of the individual child. It should always include consideration of the way religious beliefs and cultural traditions in different racial, ethnic and cultural groups influence their values. Attitudes and behaviour and the way in which family and community life is structured and organised. Cultural and religious factors should not be regarded as acceptable explanations for child abuse or neglect and are not acceptable grounds for inaction when a child is at risk of significant harm. Professionals should be aware of and work with the strengths and support systems available within families, ethnic groups and communities, which can be built on to help safeguard children and promote their welfare. Working together to Safeguarding Children 2013.
How will any negative impact be mitigated? If there is a negative impact a mitigation plan will be produced and monitored	

14. What is the impact on marriage of civil partnership, this is particularly relevant for employment policies (positive or negative)?	Nil.
How will any negative impact be mitigated?	
15. What is the impact on people who have gone through or are going through gender reassignment, or who identify as transgender (positive or negative)?	Nil.
How will any negative impact be mitigated?	
16. What is the impact on people who are pregnant or breastfeeding mothers (positive or negative)?	Nil.
How will any negative impact be mitigated?	
17. How have the Core Human Rights Values of: Fairness; Respect; Equality; Dignity; Autonomy; Been considered in the formulation of this policy/strategy? If they haven't please reconsider the document and amend to incorporate these values.	All values are fully considered by working party and during the consultation period.

18. Which of the Human Rights Articles does this document impact?	The right:	Yes	No
	<ul style="list-style-type: none"> • To life; • Not to be tortured or treated in an inhuman or degrading way; • To be free from slavery or forced labour; • To liberty and security; • To a fair trial; • To no punishment without law; • To respect for home and family life, home and correspondence; • To freedom of thought, conscience and religion; • To freedom of expression; • To freedom of assembly and association; • To marry and found a family; • Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention; • To peaceful enjoyment of possessions and education; • To free elections; 	Y Y Y Y Y Y Y Y	 N N N N N N
What evidence do you have for making these statements? Consultation with stakeholders			
19. How will you ensure that those responsible for implementing the Policy are aware of the Human Rights implications and equipped to deal with them?	Human Rights are part of Safeguarding Children and young persons training packages ensuring staff understand the issues		

20. If the negative impacts identified have been unable to be mitigated through amendment to the policy, explain how you will conduct a full EIA	N/A
21. 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.	Please explain for each equality heading
22. If you do not proceed to a full EIA explain what amendments have been made to the policy as a result of this screening and when they were made.	

Signed (completing officer)...Judith Parsons.....

Date 28/10/14

Signed (Head of Section).....

Date

Please ensure that a signed copy of this form is sent to both the Policies Officer and the Equality and Diversity lead to be placed on the organisation's website.