



**Kernow**

Clinical Commissioning Group

# **Managing safeguarding children allegations against health and ancillary staff policy**

**Date approved: April 2018**

## Document control sheet

<b>Title of document:</b>	Managing safeguarding children allegations against health and ancillary staff policy
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<b>Target audience:</b>	All staff
<b>Can this policy be released under FOI?</b>	Yes
	Give reasons for exemption if no:
	N/A

### Related policies:

- Child protection policy and procedure.
- Child protection training policy.
- Cornwall and Isles of Scilly Our Safeguarding Children Partnership (CIOSOSCP) multi-agency safeguarding children procedures.

### Version control

Version No	Revision date	Revision by	Nature of revisions
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## 1. Introduction

The Clothier Report (Beverley Allitt) and subsequent child protection inquiries clearly identify that on rare occasions health may abuse their position of trust and may harm children either within their working environment, their own families or within the community.

## 2. 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.

Working Together to Safeguard Children (2013 and 2015) highlights the statutory guidance placed on the Cornwall and Isles of Scilly Our Safeguarding Children Partnership (CIOSOSCP) to manage allegations of abuse made against staff. Each member organisation of the CIOSOSCP must follow these guidelines if a report is received about an allegation or a concern that a professional has:

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

CIOSOSCP Local Authority Designated Officer (LADO) Procedures must then be followed. A link to the LADO process is located in appendix one. NHS Kernow Clinical Commissioning Group's (NHS Kernow) Nominated Safeguarding Senior Officer (NSSO) for reporting professional allegations to is the Chief Nursing Officer.

Additionally these procedures may be used if: there are concerns about the person's behaviour towards their own children or children unrelated to their employment such as through voluntary work, and there has been a recommendation from a strategy discussion that consideration should be given to the risk posed to children they work with and / or when an allegation is made about abuse that took place some time ago and the accused person may still be working with or having contact with children.

Professionals **must**:

- Report the allegation to the NSSO for allegations, as soon as possible.
- Make a signed and dated record of concerns, observations or the information they have received.

- Maintain confidentiality whilst an investigation is being conducted. The investigation must include a Human Resources representative.

Professionals **must not**:

- Attempt to deal with the situation themselves in isolation.
- Make assumptions or diminish the seriousness of the allegations or behaviour.
- Keep the information to themselves or promise confidentiality.
- Take any action which might undermine any future investigation, disciplinary procedure or criminal investigation such as interviewing the alleged victim or witnesses, or informing the alleged perpetrator or parents/carers.

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 CIOSOSCP procedures.

Each NHS organisation is required to have an identified NSSO 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. The contact details for the NSSO are located in appendix two.

This guidance is written with reference to national guidance, NHS England policy and Procedure and the local South West Child Protection Procedures.

This policy applies to all Governing Body members, employees and contractors, including secondees into and out of the organisation, volunteers, students, honorary appointees, trainees, contractors, and temporary workers, including locum doctors and those working on a bank or agency contract.

For ease of reference, all employees and workers who fall under these groups will be uniformly referred to as “staff” in this document.

The policy covers allegations made against staff in the course of their NHS duties and outside of this, including their private life and family home.

### **3. Referring and reporting concerns**

The person under suspicion / about whom the allegation has been made 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. Details about how to do this are located in NHS Kernow's Child Protection / Safeguarding Children Policy.

It is essential that all health staff report concerns to a senior member of staff, preferably a line manager and/or the Designated Nurse Safeguarding Children (DNSC). The line manager or DNSC will agree which person is going to refer the concern to the NSSO. 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 NSSO who may need to seek advice from the named child protection professionals for the organisation.

#### **4. Action by nominated safeguarding 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.

#### **5. Criteria for interagency referral to the LADO**

The NSSO on behalf of the health organisation, in conjunction with the above, will consider whether the member of staff/volunteer is alleged to have:

- Behaved in a way that has harmed a child, or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.

- Behaved towards 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 NSSO for the organisation should contact the Local Area Designated Officer (LADO) without delay (no longer than within one working day). The LADO contact details are:

Third Floor, West Wing  
New County Hall  
Truro  
TR1 3AY  
Telephone: 01872 326536

If following discussion with the LADO the incident is deemed to meet the LADO threshold detailed above the staff member will be asked to contact the MARU to complete a referral form with supporting evidence which must be returned to the MARU within 24 hours or in the event of a weekend the earliest opportunity the next working week. The referral process in appendix one outlines the required actions and timescale. The MARU form can be accessed via this link to the CIOSOSCP child protection procedures and then searching for MARU / LADO:

[www.proceduresonline.com/swcpp/cornwall\\_scilly/contents.html](http://www.proceduresonline.com/swcpp/cornwall_scilly/contents.html)

## **6. Initial considerations following referral to the 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:

1. Enquiries and assessment by the local authority Children's Social Care about whether a child is in need of protection or in need of services.
2. A police investigation of a possible criminal offence.
3. Consideration by an employer of disciplinary action in respect of the individual (including suspension).

The role of the LADO is to oversee and manage the investigation and to determine in conjunction with agencies involved including the NSSO whether the allegation is substantiated or not. 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 / appropriate timescales in line with NHS Kernow's disciplinary policy where necessary. If a disciplinary hearing is required and can be held without further investigation, the hearing should be held within 15 working days / appropriate timescales in line with NHS Kernow's disciplinary policy where necessary. These decisions should not be made without discussion with HR and the LADO.

## **7. 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 local authority Children's Social Care and/or police and will have a strategy discussion with all relevant professionals within 24 hours to decide on appropriate action.

The LADO will be notified where the strategy discussion concludes there should be further enquiries by the police and/or local authority Children's Social Care and will liaise with the NSSO to consider whether 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 and is referred to in a later paragraph.

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 professional allegations strategy meeting (PASM) will be held, it will still be important to hold a strategy discussion to agree that a PASM 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 PASM.

## Strategy planning meeting

If the outcome of the strategy discussion is an agreement that the threshold of significant harm has been reached, a PASM 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.

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 safeguarding senior officer; the named child protection professionals for the organisation or the designated child protection professionals, HR if they are not the NSSO; 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 following issues should be considered:

- What further contact is required with the police and Children's Social Care. A member of the investigation team should be nominated as the link person.
- Whether the child/young person is at risk of harm or abuse is safe from any further risk of harm or abuse.
- Review what action has already been undertaken so far to ensure the safety of the victim.
- Decide the internal investigation strategy to be undertaken. The police and/or social care should be consulted when they are involved in any on-going investigation and/or criminal proceedings are pending.
- A referral to the appropriate professional regulatory body should the member of staff be a registered professional such as the General Medical Council (GMC) for doctors, or the Nursing and Midwifery Council (NMC) for nurses.
- Decide how to present the allegations to the relevant staff member concerned and how to manage the investigatory process.
- Agreement should be reached with children's Social Care and the police about what information should be passed to the staff member concerned.
- The line manager should be asked to provide appropriate support to the individual while the case is on-going and keep them regularly informed.
- Further support may be considered necessary from occupational health.

- Decide how the person/child/ adult at risk of harm or abuse, or their nominated parent/guardian/nominated carer making the allegation is to be kept informed of what is happening to their allegation, whilst adhering to the requirements of maintaining confidentiality and observing the requirements of the Human Rights Act and the Data Protection Act. The sharing of information must not 'contaminate' any health, police or children/adult social care investigations that are on-going.
- The communications team should provide additional support and advice in relation to the handling of any queries from the media concerning the allegation.
- To ensure that the incident has been reported on the STEIS system.
- The information to be shared with the senior management team.
- Decide the frequency and format of review meetings which need to be set up to manage the on-going investigation and the various actions required.

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). If so a nominated person will inform the internal health organisation risk management team who will report the incident on the strategic executive information system (STEIS).

## **Suspension**

To be read in conjunction with the organisation'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 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 local authority 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(s), 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 PASM will re-convene in order to discuss the outcome

Police and local authority Children's Social Care should inform the employer of the outcome of any enquiries and provide any relevant information for disciplinary purposes at the PASM.

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 LADO should continue to oversee to monitor progress of the case and provide advice/support when required or requested.

## **8. 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 / NSSO 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.

‘Settlement 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.
- NSSO/Human Resources manager.
- LADO.

Based on the above assessment and dependent 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.

## **9. 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 NSSO 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.

## **10. Publicity**

If there are serious allegations against staff, there is a possibility of publicity. The NSSO of the health organisation should liaise with their organisation's media officer and a decision made about informing the area team.

## **11. 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 local authority 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, this will not affect the completion of the LADO process and if appropriate, pursuing disciplinary sanctions in order to give consideration as to what action is required to ensure that any future risk to children is assessed. This may include ensuring that the Human Resources department keeps appropriate records for the purposes of completing reference requests.

It may also be necessary for the NSSO 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 and the DBS (see below).

## **12. 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.

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

### **Reintegration 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.

### **Unsubstantiated, 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 the local authority 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.

If following investigations the allegations are false it is vital that the employee is provided with support which should be facilitated by the person's manager in conjunction with HR

### **Learning lessons**

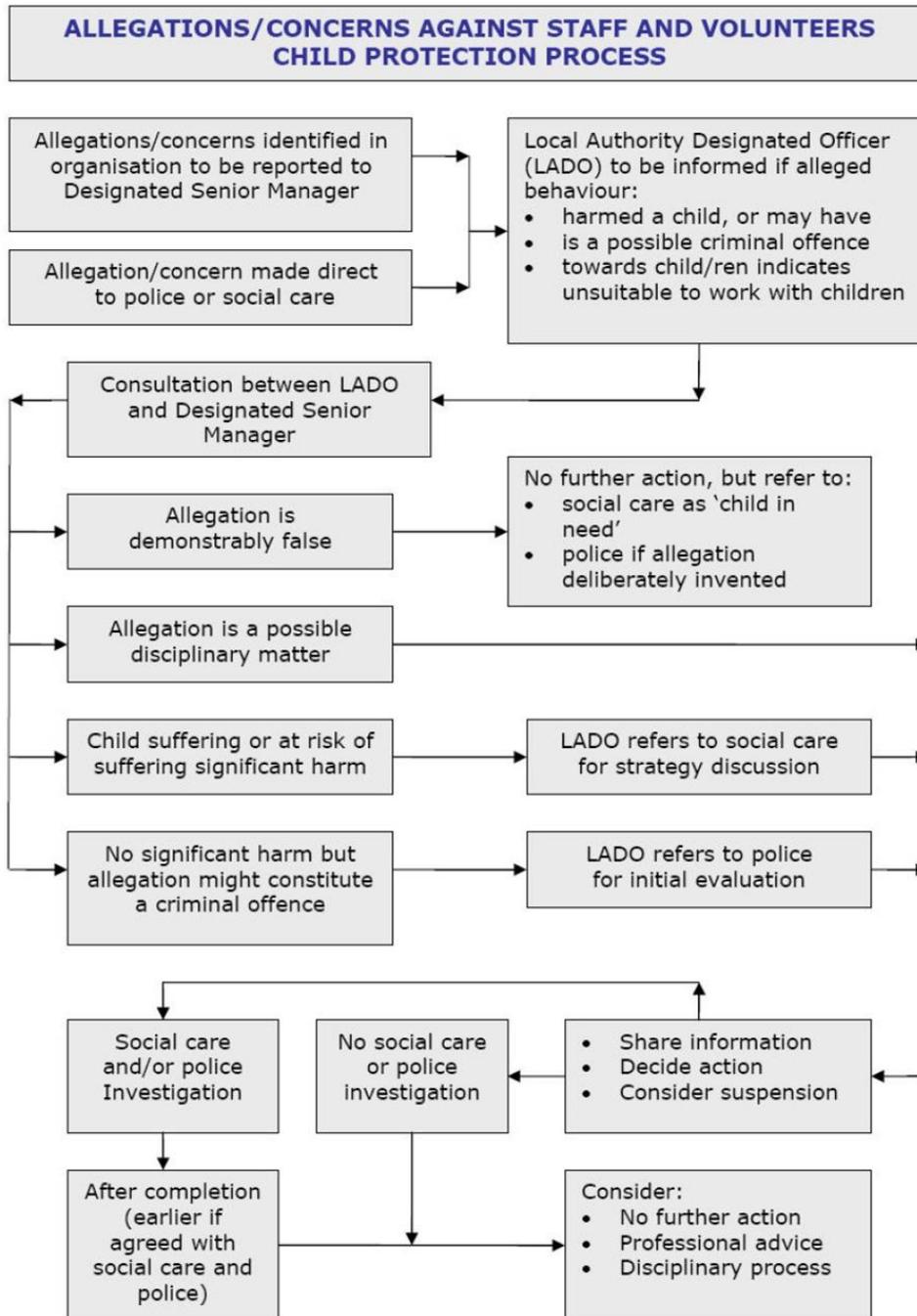
A final strategy discussion should be held to ensure all tasks are complete and, where appropriate, agree an action plan based on lessons learnt. The named senior officer and LADO should review the case to decide whether improvements can be made to the organisation's procedures or practice. In some circumstances a serious case review in accordance with Working Together 2015 chapter four, may be appropriate.

## **13. Audit**

It is the responsibility of the NSSO 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: LADO referral flow chart



## Appendix 2: LADO contact details

Third Floor, West Wing  
New County Hall  
Truro  
TR1 3AY  
Telephone: 01872 326536

[LADO@cornwall.gov.uk](mailto:LADO@cornwall.gov.uk)  
[LADO@cornwall.gcsx.gov.uk](mailto:LADO@cornwall.gcsx.gov.uk)

Contact details of the Nominated Safeguarding Senior Officers (NSSO):

### **NHS Kernow**

Chief Nursing Officer  
Telephone: 01726 627884

Human of Human Resources  
Telephone: 01726 627742

### **Cornwall Partnership NHS Foundation Trust (CFT)**

Lead Human Resources (HR) Manager  
Director of Nursing

Telephone: 01208 834612

### **Royal Cornwall Hospitals NHS Trust (RCHT)**

Head of Human Resources  
Telephone: 01872 252473 / 07920 267204

## Appendix 3: Equality Impact Assessment

<b>Name of policy to be assessed</b>	Managing safeguarding children allegations against health and ancillary staff		
<b>Section</b>	Safeguarding	<b>Date of Assessment</b>	09/04/2018
<b>Officer responsible for the assessment</b>	Charlie Whelan	<b>Is this a new or existing policy?</b>	Existing
<b>1. Describe the aims, objectives and purpose of the policy.</b>			
To ensure that NHS Kernow staff comply with national and local guidance on safeguarding children and young people			
<b>2. Are there any associated objectives of the policy? Please explain.</b>			
<ul style="list-style-type: none"> <li>• Staff to be able to identify abuse or neglect</li> <li>• Staff to know where to access advice and support</li> <li>• Staff to know how to raise a safeguarding alert for children and young people</li> <li>• Staff are provided with safe, effective and timely supervision</li> </ul>			
<b>3. Who is intended to benefit from this policy, and in what way?</b>			
All children and young people being provided with services by NHS Kernow staff / contractors			
<b>4. What outcomes are wanted from this policy?</b>			
All NHS Kernow staff to comply with this policy and procedure and know how to report / refer allegations against staff			
<b>5. What factors/ forces could contribute/ detract from the outcomes?</b>			
Not having access to the policy or being provided with training about it.			
<b>6. Who are the main stakeholders in relation to the policy?</b>			
NHS Kernow and Cornwall and Isles of Scilly Our Safeguarding Children Partnership (CIOSOSCP)			

<b>7. Who implements the policy, and who is responsible for the policy?</b>
NHS Kernow via Head of Nursing in the role of Safeguarding Team Manager
<b>8. What is the impact on people from Black and Minority Ethnic Groups (BME) (positive or negative)?</b>
Consider relevance to eliminating unlawful discrimination, promoting equality of opportunity and promoting good race relations between people of different racial groups. Issues to consider include people's race, colour and nationality, Gypsy, Roma, Traveller communities, employment issues relating to refugees, asylum seekers, ethnic minorities, language barriers, providing translation and interpreting services, cultural issues and customs, access to services.
Not applicable as all people regardless of ethnicity will be treated fairly under safeguarding legislation (Care Act 2014)
<b>How will any negative impact be mitigated?</b>
N/A
<b>9. What is the differential impact for male or female people (positive or negative)?</b>
Consider what issues there are for men and women e.g. responsibilities for dependants, issues for carers, access to training and employment issues, attitudes towards accessing healthcare.
Not applicable as all people regardless of gender will be treated fairly under safeguarding legislation (Care Act 2014)
<b>How will any negative impact be mitigated?</b>
N/A
<b>10. What is the differential impact on disabled people (positive or negative)?</b>
Consider what issues there are around each of the disabilities e.g. access to building and services, how we provide services and the way we do this, producing information in alternative formats and employment issues. Consider the requirements of the NHS Accessible Information Standard. Consider attitudinal, physical and social barriers. This can include physical disability, learning disability, people with long term conditions, communication needs arising from a disability.
Not applicable as all people regardless of disability will be treated fairly under safeguarding legislation (Care Act 2014)
<b>How will any negative impact be mitigated?</b>

N/A
<b>11. What is the differential impact on sexual orientation?</b>
Consider what issues there are for the employment process and training and differential health outcomes amongst lesbian and gay people. Also consider provision of services for e.g. older and younger people from lesbian, gay, bi-sexual. Consider heterosexual people as well as lesbian, gay and bisexual people.
Not applicable as all people regardless of sexual orientation will be treated fairly under safeguarding legislation (Care Act 2014)
<b>How will any negative impact be mitigated?</b>
N/A
<b>12. What is the differential impact on people of different ages (positive or negative)?</b>
Consider what issues there are for the employment process and training. Some of our services impact on our community in relation to age e.g. how do we engage with older and younger people about access to our services? Consider safeguarding, consent and child welfare.
Not applicable as all people regardless of age will be treated fairly under safeguarding legislation (Care Act 2014)
<b>How will any negative impact be mitigated?</b>
N/A
<b>13. What differential impact will there be due religion or belief (positive or negative)?</b>
Consider what issues there are for the employment process and training. Also consider the likely impact around the way services are provided e.g. dietary issues, religious holidays, days associated with religious observance, cultural issues and customs, places to worship.
Not applicable as all people regardless of religious belief will be treated fairly under safeguarding legislation (Care Act 2014)
<b>How will any negative impact be mitigated?</b>

N/A
<b>14. What is the impact on marriage of civil partnership (positive or negative)? NB: this is particularly relevant for employment policies</b>
This characteristic is relevant in law only to employment, however, NHS Kernow will strive to consider this characteristic in all aspects of its work. Consider what issues there may be for someone who is married or in a civil partnership. Are they likely to be different to those faced by a single person? What, if any are the likely implications for employment and does it differ according to marital status?
N/A
<b>How will any negative be mitigated?</b>
N/A
<b>15. What is the differential impact who have gone through or are going through gender reassignment, or who identify as transgender?</b>
Consider what issues there are for people who have been through or a going through transition from one sex to another. How is this going to affect their access to services and their treatment when receiving NHS care? What are the likely implications for employment of a transgender person? This can include issues such as privacy of data and harassment.
N/A
<b>How will any negative impact be mitigated?</b>
N/A
<b>16. What is the differential impact on people who are pregnant or breast feeding mothers, or those on maternity leave?</b>
This characteristic allies to pregnant and breast feeding mothers with babies of up to six months, in employment and when accessing services. When developing a policy or services consider how a nursing mother will be able to nurse her baby in a particular facility and what staff may need to do to enable the baby to be nursed. Consider working arrangements, part-time working, infant caring responsibilities.
N/A
<b>How will any negative impact be mitigated?</b>

N/A	
<b>17. Other identified groups:</b>	
Consider carers, veterans, different socio-economic groups, people living in poverty, area inequality, income, resident status (migrants), people who are homeless, long-term unemployed, people who are geographically isolated, people who misuse drugs, those who are in stigmatised occupations, people with limited family or social networks, and other groups experiencing disadvantage and barriers to access.	
N/A	
<b>How will any negative impact be mitigated?</b>	
N/A	
<b>18. How have the Core Human Rights Values been considered in the formulation of this policy/strategy? If they haven't please reconsider the document and amend to incorporate these values.</b>	
<ul style="list-style-type: none"> <li>• Fairness;</li> <li>• Respect;</li> <li>• Equality;</li> <li>• Dignity;</li> <li>• Autonomy</li> </ul>	
The Core Human Rights are protected by this policy as it relates to protecting all children from abuse	
<b>19. Which of the Human Rights Articles does this document impact?</b>	
<b>The right:</b>	<b>Yes / No:</b>
• To life	No
• Not to be tortured or treated in an inhuman or degrading way	No
• To liberty and security	No
• To a fair trial	No
• To respect for home and family life, and correspondence	No
• To freedom of thought, conscience and religion	No

• To freedom of expression	No
• To freedom of assembly and association	No
• To marry and found a family	No
• Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention	No
• To peaceful enjoyment of possessions	No
<b>a) What existing evidence (either presumed or otherwise) do you have for this?</b>	
Safeguarding policies and procedures contain references to child care legislation / human rights to ensure fairness / equality for all.	
<b>20. How will you ensure that those responsible for implementing the Policy are aware of the Human Rights implications and equipped to deal with them?</b>	
They will be required to read and understand the policy and be aware of paragraph A above	
<b>21. Describe how the policy contributes towards eliminating discrimination, harassment and victimisation.</b>	
It ensures that all children are protected from abuse regardless of their background details as described above.	
<b>22. Describe how the policy contributes towards advancing equality of opportunity.</b>	
N/A	
<b>23. Describe how the policy contributes towards promoting good relations between people with protected characteristics.</b>	
N/A	
<b>24. If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services or the working environment for that group of people.</b>	
N/A	
<b>25. Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.</b>	
None	

**26. If the negative impacts identified have been unable to be mitigated through amendment to the policy or mitigating actions, explain what your next steps are.**

N/A

Signed (completing officer): .....

Date: .....

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

Date: .....

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