NHS
Kernow
Clinical Commissioning Group

Child protection supervision policy

Date approved: April 2018

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

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Contents

1. Introduction

The children's national service framework (Department of Health (DoH) 2004) states that consistent high quality supervision is the cornerstone of safeguarding children. Messages arising from public inquiries and serious case reviews (SCR's) into the death of, or serious injury to children, stress the importance of good quality and frequent supervision for front line staff.

It is recognised that working in the field of child protection entails making challenging professional judgements, involving multi-disciplinary, inter-agency aspects and often cross-cultural issues. Therefore all staff in the front line of practice must be well supported by effective supervision.

Safeguarding supervision is a formal process of professional support and learning, which aims to ensure that clinical practice promotes the child and young person's welfare. This is achieved by facilitating reflective discussion, assessment, planning and review, thereby supporting the development of good quality, innovative practice provided by safe, knowledgeable and accountable practitioners.

Child protection supervision is different from, and in addition to, seeking of advice regarding specific concerns or situations of everyday practice and compliments other methods of support and supervision already in existence. It is not a form of counselling or personal therapy. If a case has had some impact on a practitioner as an individual either presently or in the past, it is recommended that the appropriate support is accessed via Occupational Health Service or another service, which will offer that individual support and guidance. The Occupational Health Service referral forms can be accessed via the Staff Intranet or IRIS.

2. Policy statement

Every child and young person has a right to life free from abuse. Article 19 of the United Nations Convention on the Rights of the Child to which the United Kingdom is a signatory states that:

> 'Parties shall take all appropriate legislative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has care of the child'.

Child protection supervision is directed towards meeting the support (restorative), developmental (learning) and risk management (normative) needs of practitioners working with the most vulnerable service users (children and families). It needs to be of a high quality, regular and effective and needs to remain embedded within the framework of clinical governance.

Child protection supervision should take place within a framework, which promotes an anti-discriminatory and anti-oppressive approach to practice and which takes into account the child and family's culture, race, religion, gender, class, language and any disability.

This policy will set out the framework and process of supervision covering three areas – purpose, practice and quality will be addressed during supervision. It will also outline the responsibilities of the supervisor and supervisee / practitioner

3. Purpose

The purpose of child protection supervision is to ensure that staff receive professional advice and support when dealing with complex and demanding work which is a frequent occurrence in safeguarding children. The supervision process will be based on the premise that the welfare of the child is paramount. It will reflect the organisation's integrity and commitment to support and value health practitioners and other colleagues engaged in safeguarding children.

The supervision process will:

- Ensure that practice is consistent with Cornwall and Isles of Scilly Our Safeguarding Children Partnership (CIOSOSCP) local child protection procedures.
- Ensure the quality and safety of the service to children and their families. This includes ensuring that the child's needs remain paramount when safeguarding children issues are present.
- Ensure that the health practitioner fully understands his / her role and responsibilities with inter- and intra-agency working.
- Provide a source of expert advice and support to health practitioners. This will include an evaluation of the work carried out by the practitioner, which should also identify the practitioner's strengths and areas for development.
- Reduce the levels of stress and potentially dangerous situations arising from child protection work and when required, to endorse judgements at certain key points in the child protection process.
- Ensure that information is appropriately shared within health and between health and other agencies in accordance with CIOSOSCP child protection procedures whilst taking note of relevant procedures on data protection and information sharing.

- Ensure a high quality for all documentation practices. This includes record keeping, report writing and safe retention of child protection records.
- Identify the training and development needs of health practitioners and highlight these requirements to the health practitioner's line manager.
- To assist in the process of audit in respect of the supervision process and record keeping practice.

4. Aims

The policy aims to:

- Support health staff with child protection / safeguarding children processes.
- Support health staff working with families who are challenging to work with, and may not be within the child protection system.
- Recognise the importance of people's rights and act in a way that acknowledges peoples expressed beliefs, preferences and choices and respect diversity.
- Consider future intervention and actions for professional practice.
- Support casework management of child protection / safeguarding.
- Assist caseworker in the assessment of risk based on the level of information shared within supervision.
- Consider how health staff may work differently with families and to assist the facilitation of change.
- Ensure safe consistent practice in relation to work with vulnerable children and their families.
- Expand a clinician's knowledge and increase confidence and competence.
- Assist in developing clinical proficiency and creative professional development;
- Provide an environment where reflection of clinical practice is encouraged and supported.
- Provide access to new ideas and information by the sharing of expertise.
- Promote practice which is based on research and expert evidence.
- Improve clinical standards and contribute to clinical effectiveness and the Trust's strategy for clinical governance.
- Identify and manage stress factors in clinical practice.
- Prevent potential damage to the reputation of the CCG.

5. Definitions

Clinical supervision is a term used to describe a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance patient/client protection and safety of care in complex clinical situations.

Eileen Munro states: “Supervision and case consultations are critical in helping practitioners draw out their reasoning so that it can be reviewed” - A Child Centred System - Munro Review of Child Protection Final report May 2011.

Working Together to Safeguard Children (2013) states “Working to ensure children are protected from harm requires sound professional judgements to be made. It is demanding work that can be distressing and stressful”. Furthermore, the 2015 edition of Working Together states: ‘Effective professional supervision can play a critical role in ensuring a clear focus on a child’s welfare. Supervision should support professionals to reflect critically on the impact of their decisions on the child and their family.’ Therefore, the provision of supervision is both beneficial to the employee and the children / families that they work with.

Supervision can be defined as:

> ‘’An accountable process which supports assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work to achieve agreed outcomes.’’ Providing Effective Supervision (Skills for Care and CWDC 2007, page five)

Supervision also has a more clinical definition, which Morrison (1993) points out is a process in which one worker is given responsibility by the organisation to work with another worker in order to meet certain organisational, professional and personal objectives. Morrison (2003) also writes that supervision is ‘a cooperative and facilitating process, which aims to: ‘Develop the worker’s effectiveness. Provide a suitable and appropriate forum for the worker to assure those to whom he or she is accountable that he or she is acting responsibly. Develop the worker as a professional person’

For many practitioners involved in day-to-day work with children and families, effective child protection supervision is important to promote good standards of practice and to support individual staff members. The arrangements for organising how child protection supervision is delivered will vary from agency to agency but there are some key essential elements. It should help to:

- Ensure that practice is soundly based and consistent with the safeguarding children partnership’s and organisational procedures.
- Ensure that the supervisees fully understand their roles, responsibilities and the scope of their professional discretion and authority.
- Ensure that the supervisee is supported and able to reflect on practice.

- Ensure regular and constructive feedback of performance and practice.
- Identify further training and development needs / skills to provide an effective service. (Working together to Safeguard Children 2013).

This document refers to the terms child protection and safeguarding which encompass protecting children from maltreatment and preventing impairment of children's health or development (Section 11 of the Children Act 2004).

The terms supervisee and supervisor are used throughout the document.
In some cases supervisee may also be referred to as practitioner. The supervisor refers to 'another' professional undertaking the role.

6. Background

The need for supervision for health professionals in the field of child protection has been highlighted on numerous occasions, analysing child deaths through abuse and neglect (DfCSF 2005).

Lord Laming, in his inquiry into the deaths of Victoria Climbie (2000) and Peter Connelly (2009), expressed concern about the lack of supervision for health staff.

Reference is also made to the need for supervision in Standards for Better Health (DoH 2004) and the Children's National service Framework (DoH 2004).

In Cornwall and Isles of Scilly the need for child protection supervision has been reinforced through the recommendations of several serious case reviews and internal management reviews. Cornwall and Isles of Scilly Safeguarding Children Partnership and health organisations are committed to child protection supervision for all staff involved in child protection cases.

7. Staff to whom the policy applies

Any health practitioner working with children and / or their families where there are child protection concerns should be able to access skilled advice, support and supervision with respect to their child protection activity. However there are specific groups of professionals who require a regular formal structure of supervision to ensure practitioners are providing and achieving a high standard of care for vulnerable children (e.g. named nurses and named midwives safeguarding children, health visitors, school health nurses and midwives). NHS Kernow's Designated Nurse Safeguarding Children and Designated Nurse Looked After Children are responsible for providing supervision to the named nurses / midwives for safeguarding and looked after children in the provider organisations. They are also available to provide supervision either formally or

informally to any NHS Kernow employee that is working with a child / family where there are safeguarding / child protection concerns.

8. The provision of child protection supervision

The provision of child protection supervision has to be undertaken by practitioners who have undertaken training in the provision of supervision and have a sound knowledge of safeguarding issues.

There are occasions when other health professionals may provide informal supervision to colleagues, which will not sit within the formal boundaries of this policy.

9. Responsibilities

Designated and named professionals

The designated professionals will provide or ensure the named professionals across the health community receive child protection supervision by a qualified professional skilled in supervision.

The named nurses in provider organisations will provide supervision to the local safeguarding children practitioners (e.g. health visitors, school health nurses and midwives or any other health professional that has safeguarding concerns about a child / family they are working with). The provider's supervision policy should be in keeping with the principles and practice outlined in this policy.

The named midwife will provide safeguarding supervision to the midwifery team leaders. The provider's supervision policy should be in keeping with the principles and practice outlined in this policy.

The designated and named professionals providing supervision:

- Will have completed training related to the subject and gained the experience to provide expert advice on issues to be discussed within supervision sessions.
- Are expected to access training, which is offered to update and develop their skills in this area.
- Should ensure adequate systems of support and supervision are in place to discuss and deal with child protection/safeguarding issues.
- Should support the implementation of safeguarding children supervision.
- Must ensure any issues brought to their attention from safeguarding children supervision are dealt with promptly and appropriately.

- Should ensure that within the personal development plan process the supervisory training and education needs of the supervisors are fulfilled.

Safeguarding children supervision within the health organisations does not remove the responsibility from line managers to provide managerial / clinical supervision and support to any member of staff.

Supervisors and local safeguarding children's practitioners (LSCP)

To complete:

- 'In house' child protection training levels one and two;.
- Multi-agency training level three which is commissioned / provided by the Safeguarding Children Partnership.
- External training in child protection supervision.
- Further training, which is offered to update their current skills and development.

Any professional receiving supervision from a named professional should have direct access to the designated and / or named nurses should there be any issue / concerns regarding the quality of the guidance offered by the supervisor.

10. Accountability of practitioners

> "Every health care practitioner remains accountable for his/her own practice. Managers, supervisors and healthcare practitioners have a duty to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children (section 11, Children Act 2004)".

It is therefore essential that all aspects of work identified within supervision, which relate to the client, professional or the organisation's safety must be shared appropriately with the named nurse for child protection and the health practitioner's team leader / line manager. Disclosures of professional abuse allegations must be managed by the local authority designated officer in keeping with NHS Kernow's policy 'Managing safeguarding children allegations against health and ancillary staff' (2018)

The designated nurses and named nurses for child protection / looked after children will be accountable for the advice they give and action they take. All professionals will be responsible for ensuring that their practice reflects the local and nationally agreed policies, standards and guidelines. The designated professionals provide child protection advice and supervision for health staff at all levels within organisations across

the health community that deliver health services (or ensure that such advice / supervision is delivered by the provider e.g. Cornwall Partnership NHS Foundation Trust (CFT) / Royal Cornwall Hospitals NHS Trust (RCHT).

The supervisor and supervisee should sign a contractual agreement when establishing a supervision relationship.

The supervisee is responsible for contacting the supervisor to arrange any unplanned or missed sessions.

Key function of the supervisor

1. To provide child protection supervision to relevant healthcare practitioners.
2. To ensure staff are aware of the need for supervision to take place.
3. To facilitate group or individual supervision sessions
4. To provide information about the philosophy, aim and structure of supervision.
5. To establish boundaries both inter and multi-agency for service and resource provision.
6. To ensure tasks are consistent with role, status and organisational responsibilities.
7. To be responsible for managing their time effectively in conjunction with existing workloads to facilitate safeguarding children supervision.
8. To keep their practice up to date.
9. To give constructive feedback on a supervisee's clinical practice.
10. To challenge practice if they consider the information being shared to be unsafe or incompetent, and refer to the supervisee's line manager as necessary.
11. To meet with the supervisee individually to discuss their supervisory relationship, review their written contract and amend if necessary before resigning
12. To access their own safeguarding children supervision in order to be a credible role model for supervision, and given the stressful nature of the work the CCG must ensure this supervision and support is provided.

Role of the supervisor

The supervisor will:

1. Review any current supervision paper work and electronic records and assess the case, review and evaluate any previous action plan / service level offer and agree a new care plan with the supervisee.
2. Review any new cases presented by the supervisee, discuss and analyse the current situation and agree on an action plan.
3. Provide an opportunity for discussion of children and families who may give cause for concern.

4. Ensure all documentation is dated and signed by the supervisor and supervisee and filed with the child's health records / child protection record. The supervision records will detail the process of assessment, analysis of risk, action planning and review.
5. Ensure records are kept in line with child protection and the current Nursing and Midwifery Council (NMC) code for record keeping.
6. Provide mutual respect and confidentiality which is central to this process.
7. Offer reflective time. Ensure privacy and uninterrupted sessions.
8. Alert concerns about professional practice with the supervisee's line manager, this will always take place after consultation with the supervisee.
9. Keep a register of attendance for supervision.
10. Agree and manage the length of a supervision session (maximum two hours).

Key function of supervisee

Supervisees have a responsibility to:

1. Participate fully in safeguarding children supervision sessions and demonstrate willingness to explore new ideas and practices.
2. Be open to and respond to constructive feedback.
3. Provide constructive feedback as part of the shared learning process.
4. Share the content of safeguarding children supervision sessions with their line manager in relation to casework action plans.

Role of supervisee

The supervisee will:

1. Come prepared for each supervision session, with all appropriate documentation / electronic supervision record completed.
2. Following discussion the supervisee will add decisions made as appropriate.
3. Bring all relevant health / child protection records / have access to the electronic record / ensure adequate connection for computer access and participate in record keeping audit and analysis of workload.
4. Keep mutual respect and confidentiality.
5. Discuss with the supervisor their needs relating to group and individual supervision. This may change over a period of time.
6. Be responsible for managing their time effectively in conjunction with workload in order to attend safeguarding children supervision sessions.
7. Have the responsibility of ensuring that they attend the supervision sessions and should advise the supervisor of the reason when they cannot do so.
8. Be responsible for maintaining, storing and securing the master copy (only copy) of the supervision record.

11. Structure of supervision process

Conduct of sessions

A written agreement / contract will be made between the supervisee and supervisor, which will establish the basis for the sessions. This includes agreement about confidentiality, prioritisation and the preparation required. A sample contract agreement is in appendix one and a supervision recording form is in appendix two.

Individual / group supervision

Safeguarding children supervision will be delivered on an individual and group basis to the named nurses / midwife safeguarding children. Whilst the focus of individual supervision will be confidential about specific named children / families group supervision will focus on more generalised / anonymous matters of concern / interest to attendees. Group supervision will provide an opportunity for reflective training / learning

Frequency and duration

Individual supervision will be arranged to take place every three months and group supervision will take place every six months. All supervision sessions will be agreed between the supervisor and supervisees and the duration of each session should be no longer than two hours – this time must be 'protected' to avoid interruption / disruption; however there will be flexibility to reflect each individual practitioner's need and the perceived "heaviness" of the child protection cases to be discussed. The supervisee is responsible for contacting the supervisor to arrange any unplanned or missed sessions.

12. Criteria for cases that should be discussed at child protection supervision

Professionals should use the Framework for Assessment of Children in Need within the CIOS Safeguarding Children Partnership Interagency threshold / continuum of need guidance (2011), which suggests primary factors to consider when identifying cases that a professional should submit to the supervision process.

The following should also be considered for inclusion in the supervision process:

- Cases involved in legal processes.
- Possible / actual case of fabricated or induced illness (FII).
- Possible / actual case of Female Genital Mutilation (FGM).

- Complex cases e.g. CSE / organised abuse / trafficked children .
- Serious neglect.
- Current cases where there has been a previous child death.
- Serious incident child protection concerns.
- Possible / actual SCR cases.

Recording

It is the responsibility of the supervisor to read, review and sign the supervision record in line with National Service Framework (NSF) Core Standard Five Safeguarding and promoting the welfare of children and Young People (2004) which states:

> "It is the responsibility of the supervisee to keep clear, accurate and contemporaneous records. These records must be kept in accordance with policies on confidentiality and record keeping found within protocols and guidelines".

Professional staff should be mindful of their professional organisation's policy on record keeping.

When a case is included in the supervision process within a provider organisation and a record has been commenced it is important that practitioners write in the clients' individual records that supervision has taken place and the commencement date. The electronic record will capture the authors name when verifying their entries onto the case notes. There is no need to describe the contents of the supervision session in the client's records.

Annually as part of the written contract (minimum) the supervisor with the supervisee will review the supervision record for quality assurance purposes. This should not be part of any audit process

Notification of a new case requiring supervision

The supervisee should complete necessary paperwork or electronic record. This provides evidence of engagement in supervision process, family details, level of concern and action to date.

Updating and communication

Supervisees will be required to attend their supervision session with a pre-prepared update for the supervisor using the appropriate paperwork / electronic recording progress against the action plan at every supervision session

Communication of attendance at meetings / changes in circumstances / change in the level of concern about children between planned supervision sessions may be done in any of the following ways:

- By telephone.
- By use of the supervision paperwork.
- By face to face contact between the supervisee and supervisor.

If the circumstance arise where the supervisee suggests they do not have any families for discussion at a planned supervision session, two cases will be selected by the supervisor from the supervisee's caseload for reflection using the framework of assessment factors to identify families.

The supervisor will collate aggregated information from supervision sessions about the types of issue discussed and ongoing concerns of supervisees / practitioners. This information will be fed into the training needs analysis for practitioners.

If records are transfer in or out of county the supervision records will not be included but there will be evidence in the child's record that supervision has been undertaken Start and finish dates (see transfer of record policy in health visiting and midwifery guidelines and midwifery guidelines on transfer of supervision records to health visiting).

The designated and named nurses safeguarding children will observe at least one supervision session undertaken by the locality safeguarding children practitioners at least once a year, to monitor the standards of the supervision provided.

13. Outcomes of child protection supervision

- Clarity about issues presented by the case.
- Clarity about the child(s) health needs.
- Clarity about the parent(s)/carer(s) health needs.
- An agreed written action plan for the health professional's ongoing work with the child, family and relevant other agencies
- Information regarding professional training needs.
- A professional who feels supported and has had good practice confirmed.

14. Clinical quality and governance

- The supervisor will review supervision records of the supervisee minimum annually.
- Compliance with this policy will be monitored by the safeguarding team as part of a rolling programme of audit.
- The designated nurse will ensure that any issues, which arise and are relevant to the practice of the supervisor, will be discussed with the supervisors and then forwarded to the line manager.

15. References

- Analysing child deaths and serious injury through abuse and neglect: What can we learn? A biennial analysis of serious case reviews 2003-2005 M Brandon, Pippa Belderson (DSCF)
- Children Act (2004): DOH Stationary Office
- Department of Health (2004): Children's National Service Framework London DOH
- Department of Health (2004): National Service Framework for children, young people and maternity services London DOH
- Department of Health (2004): Standards for Better Health
- Department of Health (2003) CM 5730: The Victoria Climbié Inquiry, Report of an inquiry by Lord Laming. The Stationary Office, London.
- HM Government (2013 and 2015): Working Together to Safeguard Children, HM Government
- Munro Review of Child protection Final report - A Child Centred System May 2011
- Nursing Midwifery Council (2006)
- Richards, M. Payne, C (1990): Staff supervision in child protection work National Institute for Social Workers
- The Protection of Children in England: A Progress Report" on 12 March (2009) Lord Laming
- United Nations Convention on Rights of the child (1989)
- Victoria Climbie Inquiry (2003) - available from: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008654
- Framework for the Assessment of Children in Need and their Families (2010):
- CIOSOSCP Child Protection Procedures

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Appendix 1: Contract / agreement for safeguarding clinical supervision

Between supervisor (name):	
And supervisee (name):	

Planning / frequency and duration:

Individual supervision will be pre-planned and undertaken as a minimum every three months with all named nurses / midwives safeguarding children.

In addition to these pre-planned sessions group supervision will also be arranged and take place every six months. It is envisaged that the duration of Individual or group sessions will be up to two hours; however this can be negotiated, in advance, according to need.

Recording:

The sessions will be held at a venue that ensures there is 'protected time'. The agenda will be discussed and agreed between the supervisor and supervisees. Individual supervision will be recorded on the 'safeguarding supervision record of discussion' form (Appendix two) and group supervision will be recorded by way of minutes or a brief written record of the session which will be circulated prior to each meeting.

Ground rules for supervision:

- Confidentiality.
- Respect for all and what is being discussed.
- Non-judgemental.
- Active listening.
- Being open and honest to constructive comments / feedback.
- Ensure that 'protected' time is protected.
- Arrive and leave on time.

The purpose of the session is to:

- Ensure that practice is soundly based and consistent with the Safeguarding Children Partnership's and organisational procedures.

- Ensure that the supervisees fully understand their roles, responsibilities and the scope of their professional discretion and authority.
- Ensure that the supervisee is supported and able to reflect on practice.
- Ensure regular and constructive feedback of performance and practice.
- Identify further training and development needs / skills to provide an effective service (Working together to Safeguard Children 2013).
- Review the supervision contract agreement and make any necessary changes including feedback from practitioner on progress of supervision.

Complete the boxes below as discussed and agreed:

Arrangements agreed for individual supervision session:			
Making supervision work, what each agrees to contribute:			
What I want from you as my supervisor:			
What I will contribute as the supervisee to make this work:			
What I want from you as a supervisee:			
What I will contribute as a supervisor to make this work:			
What we will do if there are difficulties working together			
Permissions that we have agreed e.g. the supervisor does not always have an answer; permissible for the practitioner to say they are stuck.			
Additional information:			
Confidentiality and accountability			
Both supervisor and supervisee are responsible for observing the principles laid out in the NMC Code of Conduct. All discussions during the session will be confidential. Exceptions to this will be unsafe, unethical or illegal practice			
Signature of supervisee:		**Date:**	
Signature of supervisor		**Date:**	
This agreement will be reviewed in six months.		**Date:**	

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Appendix 2: Safeguarding supervision record of discussion

This is a record of a meeting / telephone discussion between the above (delete which doesn't apply).

Date / time of discussion / meeting:			
Supervisor (name):			
Supervisee(name):			
Details of child(s) / family / issue(s) to be discussed:			
Reason(s) for concern:			
SMART action agreed (specific - measurable - achievable - realistic - timely):			
I confirm that the above is a correct record of our meeting / discussion.			
Signature of supervisor:		**Date:**	
Signature of supervisee:		**Date:**	

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Appendix 3: Equality Impact Assessment

Name of policy to be assessed	Child protection supervision policy		
Section	Safeguarding	**Date of assessment**	09/04/2018
Officer responsible for the assessment	Charlie Whelan	**Is this a new or existing policy?**	Existing
1. Describe the aims, objectives and purpose of the policy.			
To ensure that NHS Kernow staff comply with national and local guidance on safeguarding children and young people			
2. Are there any associated objectives of the policy? Please explain.			
• Staff to be able to identify abuse or neglect • Staff to know where to access advice and support • Staff to know how to raise a safeguarding alert for children and young people • Staff are provided with safe, effective and timely supervision			
3. Who is intended to benefit from this policy, and in what way?			
All children and young people being provided with services by CCG staff / contractors			
4. What outcomes are wanted from this policy?			
All NHS Kernow staff to be aware of the requirements of safeguarding supervision in order to be supported in working in the stressful area of child protection.			
5. What factors/ forces could contribute/ detract from the outcomes?			
Not having access to the policy or being provided with training about it. And relevant staff not being provided with supervision			
6. Who are the main stakeholders in relation to the policy?			

NHS Kernow and named safeguarding children nurses in RCHT and CFT
7. Who implements the policy, and who is responsible for the policy?
NHS Kernow via Head of Nursing in the role of Safeguarding Team Manager
8. What is the impact on people from Black and Minority Ethnic Groups (BME) (positive or negative)?
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)
How will any negative impact be mitigated?
N/A
9. What is the differential impact for male or female people (positive or negative)?
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
How will any negative impact be mitigated?
N/A
10. What is the differential impact on disabled people (positive or negative)?
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)
How will any negative impact be mitigated?
N/A
11. What is the differential impact on sexual orientation?
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)
How will any negative impact be mitigated?
N/A
12. What is the differential impact on people of different ages (positive or negative)?
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)
How will any negative impact be mitigated?
N/A
13. What differential impact will there be due religion or belief (positive or negative)?
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)

How will any negative impact be mitigated?
N/A
14. What is the impact on marriage of civil partnership (positive or negative)? NB: this is particularly relevant for employment policies
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
How will any negative be mitigated?
N/A
15. What is the differential impact who have gone through or are going through gender reassignment, or who identify as transgender?
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
How will any negative impact be mitigated?
N/A
16. What is the differential impact on people who are pregnant or breast feeding mothers, or those on maternity leave?
This characteristic alllies 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
How will any negative impact be mitigated?
N/A
17. Other identified groups:
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
How will any negative impact be mitigated?
N/A
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. • **Fairness;** • **Respect;** • **Equality;** • **Dignity;** • **Autonomy**
The Core Human Rights are protected by this policy as it relates to protecting all children from abuse
19. Which of the Human Rights Articles does this document impact?

The right:	**Yes / No:**
• To life	No
• Not to be tortured or treated in an inhuman or degrading way	No
• To liberty and security	No
• To a fair trial	No

• To respect for home and family life, and correspondence	No
• To freedom of thought, conscience and religion	No
• To freedom of expression	No
• To freedom of assembly and association	No
• To marry and found a family	No
• Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention	No
• To peaceful enjoyment of possessions	No
a) What existing evidence (either presumed or otherwise) do you have for this?	
Safeguarding policies and procedures contain references to child care legislation / human rights to ensure fairness / equality for all.	
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?	
They will be required to read and understand the policy and be aware of paragraph A above	
21. Describe how the policy contributes towards eliminating discrimination, harassment and victimisation.	
It ensures that all children are protected from abuse regardless of their background details as described above.	
22. Describe how the policy contributes towards advancing equality of opportunity.	
N/A	
23. Describe how the policy contributes towards promoting good relations between people with protected characteristics.	
N/A	
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.	
N/A	
25. Explain what amendments have been made to the policy or mitigating actions have been taken, and when they	

were made.
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.