Bristol, North Somerset and South Gloucestershire CCG Safeguarding Policy



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| ***Please complete the table below:***  *To be added by corporate team once policy approved and before placing on website* | |
| **Policy ref no:** | To be completed by Corporate Services |
| **Responsible Executive Director:** |  |
| **Author and Job Title:** |  |
| **Date Approved:** | To be completed by Corporate Services |
| **Approved by:** | To be filled in by Corporate Services |
| **Date of next review:** |  |

**Policy Review Checklist**

|  | **Yes/ No/NA** | **Supporting information** |
| --- | --- | --- |
| Has an Equality Impact Assessment Screening been completed? | Yes | This is supported as an appendix to this policy |
| Has the review taken account of latest Guidance/Legislation? | Yes | There are a number of pieces of legislation and guidance documents that underpin the principles of safeguarding and these are listed on page 25/26. References are also made throughout the document to key pieces. |
| Has legal advice been sought? | N/A | This is not required as it is mandatory for for every NHS organisation to have a safeguarding policy. |
| Has HR been consulted? | Yes | HR has reviewed this policy and is supportive. |
| Have training issues been addressed? | Yes | Safeguarding training has been addressed on Page 19 and outlines organisational requirements for staff to be trained. |
| Are there other HR related issues that need to be considered? | Yes | A regional procedure in place to manage any allegation of abuse to children and/or adults by a person in a position of Trust. This is addressed in a separate policy. |
| Has the policy been reviewed by Staff Partnership Forum? | N/A |  |
| Are there financial issues and have they been addressed? | N/A |  |
| What engagement has there been with patients/members of the public in preparing this policy? | N/A |  |
| Are there linked policies and procedures? | Yes | There are separate Domestic Abuse and Prevent Policies |
| Has the lead Executive Director approved the policy? | Yes | This has been approved by our Executive Lead for Safeguarding |
| Which Committees have assured the policy? | Safeguarding Governance Committee, Corporate Policy Review Group, Quality Committee |  |
| Has an implementation plan been provided? | Yes | This is an updated Safeguarding Policy. See attached Implementation Plan to raise awareness for 2021-22- Appendix 2. |
| How will the policy be shared with |  | This policy will be available via the BNSSG staff intranet and website. The updated policy will also be launched at HWGNFY and through the Voice Newsletter. |
| Will an audit trail demonstrating receipt of policy by staff be required; how will this be done? | No | This is not required. All staff can access this policy via the Hub. |
| Has a DPIA been considered in regards to this policy? | Yes | This was discussed at the Corporate Policy Review Group and a separate impact assessment was not necessary at this time providing implications were clear (see below). |
| Have Data Protection implications have been considered? | Yes | Schedule 3, Parts 1 and 5 of the Data Protection Act.  Supports that in cases where safeguarding concerns relate to children and adults  at risk, organisations are not obliged to  give access to information, respond to a request to delete information or inform individuals that their data is being processed if it is deemed that to do so could cause harm or  prevent a safeguarding referral.  **•** Organisations should make reference to the Data  Protection Act 2018 exemptions and the  exemptions that are available in Article 23  and Chapter IX of the GDPR in their safeguarding procedures. |

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| --- | --- | --- |
| **Version Control *please remove this box once approved and finalised*** | | |
| **Version** | **Date** | **Consultation** |
| BNSSG CCG Safeguarding Policy Feb 2020 | 28th Feb 2020 | Consulted and signed off by all relevant boards and published on Hub |
| Version 1 revision | 8th April 2021 | Revisions discussed by Safeguarding team |
| Version 2 revision | 20th April 2021 | Revisions made following feedback from other CCG colleagues |
| Version 3 revision | 1st June 2021 | Revisions discussed at Safeguarding Governance Group |
| Version 4 revision | 17th June 2021 | Revisions made following Safeguarding Governance Group |
| Version 5 | 22nd June 2021 | Further revisions made following feedback ahead of CPRG |
| Version 6 | 9th August 2021 | Final amendments made following CPRG and revised EIA for Quality Committee approval on 19th August 2021. |

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Bristol, North Somerset and South Gloucestershire CCG Safeguarding Policy

# 2. Introduction

This policy outlines how Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (the CCG) will deliver its statutory duty to safeguard and promote the welfare of its population. It promotes structures, systems and standards that reflect policy and support the three safeguarding partnerships for children and adults arrangements across BNSSG.

This policy will be amended to reflect changes to legislation and the development of the Integrated Care System as appropriate to maintain assurance on the delivery safeguarding arrangements. This will be led by Director of Nursing and Quality and closely supported by Head of Safeguarding (all age).Safeguarding Partners are responsible for maintaining their respective organisational policies and procedures.

## BNSSG CCG Values

This policy has been written with due regard to the CCG’s values combined with safeguarding arrangements to uphold a strong ethos of partnership working. It aims to promote safety and optimal outcomes for our children, young people and adults within the community.

# 3. Purpose and scope

The CCG is accountable for delivering the statutory functions for safeguarding children under section 11 of the Children Act 2004 and the statutory functions for safeguarding adults under Chapter 14 of the Care Act 2014. The CCG recognises that ‘Safeguarding Is Everybody’s Business’ and is responsible for ensuring that safeguarding principles are embedded across the workforce and within all worksteams the CCG has responsibility for. All staff have a role in raising awareness of safeguarding concerns and connecting with the Safeguarding team for advice when required.

This policy sets out the principles of safeguarding children, young people and adults which applies to all staff employed, seconded, volunteering or contracted to work for the CCG. The safeguarding of children and adults is integral to commissioning, quality assurance, clinical governance, performance management and finance audit arrangements. This policy will be implemented by the members of the Safeguarding Governance Group with oversight and monitoring undertaken by the Quality Committee reporting into the Governing Body.

This safeguarding policy addresses the increased risk of harm and abuse to people with protected characteristics. It also promotes equality of opportunity between people who share a protected characteristic and those who do not. It is expected that everyone who implements this safeguarding policy will pay due regard to the Public Sector Equality Duty.[[1]](#footnote-1)

# 4. Duties – legal framework for this policy

Safeguarding is central to the quality of care (NHS Outcomes Framework 2015/16) particularly:

* Domain 4: Ensuring people have a positive experience of care.
* Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.

Safeguarding is also underpinned by the Human Rights Act 1998. The CCG has a

responsibility to uphold these rights and protect patients who are unable to do this

for themselves. Other legislation particularly relevant to safeguarding includes the:

* Mental Health Act (2007)
* Human Rights Act (1998)
* The Adoption and Children’s Act (2002)
* The Victoria Climbie Inquiry (DH 2003)
* Female Genital Mutilation Act (2003)
* The Sexual Offences Act (2003)
* The Children Acts 1989 and 2004
* Bichard Inquiry Report (HMSO 2004)
* Mental Capacity Act (2005)
* NHS Act (2006)
* Public Law Outline (2008)
* The Government’s response to Lord Laming (2009)
* The Protection of Children in England: A Progress Report (2009)
* Equality Act (2010)
* Protecting children and young people: the responsibility of all doctors – GMC (2012)
* Disclosure and Barring Service (2012)
* Health and Social Care Act (2012)
* The Care Act (2014)
* Deprivation of Liberty Safeguards Supreme Court Ruling (2009 and 2014)
* Safeguarding Children and Young People: Roles and Competences for Healthcare Staff Intercollegiate Document, Third Edition (2019)
* Safeguarding Adults: Roles and Competences for Healthcare Staff Document (2018)
* Looked after Children: roles and competencies of healthcare staff (2020)
* Serious Crime Act (2015)
* Modern Slavery Act (2015)
* Counter Terrorism and Security Act (2015)
* Safeguarding Children, Young people and Adults at risk NHS: Safeguarding and Accountability and Assurance framework. (NHS England and NHS Improvement 2019)
* Domestic Violence, Crime and Victims Act (2004)
* Domestic Abuse Act (2021)

This is not an exhaustive list of all safeguarding legislation, policies and procedures but directs staff to the key publications they may wish to reference in their work. Links for all these documents can be found on page 25.

# 5. Responsibilities and Accountabilities

Safeguarding Children, Young People and Adults at risk NHS: Safeguarding and Accountability and Assurance framework. (NHS England and NHS Improvement 2019) sets out clearly the roles, duties and responsibilities of all organisations.

Working Together to Safeguard Children (2020) set out the responsibilities of all organisations with regard to safeguarding children and provides statutory guidance for all health organisations.

The CCG is monitored in fulfilling its safeguarding functions by NHS England and NHS Improvement, The Care Quality Commission (CQC), NHS Litigation Authority and the Bristol, North Somerset and South Gloucestershire children safeguarding arrangements and Local Safeguarding Adult Boards (LSABs). The respective Safeguarding arrangements and boards within BNSSG deliver key statutory mechanisms. Each local area will co-operate to safeguard and promote the welfare of children, young people and adults at risk in that locality. The CCG is a core statutory partner of safeguarding arrangements for children and LSABs. The Director of Nursing and Quality is the executive safeguarding lead and the CCG safeguarding team contribute to the work of the partnership arrangements boards and subgroups.

The CCG has a clear line of accountability within the organisation for work on promoting the welfare of and safeguarding children, young people and adults. Reports are submitted to the CCG Governing Body quarterly to provide assurance against its statutory duties and this is monitored by the Quality Committee. A Safeguarding annual report is also written each year to capture what has been delivered in line with the CCG’s statutory duties. This is also submitted to the Quality Committee and Governing Body each year.

The CCG’s duty to safeguard and promote the welfare of children, young people and adults is discharged through:

* Ensuring that there is a commitment throughout the CCG to safeguard children, young people and adults with clear lines of accountability and organisational structures.
* Ensuring that the CCG contributes to multi-agency strategic developments to safeguard and promote the welfare of children, young people and adults by membership of and making a reasonable financial and resource contribution to the work carried out by all of the Safeguarding Arrangements, LSABs and any future arrangements within BNSSG.
* All CCG contracts should contain the joint Safeguarding Adult, Children and Looked After Children Standards. The service specification must minimise the risk of harm and promote the wellbeing of children, young people and adults at risk by robustly monitoring contracts through the regular quality and performance reviews of providers undertaken by the CCG.
* Addressing any concerns in partnership with the key strategic partners, when appropriate, about children or adults’ welfare arising from care provided by an organisation under a contract with the CCG.
* Supporting a culture within the CCG that promotes and enables commissioners to respond to safeguarding concerns promptly; so that actions and outcomes are addressed and any learning used to improve services.

**Specific Roles in Relation to Safeguarding**

**Chief Executive**

The Chief Executive of the CCG has definitive accountability for ensuring that the health contribution to safeguarding children, young people and adults is discharged effectively through CCG commissioning arrangements to ensure that the CCG works with the BNSSG Safeguarding Arrangements, LSABs and services that the CCG commissions.

**Non-Executive Lead**

The non-executive Board Lead for safeguarding provides scrutiny on the safeguarding performance of the organisations and to ensure these are reflected in the services commissioned by the CCG.

**Governing Body**

The Governing Body will hold the Executive Lead for Safeguarding, who is the Director of Nursing and Quality, to account on how as an organisation the CCG is ensuring that children, young people and adults who are at risk of harm and abuse receive high quality care which is evidence based and personalised to the individual. This will be achieved through the effective commissioning of health services where safeguarding is seen as a priority.

**Quality Committee**

The Quality Committee will provide scrutiny to the delivery of the CCG Safeguarding Team’s work programme through quarterly reports and seek assurance on how the CCG’s statutory duties for safeguarding are being fulfilled. The quarterly reports will also include safeguarding training compliance for the organisation and key health providers commissioned in the BNSSG system.

**Director of Nursing and Quality**

The Director of Nursing and Quality is the Executive Director holding Governing Body level responsibility for safeguarding children and adults. Their role is to oversee safeguarding and governance systems including the leadership of any changes. Their role is also to contribute and be an equal partner in the delivery of the Safeguarding Arrangements for children following the amendments to this Statutory Guidance in 2018.

**Head of Safeguarding (All Age)**

The Head of Safeguarding (All Age) provides leadership and support across the broad safeguarding agenda encompassing children, Looked after Children (LAC), adults, domestic abuse and Prevent. This post holder will also have oversight of the CCG Safeguarding training compliance for the organisation.

**Head of Safeguarding Adults, Head of Safeguarding Children and Designated Nurse for Looked After Children and Care Leavers (Designated Nurses)**

The Heads of Safeguarding/ designated professionals provide expert clinical, strategic leadership to Executive leads, CCG Governing Body members, senior managers, commissioners and staff within the CCG to ensure that safeguarding standards are upheld and monitored across all health care providers across BNSSG.

**Designated and Named Professionals**

**Designated Professionals**

The CCG will ensure the appointment of designated professionals for safeguarding and looked after children as reflected in the statutory guidance Working Together to Safeguard Children 2018 and the statutory guidance: Promoting the health and wellbeing of looked after children 2015.  Safeguarding roles and responsibilities of designated professionals are clearly identified within job descriptions. There is a requirement for post holders to possess competencies at Level 3, 4 and 5 in the Safeguarding Children and Young People: Roles and Competences for Health Care Staff (RCPCH 2014).

**Named G.P’s for Safeguarding Children**

Working Together to Safeguard Children 2018 states that the CCG Clinical Commissioning Groups should employ a Named GP to advise and support GP safeguarding practice leads. The CCG will actively ensure that a Named GP is employed to support the training of staff in Primary Care, and share the lessons learnt from statutory safeguarding reviews. Although the statutory guidance only references Named GPs for Safeguarding Children, the CCG will also identify and employ a Named GP for Safeguarding Adults.

**CCG Prevent Lead**

The CCG Prevent Lead is responsible for ensuring that best practice around Prevent is promoted, implemented and monitored both within the CCG and within commissioned provider services. The Prevent Lead will ensure that Safeguarding and Prevent Leads work within the local health and social care economies to influence local thinking and practice by working with partner agencies to provide joint strategic leadership on the Prevent agenda.

The Prevent Lead is also be responsible for ensuring that provider contracts specify compliance with the Prevent Strategy and that commissioned services are supported and contract monitored for training compliance.

**The Designated Officer for Managing Allegations**

The CCG has responsibility for managing cases where allegations are made about members of staff, professionals or volunteers of a commissioned service indicating that children, young people or adults at risk are believed to have suffered, or are likely to suffer, significant harm. Concern may also be raised if the staff member or professional is behaving in a way which demonstrates unsuitability for working with children, young people or adults at risk, in their present position, or in any capacity.

The allegation or issue may arise either in the employee’s/ professional’s work or private life. The Designated Officer for the CCG for managing allegations is the HR Business Partner supported by the Head of Safeguarding (all age). If the concern is about the Designated Officer then it should be directed to the Heads of Safeguarding.

If the allegation relates to a child it is the role of the Designated Officer to inform the Local Authority Designated Officer or team of Designated Officers (LADO) within one working day of the allegation being made.

If the allegation is against a GP it should be directed to NHS England and NHS Improvement who may seek the support of the Named GP**.**

BNSSG CCG is committed to promoting a culture where employees are able to raise concerns about safeguarding issues and will be supported in doing so. This information is held on the internal intranet for staff and on the BNSSG CCG website.

**Continuing Health Care** **and Children Continuing Care – responsibilities for managing safeguarding**

**Continuing Health Care**

Continuing Health Care is responsible for ensuring the provision of relevant and timely information for a Section 42 enquiry where there are concerns about an adult; and will ensure that the CHC Quality and Contract team implement a section 42 referral.

**Children Continuing Care**

Children continuing care are responsible for ensuring the provision of relevant and timely information for section 47 enquiry when required.

# 6. What Does Safeguarding Mean?

**Safeguarding Children**

Safeguarding Children places the Clinical Commissioning Group under a statutory duty to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children. We have a duty to co-operate with our partners under section 11 of the Children’s Act (2004). Working Together to Safeguard Children, 2015 defines safeguarding and promoting the welfare of children as:

* protecting children from maltreatment;
* preventing impairment of children's health or development;
* ensuring that children grow up in circumstances consistent with the

Provision of safe and effective care; and

* Taking action to enable all children to have the best outcomes.

**Key Principles**

Effective safeguarding arrangements in every local area should be underpinned by

three key principles:

* Safeguarding is everyone’s responsibility: for services to be effective each

Professional and organisation should play their full part.

* A child-centred approach: for services to be effective they should be based

on a clear understanding of the needs and views of children.

* Think Family agenda

There are five main categories of abuse for safeguarding children;

**Physical** - A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

**Emotional** – Emotional abuse is the persistent emotional maltreatment of a child. It is also, sometimes called psychological abuse and it can have severe and persistent adverse effects on a child’s emotional development

**Sexual** - Sexual abuse is any sexual activity with a child. You should be aware that many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. Sexual abuse can have a long-term impact on mental health

**Neglect–** Neglect is a pattern of failing to provide for a child’s basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter. It is likely to result in the serious impairment of a child’s health or development

**Looked After Children (LAC)**

The Government’s Mandate to NHS England and NHS Improvement includes an explicit expectation that the NHS, working together with schools and children’s social services, will support and safeguard looked-after children (and other vulnerable groups) through a more joined-up approach to addressing their mental and physical health needs.

**Adult Safeguarding**

Adult safeguarding is defined as protecting an adult’s right to live in safety, free from abuse and neglect. Adult safeguarding is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time ensuring the adult’s wellbeing is promoted including having regard to their views, wishes, feelings and beliefs in deciding on any action. Professionals and other staff should not advocate ‘safety’ measures that do not take account of individual wellbeing.

The Care Act 2014 advises that the first priority in safeguarding should always be the safety and well-being of the adult – Making Safeguarding Personal. Making Safeguarding Personal is a person-centred approach which encourages adults to make their own decisions and be provided with support and information that empowers them to do so.

**Safeguarding Principles (Adults)**

The government has agreed safeguarding principlesthat underpin the work of adult

safeguarding. These are:

* **Empowerment** – people being supported and encouraged to make their own decisions and informed consent
* **Prevention** – it’s better to take action before harm occurs
* **Proportionality –** the least intrusive response appropriate the risk presented
* **Protection** - support and representation for those in greatest need
* **Partnership** - local solutions through services working with their communities who have a part to play in preventing, detecting and reporting neglect and abuse
* **Accountability** – Accountability and transparency in delivering safeguarding

**The aims of adult safeguarding are to:**

* Stop abuse or neglect wherever possible;
* Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
* Safeguard adults in a way that supports them in making choices and having control about how they want to live;
* Promote an approach that concentrates on improving life for the adults concerned;
* Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
* Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult;
* Address what has caused the abuse.

## Adult Safeguarding Duties

The Safeguarding adult duty applies to an adult who:

* has need for care and support (whether or not the Local Authority is meeting any of those needs) and;
* is experiencing, or at risk of, abuse or neglect;

and as a result of those care and support needs is unable to protect themselves from either the risk of, OR experience of abuse or neglect.

**Patterns of Abuse -Adults**

The Care Act’s statutory guidance lists 10 types of patterns of abuse and neglect but states that local authorities should not limit their view of what constitutes abuse or neglect to those types, or the different circumstances in which they can take place. The types of abuse are:

* Physical abuse
* Domestic abuse
* Sexual abuse
* Psychological / emotional abuse
* Financial or material abuse
* Modern slavery
* Discriminatory abuse
* Organisational or institutional abuse
* Neglect and acts of omission
* Self-neglect

## Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act 2005 (MCA) provides a statutory framework to empowered and protect anyone aged 16 or over who is unable to make their own decisions. It is essential that all CCG staff work in accordance with the MCA and in conjunction with the Mental Capacity and DoLS Policy.

There are **five key principles** which underpin the Mental Capacity Act. These are:

**A presumption of capacity:** Every adult (aged over 16) has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise in respect of each specific decision.

**Individuals must be supported to make their own decisions**: A person must be given all practicable help before any anyone treats them as not being able to make their own decisions.

**Unwise decisions**: An individual may make decisions that are considered unwise by others. This does not mean they lack capacity to make these decisions.

**Best interests**: An act done or decision made under the Act for or on behalf of a person who lacks capacity must be done in that person’s best interests.

**Less restrictive option**: Carefully consider actions to ensure the least restrictive option is taken.

**Wilful Neglect**

The MCA 2005 created the criminal offences of ill-treatment and wilful neglect in respect of people who lack the ability to make decisions. The offences can be committed by anyone responsible for that person’s care and support, e.g. paid staff; family carers; people who have the legal authority to act on that person’s behalf i.e. persons with power of attorney or court-appointed deputies.

## Domestic Abuse

The cross-Government definition of domestic abuse is:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can include but is not limited to the following types of abuse:

* **psychological**
* **physical**
* **sexual**
* **financial**
* **emotional**

Arranged or forced marriage is a form of domestic abuse practiced in certain ethnic communities. Honour violence and killings are also included. For a comprehensive definition of domestic abuse please view the link below:

<https://www.gov.uk/guidance/domestic-violence-and-abuse>

Domestic Abuse affects significant numbers of children and young people and their families with the potential to cause immediate and long-term harm. The CCG will ensure that commissioned services have policies and processes in place to identify and mitigate the risk of harm from domestic abuse on adults at risk, children and young people.

If staff disclose that they are experiencing domestic abuse, coercive control or there is a concern about this please refer to the BNSSG Domestic Abuse Policy.

The Domestic Abuse Act 2021 received Royal Assent in April 2021. It aims to improve the effectiveness of the justice system to providing protection for victims of domestic abuse and bringing perpetrators to justice. Increasing awareness of the impact of domestic abuse on individuals and families.

## Sexual Exploitation and Child Sexual Exploitation (CSE)

**Sexual Exploitation (adults)**

The sexual exploitation of adults with care and support needs involves exploitative situations, contexts and relationships where adults with care and support needs (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing sexual activities, and/or others performing sexual activities on them. Sexual exploitation can occur through the use of technology without the person’s immediate recognition. This can include being persuaded to post sexual images or videos on the internet or a mobile phone with no immediate payment or gain, or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the adult have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources.

**Child sexual exploitation (CSE)**

Child sexual exploitation is a form of sexual abuse where children are sexually  
exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf>

[Stat guidance template (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)

There is also a clear link between children being sexually exploited and children going missing or being trafficked. CSE can affect and be perpetrated by both sexes. Any young person can be targeted, especially vulnerable groups which include: children in the care of the Local Authority, children leaving care and children missing from home, school or care.

**Contextual Safeguarding**

Contextual Safeguarding is an approach to understanding, and responding to, young people’s experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people’s experiences of extra-familial abuse can undermine parent-child relationships.

## Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external female genitalia. It includes any other purposeful injury to the external female genitalia for non-medical reasons.

FGM is an abusive and violent practice against females, both children and adult women. It is an extremely harmful practice leading to significant morbidity both in the short and long term and can cause death. FGM has been illegal in the UK since 1985.

The CCG must ensure that through its commissioning processes, mandatory reporting and recording duty from Department of Health and NHS England of FGM is included in the safeguarding procedures of providers. More information can be found here:

<https://www.gov.uk/government/collections/female-genital-mutilation-fgm-guidance-for-healthcare-staff>

FGM is illegal in England and Wales under the Female Genital Mutilation Act 2003.  
As amended by the Serious Crime Act 2015, the Female Genital Mutilation Act 2003.Section 5B of the 2003 Act introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report ‘known cases of FGM in under 18s which they identify in the course of their professional work to the police.

**FGM IS (Information sharing)**

The FGM-IS is a national IT system that supports the early intervention and ongoing safeguarding of girls, under the age of 18, who have a family history of Female Genital Mutilation (FGM) Contains:

* an indicator that a girl is potentially at risk of FGM
* the date that the FGM safeguarding risk assessment was carried out
* the date that the FGM risk indicator was added on to the system

## PREVENT – Preventing radicalisation to extremism

The Prevent strategy forms part of the UK’s Counter Terrorism and Security Act

(2015). The Government’s revised Prevent strategy was launched in June 2011 with its key objectives being to challenge the ideology that supports terrorism and those who promote it, prevent people from being drawn into terrorism, and work with ‘specified authorities’ where there may be risks of radicalisation.

The aim of Prevent is to stop people from becoming terrorists or supporting terrorism. All staff involved in the care and/or commissioning of healthcare should ensure they are aware of the Prevent Strategy and the referral process. Please refer to CCG prevent policy.

## Modern Slavery

The Modern Slavery Act received Royal Assent in 2015. The Act covers a wide range of activities including domestic servitude, forced labour, sexual exploitation, forced criminality and organ harvesting. There are close links with people trafficking and children may be affected either directly or indirectly.

The CCG and its commissioned services must ensure that all staff are able to recognise a situation where a child or adult may be at risk of or affected by slavery. It should be included in all levels of training with staff confident in their knowledge of how to protect children and adults.

The Modern Slavery Act 2015 introduced changes in UK law, which focus on increasing transparency in supply chains.

Please refer to the BNSSG CCG human trafficking statement on the CCG website.

## Mate Crime

There is no statutory definition of mate crime in UK law. The term is generally understood to refer to the befriending of people, who are perceived by perpetrators to be vulnerable, for the purposes of taking advantage of, exploiting and/or abusing them. This can strongly be associated, but not exclusively, with people with a learning disability, learning difficulties or mental health conditions.

There is a level of complexity around Mate Crime, which is similar to that of domestic abuse because the perpetrator is likely to be perceived as a close friend, a carer or a family member and will use this relationship for exploitation.

If you are concerned that you or someone you know may be the victim of Mate Crime, contact the police on 101 or access support through the Bristol Hate Crime & Discrimination Services <https://www.bhcds.org.uk/>’

# 7. Training requirements

BNSSG CCG is committed to having arrangements in place to ensure effective training for all staff. The CCG expects all staff to be trained in children’s and adults’ safeguarding commensurate with their role and in reference to the Intercollegiate Document (Fourth Edition: January 2020) for children and the Adult Safeguarding: Roles and Competencies for Health Care Staff (First Edition: August 2018). Please refer to intercollegiate documents below

<https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2019/january/007-366.pdf?la=en>

<https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2018/august/pdf-007069.pdf?la=en>

<https://www.rcn.org.uk/professional-development/publications/rcn-looked-after-children-roles-and-competencies-of-healthcare-staff-uk-pub-009486>

Support, supervision and mentorship will be provided for safeguarding leads within the CCG as appropriate and identified through personal development needs.

For safeguarding training CCG staff are directed to the Consult OD learning and

development website. <https://www.consultod.co.uk/login/index.php>. The

ConsultOD portal provides access to mandatory eLearning training on Safeguarding

Adults and Children at levels 1 and 2. Training for levels 3, 4 and 5 is provided

Separately.

CCG Staff Compliance with safeguarding training will be monitored by their line manager and overseen by the employees’ Directorate. Training compliance is also shared with the Governing Body through the 6 monthly workforce report. The Head of Safeguarding will have full visibility of the compliance records. Persistent non-compliance with training will be reported to Director of Nursing and Quality and HR and managed via the appropriate disciplinary policy.

Compliance with safeguarding training requirements for key commissioned health providers in the BNSSG system will be monitored through quarterly reporting to the Quality Committee.

The safeguarding team provides safeguarding training to primary care professionals for both children and adults training. This will continue on a three-year rolling programme and will be developed to enable GP safeguarding leads to facilitate the training of non-clinical staff.

# Information Sharing

Staff should recognise that the sharing of information plays a vital part in ensuring

that children, young people and adults at risk are protected from abuse and neglect.

Promoting children, young people and adults’ well-being and safeguarding them

from significant harm is dependent upon effective information sharing. All employees

are required to follow the HM Government Information Sharing: Guidance for

Practitioners and Managers (HM Government 2015).

The CCG works collaboratively with other organisations and agencies to ensure the

safeguarding of children and adults. Health professionals’ organisations must

provide information to Safeguarding Adults Boards and Safeguarding Arrangements

and Multi Agency Safeguarding Hubs (MASH) as requested.

All staff employed or contracted by the CCG are required to share and record

information in line with the requirements of the:

* Human Rights Act 1998
* Data Protection Act 1998 (and subsequent Data Protection Acts)
* General Data Protection Regulation (2016)
* Information sharing: Guidance for safeguarding practitioners - Gov 2018)

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf>

The law does not prevent the sharing of necessary information without consent if:

* The public interest in safeguarding the child or adult at risk’s welfare overrides the need to maintain confidentiality
* Information is being shared to inform an assessment being undertaken by social care under section 47 Children Act 2004
* Disclosure is required under a court order or other legal obligation

Professionals must always seek advice if they are in any doubt as to whether information needs to be shared. If a staff member is asked to make an official statement relating to safeguarding concerns to any outside agencies, they should seek support and advice from either their line manager, the Designated Safeguarding Professionals or the Head of Information Governance. If legal advice is required this can sought via the Director of Nursing and Quality.

# 9. Safer Recruitment

The recruitment of CCG staff working directly with children or adults at increased risk of abuse will take into account the need to safeguard and promote the welfare of children and young people and adults at risk. The CCG’s recruitment policies and procedures which comply with relevant legislation and guidance must be followed. This includes arrangements for appropriate checks on new staff and volunteers including visits by fundraisers and celebrities (which the CCG may engage outside of normal recruitment practice). The CCG will ensure that managers have access to training in safer recruitment practices as appropriate this will be provided by SCW HR team.

# 

# 10. Equality Impact Assessment

**Name of Proposal being assessed**: BNSSG CC Safeguarding Policy 2020-2022

**Does this Proposal relate to a new or existing programme, project, policy or service?** This is an existing policy

|  |  |
| --- | --- |
| **Lead Officer completing EIA** | **Faye Kamara** |
| **Job Title** | **Head of Safeguarding (All ages)** |
| **Department/Service** | **Nursing Directorate** |
| **Telephone number** | 07423 813696 |
| **E-mail address** | [faye.kamara@nhs.net](mailto:faye.kamara@nhs.net) |
| **Lead Equality Officer** | **Sharon Woma** |
| **Key decision which this EIA will inform and the decision-maker(s)** | **Approval of : BNSSG CCG Safeguarding Policy 2020-2022** |

# Please see Appendix 3 for full details of the Equality Impact Assessment.

# 11. Implementation and Monitoring Compliance and Effectiveness

The policy sets out how, as a commissioning organisation, Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group will fulfil its statutory duties and responsibilities for safeguarding both within its own organisation and across the local health economy via its commissioning arrangements.

Policy implementation and CCG staff mandatory training will be monitored and reviewed by the Head of Safeguarding with support from commissioning and contracting leads.

Feedback will be received from across the safeguarding partners regarding the effectiveness of the policy in supporting staff in decision-making around child protection concerns.

When commissioning services, the CCG will use safeguarding standards in contracts for all providers. The standards are informed by legislation, statutory guidance and research evidence. The CCG will seek assurance that these standards are met via the Quality Schedule and contract monitoring undertaken by the CCG. Providers will submit an annual safeguarding report to their own board and a copy of this will be sent to the Head of Safeguarding which will need to provide assurance of compliance with these standards.

The policy will be revised in 2022-23 to reflect the new ICS arrangements and bi-annually thereafter.

# 12. Countering Fraud

The CCG is committed to reducing fraud in the NHS to a minimum, keeping it at that level and putting funds stolen through fraud back into patient care. Therefore, we have given consideration to fraud and corruption that may occur in this area and our responses to these acts during the development of this policy document.

Any safeguarding incidents involving financial abuse will be reported to the CCG’s Local Counter Fraud Specialist for advice, investigation or onward referral to the police.

# 

# References, acknowledgements and associated documents

Human Rights Act 1998

<https://www.legislation.gov.uk/ukpga/1998/42/contents>

The Adoption and Children’s Act 2002

<http://www.legislation.gov.uk/ukpga/2002/38/contents>

The Victoria Climbie Inquiry (DH 2003)

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/273183/5730.pdf>

Female Genital Mutilation Act 2003

<https://www.legislation.gov.uk/ukpga/2003/31/contents>

The Sexual Offences Act 2003

<https://www.legislation.gov.uk/ukpga/2003/42/contents>

The Children Act 1989 and 2004

<https://www.legislation.gov.uk/ukpga/1989/41>

Mental Capacity Act 2005

<https://www.legislation.gov.uk/ukpga/2005/9/contents>

NHS Act 2006

<https://www.legislation.gov.uk/ukpga/2006/41/contents>

Public Law Outline (2008)

<https://www.familylaw.co.uk/system/uploads/attachments/0000/2168/public_law_outline.pdf>

The Government’s response to Lord Laming (2009)

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/327238/The_protection_of_children_in_England_-_action_plan.pdf>

The Protection of Children in England: A Progress Report (2009)

<http://dera.ioe.ac.uk/8646/1/12_03_09_children.pdf>

Equality Act (2010)

<https://www.legislation.gov.uk/ukpga/2010/15/contents>

Protecting children and young people: the responsibility of all doctors - GMC (2012)

<https://www.gmc-uk.org/guidance/ethical_guidance/13257.asp>

Disclosure and Barring Service (2012)

<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

Health and Social Care Act 2012

<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

The Care Act 2014

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

The Health Inequalities Duty

[The Equality Act 2010 (Specific Duties) Regulations 2011](http://www.legislation.gov.uk/uksi/2011/2260/contents/made)

(NHS Guidance: [The National Health Service Act 2006 as amended by the Health and Social Care Act (2012)).](https://www.england.nhs.uk/wp-content/uploads/2015/12/hlth-inqual-guid-comms-dec15.pdf)

Deprivation of Liberty Safeguards Supreme Court Ruling (2014)

<https://www.gov.uk/government/publications/deprivation-of-liberty-safeguards-supreme-court-judgments>

Safeguarding Children and Young People: Roles and Competences for

Healthcare staff. Intercollegiate Document, Third Edition (2014)

<https://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%200%20%20%20%20(3)_0.pdf>

Serious Crime Act 2015

<http://www.legislation.gov.uk/ukpga/2015/9/contents/enacted>

Modern Slavery Act 2015 Statutory duty to notify

<http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted>

Counter Terrorism and Security Act (2015)

<http://www.legislation.gov.uk/ukpga/2015/6/contents/enacted>

Criminal; justice Courts Act 2015 http://www.legislation.gov.uk/ukpga/2015/2/contents/enacted

Making Safeguarding Personal <http://www.scie.org.uk/care-act-2014/safeguarding-adults/safeguarding-adults-boards-checklist-and-resources/making-safeguarding-personal.asp>

Prevent duty guidance <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance__England_Wales_V2-Interactive.pdf>

Fit and proper persons test 2015

Care and Support Statutory Guidance Chapter 14 Adult Safeguarding <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

Regulation 20: Duty of Candour 2015

Domestic Violence Crimes and Victims Act 2004

Information about Mate Crime: <https://bristolsafeguarding.org/adults/public-families-and-carers/#MateCrime>

Adult Safeguarding: Roles and Competencies for Health Care Staff, First Edition: August Appendices

**Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

**Domestic abuse** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.

**Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

**Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse of misappropriation of property, possessions or benefits.

**Modern slavery –** encompasses slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

**Discriminatory abuse –** including forms of harassment, slurs or similar treatment; because of race, gender, and gender identity, age, disability, sexual orientation or religion.

**Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect of poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

**Self-neglect** – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

**Appendix 1 Equality Impact Assessment Screening**

**Updated EIA below (completed July 2021)**

**Equality Impact Assessment**

**Bristol North Somerset South Gloucestershire CCG Safeguarding Policy**

**Introduction**

Healthier Together partners must discharge the Public Sector Equality Duty by ensuring that all ‘policies’ including commissioning decisions, policy, service design and practices do not directly or indirectly discriminate against individuals with one or more protected characteristics outlined in the Equality Act 2020. They are age, disability including physical and mental impairment, gender reassignment, marriage and civil partnership, pregnancy and maternity, race including nationality and ethnicity, religion or belief, sex, sexual orientation.

Everybody has the right to live a life free from abuse and neglect and this right is actively promoted by Bristol North Somerset South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG) as it commissions safe, effective and high quality services for its population of people, with particular duties to those patients who are less able to safeguard themselves.

## What are the main aims, purpose and outcomes of the policy?

|  |
| --- |
| The aim of this policy is to outline how NHS Bristol North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) will fulfil its statutory duties  and responsibilities to safeguard and protect the welfare of all children, young people and adults living in the BNSSG area. This is to ensure that no act or omission on the part of the services commissioned by BNSSG CCG puts a child, young person or adult inadvertently at risk. The Policy operates in the context of all commissioned services for the population of  Bristol, North Somerset and South Gloucestershire both within its own organisation  and across the local health economy via its commissioning arrangements.  The Care Act (2014), Working Together to Safeguard Children (2015) and the Wood review (2016) reinforce the recommendations and statutory requirement for multiagency Safeguarding Partnership working between Local Authorities, Health and the Police in providing best outcome safeguarding practice to adults, children and communities to each CCG population in the UK.  BNSSG CCG is a statutory partner of the Safeguarding Adult Boards (SABs) and Adult and Children Safeguarding Partnerships in all three of the BNSSG local authority areas.  The BNSSG Safeguarding Partnerships are North Somerset Safeguarding Adult and Children Partnership, South Gloucestershire Adult and Children’s Partnership and the Bristol Keeping Bristol Safe Partnership consisting of the Keeping Children’s Safe Group and the Adult and Keeping Communities Safe Group.  All NHS and NHS funded organisations are expected to participate fully with the Safeguarding partnerships and as a commissioner the CCG uses contractual mechanisms to reinforce and monitor this requirement. Members of the BNSSG CCG safeguarding team attend and represent the CCG at all the safeguarding adult board and children forum meetings within each of the three BNSSG safeguarding partnership structures.  This policy specifically supports the CCG safeguarding team members and all staff employed by the CCG to comply with safeguarding legislation, codes of conduct and behaviours required as a CCG employee, when working either individually or in partnership with its partner agencies, in delivering their statutory safeguarding responsibilities and duties for the whole BNSSG population. This ensures that all CCG employees are fully informed to be working to safeguarding best practice at all times and that the BNSSG population receive high quality safeguarding interventions that meets the legal and statutory safeguarding guidance and regulations.  The policy describes the legal framework relating to safeguarding adults and children; definitions of abuse for both children and adults; roles, responsibilities and accountabilities; it sets out the training requirements and how employees should report abuse and describes the inter-related Human Resources (HR) policies that should be read in conjunction with this policy. Does this Proposal relate to a new or existing programme, project, policy or service? The policy is an updated version (version 7) of the existing safeguarding policy completed in February 2020. If existing, please provide more detail The safeguarding policy has been updated using a review of all current NHS national and local safeguarding guidance and legislation to set out the collective and individual expectation for BNSSG CCG staff to comply with all safeguarding legislation, codes of conduct and behaviours required as an employee of BNSSG CCG. The Policy was reviewed by the CCG’s Quality Committee in August 2021.  The policy provides a clear process, commissioning and policy framework for the CCG to fulfil its legal duty to safeguard and promote the welfare of children and adults in line with section 11 Children Act 2004 and the Care Act 2014. Outline the key decision that will be informed by this EIA The key decision informed by this EIA is that BNSSG CCG will give equal priority to keeping all children, young people and adults safe and provide safeguarding interventions to the whole population across BNSSG ICS area regardless of their age, disability, marital status, gender reassignment, pregnancy status, race, religion or belief, sex, or sexual orientation Does this proposal affect service users, employees and/or the wider community? The policy takes a whole population approach with intention to benefit all residents across the Bristol, North Somerset and South Gloucestershire area. This includes people employed by Bristol, North Somerset and South Gloucestershire Clinical Commissioning group and those within the services and organisations it commissions |

|  |  |
| --- | --- |
| Total BNSSG population | 968,314 |
| Total Adult population | 672,109 |
| Total Child population (0-18 years) | 196,205 |

Whilst most of the BNSSG population will not require child protection or safeguarding interventions and services, some people and communities may experience greater vulnerability in their lives resulting in safeguarding needs. This includes people with a history of abuse or neglect as a child, physical or mental illness or disability, family crisis or stress, unemployment, financial disadvantage, homelessness, family isolation, young people in or leaving local authority care and those who have experienced inadequate parenting skills. These vulnerability factors may result in members of the population being at higher risk in their lives of experiencing physical, emotional, sexual, financial abuse and neglect, domestic violence and abuse, sexual exploitation and child sexual exploitation, female genital mutilation, modern slavery, terrorism and criminal involvement or exploitation.

Data for all types of abuse is not currently available but some examples of vulnerability factor indicators related to the population of BNSSG are shown below:

|  |  |
| --- | --- |
| Total looked after children | 1,585 |
| Total homeless households (with dependent children) | 2,105 |
| Domestic Violence and abuse | Estimated as 1:4 women, 1:6 men and 1:5 children exposed to DVA which equates to 85,693 women, 54,888 men and 39,240 children. |

PHE (2019/20) <https://fingertips.phe.org.uk/>

## Could the proposal impact differently in relation to different characteristics protected by the Equality Act 2010?

*Assess whether the Service/Policy has a positive, negative or neutral impact in relation to the Protected Characteristics.*

* ***Positive*** *impact means reducing inequality, promoting equal opportunities or improving relations between people who share a protected characteristic and those who do not*
* ***Negative*** *impact means that individuals could be disadvantaged or discriminated against in relation to a particular protected characteristic*
* ***Neutral*** *impact means that there is no differential effect in relation to any particular protected characteristic*

The policy has a positive impact in relation to the nine protected characteristics in that it has been developed to provide a clear process, commissioning and policy framework for the CCG, to fulfil its legal duty to safeguard and promote the welfare of children and adults in line with section 11 of the Children Act 2004 and the Care Act 2014.

Definitions of harm and abuse include behaviours defined as harassment under the Equality Act 2010: “Unwanted behaviour related to a protected characteristic that has the purpose or effect of violating a person’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for them.”

People have fundamental rights contained within the Human Rights Act 1998. Health services have positive obligations to uphold these rights and protect people who are unable to this for themselves.

The policy gives due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity and to foster good relations between people who share a relevant protected characteristic (as cited in the Equality Act 2010). The policy and procedures will not discriminate, either directly or indirectly, on the grounds of the 9 protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation).

The policy is consistent in its approach regardless of the 9 protected characteristics. In particular, the Children Act 2004 states that race, religion and culture must be taken into account when working with children.

NHS bodies have a statutory duty to ensure that they make arrangements to safeguard and promote the welfare of children and young people, to protect adults at risk from abuse or the risk of abuse and support the Home Office Counter Terrorism strategy CONTEST, which includes a specific focus on PREVENT (preventing violent extremism / radicalisation).

The Safeguarding Policy sets out the collective and individual expectation for BNSSG CCG staff to comply with legislation, codes of conduct and behaviours required as an employee of BNSSG CCG. The policy describes the definitions of abuse for both children and adults; it sets out how employees should report such abuse and describes the inter-related Human Resources (HR) policies that should be read in conjunction with this policy.

The table below provides details of each of the protected characteristics, risks and the mitigations considered in the policy:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Characteristic** | **Positive** | **Negative** | **Neutral** | **Risks** | **Comment/ Mitigations** |
| Age | X |  |  | No risks identified by application of this policy | The policy applies to all people and therefore is consistent in its approach regardless of age. |
| Disability | X |  |  | No risks identified by application of this policy; however raising staff awareness regarding vulnerable groups is important | This policy is consistent in its approach regardless of any disability |
| Gender reassignment | X |  |  | No risks identified by application of this policy | This policy is consistent in its approach regardless of gender reassignment |
| Race | X |  |  | No risks identified by application of this policy; however raising staff awareness regarding vulnerable groups is important | This policy is consistent in its approach regardless of race. In particular, the principals of the Children Act states that race, religion and culture must be taken into account when working with children. |
| Religion or belief | X |  |  | No risks identified by application of this policy; however raising staff awareness regarding vulnerable groups is important | This policy is consistent in its approach regardless of religion and belief. In particular, the principals of the Children Act states that race, religion and culture must be taken into account when working with children. |
| Sex | X |  |  | No risks identified by application of this policy | This policy is consistent in its approach regardless of sex. |
| Sexual orientation | X |  |  | No risks identified by application of this policy | This policy is consistent in its approach regardless of sexual orientation. |
| Pregnancy and Maternity | X |  |  | No risks identified by application of this policy | This policy is consistent in its approach regardless of pregnancy and maternity |
| Marriage and Civil Partnership | X |  |  | No risks identified by application of this policy | This policy is consistent in its approach regardless of marriage or civil partnership status |
| Carers |  |  |  | No risks identified by application of this policy | The policy applies to all people and therefore is consistent in its approach regardless of a person’s role in caring for others. |
| General | X |  |  | Risks:  Lack of staff awareness of policy  Staff need to know what action to take  Staff not confident to speak up  Gaps in data | Opportunities:   * Internal promotion of policy * Safeguarding training * Clear procedures for reporting concerns * Campaign to promote all routes to Speaking Up in CCG People Plan action plan Safeguarding Annual report and LeDeR reviews inform policy change * To identify safeguarding health inequality data with Population Health Management team to support future policy updates |

**Does the policy relate to an area with known health inequalities?**

The policy is aimed at providing safeguarding information and guidance for all CCG staff to consider when working with the whole population of BNSSG. Health of the population is generally good across BNSSG but there are recognised health inequalities and key challenges and opportunities for improving the health of children young people and adults particularly in areas of high deprivation. For example, deprivation is a key factor in childhood obesity and BNSSG has a higher level of childhood obesity than the South West as a whole, so that by the age of 11, nearly 1 in 3 of the children in BNSSG weigh more than is healthy. In addition, Bristol has an increasingly diverse population with children from BME backgrounds, growing at a rate of 28% on a background of 10% across BNSSG. BAME communities in the UK are more likely to be diagnosed with mental health problems and to experience a poor outcome from treatment.

**Please provide reasons for your answer and any mitigation required**

The Department of Health in their report “Safeguarding Adults: The role of health services. Analysis of the impact on equality (2011)” summarises wide ranging evidence in relation to the harm, abuse and neglect that people with a protected characteristic experience. The safeguarding policy provides advice and guidance in recognising and addressing all types of abuse and neglect that all people in the BNSSG population may experience or be exposed to. In addition the policy provides additional links to resources that provide comprehensive guidance on specific requirements in considering impacts of health inequality and the nine protected characteristics when providing safeguarding interventions. (see references and additional documents page…)

*Under-18s are only protected against age discrimination in relation to work, not in access to services, housing, etc. Children’s rights are protected by several other laws and treaties, such as: The Children Act; the Human Rights Act 1998; the UN Convention on the Rights of the Child; the European Convention on Human Rights; the UN Convention on the Rights of Persons with Disabilities; and the UN Convention on the Elimination of Discrimination against Women*

Relevance to the Public Sector Equality Duty - Please select which of the three points are relevant to your proposal. There is a general duty which requires the system to have due regard to the need to:

## Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010?

**Does this proposal address risk in relation to any particular characteristics? (Yes)**

The policy is designed to ensure all members of the population are safeguarded which supports practice recommended by the Equality Act 2010

## Advance equality of opportunity between people who share a protected characteristic and those who do not?

**Will this proposal facilitate equality of opportunity in relation to particular characteristics? (Yes)**

**Please explain your reasons**

The policy endorses safeguarding practice that aims to ensure that all members of the population are safe and that if safeguarding interventions are required that these are in line with improving practice related to equality of opportunity.

The policy addresses risk of harm of abuse which is known to be of greater risk to people identified for protected characteristics. It also advances equality of opportunity between people who share a protected characteristic and those who do not.

## Foster good relationships between people who share a protected characteristic and those who do not?

**Will this proposal foster good relationships between one protected group and another or between one group and the organisation? (Yes)**

**Please explain your reasons:**

The policy aims to ensure all members of the population are safe. In doing this it promotes equality and equity for all individuals in the protected characteristics eliminating unlawful/unjustifiable discrimination and harassment and advancing equality by:

* Fostering positive relationships between different groups of people, thereby
* Improving community cohesion
* Promoting positive attitudes towards disabled people, including positive actions to help people with protected characteristics overcome disadvantage.
* Involving people in decisions regarding their health and social care, and their access to services.

**Is a FULL Equality Impact Assessment required?**

(Consider the size of the population or cohort, the risk to patient, the likelihood of disproportionate impact of the policy on one or more protected characteristics, any lack of insight into the needs of the communities or their barriers; or risk to the organisation’s reputation or relationships – this should influence your decision)

**No**

Assessment of this policy indicates that this policy will not disadvantage any particular groups or discriminate unlawfully. The implemented policy will advance equality through robust commissioning framework to ensure providers meet their Safeguarding obligations.

The positive impact of the policy is that it has been developed to provide a clear process, commissioning and policy framework for the CCG to fulfil its legal duty to safeguard and promote the welfare of children and adults in line with section 11 Children Act 2004 and the Care Act 2014.

# EIA Impact Assessment Approver(s) – Please email [Sharon.Woma@nhs.net](mailto:Sharon.Woma@nhs.net) for approval

**Full Name**

**Comments from Equality Lead**

**Date Approved**

**Appendix 2 Corporate Policy Implementation Plan**

**BNSSG CCG Safeguarding Policy (Revised 2021/22)**

**Policy Owner: Faye Kamara, Head of Safeguarding (All age)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Target Group** | **Implementation or Training objective** | **Method** | **Lead** | **Target start date** | **Target End date** | **Resources Required** |
| All CCG Staff | Raise awareness of revised Safeguarding Policy | Input on Revisions and importance of Safeguarding at ‘Have we got news for you’ | Faye Kamara | November 2021 | December 2021 | None |
| CHC team | Increase patient facing staff’s awareness and knowledge on safeguarding and how to make referrals to local authority | Training delivered via MS teams- sessions planned for June, July and August | Paulette Nuttall | August 2021- completed 3 sessions and more planned for Autumn 2021 | November 2021 | None |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. [The Equality Act 2010 (Specific Duties) Regulations 2011](http://www.legislation.gov.uk/uksi/2011/2260/contents/made) [↑](#footnote-ref-1)