

TRUST-WIDE CLINICAL DOCUMENT

SAFEGUARDING SUPERVISION POLICY

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Approving Committee:	Executive Committee
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Lead Executive Director:	Executive Director of Nursing and Operations
Lead Author(s):	Named Nurse Safeguarding Children Safeguarding Children Specialist Nurse

TRUST-WIDE CLINICAL DOCUMENT

2019 – Version 3

*Striving for perfect care and a
Just Culture*

TRUST-WIDE CLINICAL POLICY DOCUMENT

SAFEGUARDING SUPERVISION

Further information about this document:

Document name	SAFEGUARDING SUPERVISION POLICY SD53
Document summary	Mersey Care NHS Foundation Trust recognises that supervision is a core component of best practice that supports staff in developing skills and competencies and maintaining practice standards.
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To be read in conjunction with	SD13: Safeguarding and Protection of Children at Risk Policy SD17: Safeguarding Adults from Abuse Policy SD33: Supervision and Reflective Practice Policy The Care Act (2015) Section 14 Working Together to Safeguard Children 2018
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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Version Control:

		Version History:
Version 1	Presented to Clinical Policies Working Group	2014
Version 2	Presented to Clinical Policies Working Group	2016
Version 3	Corporate Policy Group – December 2019	2019

SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child /adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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1. PURPOSE AND RATIONALE

- 1.1 It is the policy of Mersey Care NHS Foundation Trust, that all staff will receive management supervision, and clinical staff also receives appropriate clinical and safeguarding supervision in line with this policy and respective professional body guidance.
- 1.1 The Trust is committed to supporting staff to understand their role, responsibilities and key objectives enabling them to undertake their job as effectively as possible. The supervision of staff is one of the key processes by which this can be achieved.
- 1.2 All staff within Mersey Care NHS Foundation Trust must adhere to legislation and statutory guidance in relation to safeguarding children and adults from abuse.
- 1.3 Within other supervision arrangements such as managerial or clinical safeguarding cases may also be discussed.
- 1.4 If the clinical supervisor or Team Leader assess that there are safeguarding concerns emerging the case must be escalated to the Safeguarding Team to ensure the case receives formal safeguarding supervision. This will be arranged outside of planned supervision sessions.
- 1.5 If required prior to the case being formally supervised, the health practitioner should seek support from the Safeguarding Children's/Adult's Team.
- 1.6 As highlighted in Working Together to Safeguard Children (2018) effective practitioner supervision can play a critical role in ensuring a clear focus on a child's welfare. All case load holding child health practitioners must access safeguarding specific supervision.
- 1.7 The purpose of Safeguarding Children Supervision is to support staff who are working with children and families. Supervision is a tool to be employed to assist Mersey Care staff to have the appropriate knowledge, skills and competencies to intervene or act in the best interest of the child/young person. This may require the member of staff to review their current practice and make changes accordingly.
- 1.8 Munro (2011) recognised that staff who are well supported and supervised have lower levels of stress and higher levels of engagement which leads to improved outcomes for children and young people. Following the introduction of the Care Act (2015) it is seen as best practice for practitioner working in complex situations with adults at risk of abuse to access safeguarding supervision.
- 1.9 Following the introduction of the Care Act (2015) it is seen as best practice for practitioner working in complex situations with adults at risk of abuse to access safeguarding supervision.
- 1.10 The Trust has adopted a Strength Based Safeguarding Supervision Model. This is a solutions focused approach that looks at the protective factors (what's working well)

and challenges (what are we worried about) for the child/young person/parents or carers. It lends itself to an analytical and reflective approach to safeguarding practice. This model also fosters a Signs of Safety (SOS) approach to working. As SOS is designed as a practical method of fostering a co-operative relationship between workers and family/extended family which will contribute to better planning and achievement of safety for the child/young person'

- 1.11 Strengths Based Safeguarding Supervision underpins practice that is reflective of and consistent with Local Safeguarding Children Partnership and Trust procedures; ensuring that practitioners understand their roles and responsibilities, it should assist in identifying training and developmental needs of practitioners, so that each has the skills to provide an effective service (HM Government 2014).
- 1.12 Safeguarding Supervision has several functions including management, professional development, emotional support, restorative practice and escalation when required. Adopting a positive solution-focused supervision spotlights strengths and solutions; in turn it supports the supervisee promoting self-confidence as they recognise the positive aspects of their work. This approach enables and facilitates practitioners to analyse, reflect and as an end result have a solution- focused action plan to meet the needs of children.
- 1.13 Safeguarding children, young people and adults is demanding work that can be distressing and stressful. All of those involved should have access to advice and support from peers, managers, named and designated professionals. Those providing supervision should be trained in supervision skills and have an up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children and adults at risk.
- 1.14 The focus of effective safeguarding supervision is to have a positive influence on practice and outcomes for adults at risk, children and families. This is achieved by ensuring that practitioners are clear about their purpose, role and responsibility within safeguarding practice and supervision.
- 1.15 Effective supervision needs to be grounded within a secure working professional relationship; the supervisor needs to take time to understand the supervisee's supervision history, experience and assess the supervisee's strengths and challenges.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

SAFEGUARDING CHILDREN

- 2.1 The practitioner's professional practice will be focused upon the child, young person and family; ensuring the holistic needs of the child is considered.
- 2.2 The practitioner will have a clear understanding of their role and responsibilities when working with children at risk.
- 2.3 The practitioner's response to safeguarding concerns is appropriate and in the best interests of the individual.
- 2.4 The practitioner will recognise their own values, beliefs and prejudices and work to ensure that these do not adversely impact on their ability to safeguard children.
- 2.5 The practitioner will ensure that they do not discriminate against individuals because of age, gender, race, culture, religion, language, disability or sexual orientation.
- 2.6 The practitioner will be familiar with and understand the policy, guidance and legislation relevant to safeguarding.
- 2.7 Supervision provides opportunity to also identify any training needs that the supervisee may have.
- 2.8 The supervisor will inform the Named Nurse for Safeguarding Children of any areas of concern or risk to ensure that the Trust is able to safeguard children effectively.

Both the Supervisor and Supervisee will:

- 2.9 Maintain a child centered approach, be reflective of their feelings and attitudes (emotional intelligence) and ensure that outcomes for children and young people are improved by appropriate action planning and monitoring of the cases.
- 2.10 Review cases to include children who are Looked After by the Local Authority, subject to child protection arrangements or children identified in Children Act S.17 as 'Child in Need.
- 2.11 Review cases for children who have any change in circumstance or the supervisee has knowledge of concerning behaviour which may impact on the health, wellbeing and safety of the child/young person. This should include contextual safeguarding concerns.
- 2.12 Highlight both 'what is working well' and 'what are we worried about' and any associated increase or decrease in risk for the child. Explore the evidence base for decision making and record in supervision document.
- 2.13 Be clear about the risk issues in the case including: the child's health and developmental needs; parental health needs and parenting capacity and home environment including wider community.
- 2.14 A clear action plan to be completed detailing 'what needs to happen' including their proposed work with the child, parents/carers and other relevant agencies.

- 2.15 Identify if there are differences of professional judgment/ opinion or concerns in relation to case management with/by partner agencies; this will be discussed within the supervision session. In the instance that these concerns are escalated; the practitioner will be supported in challenging partner agencies in an appropriate manner.
- 2.16 Discuss applicable policy and standard operational procedures to ensure that they are understood and adhered to; including reviewing of record keeping practice in line with NMC guidance and Trust record keeping policy.
- 2.17 Discuss training needs and agree areas of professional development which may be facilitated by the safeguarding specialist nurse.

SAFEGUARDING ADULTS

- 2.18 Safeguarding supervision in relation to adults at risk of abuse is best practice to support staff when dealing with complex cases
- 2.19 The primary aim of supervision of cases that relate to adults at risk of abuse is to ensure professional practice remains patient focused and patient choice is promoted at all times.
- 2.20 Practitioners need to be aware of and comply with relevant legislation, and safeguarding supervision gives an opportunity to identify what legislation was applied by authorities and how this impacted on the specific cases.
- 2.21 Create an opportunity for the practitioner to reflect, analyse and discuss individual practice
- 2.22 Ensure the practitioner fully understands their role, responsibilities and scope of their professional discretion and authority.
- 2.23 Provide a forum for the practitioner to discuss the emotional impact on them of working within this challenging area of practice.
- 2.24 Identify, in partnership between the practitioner and safeguarding specialist nurse, any difficulties in ensuring policies and procedures are adhered to.
- 2.25 Ensure that all action taken was with consent of the individual or was evidenced to be in the best interests of an individual who lacks capacity to make their own decisions about safeguarding issues.

3. SCOPE

- 3.1 Mersey Care Foundation NHS Trust recognises that safeguarding supervision is a core component of best practice that supports all staff in developing skills and competencies and maintaining practice standards.

4. DEFINITIONS

Signs of Safety	Is a strength based model underpinned by solution focused ideas. Its about working
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	together with children and families to focus on building safety rather than trying to eliminate danger.
Contextual safeguarding	Is an approach to understanding, and responding to, young people's experience of significant harm beyond their families.
Looked After Child	A child is looked after by the local authority if he or she is in their care or is provided with accommodation for more than 20 hours by the authority. (Children Act 1989). The term also applies to unaccompanied Asylum Seeking asylum children.

5. DUTIES

5.1 Executive Director of Nursing and Operations

- To ensure that the policy is being implemented by all relevant members of staff.
- To ensure that a culture is created whereby supervision and staff development is seen as a priority for all.
- This policy will assist Mersey Care to fulfill its duty under Section 11, Children Act 2004; it reflects a clear line of accountability from all practitioners through to the Chief Executive at Board Level.

5.2 All Staff

- To attend, prepare for and contribute to safeguarding supervision
- To be involved in the drafting of the supervision contract (if appropriate) and to adhere to this
- To negotiate the agenda to ensure that their concerns/issues are discussed
- To ensure that supervision is a two-way process
- To respond appropriately to constructive feedback
- To participate in agreed development activities
- To keep records as appropriate
- To ensure cases involving issues of safeguarding children and/or adults at risk are identified, reviewed and appropriate action taken.

6. PROCESS

- 6.1 Face to face safeguarding supervision is designed to provide health practitioners (supervisees) with the opportunity to reflect on aspects of their safeguarding practice in order to develop experience and expertise.
- 6.2 Safeguarding supervision is a formal, proactive and a mandatory process for those staff with caseload responsibility such as Health Visiting and School Health Service.
- 6.3 Safeguarding supervision for Children in Care cases should, wherever possible, coincide with the completion of health assessments to ensure that accurate, current information is available to inform the discussion.
- 6.4 The Supervisee may request additional supervision sessions for those cases where they feel they need further support and or guidance.
- 6.5 Safeguarding supervision should take place more frequently if the supervisee/supervisor requests or deems it appropriate. Consideration must be given to more frequent supervision of practitioners during any mentorship/preceptorship programme or for those staff members who have spent some time away from work such a long term sickness or maternity leave.
- 6.6 Analysis and reflection will be commenced by the health practitioner prior to safeguarding supervision. During supervision critical analysis and reflection will be promoted with any actions identified. Any discussion will be kept confidential within the meeting unless issues around unsafe or unacceptable practice are identified.
- 6.7 If any record keeping issues are identified by the Supervisor during the supervision session, advice will be given about the requirements of both NMC and Trust Record Keeping Policy.
- 6.8 If the Supervisee fails to address the record keeping issues or in the event of unsafe practice being identified; the Supervisor must, in conjunction with the supervisee, report the matter to the line manager of the supervisee to take any necessary and appropriate action required.
- 6.9 In order for safeguarding supervision to be effective; it is important that the supervisor and supervisee approach the sessions in an open and honest way, in order that supervisees develop and improve practice.
- 6.10 A safeguarding supervision contract must be agreed and signed between supervisor and supervisee, and this must be revisited annually, or if a new supervisor is appointed. A copy of the contract will be saved individually by the supervisee and supervisor on a secure drive.
- 6.11 It is a joint responsibility of the Supervisor and Supervisee to arrange for their safeguarding supervision and agree a mutually convenient date, time and venue. The supervision session arrangements should take priority to ensure that the frequency of supervision should remain within the timescales identified below.

- 6.12 Any member of staff working with a child or adult where there are safeguarding issues can request supervision at any time from the Safeguarding Adults Lead Nurse/ Safeguarding Children Specialist Nurse

Requirements of Face to Face Supervision:

- 6.13 To gain the most benefit from supervision there are responsibilities for both the supervisee and supervisor as follows.

The Supervisee will:

- 6.14 Adhere and agree to their role in, frequency of the mandatory supervision to a mutually convenient time, place and date.
- 6.15 Prepare for the session, be punctual ensure that there will be no interruptions, except in an emergency.
- 6.16 Implement any agreed actions and recommendations from supervision sessions
- 6.17 Participate in solution focused, reflective and critical analysis of selected cases
- 6.18 Manage records safely and maintain record keeping
- 6.19 Ensure supervision reflects the feelings and wishes of the child
- 6.20 Ensure all demographic information is correct and up to date on the child's electronic health record (EMIS)

The Supervisor will:

- 6.21 Establish a confidential, safe environment to explore practice issues and challenge practice where appropriate in a constructive manner.
- 6.22 Provide a professional supervision relationship for safe, reflective practice
- 6.23 Promote an open, supportive and respectful working relationship
- 6.24 Be punctual and ensure that there will be no interruptions; except in an emergency
- 6.25 Provide clear feedback and reflect on ways to improve supervision for the supervisee
- 6.26 Maintain appropriate electronic records
- 6.27 Review the clinical record along with the supervisee during face to face supervision
- 6.28 Ensure safeguarding supervision documentation is stored within electronic clinical records.

Face to Face safeguarding children supervision

- 6.29 All Health Practitioners who have caseload responsibility will be offered 1:1 safeguarding children case supervision 3 monthly.
- 6.30 Health Practitioners will identify cases to bring to supervision based on safeguarding concerns identified. This should include cases where children are subject to Child Protection or Child in Need arrangements and those children who are currently 'Looked After' by the Local Authority.
- 6.31 Cases to be brought to supervision should also include children where any change in circumstance or knowledge of concerning behaviour which may impact on the health, wellbeing and safety of the child/young person such as:
- Absconding/Missing from Care or Education
 - Child Exploitation
 - Disaffected education/Attending alternative education provision
 - Recent placement breakdown/multiple placement changes
 - Significant health needs not being addressed by carer/parent
 - Complex case or issues regarding non-compliance by carer/child/young person
 - Concerns regarding substance misuse or self-harm
 - Domestic Abuse
 - Contextual Safeguarding Issues
- 6.32 Health practitioners, who are new to the organisation, or have returned to the Trust from a period of absence (sickness or maternity leave), will be offered additional safeguarding supervision depending on individual need.
- 6.33 Advice, support and guidance are available from the Safeguarding Service outside these planned sessions. If there is any significant deterioration in the circumstances of a child or the risk is perceived to have increased, the health practitioner must contact the Safeguarding Children's Team immediately to discuss the case and take any necessary action to safeguard the child.
- 6.34 Any employee of Mersey Care NHS Trust can request safeguarding supervision or debriefing if they have been involved in an incident that is distressing, has been difficult to manager or a complex case.

Children in Care

- 6.35 During safeguarding supervision consideration should be given to cases for Children who are currently Looked After by the Local Authority, including those who continue to live with parents / carers. Research has identified, that children who return or are placed at home whilst subject to Care Orders are likely to have more serious emotional and behavioral problems, poor social functioning, reduced education participation and adjustment and higher rates of offending. Further studies concluded that those placed with parents are at least twice as likely to suffer from anxiety disorders, and four times more likely to suffer from depression than those who are placed in foster care.
- 6.36 The Supervisee should bring the case to supervision to be reviewed with the Supervisor to ensure that the statutory requirements in terms of promoting health and wellbeing of Children in Care have been adhered to. This should be considered alongside wider safeguarding issues, due to the complex nature of their experiences which may in turn influence health outcomes. Evidence highlights that where Children in Care have access to health

professionals who understand the complexities associated with this group, health outcomes will improve.

At each supervision, consideration must be given to the following:

- 6.37 Statutory Review Health Assessments (RHA) have been completed within the timescale
- 6.38 Health plan is SMART and has been reviewed to ensure agreed actions have been completed
- 6.39 Attendance at Local Authority Looked After Child Review/Care Planning meetings as requested and a written report provided as required
- 6.40 Liaison with carers, social workers and/or other corporate parents involved in the care of the child has taken place

Group Supervision

- 6.41 Group Supervision is the process whereby the learning and development of an individual is facilitated by the support of the supervisor and a group of colleagues. It provides an opportunity for supervisees to experience mutual support, share common experiences, solve complex tasks, learn new behaviours, participate in skills training, increase interpersonal competencies, and increase insight. The core of group supervision is the interaction of the supervisees.
- 6.42 If multiple staff has been involved with a specific case, there may be an option to offer group supervision. Group supervision gives an opportunity for professionals from across services to look at the case and hold an open discussion in a safe environment to identify what went well, what would be done differently and identify opportunities to share good practice.
- 6.43 Safeguarding Children Supervision is offered on a quarterly basis to Drug and Alcohol Teams to ensure effective safeguarding practice with those practitioners working directly with parents/carers.
- 6.44 Bi yearly safeguarding children supervision is also mandated across secure services ensuring those staff who are involved in assessing and planning of child contact arrangements are in receipt of effective supervision.
- 6.45 Group supervision sessions are available to Trust staff and are facilitated by the Safeguarding Children and Adult Leads. Group supervision can be provided in the instance of a complex case, sudden untoward incident or at request of a team.

7. CONSULTATION

- 7.1 Safeguarding Children/Adult Team Members, Head of Safeguarding. Safeguarding Assurance Group members.

8. TRAINING AND SUPPORT

- 8.1 Safeguarding Children and Adult Training to include changes outlined within policy.

9. MONITORING

- 9.1 Annual audits of safeguarding supervision will also be completed to identify any compliance issues, quality of supervision and as an opportunity for staff feedback in relation to future planning of supervision.
- 9.2 Any issues in relation safeguarding children supervision should be discussed with Line Manager in first instance any ongoing issues should be discussed with a member of the Safeguarding Team.

10. EQUALITY AND HUMAN RIGHTS ANALYSIS

10.1 Equality and Human Rights Analysis

Title:	Safeguarding Supervision Policy
Area covered:	Trust wide Non Clinical Policy

<p>What are the intended outcomes of this work?</p> <p>This policy does not require a full equality and human rights analysis . The policy will be subject a screen .in line with Mersey Care NHS Trust policy</p> <p>10.1 It is the policy of Mersey Care NHS Foundation Trust, that all staff will receive management supervision, and clinical staff also receives appropriate clinical and safeguarding supervision in line with this policy and respective professional body guidance.</p>
<p>Who will be affected? <i>e.g. staff, patients, service users etc</i> <i>Staff who provide clinical supervision and staff who are clinical supervisors</i></p>

<p>Evidence The policy</p>
<p>What evidence have you considered? The issues that potentially could be raised within supervision may have an equality and human rights element . The actual policy States who should have clinical supervisor and what the discussions should consider .</p>
<p>Disability (including learning disability)</p> <p>The Trust has a learning disabilities service and a specialist learning disabilities service.</p>
<p>Sex See cross cutting</p>
<p>Race <i>Consider and detail (including the source of any evidence) on difference ethnic</i></p>

groups, nationalities, Roma gypsies, Irish travellers, language barriers.
See cross cutting

Age The Trust has services such as older peoples services and also has a range of community based services that are for children . Within the Mental Health services it is important that where patients/service users have children that risk issues be identified and discussed and where needed to be actioned upon.

Children including children in care

- 10.2 During face to face clinical supervision or 1:1 between the health professional and their clinical supervision/Team Leader; safeguarding cases may be discussed within the process.
- 10.3 If the clinical supervisor or Team Leader assess that there are safeguarding concerns emerging the case must be escalated to the Safeguarding Team to ensure the case receives formal safeguarding supervision.
- 10.4 If required prior to the case being formally supervised, the health practitioner should seek support from the Safeguarding Children's Team.
- 10.5 As highlighted in Working Together to Safeguard Children (2018) effective practitioner supervision can play a critical role in ensuring a clear focus on a child's welfare. All case load holding child health practitioners must access safeguarding specific supervision.

Older people/adults

SAFEGUARDING ADULTS

- 10.6 Safeguarding supervision in relation to adults at risk of abuse is best practice to support staff when dealing with complex cases
- 10.7 The primary aim of supervision of cases that relate to adults at risk of abuse is to ensure professional practice remains patient focused and patient choice is promoted at all times.
- 10.8 Practitioners need to be aware of and comply with relevant legislation, and safeguarding supervision gives an opportunity to identify what legislation was applied by authorities and how this impacted on the specific cases.

10.9 **Gender reassignment (including transgender)** The practitioner will ensure that they do not discriminate against individuals because of age, gender, race, culture, religion, language, disability or sexual orientation.

10.10 **Sexual orientation** The practitioner will ensure that they do not discriminate against individuals because of age, gender, race, culture, religion, language, disability or sexual orientation.

Religion or belief

10.11 **Pregnancy and maternity** The practitioner will ensure that they do not discriminate against individuals because of age, gender, race, culture, religion, language, disability or sexual orientation.

Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.
Carers will be discussed within clinical supervision safeguarding discussions as appropriate

Other identified groups

Cross Cutting The practitioner will ensure that they do not discriminate against individuals because of age, gender, race, culture, religion, language, disability or sexual orientation.

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	<i>Supportive of a human rights based approach</i>
Right of freedom from inhuman and degrading treatment (Article 3)	<i>Supportive of a human rights based approach</i>
Right to liberty (Article 5)	No issues identified
Right to a fair trial (Article 6)	No issues identified
Right to private and family life (Article 8)	<i>Human Rights Based approach supported</i>
Right of freedom of religion or belief (Article 9)	No issues identified
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	No issues identified
Right freedom from discrimination (Article 14)	No issues identified

Engagement and Involvement *detail any engagement and involvement that was completed inputting this together.*

Safeguarding Children/Adult Team Members, Head of Safeguarding.
Safeguarding Assurance Group members.

Summary of Analysis

*This policy sets out the process and rationale for clinical supervision within a safeguarding approach.
The principles are laid out in Trust policy around safeguarding and also within*

safeguarding legislation

Eliminate discrimination, harassment and victimisation

No Issues have been identified.

Staff working within a clinical and community setting will be subject to this policy.

Advance equality of opportunity

No issues to note

Promote good relations between groups

No issues to note

What is the overall impact?

In terms of equality there is no negative impact

Addressing the impact on equalities

There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups

Not applicable

Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified.

Not applicable

For the record

Name of persons who carried out this assessment:

George Sullivan Secure Equality and human rights advisor

Chantelle Carey Named Nurse Safeguarding Children

Date assessment completed:

19/11/2019

Name of responsible Director:

Executive Director

Date assessment was signed:

November 2019

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring			
Engagement			
Increasing accessibility			

12.0 References:

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