The Tavistock and Portman
NHS Foundation Trust

Safeguarding Children Policy

Key points
This is a Safeguarding Children Policy required by all NHS organisations to promote the needs of children/young people who may be at risk of or who have suffered "significant harm" This policy supports staff of the TPFT in their safeguarding duties ensuring all children are safeguarded from the risk of abuse and neglect by providing guidance to recognise, respond and report to appropriate services The policy highlights the safeguarding resources within the Trust for staff to seek guidance from and for supporting them in their safeguarding work

Type	Policy
Version:	V3
Key changes since last version:	
Bodies consulted:	Children & Families Directorate, Tavistock & Portman NHS Trust North Central London Integrated Care Board
Approved by:	Chief Nursing Officer
Date approved:	April 2024
Lead manager:	Safeguarding Children Lead
Responsible director:	Chief Nursing Officer
Ratified by:	Policy Assurance Group
Date Ratified:	May 2024
Date issued:	July 2024
Review date:	June 2026
Intranet	Yes
Public website	Yes

Contents

Safeguarding Children Policy

1. Introduction

1.1. The Tavistock & Portman NHS Trust is required to fulfil its statutory duty under the Children's Act (1989, 2004) to safeguard and promote the welfare of children.

1.2 The Children's Act (1989, 2004) provides a comprehensive framework for the care and protection of children. The fundamental principle that underpins the Children's Act is that the welfare of the child is paramount. Achieving positive outcomes for children requires all those with responsibility for assessment and provision of services for children and young people to work together according to an agreed plan of action.

1.3 Working Together to Safeguard Children (2018, 2023) requires organisations to:

- Ensure staff are trained and supervised appropriately in respect of their roles and competencies as set out in Safeguarding Children Roles and Competencies for Healthcare Staff Intercollegiate Document', (RCPCH 2019).

  mailto:www.rcn.org.uk/professional/development/publications/pub-0073?subject=Safeguarding children training

  mailto:https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-appraisal-and-revalidation/supporting-information-for-appraisal-and-revalidation?subject=doctor safeguarding training compliance advice

- Be effective across agencies in establishing clear channels of communication and the development of collaborative working relationships.
- Enhance professional development; ensuring staff have time for reflection on safeguarding cases.
- Enable practitioners to deal with the stresses inherent in working within the safeguarding agenda.
- Provide effective supervision for staff in line with the Trust's Safeguarding Supervision Policy (Children and Young People 2022)

2. Purpose

2.1 This policy sets out the key principles intended to support all staff in their duty of safeguarding.

2.2 This policy sets out the roles and responsibilities of all staff with respect to keeping children safe and promoting their welfare.

2.3 The policy provides a framework that ensures robust and safe systems are in place to safeguard children, young people and vulnerable adults.

2.4 The policy aims to provide practical guidance to assist all staff working with children or their families. This includes all Tavistock & Portman NHS staff, and those who work in partnership with the above (e.g. agency staff, students and volunteers).

2.5 The policy aims to ensure that the Tavistock & Portman NHS Trust has a workforce who, whether they work directly with children or not, are aware of their responsibility to safeguard and promote the welfare of all children and young people.

3. Scope

3.1 This policy applies to all staff employed by the Tavistock and Portman NHS Foundation Trust. It is supplementary to national and regional guidance such as the London Multi-Agency Children Safeguarding Policy and Procedures (2019), our local Camden Safeguarding Children Partnership and that from other Safeguarding Children Board/Partnerships for areas where the Trust provides services.

3.2 This policy applies to all children/young people at risk of significant harm up to their 18th birthday with whom the Trust is concerned.

3.3 This policy gives equal priority to keeping all children and young people safe regardless of their age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation

4. Definitions

4.1 Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.
- Identifying risks within the environment/community that could impact on the safety and wellbeing of children and young people (e.g., sexual exploitation, gang cultures and contextual safeguarding).

4.2 Child protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

4.3 Children who are defined as being 'in need' under S.17 - The Children's Act (2004), are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services plus those who are disabled.

4.4 Some children are in need because they are suffering, or likely to suffer, significant harm. The Children's Act 2004 introduced the concept of 'significant harm' as the threshold that justifies compulsory intervention in family life in the best interests of children and gives local authorities a duty

to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer significant harm.

4.5 Children with protected characteristics such as being 'Looked After' or LGBTQ+ face the same risks as all children and young people but are at greater risk of some types of abuse which needs to be considered. For example, they might experience homophobic, biphobic or transphobic bullying or hate crime. They might also be more vulnerable to or at greater risk of sexual abuse, online abuse or sexual exploitation (Barnardo's and Fox (2016), McGeeney et al (2017), Xu and Zheng (2014).

4.6 Physical Abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning, 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.

4.7 Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

4.8 Activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

4.9 Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

4.10 Emotional Abuse

The **persistent** emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

- It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.
- Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

4.11 Neglect

The **persistent** failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger.
- Ensure adequate supervision (including the use of inadequate caregivers)
- Ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. (Working Together to Safeguard Children, 2018)

4.12 Contextualised Safeguarding

Contextualised safeguarding looks at how we engage with risks outside of the family, (extra familial harm). There is a recognition that children and young people (particularly adolescents) can be harmed in the community. Examples include sexual exploitation, gang affiliation, County Lines and episodes of 'missing'.

5. Policy statements

5.1. All safeguarding children activity aims to protect a child's right to live in safety, free from abuse and neglect. It involves people & organisations working together to

- prevent and stop risks and experience of abuse or neglect.
- promote a child's wellbeing.

5.2 Safeguarding Children activity at The Tavistock and Portman NHS Foundation Trust ('the Trust') takes place within the context of:

- Children Act 1989 (legislation.gov.uk)Working together to safeguard children 2023: statutory guidance (publishing.service.gov.uk)
- Human Rights Act 1998
- The Mental Capacity Act 2005
- The Trust's Safeguarding Children Supervision Policy (2022)
- London Safeguarding Children Procedures

6. Duties and responsibilities

6.1 The Chief Executive is the accountable officer with overall responsibility for ensuring the implementation of effective safeguarding adults at risk procedures

6.2 The Chief Nurse: is the Executive Lead for Safeguarding and has a responsibility to ensure the safeguarding agenda is embedded across organisational practice. As the Trust Board Lead for Safeguarding, this post holds accountability, with responsibility delegated to the Named Professional Leads.

6.3 The Safeguarding Children Lead/Named Professional provides clinical leadership on safeguarding children services within the organisation. They will ensure that a co-ordinated and integrated safeguarding service is provided and that services are delivered in accordance with the Safeguarding Children policy and procedures with safe systems and processes in place for their staff to adhere to.

6.4 The Lead Professional will have specific expertise in children's health and development, child maltreatment and local arrangements for safeguarding and promoting the welfare of children.

6.5 The Named Professionals are responsible for promoting good professional practice and providing specialist advice and support to health professionals within their organisation on any issues where there are concerns about the well-being and/or safety to children.

6.6 The Named Professional will ensure child protection supervision and training is provided for all staff. They have a key role in ensuring a safeguarding training strategy is in place and is delivered within their organisation.

6.7 Named professionals have a responsibility to work closely with the Designated professionals for Safeguarding within the Integrated Care Boards (ICB's).

6.8 **The Divisional Heads of Departments** have a responsibility to ensure staff members have the time to participate in the safeguarding training and supervision. They must ensure staff members are supported and have access to appropriate safeguarding support.

6.9 **All Employees** must be alert to the possibility of significant harm to a child resulting from abuse or neglect, or to a child who is 'in need'. All staff should be able to recognise indicators and know how to act upon concerns, their depth of knowledge being commensurate with their roles and responsibilities.

- All staff must be aware of the vulnerabilities of certain groups of children such as those who are disabled, 'looked after' or privately fostered.

- All staff must be aware of the vulnerabilities of certain groups of adults who may find parenting difficult, for example, those experiencing domestic abuse, unstable mental health problems, uncontrolled substance or alcohol misuse or severe learning disabilities.

- All staff working primarily with adults who are parents or carers should always consider the effects on parenting capacity and subsequent implications for children of the adult's illness or behaviour.

- All staff must recognise that sharing information is vital for early intervention to ensure that children are protected from abuse and neglect and that the safeguarding of children is paramount and must override any duty of confidence. Under these circumstances staff have a responsibility to share appropriate information about a child or young person with other professionals / agencies in accordance with Information Sharing Guidance for Practitioners and Managers (HM Government 2008) and any local guidance.

- All staff must be aware that when they have child protection concerns, they can discuss their concerns with a named safeguarding professional, line manager or supervisor as required, and must know how to access this support. However, these discussions must never delay any emergency action that needs to be taken to protect a child.

- All staff must uphold the rights of the child to be able to communicate, be heard and safeguarded from harm and exploitation irrespective of their:
  - Race, belief, first language and ethnicity
  - Gender and sexuality
  - Age
  - Health or disability
  - Residence

- Criminal behaviour
- Political or immigration status

- All staff must be familiar with and know where to access this policy and any locally agreed procedures that support this policy.

- All staff must ensure that they update their child protection skills and knowledge at a level commensurate with the post for which they are employed by undertaking further refresher training as appropriate and in line with level of competence defined by "Safeguarding Children and Young People; Roles and Competencies for Health Care Staff"(RCPCH 2019). mailto:www.rcn.org.uk/professional/development/publications/pub-0073?subject=Safeguarding children training

- All staff working directly with children and young people must ensure that safeguarding and promoting the welfare of children and young people forms an integral part of all elements of the care they offer.

- All staff share a responsibility to work effectively with other agencies as outlined in Working Together to Safeguard Children (2023) when concerns have been identified about the welfare of a child or young person.
  Working together to safeguard children 2023: statutory guidance (publishing.service.gov.uk)

7. Procedures

7.1 Support and Supervision is provided for all health professionals working with children and their families and can be accessed through Safeguarding Children Lead.

7.2 Service managers will ensure that protected time is available to enable staff to receive child protection supervision as is required and is provided in addition to, and separately from clinical supervision and management supervision.

7.3 Allegations Against Staff

7.4 The Tavistock and Portman NHS Foundation Trust has a Managing Allegations Against Staff Policy

7.5 If a member of staff becomes aware of any information regarding another member of staff which identifies that a child either may or has been at risk of significant harm (including the member of staff's own children), they must refer to the **Chief Nurse** in accordance with the London Child Protection Procedures (2022) or the NHSE Managing Safeguarding Allegations Against Staff Policy & Procedure (2020).

8. Training requirements

8.1. Awareness of the safeguarding children policy is covered within the induction programme of all new employees or volunteers and their understanding should be checked within supervision meetings.

8.2 All staff will receive training on safeguarding adults at a level commensurate with their roles, and in accordance with the Intercollegiate Document – Roles and Responsibilities for Health Care Professionals (2019)

8.3 The Trust has conducted a training needs analysis and details of training arrangements for staff working with children at risk of significant harm are contained in the Staff Training Procedure.

9. Process for monitoring compliance with this policy

9.1. The Trust will monitor compliance with this policy and procedure in the following way:

- The Trust's Integrated Safeguarding Group will monitor all safeguarding children activity including the number of concerns being recorded and where/whether concerns are being reported to the relevant local authority.
- The Integrated Safeguarding Group and the Quality and Safety Committee will monitor the uptake of safeguarding children training as part of their continual monitoring of mandatory training, Compliance of this, will be reported to the People and Organisational Development committee. The group will refer training issues to the respective director for action as required.
- The Trust Children Safeguarding Lead will provide an annual report to the Integrated Safeguarding Group and to the Quality and Safety Committee containing information on the delivery and uptake of training in line with the requirements set out in the policy

9.2 The Children Safeguarding Lead will review any incidents relating to Safeguarding and report concerns/ investigations/ lessons learned to the Patient Safety Lead.

9.3 The Children Safeguarding Lead will be responsible for adding any specific safeguarding children risks to the Operational Risk Register as they arise, and this Risk Register will be monitored through the Trust's Risk Management procedures.

9.4 The Trust's Safeguarding Team will undertake spot check audits of cases with safeguarding adults' concerns to ensure that the records show that all relevant procedures have been followed. If this audit raises concerns the relevant lead will make recommendations to the Patient Safety Lead and an action plan will be developed and followed. Any action plan will be monitored by the Risk and Safety Sub-Committee.

10. References

- Children Act (1989, 2004)
- Working Together to Safeguard Children (2018, 2023)
- Safeguarding Children - Roles and Competencies for Healthcare Staff Intercollegiate Document', (RCPCH 2019)

- The London Multi-Agency Children Safeguarding Policy and Procedures (2019)
- Human Rights Act (1998)
- Mental Capacity Act (2005)
- Tavistock & Portman Supervision Policy (2022)
- Information Sharing Guidance for Practitioners and Managers (HM Government 2008)
- The NHSE Managing Safeguarding Allegations Against Staff Policy & Procedure (2020).
- Barnardo's and Fox (2016), McGeeney et al (2017), Xu and Zheng (2014) in NSPCC (2024). https://learning.nspcc.org.uk/safeguarding-child-protection/lgbtq-children-young-people

11. Associated documents[1]

Whistleblowing helpline (to report Organisational Abuse/Neglect concern)
Voiceability: Advocacy in Camden
Care Quality Commission
Forced Marriage
Domestic Violence Services/Resources in Camden
Safeguarding Resources and Services Links
Modern Slavery & Human Trafficking Guidance

[1] For the current version of Trust procedures, please refer to the intranet.

12 Equality impact analysis

Equality Impact Assessments are a tool used to assess all organisational activity including policy, strategies, plans, service delivery and practice or a decision.

The general equality duty set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- eliminate any form of unlawful discrimination (including direct or indirect discrimination, harassment, victimisation, and any other conduct prohibited under the Act)
- advance equality of opportunity between people who share a relevant characteristic and people who do not, and
- foster good relations between people who share a protected characteristic and people who do not.

Please refer to guidance notes if you need any further information (Appendix 1).

1	**Name and Job Title of person completing the Equality Impact Assessment**	Safeguarding Children Lead
2	**Title of what you are proposing**	Safeguarding Children Policy
3	**What are the main objectives or aims of what you are proposing?**	
4	**Date you are completing this form**	04/04/2024
5	**Summary overview** (What changes have you made following completion of the EIA)	None

Stage 1: Initial Screening		
6	**What evidence is available to suggest what you are proposing will have an adverse or positive impact on People from the protected characteristics or vulnerable groups?** Please state N/A if your proposal will not impact adversely or positively on the protected characteristic groups listed below. Please note: These groups may also experience health inequalities.	
Protected characteristics	**Impact** *No impact* *Low* *Medium* *High*	**Evidence** List below for each protected group the evidence you have used in your decision making, demographic data and other statistics including census findings, results of consultation or engagement, findings research, surveys (internal & external), complaints and complements, incidents reports, recommendations of external investigations or audit reports (see appendix). Are there any key gaps in the evidence? Published or consultation findings.
Age (Older people; middle years; early years; children and young people.)		**This is a child focused policy required by all NHS organisations providing services for children.** **It is non-discriminatory for all service users aged 0-18yrs and** **It is required for supporting staff to safeguard any child who may be at risk risk of or who may suffer "significant harm"** **It is not applicable to adults**

Disability (Physical, sensory, and learning impairment; mental health condition, long-term conditions)		**This is a child focused policy required by all NHS organisations providing services for children.** **It is non-discriminatory for all service users aged 0-18yrs** **It is required for supporting staff to safeguard any child who may be at risk risk of or who may suffer "significant harm"**
Gender Reassignment Inc. people who identify as Transgender		**This is a child focused policy required by all NHS organisations providing services for children.** **It is non-discriminatory for all service users aged 0-18yrs** **It is required for supporting staff to safeguard any child who may be at risk risk of or who may suffer "significant harm"**
Marriage and civil partnership (People married or in a civil partnership.)		**NA**
Pregnancy/maternity (Women before and after childbirth and who are breastfeeding.)		**This is a child focused policy required by all NHS organisations providing services for children.** **It is non-discriminatory for all service users aged 0-18yrs and includes risks posed to Unborn Babies**
Race and ethnicity		**This is a child focused policy required by all NHS organisations providing services for children.** **It is non-discriminatory for all service users aged 0-18yrs**
Religion/belief (People with different religions /faiths or beliefs, or none.)		**This is a child focused policy required by all NHS organisations providing services for children.** **It is non-discriminatory for all service users aged 0-18yrs**
Sex (Women, men)		**This is a child focused policy required by all NHS organisations providing services for children.** **It is non-discriminatory for all service users aged 0-18yrs**
Sexual Orientation (inc Lesbian; Gay; Bisexual; Heterosexual)		**This is a child focused policy required by all NHS organisations providing services for children.** **It is non-discriminatory for all service users aged 0-18yrs**

Vulnerable groups including but not limited to: Carers or carers of patients (unpaid, family members), Homeless (living on streets, sofa hoping with friend/family, hostels or B&Bs), Looked after children and young people. Asylum seekers and refugees (modern day slavery). People involved in the criminal justice system (offenders/ex-offenders, probation, in-prison. Unemployed or low-income people or families, Sex workers, Prisoners and Probationers, Domestic Abuse/Drugs and Alcohol, Mental health, neurodiversity, poor literacy, or health literacy. Depravity (people living in deprived areas or remote/rural locations). Other groups experiencing health inequalities (please describe).		**This is a child focused policy required by all NHS organisations providing services for children.** **It is non-discriminatory for all service users aged 0-18yrs**

6. **Human Rights (1998)** Are there any Human Rights considerations, if so, please identify which aspects (see guidance)

Yes (please explain)	
No	X
Don't know	

(a) If what you are proposing is assessed as **not having impact** - Go to Section 12
(b) If what you are proposing is assessed as **having impact** - Continue to Stage 2

	Stage 2: Full Equality Impact Assessment Procedure		
8	**Is there service user, public or staff concerns that what you are proposing may be discriminatory, or have an adverse or positive impact on people from the protected characteristics?** Please tick as appropriate		
8.1	Service Users		If yes, please identify and explain in section 9
8.2	Staff (including contractors)		If yes, please identify and explain in section 9
9	**Can the adverse impact be justified?** Please provide details		
10	**What arrangements will you put in place to monitor the impact of the proposed action or change?** Please provide details		
11	What actions will you take to address any unjustified impact and promote equality of outcome for individuals from protected characteristics.		

	Review date:	

	Equality & Diversity Lead Approved?	Yes ☐ No ☐
	Equality & Diversity Lead Name:	
	Approval Date:	

Please send EIAs for review to the central mailbox:
eia@tavi-port.nhs.net

12. DECLARATION: I am satisfied that an equality impact assessed has been completed.

Date: 11/04/24

Author: Nicole Anderson

Title: Safeguarding Children Policy

Completed EIA Forms must be sent to:	

Appendix 1 – Guidance notes for completion of EIAs

Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. This standard template is designed to help staff to comply with the general duty.

Please complete the template by following the instructions in each box. All sections must be completed.

In this template the term "what you are proposing" is used as shorthand for what needs to be analysed. This needs to be understood broadly to embrace the full range of policies, services, guidelines, activities, and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.

AGE

- Any discriminatory employment practices including recruitment, personal development, promotion, entitlements, and retention.
- Services should be provided, regardless of age, on the basis of clinical need alone.
- Services tackling known health inequalities experienced by younger / older people, for example, in relation to isolation and older people.

DISABILITY

Services tackling known health inequalities experienced by disabled people, for example, people with learning disabilities have a shorter life expectancy than the general population.

- Reasonable steps that can be taken to accommodate the disabled persons requirements, including:
  - Physical access
  - Format of information
  - Time of interview or consultation event or Personal assistance
  - Interpreter
  - Induction loop system
  - Independent living equipment
  - Content of interview of course etc.
- Steps to make reasonable adjustments to service delivery and employment practices to ensure 'accessible to all'.

GENDER REASSINGMENT

The process of transitioning from one gender to another.

- Equal access to recruitment, personal development, promotion, and retention.
- Equality of opportunity in relation to healthcare for individuals irrespective of whether they were male or female, Trans or 'cis' or 'whether they identify with the gender they were assigned at birth'.
- The maintenance of confidentiality about an individual's trans identity/history

MARRIAGE AND CIVIL PARTNERSHIP

The provision of equal access to recruitment, personal development, promotion, and retention.

- Equality of opportunity in relation to health care for individuals irrespective of whether they are single, divorced, separated, living together, or married or in a civil partnership.
- Equal access to recruitment, personal development, promotion, and retention for female employees who are pregnant or on maternity leave.
- Equality of opportunity in relation to health care for women irrespective of whether they are pregnant or on maternity leave or breast feeding.
- Unlawful to treat a woman unfavourably because she is breast feeding.

RACE

The provision of an interpreter for people whose first language is not English.

- Written communication support / the use of language particularly jargon or colloquialisms etc.
- Services tackling known health inequalities experienced by different ethnic groups, for example, high rates of diabetes amongst the Bangladeshi community etc.

RELIGION / BELIEF AND CULTURE

Prayer facilities for service users and staff.

- Dietary requirements.
- Gender of staff when caring for patients of the opposite sex.
- Respect for requests from staff to have time off for religious festivals and strategies.
- Respect for dress codes
- Respect in terms of religion, belief, and culture.

The Trust's Chaplaincy and Spiritual Services can be contacted for further advice.

SEX

- Equal access to recruitment, personal development, promotion, and retention.
- Childcare arrangements that do not exclude a candidate from employment and the need for flexible working.
- The provision of single sex facilities, toilets, wards etc.
- Equality of opportunity in relation to health care for individuals irrespective of whether they are male, female, single, divorced, separated, living together, or married.

SEXUAL ORIENTATION

Services tackling known health inequalities experienced by LGBT people, for instance, a higher rate of mental health problems.

- Recognition and respect of individual's sexuality.
- Recognition of same sex relationships in respect to consent, next of kin, visiting etc.
- The maintenance of confidentiality about an individual's sexuality.

CARERS

Reasonable steps that can be taken to accommodate carer's requirements, such as:

- Time of meetings or interviews
- Flexible working
- Carers assessments

SECTION 7:

HUMAN RIGHTS

The Human Rights Act, came into force in 2000, incorporates into domestic law the European Convention on Human Rights which UK has been committed to since 1951. Section 6 of the Human Rights Act makes it unlawful for a public authority to act in a way that is incompatible with a Convention right. The underlying intention of the Act is to create a Human Rights culture in public services.

The following five items must be considered:

1. Will it affect a person's right to life
2. Will someone be deprived of their liberty or have their security threatened?
3. Could this result in a person being treated in a degrading or inhuman manner?
4. Is there a possibility that a person will be prevented from exercising their beliefs?
5. Will anyone's private and family life be interfered with?

If the answer is 'Yes' to any of these questions, the policy will need to be amended to avoid impacting on Human Rights. If the answer is 'No' you must refer to or request legal advice before proceeding further.

Additional Human Rights guidance:

Article 1 Protection of Property	• Bringing personal belongings to work of place of care
Article 2 Right to Education	• Decisions that can deprive people of possessions or property
Article 3 Right to Free Elections	• Trade unions • Governors • Voting rights
Article 10 Freedom of Expression	• Whistle blowing • Expression of views • Public speaking • Communication with media • Industrial action
Article 11 Freedom of Assembly and Association	• Trade unions • Demonstrations • Right to join a political party • or voluntary group
Article 12 Right to marry	• Vulnerable adults • Fertility treatment
Article 14 Prohibition of Discrimination	• Direct or indirect discrimination • Refusal of medical treatment to an older person solely because of their age • Non-English speakers being presented with health option without use of an interpreter. • Discrimination against NHS Trust staff on the basis of their caring responsibilities at home

Positive Action

The term 'positive action' covers a range of measures which organisations can use where those with a 'protected characteristic':

- Experience some sort of disadvantage because of that characteristic.
- Have particular needs linked to that characteristic; or
- Are disproportionately under-represented in a particular activity.

Where any of these conditions apply, positive action can be taken to overcome that disadvantage, meet that need or encourage participation in that activity.

Positive action can be taken in relation to a wide range of activities, such as employment, education, training, and service delivery. For example, encouraging people from groups with different needs to apply for jobs etc.

Some services/activities target individuals/groups with protected characteristics and by definition these will frequently have a differential impact. Assessment of the impact **must** take into account whether it is lawful or justifiable. Differential impact can be justified as part of a wider strategy of positive action in relation to particular groups, where the initiative is intended to encourage equality of opportunity for a particular group.

Note: Where this is the case it is necessary to justify actions and provide a clear and legal rationale for them.

Protected Characteristics

Managers have a responsibility to assess their activities, and to set out how they will monitor any possible negative impact on the following 'protected characteristics':

Protected Characteristic	Description
Age	A person belonging to a particular age (e.g., 32 years olds) or a range of ages (e.g., 18–30-year-olds)
Sex	A man or a woman
Race	A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins
Disability	A person has a disability if he/she has a physical, hearing, visual, or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities
Religion or Belief	A group of people defined by their religious and philosophical beliefs including lack of belief (e.g., Atheism). Generally, a belief should affect an individual's life choices or the way in which they live
Sexual Orientation	Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual)
Gender Reassignment	Where a person has proposed, started, or completed a process to change his or her sex
Marriage and Civil Partnership	A person who is married or in a civil partnership
Pregnancy and Maternity	A woman protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled
Carer	A person who cares, unpaid, for a friend or family member who, due to illness, disability, a mental health problem or an addiction, cannot cope without their support
Human Rights	The basic rights and freedoms to which all humans are entitled, often held to include the right to life and liberty, freedom of thought and expression, and equality before the law

In addition to these 9 'protected' characteristics, Carers and Human Rights will also be considered as part of the Trust's Equality Impact Assessment including other vulnerable groups such as, Homeless, Asylum seeker and refugees, unemployed, Mental Health, Domestic abuse, Drugs, and alcohol etc.

Throughout the document the term **'protected characteristic'** should be taken to include all the above equality groups.

EQUALITY AND HEALTH INEQUALITIES

The information below is taken from the Equality and Health Inequalities Pack produced by NHS Right Care[2]

- The under 75 mortality rates from cardiovascular disease (CVD) is almost five times higher in the most deprived compared to the least deprived areas[3]
- African-Caribbean and Asian females over 65 have a higher risk of cervical cancer[4]
- Lesbian and bisexual women are twice as likely to have never had a cervical smear test, compared with women in general[5]
- Older people report receiving poorer levels of care than younger people with the same conditions[6]
- People with learning disabilities are 4 times as likely to die of preventable causes[7]
- South Asians are up to 6 times more likely to develop type 2 diabetes[8]
- Suicide is currently the biggest killer of men under 35 in the UK[9]
- It is becoming more common for children to develop type 2 diabetes[10]
- Muslim people report worse health on average compared to other religious groups[11]

The General Duty

All public authority in the exercise of its functions must have due regard to the need to[12]:

- eliminate any form of unlawful discrimination (including direct or indirect discrimination, harassment, victimisation, and any other conduct prohibited under the Act)
- advance equality of opportunity between people who share a relevant characteristic and people who do not, and
- foster good relations between people who share a protected characteristic and people who do not.

Due regard

Due regard means such regard as it is appropriate in all the circumstances.[3] The three aims of the general equality duty must be considered and reflected upon during:[4]

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[2] Equality and Health Inequality Pack produced by NHS RightCare - https://www.england.nhs.uk/wp-content/uploads/2018/12/ehircp-l-merton-ccg-dec18.pdf

[3] NHS Outcomes Framework inequality indicators, NHS Digital (2016). **2.** Forman, D. "Cancer incidence and survival by major ethnic group, England, 2002–2006".

[4] Forman, D. "Cancer incidence and survival by major ethnic group, England, 2002–2006". *National Cancer Intelligence Network*(2009).

[5] **3.**Kerker, Bonnie D., Farzad Mostashari, and Lorna Thorpe. "Health care access and utilization among women who have sex with women: sexual behaviour and identity".*Journal of Urban Health*83.5 (2006): 970-979.

[6] Melzer, David, et al. "Health Care Quality for an Active Later Life". *Peninsula College of Medicine and Dentistry, University of Exeter* (2012).

[7] Rees S, Cullen C, Kavanagh S, Lelliott P. Chapter 17 Learning Disabilities. In: Stevens A, Raftery J, Mant J, Simpson S. (eds.) *Health Care Needs Assessment. First Series*. Second. Oxford: Radcliffe Publishing Ltd; 2004. pp451–540.

[8] Khunti, Kamlesh. *Diabetes UK and South Asian Health Foundation recommendations on diabetes research priorities for British South Asians*. Diss. University of Warwick, 2009.

[9]https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2015registrations ONS, 2015

[10]https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2015registrations ONS, 2015.

[11] 2011 Census data.

[12] s.149(1) Equality Act 2010.

- the decision-making process
- the design of policies (including internal policies), and
- the delivery of services.

The public authority's policies and practices must also to be kept under review.[5]

The duty to have due regard is not a duty to achieve a particular result.[6]

Advance Equality

This is defined as the need to:[7]

- remove or minimise disadvantages suffered by people who share a relevant protected characteristic.
- meet the needs of people who share a relevant protected characteristic where these are different from the needs of people who do not share it.
- encourage people who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

Foster good relations

This is defined as the need to:[8]

- tackle prejudice, and
- promote understanding.

[1] s.2 Equality Act 2010 (Commencement No. 6) Order 2011 SI 2011/1066[2]