



Sunderland
Clinical Commissioning Group

Safeguarding Adults Policy C016



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Version Control

Version	Date Approved	Committee	Date of next review	CCG Lead
V1	28 February 2013	N/A	April 2014	Head of Safeguarding
V1.1	2 April 2014		April 2015	Head of Safeguarding
V2	April 2015		April 2016	Head of Safeguarding
V3	April 2016		April 2018	Designated Nurse Safeguarding Adults
V4	07/10/2018	Quality and Safety	October 2021	Designated Nurse Safeguarding Adults

1. Introduction

- 1.1 For the purposes of this policy, Sunderland Commissioning Group will be referred to as “the CCG”.
- 1.2 The safeguarding chapter (14) on sections 42-46 of the [Care Act 2014](#) within the [Care and Support Act Statutory Guidance 2018](#) which outlines agencies roles and responsibilities, to work together, to ensure adults at risk are safeguarded from abuse and neglect.
- 1.3 Underpinning the legislation and guidance is the fact that ‘safeguarding adults’ is everybody’s business. All staff have a responsibility to help prevent abuse and to act quickly and proportionately to protect people where abuse is suspected.
- 1.4 This policy sets out how, as a commissioning organisation, the CCG will fulfil their statutory duties and responsibilities effectively both within their own organisation and across their local health economies via their commissioning arrangements.
- 1.5 The CCG will ensure that they have in place robust structures, systems, standards and an assurance framework which enable compliance with legal and local governance arrangements as well as the [Safeguarding Vulnerable People in the NHS: Accountability & Assurance Framework 2015](#).
- 1.6 The CCG, as members of the Sunderland Safeguarding Adult Board (SSAB) have formally adopted the principles of the [Sunderland Safeguarding Adults Board](#).

2. Status

- 2.1 This policy is a corporate policy.

3. Purpose and Scope

- 3.1 This policy relates to all adults at risk who are resident in Sunderland, or access services commissioned by Sunderland CCG.
- 3.2 This policy describes how the CCG will discharge their responsibility for ensuring their own organisation, and how the health services they commission fulfil their legal obligation under the [Care Act 2014](#) to safeguard adults at risk, including compliance with the [Mental Capacity Act 2005](#) and [Deprivation of Liberty Safeguards](#) (DoLS) , [the Prevent Duty Guidance 2015](#) and the [Female Genital Mutilation \(FGM\) duty to report 2015](#).
- 3.3 This policy applies to all staff employed by the CCG – including agency staff, self-employed, temporary staff, students on placement and volunteers
- 3.4 All CCG staff have an individual responsibility for raising concerns that an adult at risk is experiencing, or at risk of, abuse or neglect.

4. Definitions

4.1 The safeguarding adult duties have a legal effect from April 2015 under the [Care Act 2014](#) and apply to an adult, 18 years and over, who:

- has needs for care and support (whether or not those needs are being met) 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 the experience of abuse or neglect
- [Care and Support Act Statutory Guidance 2018](#)

4.2 Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It 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 making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

4.3 Local authorities must cooperate with each of their relevant partners, as described in section 6(7) of the [Care Act 2014](#), and those partners, including the CCG, must also cooperate with the local authority, in the exercise of their functions relevant to care and support including those to protect adults.

4.4 Six key principles underpin all adult safeguarding work:

- *Empowerment* – People being supported and encouraged to make their own decisions and informed consent.
- *Prevention* – It is better to take action before harm occurs.
- *Proportionality* – The least intrusive response appropriate to the risk presented.
- *Protection* – Support and representation for those in greatest need.
- *Partnership* – Local solutions through services working with their communities.
- *Accountability* – Accountability and transparency in delivering safeguarding.

4.5 Abuse and neglect can take many different forms including:

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

- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** – encompasses slavery, human trafficking, 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 or 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.

4.6 Domestic Violence

4.6.1 Domestic abuse is defined by the Home Office as “Any incident of controlling, coercive or threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 16 and over, who are or have been intimate partners or are family members, regardless of gender and sexuality.” This definition includes honour-based violence, forced marriage and female genital mutilation. The impact of domestic abuse can range from loss of self-esteem to loss of life.

4.6.2 Domestic abuse happens in all communities, regardless of gender, age, disability, gender reassignment, race, religion or belief, sexual orientation, marriage or civil partnership and pregnancy or maternity. When dealing with domestic abuse it is important to recognise differences between all protected characteristics. It follows that different approaches and resources are needed when addressing domestic abuse with different groups. Where a member of staff makes a disclosure concerning domestic abuse this policy should be read in conjunction with Sunderland CCG’s Domestic Abuse and the Workplace Policy.

4.7 Prevent- part of the counter-terrorism strategy in the UK

Prevent aims to reduce the number of people becoming or supporting violent extremists. Prevent is one of the most challenging parts of the [counter terrorism strategy 2018](#) , because it operates in a **pre-criminal space**, before any criminal activity has taken place. It is important that CCG staffs are aware of the strategy and consider this under the banner of safeguarding. [The Prevent Duty](#) was introduced on 31st July 2015. Issued under [s29 Counter Terrorism Act 2015](#) . [s26 of the Counter Terrorism Act](#) places a duty on certain bodies (“specified authorities”) to have “due regard to the need to prevent people from being drawn into terrorism”. Specified Authorities include NHS Trusts and Foundation Trusts. The duty requires that healthcare workers are trained to recognise signs where people may be vulnerable to being drawn into terrorism and can locate available support, including the Channel programme where necessary.

4.8 The Executive Lead for Safeguarding Adults in the CCG is the Director of Nursing, Quality and Safety.

5. Safeguarding Adults

5.1 Procedures to follow when there is a concern about an adult at risk

5.1.1 Any member of staff, who believes that an adult at risk has suffered abuse or is likely to do so, has a legal duty to respond.

5.1.2 The Designated Nurse Safeguarding Adults/ Head of Safeguarding and or Safeguarding Nurse within the CCG Safeguarding Team will provide advice, support and guidance as required.

5.1.3 Where concerns are raised:

- Ensure the immediate safety of any adults and children at risk Ensure urgent medical attention if required
- Contact the police if a criminal offence suspected
- Refer to the [Sunderland Safeguarding Adults Threshold Guidance](#) to determine the level of risk.
- Ensure any risks to children follow [Sunderland SCB procedures](#) .

5.1.4 Discuss concerns openly and honestly with the adult at risk, unless there are specific reasons where it is not safe or appropriate to do so, e.g. in the presence of an alleged perpetrator. Consent to make an alert/referral **must** be obtained unless:

- the adult lacks mental capacity for the decision **OR**
- It is in the public interest (*i.e. others at risk or a criminal offence suspected*) to act without consent

- 5.1.5 Having considered the above, an alert/referral should be made to the Local Authority following [Sunderland Safeguarding Adults Board \(SSAB\) Multi-Agency Procedural Framework](#)
- 5.1.6 All concerns, actions taken, reasons to share information and alerts/referrals should be appropriately recorded, following organisational procedures.
- 5.1.7 The Local Authority safeguarding team will review and risk assess the referral, where all appropriate actions have been taken to safeguard those at risk the Local Authority will record the concern and advise the referrer.
- 5.1.8 Where the local authority identifies that the referral meets the criteria for a s42 Safeguarding Enquiry it must make enquiries, or cause another agency to do so, whenever abuse or neglect are suspected in relation to an adult and the Local Authority thinks it necessary to enable it to decide what (if any) action is needed to help and protect the adult.
- 5.1.9 It is the responsibility of those who have made the referral to the Local Authority to ensure that the referral has been received and is being dealt with, should a formal response not be received.

5.2 Commissioned Services - Governance and Accountability

- 5.2.1 The CCG Governing Body is responsible for ensuring that NHS services commissioned on behalf of the CCG have in place arrangements to meet their statutory duties in relation to safeguarding adults and that these arrangements are being complied with. The CCG Governing Body will assure itself that safeguarding adults is a priority across the health economy and will receive regular reports and updates with reference to safeguarding adult matters across its health economy.
- 5.2.2 The CCG will ensure effective leadership, commissioning and governance of safeguarding adult services across the local health community by:
- Ensuring a robust governance structure is in place to support the work of the Sunderland Safeguarding Adult Board and the CCG governing body in delivering safeguarding adult responsibilities.
 - Ensuring all commissioned services are fully aware of their local and statutory responsibilities regarding safeguarding adults and that the CCG's commissioning, contracting, contract monitoring and quality assurance processes fully reflect this.
 - Ensuring service specifications, invitations to tender and service contracts fully reflect safeguarding and MCA requirements as outlined in this policy with specific reference to the clear standards for service delivery.
 - Monitoring safeguarding adult and MCA compliance both within the CCG and across commissioned services, addressing weaknesses as a matter of priority.

- Reviewing [Safeguarding Adult Reviews \(SARs\)](#) and their subsequent action plans and ensuring that learning from each case/review is reflected in the strengthening of commissioning, quality assurance and practice across the health economy
- Ensuring a system is in place for escalating risks.

5.2.3 The (SSAB) has the lead responsibility for keeping adults safe, as set out in the statutory guidance under [Care Act 2014](#). This includes the prevention and protection of significant harm or the risk of significant harm. The Chief Officer has responsibility for safeguarding adults and along with the Head of Safeguarding and Designated Nurse Safeguarding Adults is a member of the Sunderland Safeguarding Adults Board.

5.2.4 Standards have been developed and incorporated into contracts with providers that will ensure the following arrangements in relation to adult safeguarding are adhered to:

- **Leadership** – a named Lead(s) is identified who is responsible and accountable for safeguarding adults.
- **Policies/Procedures/Strategies** – Policies are produced that are accessible and ensure clarity in relation to raising and reporting concerns relating to an adult at risk. These policies comply with the Sunderland Multiagency Safeguarding Adults Procedural Framework.
- **Training and Continuous Professional Development** – staff will receive relevant mandatory adult safeguarding training appropriate to their roles and responsibilities.
- **Safe Recruitment and Vetting Procedures** – It is essential that there is an identity check (and record the outcome) of all applicants for employment is in accordance with NHS Employment Check Standards 2017. It is essential that previous employment history is checked before any unconditional offer of employment is made and a criminal record check via the [Disclosure and Barring Service \(DBS\)](#) is undertaken for all new staff, who may have access to adults at risk. This should be renewed every 3 years.
- **Whistleblowing** – Providers will ensure policies are in place and staff are aware of how to raise concerns.
- **Safeguarding Adult Reviews (SARs)**– Providers contribute to Safeguarding Adult Reviews (SARs) in accordance and ensuring compliance with the [Care Act 2014](#) and Sunderland Multiagency Policies and Procedures.
- **Domestic Homicide Reviews (DHRs)** - (DHRs) were established on a statutory basis under section 9 of the [Domestic Violence, Crime and Victims Act \(2004\)](#). This provision came into force on 13th April 2011. All health organisations, including commissioning bodies, are obliged to participate in these reviews under the Act.

- **Mental Capacity Act 2005 and Deprivation of Liberty Safeguards** – provides a framework to provide protection for people, 16 years and over, who cannot make decisions for themselves due to an impairment of, or a disturbance in the functioning of, the mind or brain. All health organisations are legally obliged to ensure compliance and follow the [MCA Code of Practice](#). **Incidents/Serious Incidents** – Policies are in place and confirm how incidents/serious incidents relating to adult safeguarding are dealt with.
- **Supervision** – Supervision policies are in place for the provision of adult safeguarding supervision.

6. Duties and Responsibilities

Member Practices	The Member Practices have delegated responsibility to the Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents
Chief Officer	The Chief Officer has overall responsibility for ensuring that the CCG has appropriate strategies, structures, policies and procedures in place to ensure that adults at risk are safeguarded from harm and abuse and that the organisation complies with all relevant national legislation and discharges its duties effectively.
The Director of Nursing, Quality and Safety	<p>The Director of Nursing, Quality and Safety will ensure that the CCG has in place assurance processes to monitor CCG and commissioned services' compliance with adult safeguarding legislation, guidance, policy, procedures, quality standards, and contract monitoring of providers.</p> <p>The Director of Nursing, Quality and Safety is responsible for ensuring that the Chief Officer and Governing Body members are made aware of any concerns relating to a commissioned service which may be presenting a safeguarding risk to an adult at risk.</p> <p>The Director of Nursing, Quality and Safety will ensure appropriate representation of the CCG at the Local Adult Safeguarding Boards/Committees.</p> <p>The Director of Nursing, Quality and Safety will work closely with and performance manages the CCG Head of Safeguarding.</p>

<p>The Head of Safeguarding</p>	<p>The Head of Safeguarding is the strategic and professional lead on all aspects of adult safeguarding, which includes all commissioned providers. They will:</p> <p>Work with the Designated Nurse Safeguarding Adults and the Director of Nursing, Quality and Safety to ensure robust safeguarding adults assurance arrangements are in place within the CCG and provider services.</p> <p>Provide advice and expertise to the Local Safeguarding Board/ Sub Groups and to professionals across both the NHS and partner agencies.</p> <p>Provide professional leadership, advice and support adult safeguarding professionals in the CCG and each provider organisation.</p>
<p>The Designated Nurse Safeguarding Adults</p>	<p>Represent the CCG SSAB and relevant sub Committees networks and multiagency groups charged with the management of safeguarding adults.</p> <p>Lead on investigation and provision of appropriate information to inform and support all Safeguarding Adult Reviews.</p> <p>Lead and support the development of adult safeguarding policy, and procedures in the CCG in accordance with national, regional, local requirements.</p> <p>Provide advice and guidance in relation to safeguarding adults training including standards.</p> <p>Ensure quality standards for safeguarding adults are developed and included in all provider contracts and compliance is evidenced.</p> <p>Manages the Named GP Safeguarding Adults and the CCG Safeguarding Nurse.</p>

<p>Named GP safeguarding Adults</p>	<p>Work with the Named GP for Safeguarding Children to provide leadership advice and guidance to GP Practices in Sunderland To work closely with other Named, Lead Practitioners and Designated Professionals in supporting all activities necessary to ensure that the CCG meets its responsibilities in safeguarding adults. Ensure that the GPs across Sunderland have appropriate safeguarding policies and procedures in place, in line with national and local multi-agency guidance.</p>
<p>All CCG employees</p>	<p>All CCG employees are responsible for ensuring that they have completed mandatory adult safeguarding training. They will ensure that they are aware of this policy and the South Tyneside Multiagency Adult Safeguarding Procedural Framework and understand how to raise a concern relating to an adult at risk.</p> <p>CCG employees are responsible for actively co-operating with managers in the application of this policy to enable the CCG to discharge its legal obligations and in particular;</p> <p>All staff must be aware of the potential for abuse of adults at risk and the actions required of them should they have any concerns. They should be familiar with the agreed multi-agency policy and procedure and attend training commensurate with their role. Staff must adhere to this policy.</p> <p>CCG employees, governed by professional regulations, should understand how their professional standards and requirements underpin their organisational roles to prevent, recognise and respond to abuse and neglect.</p>
<p>NHS Providers</p>	<p>All NHS Providers are responsible for ensuring they have clear operational policies and procedures that reflect the SAB framework.</p> <p>NHS employees, governed by professional regulations, should understand how their professional standards and requirements underpin their organisational roles to prevent, recognise and respond to abuse and neglect.</p> <p>NHS Providers will ensure that all staff undertake mandatory training at the appropriate level for their role and that a record of this training is maintained.</p>

7. Implementation

- 7.1 This policy will be available to all staff for use in the circumstances described on the title page.
- 7.2 All managers are responsible for ensuring that relevant staff within the CCG have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

8. Training Implications

- 8.1 All CCG staff are required to complete mandatory Safeguarding Adults training commensurate with their role and responsibilities. Refer to the CCG Safeguarding Training Strategy

9. Related Documents

9.1 Other related policy documents

Other related policy documents are hyperlinked throughout this policy.

9.2 Legislation and statutory requirements

Legislation and statutory requirements are hyperlinked throughout this policy.

9.3 Best practice guidance

Best practice guidance is hyperlinked throughout this policy.

10. Monitoring, Review and Archiving

10.1 Monitoring

The governing body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

10.2 Review

- 10.2.1 The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.
- 10.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The governing body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

10.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'version control' table on the second page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

10.3 Archiving

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: Code of Practice for Health and Social Care 2016.

11. Equality Analysis

An Equality Impact Assessment has been completed (Appendix1)



Partners in improving local health



An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

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

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

Policy	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
Service	A system or organisation that provides for a public need.
Process	Any of a group of related actions contributing to a larger action.



STEP 1 - EVIDENCE GATHERING

Name of person completing EIA:	Richard Scott
Title of service/policy/process:	Safeguarding Adults Policy
Existing: <input type="checkbox"/> New/proposed: <input type="checkbox"/> Changed: <input checked="" type="checkbox"/>	
What are the intended outcomes of this policy/service/process? Include outline of objectives and aims	
This policy sets out how, as a commissioning organisation, the CCG will fulfil their statutory duties and responsibilities effectively both within their own organisation and across their local health economies via their commissioning arrangements in relation to Safeguarding Adults.	
Who will be affected by this policy/service /process? (please tick)	
<input checked="" type="checkbox"/> Staff members <input checked="" type="checkbox"/> Other If other please state:	
Commissioned Service providers	
What is your source of feedback/existing evidence? (please tick)	
<input checked="" type="checkbox"/> National Reports <input type="checkbox"/> Staff Profiles <input type="checkbox"/> Staff Surveys <input checked="" type="checkbox"/> Complaints/Incidents <input type="checkbox"/> Focus Groups <input type="checkbox"/> Previous EIAs <input type="checkbox"/> Other	

If other please state:

Evidence	What does it tell me? (about the existing policy/process? Is there anything suggest there may be challenges when designing something new?)
National Reports	National Guidance has been revised on 26th October 2018. Guidance sets out key changes to Safeguarding procedures. The aim of the revised guidance has been to clarify core requirements and to remove areas of conflict/overlap with other processes.
Staff Profiles	
Staff Surveys	
Complaints and Incidents	Management of Safeguarding incidents and concerns under the policy and related multi agency procedures has helped to inform practice but has not highlighted any key areas of concern or challenge.
Staff focus groups	
Previous EIA's	
Other evidence (please describe)	



STEP 2 - IMPACT ASSESSMENT

What impact will the new policy/system/process have on the following staff characteristics: (Please refer to the 'EIA Impact Questions to Ask' document for reference)

Age A person belonging to a particular age

The Safeguarding Adults Policy specifically applies to adults over 18 years of age. Incidence of abuse in Sunderland occurs across the adult age range. The highest incidence of reported abuse affects adults aged between 65 and 74 years.

Policy users are directed to consider the Safeguarding children and policies to ensure correct appropriate action is considered/taken where risks to a child have been identified.

Disability A person who has a physical 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

The policy applies to Adults at Risk which may include individuals who have a physical or mental impairment which could make them vulnerable to abuse.

Gender reassignment (including transgender) Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.

LGBT Adults can also be vulnerable to abuse if they are considered to be an Adult at Risk. The Safeguarding Adults policy is non-gender specific.

Marriage and civil partnership Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters

Abuse does occur within intimate relationships and includes abuse which occurs in recognised forms of marriage or civil partnerships. Domestic Abuse is now considered under national definitions of abuse in the Care Act (2014) and is included in this Policy.

Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.

Pregnancy may contribute to a person's vulnerability and for Adults at Risk in particular. Whilst the Policy does not specifically address issues in relation to pregnancy policy users are directed to consider the Safeguarding children and policies to ensure correct appropriate action is considered/taken where risks to a child have been identified. This would include policies to protect the unborn child where concerns have been identified.

Race It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

Safeguarding Adults performance reporting for Sunderland identified that of the concerns received a small percentage were from a BME background. Following the introduction of the Care Act (2014) Safeguarding Adult policies do now include categories of abuse which include forced marriage and from 31st October 2015 a statutory duty to report FGM has been introduced. The incidence of both forced marriage and FGM can be linked to specific nationalities or ethnic groups. Policy users should though ensure that they avoid making assumptions and stereotyping and to treat adults at risk according to their needs.

Religion or belief Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Policy users should be respectful of any cultural or religious belief when dealing with both the victim and or the perpetrator, for example having female staff available for female victims. Victims can be coerced into situations such as forced marriage due to their family's cultural or religious beliefs. Some aspects of certain cultures are motivated by religious beliefs as in the case of Female Genital Mutilation, which although routinely accepted in certain cultures is a criminal offence within the UK;

Sex/Gender A man or a woman.

Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes
This policy recognises that abuse or neglect is not gender specific Safeguarding Adults performance reporting for Sunderland shows that according to reported concerns females are a higher risk group.
Carers A family member or paid <u>helper</u> who regularly looks after a child or a <u>sick</u> , <u>elderly</u> , or <u>disabled</u> person
It is accepted that adult safeguarding concerns including abuse or neglect do occur across the spectrum of society irrespective of status of the person concerned. The Safeguarding Adults policy is non- specific in relation roles or status but it is acknowledged that carers can be either victims or perpetrators of abuse. Policy users should though ensure that they avoid making assumptions and stereotyping and to treat adults at risk according to their needs.



STEP 3 - ENGAGEMENT AND INVOLVEMENT

How have you engaged with staff in testing the policy or process proposals including the impact on protected characteristics?
The previous CCG Policy has been to amended to include recent minor changes to legislation and guidance and therefore the impact upon protected characteristics has already been assessed.
Please state how staff engagement will take place:



STEP 4 - METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform staff of the policy?
<input type="checkbox"/> Verbal – through focus groups and/or meetings <input type="checkbox"/> Verbal - Telephone <input type="checkbox"/> Written – Letter <input type="checkbox"/> Written – Leaflets/guidance booklets <input type="checkbox"/> Email <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Other
If other please state:



STEP 5 - SUMMARY OF POTENTIAL CHALLENGES

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
1 Training needs for staff who may come into contact with incidences of abuse or neglect.	Staff who are not appropriately trained in safeguarding adults may not have a required understanding of the issues and how they should be managed/supported. Staff should have completed mandatory training and additional training where required.



STEP 6- ACTION PLAN

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date
1	Training issue for staff	All staff	Staff should comply with mandatory training requirements for their role	Staff who are updated in their training at the appropriate level would have updated knowledge and skills	CCG	As per mandatory requirement

Ref no.	Who have you consulted with for a solution? (users, other services, etc)	Person/ People to inform	How will you monitor and review whether the action is effective?



SIGN OFF

Completed by:	Richard Scott
Date:	29/10/2018
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