# Safeguarding Children Policy

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NHS West Cheshire Clinical Commissioning Group
September 2016

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Nëse keni pyetje ose komente në liddhe me këtë informacion ose dëshironi t'a keni atë të përkthyer në gjuhën tuaj, ju lutemi telefononi në 01244 650368. Ju lutemi thoni emrin e gjuhës tuaj tre herë, së bashku me numrin tuaj telefonik. Ne do të marrim masa që një përkthyes përmes telefonit t'ju telefonomë juve.

Albanian

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Arabic

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Bengali

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Guarani

Se tu mane a maki, mana bungo a shawn ti,a-ti-fivoa shawn a expa yampi. Tumariyi potzani b’axaamaa, tene tao tiaoloa karyamaa aapa teyee biyaa. Ko apa t’o 01244 650368.

Gujarati

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September 2016
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1. INTRODUCTION

1.1 NHS West Cheshire Clinical Commissioning Group is committed to safeguarding and promoting the welfare of children and young people. As with all other NHS bodies we have a statutory duty to ensure that we make arrangements to safeguard and promote the welfare of children and young people that reflects the needs of the children that we deal with.

1.2 In discharging these statutory duties/responsibilities we must take account of:


   b) Working Together to safeguard children A guide to inter-agency working to safeguard and promote the welfare of children (HM Government, 2015)

   c) Statutory Guidance on Promoting the Health and Well-being of Looked After Children (Department of Health, 2015)

   d) The policies and procedures of Cheshire West and Chester Local Safeguarding Children Board

1.3 As a commissioning organisation we are required to ensure that the organisations we commission services from provide safe systems that safeguard children at risk of abuse or neglect. We also have responsibilities for looked after children and for supporting the Pan Cheshire Child Death Overview Process.

1.4 We will ensure we work closely with NHS England through our area team to ensure there are effective safeguarding and children in care arrangements across the local health community.

1.5 This policy details the roles and responsibilities of NHS West Cheshire Clinical Commissioning Group as a commissioning organisation and that of its employees.

1.6 This policy is mandatory for all employees of the Clinical Commissioning Group, including Governing Body members.

2. PURPOSE

2.1 In developing this policy NHS West Cheshire Clinical Commissioning Group recognises that safeguarding children is a shared responsibility with the need for effective joint working between agencies and professionals that have different roles and expertise. This is crucial in protecting the most vulnerable groups in society from harm. In order to achieve effective joint working there must be constructive relationships at all levels.
2.2 This will be promoted and supported by NHS West Cheshire Clinical Commissioning Group by having:

a) The commitment of Governing Body members and senior managers to safeguard children.

b) Clear lines of accountability for safeguarding reflected in the governance arrangements.

c) Appropriate arrangements in place to co-operate with Cheshire West and Chester Local Safeguarding Children Board and the Health and Wellbeing Board.

d) Arrangements in place for interagency working and effective arrangements for information sharing.

e) Taken account during service developments of the need to safeguard all service users, and is informed, where appropriate, by the views of service users.

f) A plan to train staff in recognising and reporting safeguarding issues and continuing professional development so that staff have an understanding of their roles and responsibilities, and those of other professionals and organisations in relation to safeguarding children and children in care.

g) Safe working practices including recruitment and vetting procedures in place.

h) The expertise of a Designated Nurse and Doctor for Safeguarding Children and for Children in Care and a Designated Paediatrician for unexpected deaths in childhood, aligned to the Clinical Commissioning Group.

i) A duty to support improvements in the quality of primary medical care. The Designated Professionals and Named GP for Safeguarding Children will contribute to this improvement through safeguarding training, multi-agency audit of practice and the dissemination of lessons learnt through learning reviews to GP practices.

3. SCOPE AND PURPOSE OF THE POLICY

3.1 The Safeguarding Children Policy sets out NHS West Cheshire Clinical Commissioning Group’s approach to ensure that:

a) No act or omission on behalf of the organisation puts a child inadvertently at risk.

b) Rigorous systems are in place to proactively safeguard and promote the welfare of children from abuse, or the risk of abuse.

c) Support is available to staff in fulfilling their obligations.
3.2 This policy applies to all employers and employees of NHS West Cheshire Clinical Commissioning Group, including Governing Body members.

4. **ROLES, RESPONSIBILITIES AND DUTIES OF STAFF**

4.1 **Chair** - The Chair is responsible for the effective operation of the Governing Body with regard to child protection and safeguarding children and young people and children in care and care leavers. The key responsibilities of the Chair are to:

   a) Ensure the role and responsibilities of NHS West Cheshire Clinical Commissioning Group in relation to child protection / safeguarding and children in care and care leavers are met.

   b) Promote a positive culture of safeguarding children and children in care and care leavers across the Governing Body through assurance that appropriate policies and procedures are in place and are being followed (safe recruitment, whistle blowing, safeguarding children and children in care) and that staff are aware NHS West Cheshire Clinical Commissioning Group takes child protection seriously and will respond to concerns about the welfare of children.

   c) Ensure there are robust governance processes in place to provide assurance on safeguarding / child protection and children in care and care leavers.

   d) Ensure good information is shared between NHS West Cheshire Clinical Commissioning Group’s Governing Body and senior management on safeguarding, child protection and children in care and care leavers.

4.2 **Accountable Officer** - As Accountable Officer, the Chief Executive Officer of NHS West Cheshire Clinical Commissioning Group is responsible for providing strategic leadership/ providing a culture of supporting good practice with regard to child protection/safeguarding and children in care within the organisation and promoting collaborative working with other agencies. The key responsibilities of the Accountable Officer are to:

   a) Ensure the role and responsibilities of the Governing Body in relation to child protection, safeguarding and children in care and care leavers are met.

   b) Ensure the organisation adheres to relevant national guidance and standards for child protection, safeguarding and children in care and care leavers.

   c) Promote a positive culture of safeguarding children, including ensuring there are appropriate policies and procedures in place (safe recruitment, whistle blowing and safeguarding children) and are regularly updated and that service users are aware NHS West Cheshire Clinical Commissioning Group takes child protection seriously and will respond to concern about the welfare of children.

   d) Appoint the Director of Quality and Safeguarding as the Executive Director lead for safeguarding and children in care.
e) Ensure good child protection and safeguarding practice throughout the organisation.

f) Ensure appropriate access to advice from Designated Professionals.

g) Ensure that effective child protection, safeguarding and children in care training and supervision is resourced and delivered.

h) Ensure that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy covered by NHS West Cheshire Clinical Commissioning Group, through commissioning arrangements and in line with the statutory duties of *Working Together to safeguard children* (HM Government, 2015).

i) Ensure and promote appropriate, safe, multiagency/interagency partnership working practices and information sharing practices operate within NHS West Cheshire Clinical Commissioning Group.

4.3 **Director of Quality and Safeguarding** - The Director of Quality and Safeguarding has been identified as the Director Lead by the Chief Executive Officer. The Director Lead is responsible for child protection, safeguarding and children in care issues. The Director of Quality and Safeguarding will provide leadership in the long term strategic planning for safeguarding/child protection, cared for children services for children across the organisation supported by the Designated Professionals. The key responsibilities of the Director Lead are to:

a) Ensure that safeguarding is positioned as core business in strategic and operating plans and structures and is closely linked to the Joint Strategic Needs Assessment.

b) Oversee, implement and monitor the ongoing assurance of safeguarding and children in care arrangements.

c) Ensure the adoption, implementation and auditing of policy and strategy in relation to safeguarding and children in care.

d) Ensure the appointment of Designated Professionals.

e) Ensure that provider organisation safeguarding and children in care arrangements are quality assured.

f) Ensure support of the designated professionals in implementing safeguarding and children in care arrangements.

g) Ensure there is a programme of training and mentoring to support those with responsibility for safeguarding and children in care.

h) Work in partnership with other organisations and agencies to secure high quality, best practice in child protection, safeguarding children and children in care.

i) Ensure that serious incidents related to safeguarding are reported immediately and managed effectively.
j) Ensure that contract specifications drawn up with NHS West Cheshire Clinical Commissioning Group as a commissioning organisation includes clear service standards for safeguarding children. These service standards (NHS West Cheshire Clinical Commissioning Group Commissioned Services Standards for Safeguarding Children and Vulnerable Adults, 2016) include standards for training, policies, and provide links to the Local Safeguarding Children Board. These service standards are monitored through a safeguarding assurance framework.

k) Ensure that all staff within the organisation has safeguarding children training at the required level as defined in the Safeguarding Children and Young People: Roles and competences for health care staff Intercollegiate Document (2014), Looked after Children: Knowledge, skills and competences of health care staff Intercollegiate Role Framework (March 2015).

l) Ensure that there are arrangements in place to ‘hear the voice of the child’ in safeguarding and children in care services.

m) Ensure that arrangements are in place for the Clinical Commissioning Group to commission appropriate services for children in care including initial and review health assessments and that robust health plans are in place for any child looked after by the Local Authority when requested by the Local Authority.

n) Present the annual safeguarding children and children in care report to the Governing Body members.

o) Appoint and performance manage the Designated Doctor and Nurses for Safeguarding Children and Children in Care.

4.4 Lay Members - The lay members’ key responsibilities are to:

a) Provide scrutiny and challenge to the CCG in respect of their arrangements to safeguard and promote the welfare of children and young people, including those in care.

b) Acts as a champion for children and young people, including those in care.

4.5 Designated Doctor And Nurse For Safeguarding Children - The Designated Doctor and Nurse for Safeguarding Children responsibilities are to:

a) Promote excellent professional practice in NHS West Cheshire Clinical Commissioning Group.

b) Provide expert advice to all health professionals, Cheshire West and Chester Local Authority and the Cheshire West and Chester Local Safeguarding Children Board.

c) Provide strategic advice and guidance to NHS West Cheshire Clinical Commissioning Group’s Governing Body.
d) Take the strategic lead on all aspects of safeguarding and child protection, including Child Sexual Exploitation, Female Genital Mutilation, Domestic Abuse and other harmful practices that may be identified in any future national guidance.

e) Co-operate with other agencies (including voluntary and private healthcare organisations) to promote the welfare of children and young people.

f) Provide advice to ensure the range of services commissioned by NHS West Cheshire Clinical Commissioning Group takes account of the need to safeguard and promote the welfare of children.

g) Ensure that service plans / specifications / contracts / invitations to tender include references to the standards expected for safeguarding children.

h) Provide advice on the monitoring of the safeguarding aspects of NHS West Cheshire Clinical Commissioning Group’s contracts.

i) Provide advice, support and clinical supervision to the Designated Professionals Children in Care in each Clinical Commissioning Group and named professionals in each provider organisation.

j) Provide skilled advice to the Local Safeguarding Children Board on all health issues and contribute to the work of the Local Safeguarding Children Board and its sub groups.

k) Promote, influence, and develop relevant training, on both a single and inter-agency basis to ensure the training needs of health staff are addressed.

l) Ensure that all NHS West Cheshire Clinical Commissioning Group staff are aware that people using services might be suffering from abuse and that they need to exercise vigilance to mitigate against risk. They should be trained and competent to be alert to the potential indicators of abuse and neglect and know how to act on those concerns in line with local guidance.

m) Provide skilled professional involvement in child safeguarding processes in line with Cheshire West and Chester Local Safeguarding Children Board procedures.

n) Provide expert health input to multi-agency safeguarding initiatives and developments.

o) Contribute to Serious Case Reviews, multi and single agency learning reviews, and multi-agency case audits.

p) Contribute to the dissemination of learning from case reviews and audits to all NHS West Cheshire Clinical Commissioning Group staff and health providers when appropriate.

q) Liaise with NHS England Regional Team on safeguarding children arrangements.
r) Support the planning and delivery of training programmes to independent contractors.

s) Work with NHS England Regional Team and NHS West Cheshire Clinical Commissioning Group on all aspects of safeguarding and child protection, including Child Sexual Exploitation, Female Genital Mutilation, Domestic Abuse and other harmful practices.

4.6 The Designated Doctor for Safeguarding Children is employed by a provider organisation but has a reporting link to the Director of Quality and Safeguarding with regard to the designated role.

4.7 **Designated Nurse And Doctor For Children In Care** - The Designated Doctor and Nurse for Children in Care responsibilities are to:

a) Provide strategic and clinical leadership.

b) Provide expert advice to all health professionals, the local authority, the Local Safeguarding Children Board and the Corporate Parenting Panel in the Local Authority area.

c) Provide advice on services commissioned by NHS West Cheshire Clinical Commissioning Group for children in care.

d) Ensure arrangements are in place to monitor the quality of health assessments completed with children in care.

e) Work with the Local Authority to improve outcomes for children in care.

4.8 **Managers** - The responsibility of Managers is to:

a) Ensure staff can access safeguarding children procedures, policies and guidance.

b) Ensure staff, are aware of their responsibilities under this policy, and that it is fully implemented within their area of responsibility.

c) Provide leadership to staff.

d) Ensure that staff work, effectively with professionals from other agencies and organisations.

e) Ensure operational implementation of this policy into practice and taking appropriate action should any breach of this policy take place.

f) Ensure that service plans/specifications/contracts include reference to the safeguarding standards expected for safeguarding children.

g) Commissioning managers will ensure safeguarding arrangements are considered during the development and commissioning of services.
h) Contract managers will ensure the *Commissioned Services Standards for Safeguarding Children and Adults at Risk* (2016) are included in provider contracts and that a process is in place to ensure the timely return of completed audits so that the safeguarding assurance process can be implemented.

i) Ensure that the recruitment and selection process guidance is followed during recruitment of staff working with children, or handling information on children, including that references are always verified, a full employment history is always available with satisfactory explanations for any gaps in employment history, that qualifications are checked and that Disclosure and Barring Checks are undertaken in line with national and local guidance.

j) Ensure staff, attend safeguarding children and children in care training at the appropriate level according to their responsibilities to safeguard and promote the welfare of children.

k) Ensure that safeguarding and children in care training is discussed with staff during annual Performance Development Reviews and included in individual staff development plans.

l) Ensure staff, are released from their work area to attend single and multi-agency safeguarding and children in care children training according to staff roles and responsibilities.

m) Ensure safeguarding responsibilities are reflected in all job descriptions and the Knowledge and Skills Framework (KSF) relevant to the job role.

4.9 **Individual Staff Members** - The responsibility of individual staff members is to:

a) Be alert to the potential indicators of abuse or neglect in children and know how to act on those concerns in line with local guidance.

b) Take part in training, including attending regular updates so that they maintain their skills and are familiar with procedures aimed at safeguarding children and children in care.

c) Understand the principles of confidentiality and information sharing in line with local and government guidance.

d) When requested to contribute to multi-agency meetings that take place to safeguard and protect children.

e) Discuss with their line manager when they are aware of circumstances, difficulties or problems in their working life which may adversely affect their working relationships and ability to safeguard children. This should be discussed with their line manager so that appropriate support can be provided.

4.10 **Staff members** who are employed or contracted but do not directly deliver services to individuals are expected to act in accordance with:
Cheshire West and Chester Local Safeguarding Children Board procedures [http://www.cheshirewestlscb.org.uk/](http://www.cheshirewestlscb.org.uk/)


where they identify a concern related to the safety and welfare of a child or young person.

4.11 Appendix A identifies the specific actions required by individual staff members who have a concern about a child’s safety and welfare.

4.12 Any independent contractors who deliver services directly to children, young people and their families should ensure that they:

a) Access safeguarding children training in accordance with national and local guidance and competency frameworks.

b) Act in accordance with Cheshire West and Chester Local Safeguarding Children Board child protection procedures, policies and guidelines.

5. QUALITY IMPROVEMENT COMMITTEE

5.1 The NHS West Cheshire Clinical Quality and Performance Committee is responsible for:

a) Receiving safeguarding children, children in care and care leaver reports on a quarterly basis. The reports will include safeguarding children and children in care information, progress reports, safeguarding children dashboard and safeguarding children standards annual audit reports by exception.

b) Receiving information and updates from the Local Safeguarding Children Boards including lessons learned from incidents reported to the Local Safeguarding Children Board Audit and Case Review Groups that lead to Practice Learning Reviews, Independent Management Reviews or Serious Case Reviews.

c) Receiving and monitoring updates on external safeguarding reviews, including Care Quality Commission safeguarding reviews and inspections.

6. CONFIDENTIALITY AND INFORMATION SHARING

6.1 Confidential information about a child or young person should never be used casually in conversation or shared with any person other than on a “need to know basis.”
6.2 There are some circumstances when employees may be expected to share information about a child, for example when child abuse is alleged or suspected. In such cases individuals have a duty to pass information on without delay in line with the Local Safeguarding Children Board procedures. Employees must document when, with whom and for what purpose information was shared.

6.3 The main restrictions within the legal framework to disclosure are:

a) Common law duty of confidence
b) Human Rights Act 1998
c) Data Protection Act 1998

6.4 Disclosure should be justified in each case and guidance should be sought from the Designated and Named Professionals for Safeguarding Children in cases of uncertainty. The Designated Professionals may seek guidance from NHS West Cheshire Clinical Commissioning Group’s legal representatives.

6.5 The storing and processing of personal information about children and young people is governed by the Data Protection Act 1998. Effective information sharing underpins integrated working and is a vital element of both early intervention and safeguarding. It is important that all NHS staff understand when, why and how they should share information.

6.6 Useful information sharing advice for practitioners providing safeguarding services to children, young people parents and carers is available on the following website: https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

6.7 In some circumstances the sharing of confidential information without consent would normally be justified in the public interest. These circumstances would be:

a) When there is evidence that the child is suffering or is at risk of suffering significant harm.
b) Where there is justifiable cause to believe that a child may be suffering or at risk of significant harm.
c) To prevent significant harm arising to children and young people including through the prevention, detection and prosecution of serious crime likely to cause significant harm to a child or young person.

6.8 Information could also be shared without consent in the following circumstances:

a) If the child or young person is at greater risk.
b) If you or another health care professional is at risk.
c) If it would alert the perpetrator (in cases of sexual abuse or fabricated illness).
d) If specific forensic evidence is needed.
6.9 When considering the likely outcome of sharing or not sharing information, the safety and wellbeing of the child or young person is always paramount. Reasons for decisions to share, or not share must be recorded. All decisions require professional, informed judgment. If in doubt this should be discussed with a Designated Professionals for Safeguarding Children. The Designated Professionals may need to seek advice from NHS West Cheshire Clinical Commissioning Group legal representative.

7. WHAT TO DO IF YOU ARE WORRIED THAT A CHILD IS BEING ABUSED

7.1 All staff should exercise vigilance in their work to mitigate, against the risk that children using NHS West Cheshire Clinical Commissioning Group services might be suffering from abuse. If any member of staff becomes concerned that a child may be suffering from abuse or neglect they must follow the guidance set out in the flow chart “What to do if you have concerns.” If in need of advice you should contact the Designated Nurse or Doctor for Safeguarding Children. See Appendix A

7.2 All staff including those commissioning services for children and young people need to be aware of the additional vulnerabilities of some children and to be alert to the potential need for early recognition and intervention in these circumstances. These include the following:

a) Children who are vulnerable to sexual exploitation and trafficking. Sexual exploitation can take many forms from the seemingly ‘consensual’ relationship where sex is exchanged for attention/affection, accommodation or gifts, to serious organised crime and child trafficking. What marks out exploitation is an imbalance of power within the relationship. The perpetrator always holds some kind of power over the victim, increasing the dependence of the victim as the exploitative relationship develops. In all cases where staff have concerns regarding a young person being sexual exploited then the young person must be discussed with the Designated Professionals.


   Trafficking:

b) Children with special with special educational needs and disabilities [https://www.gov.uk/childrens-services/special-educational-needs](https://www.gov.uk/childrens-services/special-educational-needs)


c) Young carers.

   [http://cheshireyoungcarers.org/](http://cheshireyoungcarers.org/)
d) Children who are showing signs of engaging in anti-social and criminal behaviour.

e) Children who are being bullied
http://www.proceduresonline.com/pancheshire/cheshire_west/contents.html

f) Children living in family circumstances presenting challenges such as substance abuse, adult mental health and domestic violence.
http://www.proceduresonline.com/pancheshire/cheshire_west/contents.html

g) Children who are seeking asylum
http://www.proceduresonline.com/pancheshire/cheshire_west/contents.html

h) Children who are at risk of Female Genital Mutilation

http://www.proceduresonline.com/pancheshire/cheshire_west/contents.html

i) Children who are vulnerable to radicalisation

j) Children at risk of forced marriage and honour based violence.
https://www.gov.uk/guidance/forced-marriage

http://www.cps.gov.uk/legal/h_to_k/honour_based_violence_and_forced_marriage/

8. DOMESTIC VIOLENCE AND ABUSE

8.1 The Home Office defines domestic violence and abuse as:

‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, or emotional. 
Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.
Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.’
The Government definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

8.2 Domestic abuse affects significant numbers of children and young people and their families causing immediate harm as well as damaging future life chances. NHS West Cheshire Commissioning Group will have a view to this when commissioning services in line with the Cheshire Domestic Abuse Partnership Strategies:


8.3 NHS West Cheshire Clinical Commissioning Group as a member of the Local Safeguarding Children Boards will follow the multi-agency guidance set out in their policies and procedures:
http://www.proceduresonline.com/pancheshire/cheshire_west/contents.html

9. RESPONDING TO ALLEGATIONS AND SUSPICION OF CHILD ABUSE AGAINST STAFF

9.1 All such incidents should be reported to NHS West Cheshire Clinical Commissioning Group Director of Quality and Safeguarding (Named Senior Officer) and/or the Designated Nurse for Safeguarding Children (Designated Senior Officer). In the case of General Practitioners, the Medical Director should be notified in the first instance. Allegations of abuse made against a worker will be discussed with / referred to the Local Authority Designated Officer in accordance with Cheshire West and Chester Local Safeguarding Children Board Procedures.

9.2 Further guidance can be found on Cheshire West and Chester Local Safeguarding Children Board website:
http://www.proceduresonline.com/pancheshire/cheshire_west/contents.html

9.3 If NHS West Cheshire Clinical Commissioning Group removes an individual because the person poses a risk of harm to children, a referral must be made to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason.

9.4 The following document provides clear advice on appropriate and safe behaviours for all adults working with children in paid or unpaid capacities, in all settings and in all contexts:
10. DISAGREEMENT BETWEEN PROFESSIONALS OR AGENCIES

10.1 Designated professionals should be made aware of any professional or interagency disagreements. If the matter cannot be resolved by mediation then a professional meeting should be instigated according to Local Safeguarding Children Board Procedures.

10.2 The Local Safeguarding Children Board Resolution Pathway and Escalation Policy is available on the website:


11. SAFEGUARDING CHILDREN QUALITY AND AUDIT

11.1 NHS West Cheshire Clinical Commissioning Group has a process in place to ensure that all service plans/specifications/contracts/invitations to tender include reference to the standards expected for safeguarding children.

11.2 The Commissioned Services Standards for Safeguarding Children and Adults at Risk (2016) safeguarding children audit tools A (for NHS Standard Contract) or B (contractual agreement) will be formally issued by NHS West Cheshire Clinical Commissioning Group to all applicable organisations at the contract meeting. The audit tool will be completed by the provider organisation and all standards rated Red, Amber or Green (RAG rated). An action plan is expected to be submitted with the completed audit tool to address all Amber and Red rated standards. The safeguarding self-assessment audit will be repeated annually.

11.3 Following return of the annual safeguarding self-assessment audit by healthcare providers, NHS West Cheshire Clinical Commissioning Group will use the results to establish a baseline against safeguarding standards.

11.4 Main providers will complete and return a monthly Safeguarding Children Dashboard, including the safeguarding audit standards action plan updates when appropriate. Exceptions are reported via quarterly exception reporting arrangements and monitored through the Safeguarding Assurance meetings. Quarterly reports are reported to the Joint Quality and Performance Committee.

11.5 NHS West Cheshire Clinical Commissioning Group will contribute to Cheshire East Local Safeguarding Children Board multi-agency safeguarding audits through the Designated Professionals. The Clinical Commissioning Group will provide assurance to the Local Safeguarding Children Board that their statutory safeguarding responsibilities are in place through Section 11 audits and reports to the Board as requested.
12. **INVOLVEMENT OF SERVICE USERS**

12.1 NHS West Cheshire Clinical Commissioning Group is strongly committed to listening to and acting on the views of service users when commissioning services. Children’s views and opinions are heard through provider organisation audits and include the views of children in care and through Local Safeguarding Children Board multi-agency case audits. The Public and Patient Engagement Managers are in place to further facilitate listening to and acting on the views of children and their carers.

13. **SAFEGUARDING CHILDREN TRAINING**

13.1 NHS West Cheshire Clinical Commissioning Group has a Safeguarding Children Training Strategy. The training framework is in line with the recommendations of: *Safeguarding Children and Young People: Roles and Competencies for Health Care Staff* (Intercollegiate Document 2014) and *Looked after children: Knowledge, skills and competences of health care staff* (Intercollegiate Role Framework March2015).

13.2 Staff will be enabled to participate in training on safeguarding and promoting the welfare of children on both a single and interagency basis. The training will be proportionate and relevant to the roles and responsibilities of each staff member, as identified by their manager.

13.3 All staff will undertake level 1 e-learning package as part of their induction programme. This will be completed within six weeks of taking up post within the Clinical Commissioning Group. This should provide key safeguarding/child protection information, including vulnerable groups, the different forms of child maltreatment, and appropriate actions to take if there are concerns.

13.4 Following induction, the majority of Clinical Commissioning Group staff, apart from the Chair, Chief Executive Officer, Directors, Governing Body members including lay members and the Designated Professionals will require a 3 yearly update of safeguarding children level 1 training. This will be available via an e-learning training package. However, managers should ensure that members of staff who fall into any other category as outlined in the training framework access the relevant single or multi-agency training.

13.5 The Chair, Chief Executive Officer, Directors and Governing Body members will require level 1 training (or training commensurate to their role e.g. GPs require level 3 training) and Governing Body focused training.

13.6 All staff must access mandatory safeguarding training as outlined in Appendix B.
14. **SERIOUS CASE REVIEWS**

14.1 NHS West Cheshire Clinical Commissioning Group has a statutory duty to work in partnership with Cheshire West and Chester Local Safeguarding Children Board, and/or any other Safeguarding Children Board, in conducting Serious Case Reviews in accordance with *Working Together to safeguard children (HM Government, 2015)*.

14.2 The Designated Safeguarding Professionals will inform NHS England Regional Team and the Care Quality Commission (CQC) when a Serious Case Review is commissioned.

14.3 NHS West Cheshire Clinical Commissioning Group will contribute fully to Serious Case Reviews which are commissioned by the Local Safeguarding Children Board.

14.4 When conducive to the methodology chosen by the LSCB all health individual management reviews commissioned across the health economy will be submitted to the Director of Quality and Safeguarding. It is expected that each provider organisation will have a robust sign off process by their Board level safeguarding lead and that reports received will have been subject to this scrutiny process. The individual management review will support the creation of a Health Overview report. It is the responsibility of the Designated Professionals to compile the Health Overview report, which is then subject to the agreed scrutiny and sign off by the Director of Quality and Safeguarding before submission to the Local Safeguarding Children Board.

14.5 NHS West Cheshire Clinical Commissioning Group will ensure that the Designated Professionals are given sufficient time and necessary support to participate in Serious Case Reviews and to complete Health Overview reports if and when conducive to the methodology chosen by the Local Safeguarding Children Board.

14.6 The Governing Body must ensure the review and all their agreed actions following the review, are carried out according to the timescale set out by Cheshire West and Chester Local Safeguarding Children Board Audit and Case Review Group.

14.7 The Quality Improvement Committee will monitor the progress of identified recommendations and supporting action plans for issues relating to NHS West Cheshire Clinical Commissioning Group.

15. **Categories Of Abuse**

15.1 For children’s safeguarding, the definitions of abuse are taken from *Working Together to Safeguard Children (HM Government, 2015)*. Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

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

b) 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.

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

d) 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.
16. REFERENCES AND INTERNET LINKS

16.1 In developing this Policy account has been taken of the following statutory and non-statutory guidance, best practice guidance and the policies and procedures of the Local Safeguarding Children Board.

a) Cheshire West and Chester Local Safeguarding Children Board http://www.cheshirewestlscb.org.uk/


d) Department of Education and Departments of Health, Special Educational Needs and Disabilities https://www.gov.uk/childrens-services/special-educational-needs


Intercollegiate Document supported by the Department of Health

http://www.rcpch.ac.uk/system/files/protected/page/Looked%20After%20Children%202015_0.pdf

o) Royal College of Midwives (2013) Tackling FGM in the UK Intercollegiate recommendations for identifying, recording and reporting

p) Multi-agency statutory guidance on female genital mutilation (2016)
What to do if you have concerns about a child

**PRACTITIONER HAS CONCERNS ABOUT CHILD’S WELFARE**

Practitioner discusses with manager and/or other senior colleagues as they think appropriate

Still have concerns

Social worker and manager acknowledge receipt of referral and decide on next course of action within one working day

Single assessment process completed in line with local protocol

Concerns about child’s immediate safety

Feedback to referrer on next course of action

No further child protection action, although may need to act to ensure services provided

No further children’s social care involvement at this stage, although other action may be necessary, e.g. Team around the Family, Early Support

Contact children’s social care in 72 hours if no feedback is received

For advice please call the Named and Designated Professionals:

Dr Sue O’Dell
Named Doctor Safeguarding Children
01244 680169
s.o’dell@nhs.net

Anne Eccles
Designated Nurse Safeguarding Children
01244 385286

Dr R. Mittal
Designated Doctor Safeguarding Children
01244 364802

Out of Hours contact:
Consultant Paediatrician on call
01244 365000

Advice can also be sought from the Children’s Social Care Team

CHESHIRE WEST AND CHESTER

Cheshire West and Chester Multi-Agency Referral Form template can be accessed via this link: [https://online.cheshirewestandchester.gov.uk/childsocialcarereferralform/default.aspx](https://online.cheshirewestandchester.gov.uk/childsocialcarereferralform/default.aspx)


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**Children’s Social Care**

Cheshire West & Chester Integrated Access and Referral Team (i-ART)
Tel: 03000 1237047

Cheshire East Consultation Service
Tel: 03000 235012 (opt 2)
Halton - 01519 078305
Flintshire - 01352 701167
- 01352 701000
Wrexham - 01978 292039
Wirral - 01516 062008
Shropshire - 03456 789021

**Emergency Duty Teams (Out of Hours)**

Cheshire West & Chester
01244 977 277
Cheshire East - 03001 235022
Halton - 03450 500148
Flintshire - 08450 533116
Wrexham - 08450 533116
Wirral - 01516 776557
Shropshire - 03456 789040

Cheshire Police, North Wales, Merseyside & Shropshire
All calls via central referral line
Tel: 101 (In an emergency 999)

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**NHS West Cheshire Clinical Commissioning Group**

September 2016
### Appendix B Safeguarding Children Training Chart

<table>
<thead>
<tr>
<th>SAFEGUARDING CHILDREN TRAINING CHART</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COURSE</strong></td>
</tr>
<tr>
<td>Induction Programme</td>
</tr>
<tr>
<td>Level 1</td>
</tr>
<tr>
<td>Level 2</td>
</tr>
<tr>
<td>Level 3</td>
</tr>
<tr>
<td>Level 4</td>
</tr>
<tr>
<td>Level 5</td>
</tr>
<tr>
<td>Governing Body</td>
</tr>
</tbody>
</table>
### Equality Analysis

#### Stage 1 – Scope of Work

<table>
<thead>
<tr>
<th>Piece of work being assessed:</th>
<th>Safeguarding Children Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate:</td>
<td>Clinical Commissioning Group</td>
</tr>
<tr>
<td>Service area:</td>
<td>Safeguarding Children and Young People</td>
</tr>
<tr>
<td>Other partners or stakeholder:</td>
<td></td>
</tr>
<tr>
<td>Date of assessment:</td>
<td>1st May 2014</td>
</tr>
</tbody>
</table>

#### Aims of the piece of work (policy / project / framework etc.)

The purpose of this policy is to outline the way in which the Clinical Commissioning Group will meet its statutory responsibilities for safeguarding children and young people. It contains details on the roles and responsibilities of the organisation and its staff to safeguard children and young people as a commissioning organisation or employee. It provides guidance to staff on the steps to take if a child is considered to be at risk of significant harm.

#### Expected outcomes as a result of the piece of work, and how they will be measured:

- **a)** No act or omission on behalf of the organisation puts a child inadvertently at risk.
- **b)** Rigorous systems will be in place to proactively safeguard and promote the welfare of children from abuse, or the risk of abuse.
- **c)** Support will be available to staff in fulfilling their obligations.

- Monthly Safeguarding Assurance Framework. Safeguarding contracts will be monitored through the Quality and Performance meeting via monthly exception reporting arrangements.
- Quarterly safeguarding children update reports to the Quality Improvement Committee.
- Safeguarding Children and Children in Care Annual Reports.
<table>
<thead>
<tr>
<th>Protected characteristic</th>
<th>Baseline Data and research</th>
<th>Impact from the analysis of data and research?</th>
<th>If indirect discrimination:</th>
<th>If direct discrimination:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What national data is available?</td>
<td>Is the service being used by all groups the same or one group more than others?</td>
<td>Indirect discrimination service effects one group more than others but accidentally. What can we do to eliminate indirect discrimination?</td>
<td>People are openly discriminated i.e. No blacks No gypsies No disabled people.</td>
</tr>
<tr>
<td></td>
<td>What local data is available?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>What information is available relating to this specific area? Number of young people using a service etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>What does it show? Numbers involved (quantitative data), comments from people (qualitative data) Are there any gaps?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Include consultation with users if available, comments, feedback from patients, users etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Stage 1 – Initial EQA Screening

<table>
<thead>
<tr>
<th>Age</th>
<th>The 2011 Census population was 329,608:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- 17.6% (58,135) were aged 0-15 (19.9% in 2011)</td>
</tr>
<tr>
<td></td>
<td>- 63.8% (210,373) were aged 16-64 (63.7% in 2011)</td>
</tr>
<tr>
<td></td>
<td>- 18.5% (61,100) were aged 65+ (16.4% in 2011).</td>
</tr>
<tr>
<td></td>
<td>No perceived impact</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disability</th>
<th>Chester 118,210 People who have a long-term illness or disability 16.6%. Ellesmere Port and Neston 81,672 People who have a long-term illness or disability 18.2%.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10,650 people received services in the local Authority</td>
</tr>
<tr>
<td></td>
<td>During 2006/07 - 8,503.00 80% of the total receiving services with the remaining 20% comprised 2,147 people receiving residential and nursing services for the community services, 6,168 people, nearly three-quarters of all service users are those with physical disabilities. Those with a mental</td>
</tr>
<tr>
<td></td>
<td>No perceived impact</td>
</tr>
</tbody>
</table>

<p>| Gender Reassignment | Not applicable | Not applicable | Not applicable |</p>
<table>
<thead>
<tr>
<th>Marriage &amp; Partnership</th>
<th>Not applicable</th>
<th>Not applicable</th>
<th>Not applicable</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pregnancy &amp; maternity</strong></td>
<td>Cheshire West &amp; Chester All births 3,822</td>
<td>Cheshire West and Chester - Male births 1,965, Female births 1,857 26/04/2012 next update 26/04/2013</td>
<td>All 3,081 – Asian 418, Black 288, White 1,981, Mixed, Chinese &amp; any other ethnic group 220, Numbers Not stated 174</td>
<td>It is also identified that Gypsy/ Traveller have the Highest mortality rate. Gypsies and Travellers face the most serious disadvantages of all ethnic minority groups. Children have high mortality rates and the lowest educational attainment <a href="http://www.ons.gov.uk/ons/index.html">http://www.ons.gov.uk/ons/index.html</a> <a href="http://www.homeoffice.gov.uk/equalities/equality-government">http://www.homeoffice.gov.uk/equalities/equality-government</a></td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td>94.7% (312,013) were White British (including Northern Irish) (96.5% in 2001)</td>
<td>0.7% (2,337) were White Irish , 0.1% (213) were Gypsies or Irish Travellers</td>
<td>2.0% (6,462) were from other White groups, 0.9% (3,050) were from mixed / multiple ethnic groups, 1.2% (4,097) were Asian / Asian British (includes Chinese) 0.3% (908) were Black / African / Caribbean / Black British, 0.2% (528) were from other ethnic groups.</td>
<td>In January 2008, there were 151 caravans belonging to Gypsies and Travellers in Cheshire West and Chester.</td>
</tr>
<tr>
<td><strong>Religion/Belief</strong></td>
<td>Religion – 70.1% (231,126) of people said they were Christian (80.7% in 2001). 1.1% (3,560) belonged to other major world religions. 22.0% (72,649) stated they had no religion (11.5% in 2001). 6.5% (21,419) chose not to answer this question.</td>
<td>Christian 231126 - 70.1% Buddhist 776- 0.2 % Hindu 653 0.2 % Jewish 653 0.2 % Muslim 1686 - 0.5% Sikh195 -0.1% Other religion 854 -0.3% No religion 72649 -22% Religion not stated 21419 - 6.5%</td>
<td>No perceived impact</td>
<td>No perceived impact</td>
</tr>
</tbody>
</table>

Safeguarding Children Policy  
NHS West Cheshire Clinical Commissioning Group  
September 2016
There are inherent problems in estimating the number of gay, lesbian and bisexual people resident within the Cheshire West and Chester population. However, the Family Planning Association estimates that the proportion of both men and women who have ever had a same sex partner to be 5.4% of men and 4.9% of women. If the proportions reported in the Family Planning Association survey are applied to the Cheshire West and Chester adult population, there would be around 13,900 men and women who have ever had a same-sex partner within the local population.

(DORIC Population Summary Information Gay, Lesbian And Bisexuals In Cheshire West And Chester 2012)

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No perceived impact</td>
<td>No perceived impact</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Western Cheshire has a population of around 260,000 people. Local Authority Area 329608</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>160586 - 48.7%</td>
</tr>
<tr>
<td>Females</td>
<td>169022 - 51.3%</td>
</tr>
</tbody>
</table>

| | No perceived impact | No perceived impact | No perceived impact |

**Stage 1 – Initial EQA Action Plan**

Having undertaking the equality analysis, please complete the following action plan detailing how you will tackle and mitigate issues resulting from the findings of the Initial Screening:

<table>
<thead>
<tr>
<th>Equality Strand</th>
<th>Issue – Initially identified</th>
<th>What information do I need and how will I get it?</th>
<th>Timescale</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td>Consultation, Focus group, Survey, Research etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td>Consultation, Focus group, Survey, Research etc.</td>
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<td></td>
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<tr>
<td>Age</td>
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<td></td>
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<td>Pregnancy &amp; maternity</td>
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