



**Wrightington, Wigan and
Leigh Teaching Hospitals**

NHS Foundation Trust

POLICY NAME:	Think Family Safeguarding Policy
POLICY ID NUMBER:	TW24-057
VERSION NUMBER:	1.0
APPROVING COMMITTEE:	Safeguarding Effectiveness Group (SEG)
DATE THIS VERSION APPROVED:	July 2024
RATIFYING COMMITTEE	PARG (Policy Approval and Ratification Group)
DATE THIS VERSION RATIFIED:	August 2024
AUTHOR (S) (JOB TITLE)	Think Family Safeguarding Specialist Practitioners
DIVISION/DIRECTORATE:	Corporate/Safeguarding
LINKS TO ANY OTHER POLICIES/PROCEDURES:	Replaces Safeguarding Children and Young people Policy TW21-032 & Safeguarding Adults at Risk Policy TW21-034
CONSULTED WITH:	Named Professionals Safeguarding Divisional representatives via SEG

DATES PREVIOUS VERSION(s) APPROVED	Version:	Date:
NEXT REVIEW DATE:	August 2027	
MANAGER RESPONSIBLE FOR REVIEW (Must be Authors Line Manager)	Assistant Director of Safeguarding	

VERSION CONTROL

Version	Date	Amendment

CONTENTS PAGE

TITLE	PAGE NUMBER
POLICY ON A PAGE	3
POLICY STATEMENT	4
THINK FAMILY SAFEGUARDING SERVICE (TFSS)	5
KEY PRINCIPLES	5
ROLES AND RESPONSIBILITIES	15
HUMAN RIGHTS ACT	19
INCLUSION AND DIVERSITY STATEMENT	19
MONITORING AND REVIEW	19
ACCESSIBILITY STATEMENT	19

APPENDICES		PAGE NUMBER
App 1	Seven Golden Rules for information Sharing	21
App 2	Six Key Principles of Adult Safeguarding	22
App 3	Contextual Safeguarding Child Sexual Exploitation Human Trafficking and Modern Slavery	23
App 4	References	25
App 5	Glossary of Terms	26
App 6	Equality Assessment Form	27
App 7	Monitoring and Review Form	28

Immediate danger or requires immediate help telephone 999
Ask for Police and/or Ambulance

Seek support if required from
line manager or Think Family
Safeguarding Service:
0300 707 8600

Unborn/Child/Young person

Adult

No immediate risk

Contact Children's social care on
01942 828300
Complete an online referral to
Children's social care
<https://childrensportal-ehm.wigan.gov.uk/web/portal/pages/home>

Contact Adult Social Care on
01942 828777
Complete an online referral to
Adult Social Care
<https://apps.wigan.gov.uk/adultsafeguardingreferrals/>

Have you gathered enough
information? Discuss
concerns with the
child/family.

Discuss with your line
manager/safeguarding team
if needed.

Discuss and explain your concerns
with the child/family and actions
taken **unless this would put the
child at greater risk**

Discuss with the person to find
their views on your concerns.

If the person lacks capacity to
consent to a referral, a decision
may need to be made in their
best interest.

Ongoing health concerns may
need a Best Interest Meeting
with all relevant professionals to
ensure all options are discussed
and agreed.

Do the family require support
from other services?

Gain Consent for referrals to
other services such as early
help, housing, substance
misuse services.

If the concern is regarding a non-
mobile child, please follow the WSP
non mobile pathway.
[Injuries in non-mobile children
\(wiganlscb.com\)](https://wiganlscb.com/injuries-in-non-mobile-children)

The outcome of the referral will be
received via the online portal.

What to do if the person has
capacity and does not consent?

Consider if your concerns place
the person at significant risk or
could cause harm to others.
Document your decision clearly.

Document nature of
concerns, outcome and
support discussed.
SMART action planning

OUTCOME:

Referral accepted by children's
social care at level 4, the referrer
may be invited to contribute to
ongoing investigation, plans and
reviews.

Referral not accepted at Level 4
the family may be signposted to
other sources of support.

It is the referrer's responsibility to
review and challenge decisions if
needed via the resolution policy
<https://www.wiganlscb.com/Docs/PDF/Professional/Resolution-Protocol.pdf>

**PLEASE "THINK FAMILY" WITH ANY SAFEGUARDING CONCERNS
AND COMPLETE RELEVANT REFERRALS TO OTHER SERVICES**

Please ensure all decisions made, rationale and actions are clearly
documented, including names and designation of any other professionals
involved.

If the individual/family live out of borough refer to relevant local
authority.

NT

- 1.1 This policy provides all Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust (WWLTH) staff with guidance on their expectations in respect of recognising, responding, reporting, recording and referring all safeguarding concerns including abuse and neglect for all who come into our care. Our workforce have a professional responsibility and a moral obligation to safeguarding our communities.
- 1.2 “Safeguarding means protecting a citizen’s health, wellbeing and human rights enabling them to live free from harm, abuse and neglect. It is an integral part of providing high quality health care.” (NHS England, 2024). The WWLTH workforce are required to work collaboratively to effectively safeguard all children, young people and adults in their care as safeguarding is everybody’s responsibility.
- 1.3 The National Institute for Health and Care Excellence (NICE) have multiple guidelines to support professionals’ decision-making in safeguarding concerns:

Children -
[Overview | Child maltreatment: when to suspect maltreatment in under 18s | Guidance | NICE](#)

Adult -
[Safeguarding | Topic | NICE](#)
- 1.4 The ‘Think Family’ model as defined by the NHS focuses on a holistic approach to safeguarding, considering the environment, family, cultural and social systems within which individuals live regardless of their age or relationship within the family unit. The unborn, child, young person, adult, carer or wider family member does not exist in isolation.
- 1.5 “By building on the strengths of the family, practitioners can work in partnership with families to broach safeguarding concerns and promote resilience and tailor support that best suits the individual family’s circumstances” (NHS Safeguarding) [Think Family - NHS Safeguarding](#)
- 1.6 The ‘Think Family’ model to safeguarding encourages WWLTH staff to consider the unborn/child or adult at risk as part of a family whilst keeping the index individual at the centre of the care provided. This means considering the needs of the person in the context of their relationships and environment. ‘Think parent, think child, think family’ is therefore the guiding principle for this way of working. Equally professionals working with a parent, carer or significant adult need to consider the impact on the unborn/children to promote welfare and safeguard when required.
- 1.7 WWLTH has a statutory duty to safeguard and promote the welfare of unborn, children, young people, children in care and adults at risk of harm. This is supported within legislation including the Children Act 2004, Promoting the Health needs of Looked After Children 2018, and Care Act, 2014 which recognise that patients and service users need to be at the heart of care delivery and WWLTH will be accountable to patients for the quality of care they receive.

2. THINK FAMILY SAFEGUARDING SERVICE (TFSS)

- 2.1 The Think Family Safeguarding Service is available for advice, support, and guidance regarding safeguarding concerns relating to unborn, children, children in care, young people, and adults. **The TFSS provides a “Duty” service which is available Monday - Friday, 9-5pm on 0300 707 8600. The Children In Care (CIC) Team are also available Monday – Friday, 9 – 5pm 0300 7071297.**
- 2.2 Out of hours staff would be expected to contact either Children’s Social Care 01942 828300 or Adult Social Care 01942 828777 to discuss their safeguarding concerns.
- 2.3 Any actions taken by the TFSS following contact from practitioners, will be documented in all relevant Electronic Patient Records (EPR) and practitioners tasked/contacted as appropriate. There is no expectation for WWLTH staff to complete a notification to the TFSS if all safeguarding actions have been completed.

3. **THINK FAMILY SAFEGUARDING SERVICE MISSION STATEMENT**

“It is our mission to build a strong, trusted ‘Think Family’ Safeguarding Service; to capture a holistic picture of a person’s life to safeguard effectively and proportionately, listening to their views & wishes to achieve the best possible health outcomes.

We will maintain focus on prevention and protection whilst upskilling the Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust (WWLTHNHSFT) workforce by adopting trauma informed care approaches and embracing innovation & collaboration at every opportunity.”

4. **THINK FAMILY SAFEGUARDING SERVICE VISION**

“Our vision is to ensure safe and effective care, with the safeguarding of children, young people and adults being embedded in everything we do, by working closely with all divisions, services, staff & partner agencies to make a positive difference to people’s lives - We are committed to safeguarding patients, staff, visitors, and the wider community who access or come into contact with WWLTHSFT services.

Living a life that is free from harm and abuse is a fundamental right of every person and it is the responsibility of all of us to safeguard children and adults.”

5. **KEY PRINCIPLES**

5.1 **TRAUMA INFORMED CARE**

- 5.1.1 “Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional, or spiritual well-being.” (Gov, 2022).
- 5.1.2 The experiences we have in childhood, in particular early childhood, have a significant impact on how we grow and develop, our physical and mental health and our emotional wellbeing. The term Adverse Childhood Experiences (ACEs) is used to describe a wide range of stressful or traumatic experiences, it may be direct impact on the child including abuse (physical, emotional, sexual) and/or neglect (physical or emotional) or indirect circumstances which may include parental substance misuse, mental illness, domestic

abuse. Trauma can be experienced at any time during a person's life, and it is generally considered that it causes lasting adverse effects on health and wellbeing and impact on how we think, feel, and behave well into adulthood. Trauma can affect a person's choices and what may be considered unwise decision making leading to substance misuse, self-neglect or self-injurious behaviour.

- 5.1.3 As a Trust it is paramount that we listen to the voice of the child/adult and try to understand their lived experiences. Learning from National and Local Child Safeguarding Practice Reviews (CSPRs) and Safeguarding Adult Reviews (SARs) identifies that the voice and lived experience has often not been captured, understood, and responded to effectively. We have a duty to make safeguarding personal and involve the individual/families with their care and decisions. Professionals have a duty to demonstrate professional curiosity; finding out more about them will aid assessments, ensure triggers are avoided as much as possible and offer opportunity to promote welfare.
- 5.1.4 WWLTH are committed to delivering trauma informed and patient centred care, to ensure we recognise how trauma can impact on individuals and affect their ability to form trusting relationships and feel safe. Trauma informed practice promotes staff seeing beyond behaviours and enables them to consider the needs of the individual whilst seeking to avoid re-traumatisation. The expectation of WWLTH staff is to recognise the impact of trauma and consider making reasonable adjustments to meet their needs. The analysis of the impact needs to be reflected in referrals and within our documentation.
- 5.1.5 There are six key principles to apply trauma informed practice set out by Office for Health & Disparities (2022) which can be found:

[Working definition of trauma-informed practice - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice)

5.2 THINK FAMILY

- 5.2.1 **Unborn/Children** - A child is defined as anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection (HM Government, 2018, page 85). With the legal status of an unborn baby being limited, the duty to safeguard remains a priority.
- 5.2.2 Safeguarding children is defined as; protecting children from maltreatment, preventing impairment of children's health or development, ensuring that children grow up in circumstances consistent with the provision of safe and effective care and/or taking action to enable all children to have the best outcomes (HM Government, 2018).
- 5.2.3 There are four categories of abuse for children – neglect, physical abuse, sexual abuse, and emotional abuse. In addition, Contextual Safeguarding recognises that as children and young people grow and develop into adulthood, they are influenced by a whole range of environments and people outside of their family. Child exploitation, trafficking and modern slavery is detailed further in *appendix 3*.
- 5.2.4 Wigan Safeguarding Children Partnership (WSCP) recognise exceptional vulnerabilities of children who are not independently mobile, this age varies and can extend throughout childhood in some children experiencing disability. The [Bruising-in-non-mobile-children-Protocol-Pathway-Summary.pdf \(wiganlscb.com\)](#) has been adopted with external partners

across the borough, the principle of the protocol is that appropriate qualified paediatrician/senior doctors are responsible for assessing bruising and injuries in non-mobile children. WWLTH staff MUST follow the guidance for this policy with particular consideration given by Maternity and Health Visiting Staff amongst others providing health care to younger children.

- 5.2.5 Safeguarding concerns for children may be related to a parent's ability to meet their child's basic needs. Parents may have for example mental health issues or challenges with substance misuse which may impact on their capacity to recognise and respond to the needs of their unborn/children. Some adults at risk can be parents or have caring responsibilities and therefore the needs of their dependents need to be considered from a 'Think Family' safeguarding perspective. Regardless of whether staff work predominantly with children, young people or adults at risk, safeguarding statutory responsibilities require the consideration of the needs of all. The Children Act (1989, 2004) is clear that the child's welfare is paramount in all situations. Working Together to Safeguard Children (2023) highlights the need to share concerns appropriately. Unborns do not have a separate legal right from their mothers until they are born, women are free to make choices against medical advice, provided they have mental capacity to make an informed decision.
- 5.2.6 Looked After Children (LAC), Children in Care (CIC), or Children Looked After (CLA) are all terms which refer to Children and Young people in the care of their Local Authority. The term also includes unaccompanied asylum-seeking children. A child is 'Looked After' by a Local Authority if they are in their care, or is provided with accommodation, for more than 24 hours by the authority.
- 5.2.7 Looked After Children fall into four main groups; Children who are accommodated under voluntary agreement with parental consent, Children who are the subject of a care order or interim care order, Children who are the subject of emergency orders for their protection, Children who are compulsorily accommodated; this includes children remanded to the Local Authority or subject to a criminal justice supervision order with a residence requirement.
- 5.2.8 Due to their early life experiences and exposure to Adverse Childhood Experiences, Children in Care may have increased vulnerabilities and therefore will continue to need to be safeguarded. Corporate Parenting refers to the collective responsibility of the council, elected members, employees, and partner agencies to provide the best possible care and safeguarding for children who are looked after by them. As Corporate parents WWLTH staff should consider when delivering care the following statement– "would this be good enough for my child?" As Children in Care are already allocated a social worker, a referral into social care may not be required however information sharing and communication is paramount. All Wigan Children in Care aged between four and eighteen years are allocated a specialist nurse working with the CiC Team, for children in care under four years of age they will remain under the care of the Health Visiting Service, but the CiC Team are best placed to advise in terms of key professional contacts and are also a source of information and support regarding Children in Care placed in Wigan by other Local Authorities. The Children in Care Team can be contacted on 0300 707 1297.

Trust staff should consult the following document for further information:-

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/378482/Promoting_the_health_of_looked-after_children_statutory_guidance_consult....pdf
<https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2020/December/009-486.pdf>

5.3 SECTION 85

Section 85 of the Children Act 1989 requires a health authority (WWLTH) accommodating a child, often as a result of prolonged inpatient admission, for more than ninety days to notify the Local Authority via a children social care referral. This legislation is to provide a 'safety net' for children living away from home where the child is not accommodated under section 20 of the Children Act as a 'looked after child' and where the child is not subject to the usual processes of Care Planning and review by an Independent Reviewing Officer. The expectation for WWLTH staff is to identify babies, children and young people who fit into this category and complete a referral to Children's Social Care via the online portal. This includes 16 / 17-year-olds who are nursed on adult wards for the expressed time period.

5.4 THRESHOLDS

Children, young people and their families have different levels of need, and these may change over time. Most children will have their needs met by their carers at a universal level and not require any intervention from other services. If you are concerned about an unborn/child being at risk of significant harm a referral to Children's Social Care should be completed via [Wigan Children's Services Portal](#). If you identify support may be required, however are not concerned they are at risk of significant harm please refer to the Wigan Safeguarding Partnership Board 'Threshold of need' below to assess the level of need and complete relevant referrals to 'Early help / Startwell' service.

[Thresholds of Need \(wiganlscb.com\)](https://www.wiganlscb.com)

Think Family Safeguarding Service can be contacted for support - Monday - Friday, 9-5pm on 0300 7078600

5.5 TRANSITIONING INTO ADULthood

Transition into adult services should begin prior to the young person turning 18 and should be as smooth as possible with the individual being at the centre and involved in the decision making (along with parents/carers). Anyone aged 16 or over are likely to be seen in adult area of the Emergency Village, nursed on an adult ward and may come under adult community services. Regardless of caring for a young person in acute or community setting, children's legislation and safeguarding processes are up to the age of 18 therefore all WWLTHNHSFT staff need to recognise 16 / 17-year-olds as children and as such, relevant SOPs and Policies should be applied as appropriate.

5.6 ADULTS

The Care Act (2014) Section 42 defines safeguarding as "Protecting an adults' right to live in safety, free from abuse and neglect."

- 5.6.1 The Care Act (2014) is a legal framework that sets out the rights and responsibilities of Local Authorities, care providers, and service users in relation to care and support needs. It works to enable support via agencies in protecting adults at risk. An adult at risk of abuse or neglect is defined as someone who has needs for care and support, who is experiencing,

or at risk of, abuse or neglect and because of their care needs - is unable to protect themselves.

- 5.6.2 There are six key principles that underpin all Adult Safeguarding. These are Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability. Please refer to *appendix 3* for further information.

5.7 MENTAL CAPACITY ACT

- 5.7.1 Patients who lack capacity may be at a higher risk of suffering from abuse or neglect including self-neglect, omissions in care, financial abuse etc. Therefore, WWLTH staff need to be aware of how to complete a mental capacity assessment and follow the five principles of assessing a person's mental capacity
- 5.7.2 The Mental Capacity Act (MCA) (2005) sets out the legislative framework for health care professionals who make decisions on behalf of patients who lack capacity to make such decisions. The Mental Capacity Act (2005) applies to all patients over the age of sixteen however the Mental Capacity Amendment Act (2019) which includes Deprivation of Liberty Safeguards (DoLS), only applies to adults aged eighteen and over.
- 5.7.3 The mental capacity act's safeguarding provisions are fundamental to care delivery in an inpatient setting, because they are designed to protect individual's rights in accordance with the Human Rights Act 1998.
- 5.7.4 This ensures that this cohort of patients are not subject to abuse or neglect. The MCA ensures that any decision taken on behalf of a person who lacks capacity is in their best interest ensuring person centred care.
- 5.7.5 Safeguarding patients in line with the MCA requires that any intervention should be necessary, always proportionate and the least restrictive option.
- 5.7.6 Additionally, the MCA mandates the provision of independent advocates (IMCAs) to support and represent individuals who lack capacity, ensure their views and wishes are considered.
- 5.7.7 A Deprivation of Liberty Safeguards (DoLS) is the legal framework in which a person may be restricted of their liberty whilst receiving care and treatment whilst in hospital. DoLS ensures compliance specifically to Article 5 of the Human Rights Act 1998, ensuring that any restriction on a person's liberty is necessary, always proportionate and in the patients' best interest. Please see link below.

Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS)

<https://intranet.wwl.nhs.uk/extranet/widget/policies/download/2022-62d01cb77c3039.95640006>

Least Restrictive Practice Policy - Safety Interventions and Clinical Holding for Adults, Children and Young People

<https://intranet.wwl.nhs.uk/extranet/widget/policies/download/2023-65422d82f05590.22402670>

5.8 DOMESTIC ABUSE

- 5.8.1 WWLTH has a statutory duty to have safe and effective systems in place to safeguard all their service users regarding Domestic Abuse. WWLTH are required to fulfil legal requirements as per the Care Act 2014, the Children Act 1989 and the Children Act 2004 and in accordance with the NICE Domestic Violence and Abuse Quality Standard QS116, the Pathfinder Toolkit 2020 and the Domestic Abuse Act 2021.
- 5.8.2 WWLTH is committed to recognising Domestic Abuse as a crime and is therefore required to ensure this type of abuse is identified and recognised, and that service users and staff are provided with information and support to minimise further risk and harm to victims.
- 5.8.3 WWLTH staff are responsible for following the five Rs of Safeguarding: - Recognising, Responding, Reporting, Recording and Referring all safeguarding concerns. A victim may not disclose domestic abuse. Staff should therefore use professional curiosity in their assessments and planning of care, considering the “Think Family” approach and who else is also affected. Children exposed to Domestic Abuse have been shown to be at risk of behavioural, emotional, physical, cognitive functioning, attitude and long-term developmental problems (Working Together to Safeguarding Children 2023). Children/young people can also be victims of domestic abuse.
- 5.8.4 If a victim of domestic abuse attends WWLTHNHSFT between the hours of 8-5 Monday to Friday, the Health Independent Domestic Abuse and Sexual Advisors (HIDSVA) can be contacted on 0300 707 8789 (Ex 8789) for advice and support and a referral needs to be completed on IT services or the link below.

Intranet Online HIDSVA Referral Form for WWLTH Staff

<https://intranet.wwl.nhs.uk/extranet/widget/resources/download/2024-65a7b7f9143603.43868866>

- 5.8.5 Out of hours it is expected that staff would complete a DASH (Domestic Abuse, Stalking and Harassment) form and email to the safeguarding team at safeguardingservice@wwl.nhs.uk
The DASH form is a Risk Identifying Checklist (RIC) and generates a score. This determines if the victim is low, medium or high risk.
If a DASH form has been completed and emailed to the safeguarding service, the Online HIDSVA Referral does not need to be completed.

DASH form

<https://intranet.wwl.nhs.uk/extranet/widget/resources/download/2022-6374b4d354f739.67876065>

- 5.8.6 As a Trust our Domestic Abuse Policy also covers Forced Marriage and so called ‘Honor Based’ Abuse and Female Genital Mutilation (FGM). This policy can be found in the link below and further information in *appendix 5*.

Domestic Abuse, Forced Marriage, so called ‘Honour Based’ Abuse and Female Genital Mutilation (FGM) Policy

<https://intranet.wwl.nhs.uk/extranet/widget/policies/download/2022-62d01cbab8d937.24918154>

Referral to Health Independent Domestic Abuse and Sexual Violence Advisor Service

<https://intranet.wvl.nhs.uk/extranet/widget/policies/download/2022-62d01cba2fbfd9.86356837>

Domestic Abuse in Pregnancy Identification and Provision of Support to Women

<https://intranet.wvl.nhs.uk/extranet/widget/policies/download/2022-62d01cb957be43.27308810>

5.9 WAS NOT BROUGHT

- 5.9.1 Patients who are not brought to appointments can be vulnerable and may have safeguarding concerns that we are unaware of.
- 5.9.2 Using the terminology 'was not brought' instead of 'did not attend' correctly shifts the responsibility on the adult and enables us to consider from a child's perspective the impact and potential consequences of the missed opportunity (NSPCC, 2024). Children rely on parents/carers to meet their health needs.
- 5.9.3 Likewise, adults at risk of abuse or neglect or those lacking capacity may also need support to attend appointments. Practitioners should apply trauma informed care and seek to understand the lived experiences and reasons for not being brought in a sensitive manner and consider safeguarding processes, safety planning and escalation where required.
- 5.9.4 Reasonable adjustment should be considered for all service users to attend appointment.

Safeguarding Policy relating to Was Not Brought (WNB), No Access Visits (NAV) or Failure to Attend (FTA) can be found here:-

<https://intranet.wvl.nhs.uk/extranet/widget/policies/download/2023-63bbe57759f3d4.05791646>

5.10 INFORMATION SHARING AND DOCUMENTATION

- 5.10.1 All employees working in the NHS are bound by the common law duty of confidentiality and must comply with current data protection legislation. Staff must handle all personal information that they may meet during their work in a lawful and compliant manner. This is not just a requirement of their contractual responsibilities but also a requirement within the common law duty of confidence and the Data Protection Act 2018.
- 5.10.2 A lack of information sharing between multi-agency partnerships has been highlighted as a compounding factor that can lead to serious harm or death. This is well documented throughout safeguarding practice reviews and national policy which identifies working in silo as a regular criticism highlighting the clear need for multi-agency working and information sharing to support improved safeguarding outcomes.
- 5.10.3 Information sharing is always in the best interest of the individual and while consent is best practice, a lack of this should not stop practitioners from sharing or seeking information from partner agencies to ensure a joined up, holistic overview to safeguard effectively.
- 5.10.4 There are specific times when not to inform parents of concerns or actions such as if there has been a disclosure of sexual abuse, forced marriage and Fabricated or Induced Illness

– the rationale for not sharing information with parents is that it could put the child at greater risk, however we would continue to follow safeguarding procedures with our partner agencies.

If further support or advice is required contact WWL Think Family Safeguarding Team. Please see the 7 golden rules for information sharing (appendix 2)

- 5.10.5 It is imperative that the voice of the child/young person/adult is captured in your documentation and reflects as a factual, clear, and accurate account. Document exactly what is said, do not try to interpret what you think they are saying and clearly articulate the safeguarding concerns. All actions and reasoning should be clearly recorded.

For more information see below -

[Read The Code online - The Nursing and Midwifery Council \(nmc.org.uk\)](https://nmc.org.uk)

5.11 MAKING A SUCCESSFUL REFERRAL TO SOCIAL CARE

- 5.11.1 It is the responsibility of all WWLTH staff to complete a comprehensive referral to Social Care when they have safeguarding concerns about an individual or family member. This is why the 'Think Family' approach is important as it may not be the patient that the staff member has concerns about but a relative, child or carer.
- 5.11.2 Referrals need to be based on facts rather than opinions and clearly highlight the concerns that the staff member has alongside the impact that these may have on the family or individual.
- 5.11.3 Ensure that the referral includes what the concerns are, the impact of the concerns, include anything that is working well, the views of the individual and what needs to happen to alleviate or resolve the safeguarding concerns. It is important to include any phrases or comments made by the person or family regardless of the language used to accurately capture the voice and lived experience. Include any information about services that are currently involved.
- 5.11.4 Effective safeguarding is identifying any problems early so that appropriate, timely support can be provided to prevent escalation. Working honestly and openly with families, when safe to do so whilst acknowledging strengths alongside concerns is paramount.
- 5.11.5 The person that identifies the concerns is best placed to complete the referral, if support is required to do this, please contact the Think Family Safeguarding Team.

5.12 CHILD PROTECTION INFORMATION SHARING (CP-IS)

CP-IS project links IT systems between health and children's social care. Local authorities will feed information into a secure CP-IS database. All information on CP-IS will be held within the NHS Summary of Care Records using NHS numbers as the unique identifier. The health professional is alerted that a child is currently on a child protection plan, a child protection plan has closed in the last twelve months or child is 'looked after' by local authority and the details of the local authority are visible. Equally children's social care receive notification that a child has attended an unscheduled care setting. Both parties will be able to see details of the child's twenty-five previous attendances to unscheduled care in England.

5.13 RESPONSIBILITIES FOR WWLTH STAFF TO ACCESS SAFEGUARDING TRAINING

- 5.13.1 All members of the WWLTH have a duty and responsibility to safeguard anyone who encounters our services and act appropriately following our safeguarding procedures. Recognising, Responding, Reporting, Recording and Referring all safeguarding concerns.
- 5.13.2 Further policies and standard operating procedures highlighted within this policy can be accessed on the Trust intranet, and it is everyone's responsibility to ensure that they are familiar with these.
- 5.13.3 As part of the Intercollegiate documents for Children, Young people, Children in Care and Adults all staff are expected to be compliant with safeguarding mandatory training relevant to their role and responsibilities. The Intercollegiate Documents divide training into five levels of competences. Examples of groups of staff that should complete each of these levels can be found below: -

Level 1: All staff working in health settings

Level 2: All practitioners that have regular contact with patients, their families or carers, or the public.

Level 3: Registered health care staff who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role)

Level 4: Specialist roles – Named Professionals

Level 5: Specialist roles – Designated Professionals or equivalent roles

[Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2020/December/009-486.pdf) – Safeguarding Children and young people

<https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2020/December/009-486.pdf> - Looked After Children

<https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/Obselete/2023/007-069.pdf> - Adult safeguarding is currently under review.

5.14 MANAGING ALLEGATIONS AGAINST STAFF

WWLTH staff must follow the Managing Allegations Against Staff in Relation to Safeguarding Children/Young People and Adults at Risk.

<https://intranet.wwl.nhs.uk/extranet/widget/policies/download/2022-62d01cb9a70f64.16103678>

- 5.14.1 Any allegations against staff members should be brought to the attention of the Assistant Director of Safeguarding as the designated officer and the Human Resources Business Partner via the Safeguarding service Duty Number. As per the Managing Allegations policy disclosures of abuse/neglect will be reported to the Local Authority Designated Officer (LADO) or Persons in a Position of Trust (PIPOT).

Further guidance can be sourced from Wigan Safeguarding Children Partnership & Wigan Safeguarding Adult Board policy and procedure for dealing with allegations of abuse against those who work with Children and Adults at risk.

[Local Authority Designated Officer \(LADO\) \(wiganlscb.com\)](http://wiganlscb.com)

[Person in a Position of Trust \(PIPOT\) \(wigansafeguardingadults.org\)](http://wigansafeguardingadults.org)

5.15 PREVENT

- 5.15.1 The Counter Terrorism and Security Act 2015 places a legal duty on NHS Trusts and Foundation Trusts to consider the Prevent strategy when delivering services.
- 5.15.2 Prevent is part of the government's Counter-Terrorism strategy which is known as CONTEST and its aims are to stop people becoming terrorists or supporting terrorism. All organisations have a responsibility of protecting the UK and its residents against acts of terrorism and violent extremism.
- 5.15.3 The Prevent Strategy involves working with partner agencies with an overarching principle to improve health and wellbeing through the delivery of health care services whilst safeguarding vulnerable individuals. Prevent is the pre-criminal stage within the Counter-Terrorism strategy (Gov 2023).
- 5.15.4 Where staff identify or suspect a child, young person or adult is at risk of radicalisation, they should contact the Think Family Safeguarding Team on 0300 707 8600 to discuss their concerns and consider if a multi-agency referral is required. The Assistant Director of Safeguarding is the Prevent Lead for the organisation.

WWLTH should also consult the following documents:

Prevent Policy TW14-030

<https://intranet.wwl.nhs.uk/extranet/widget/policies/download/2022-62d01cb825d4f2.70519969>

GM Safeguarding Procedure Safeguarding Children and Young People Vulnerable to Violent Extremism available at

https://greatermanchesterscb.proceduresonline.com/chapters/p_sg_vio_ext.html?zoom_highlight=violent

All staff need to complete Prevent E-learning mandatory training every 3 years available via the learning hub.

6. ROLES AND RESPONSIBILITIES

6.1 Chief Executive and the Trust board

- 6.1.1 The Chief Executive provides strategic leadership for safeguarding and takes overall responsibility for safeguarding strategy and policy, supported by the Trust Board, Chief Nurse, Deputy Chief Nurse and Assistant Director of Safeguarding.

- 6.1.2 Ensure that the policies and procedures for safeguarding are applied fully and consistently adhered to, ensuring that safeguarding children, children in care and adults are identified as a key priority in all strategic planning.
- 6.1.3 Ensure all Trust staff are released to attend statutory safeguarding training within line with the Intercollegiate Safeguarding Documents and statutory guidance. Ensure that the Safeguarding Service is resourced to support and respond to the demands of safeguarding effectively.

6.2 Chief Nurse and Deputy Chief Nurse

- 6.2.1 Report directly to the Chief Executive and Trust Board to provide assurance of compliancy with this policy.
- 6.2.2 Ensure that safeguarding children/young people and adults at risk are identified as a key priority area in all strategic planning processes.
- 6.2.3 Ensure that safeguarding children/young people and adults at risk is integral to clinical governance and audit arrangements.
- 6.2.4 Ensure children/young people and adults at risk service standards are monitored, thereby providing assurance that safeguarding standards are met.
- 6.2.5 Chair the Safeguarding Effectiveness Group (SEG) quarterly to gain assurance that WWLTH is effectively discharging its statutory safeguarding duties.

6.3 Assistant Director of Safeguarding

- 6.3.1 The Assistant Director of Safeguarding reports directly to the Chief Nurse and Deputy Chief Nurse
- 6.3.2 Co-ordinates the WWLTH Think Family Safeguarding Service which contributes to the strategic development of safeguarding workstreams within all settings in the Trust and supports enhanced multi-agency/partnership working.
- 6.3.3 Has overall responsible for ensuring that safeguarding education, regular professional leadership, supervision, advice, and support is available to all staff within the organisation and is of a high standard in line with the Intercollegiate documents.
- 6.3.4 Takes a lead role in safeguarding service development throughout WWLTH
- 6.3.5 Takes a leadership role in conducting the Trust component of external reviews / case management reviews / serious untoward incidents where there is an underpinning theme relating to safeguarding and disseminate this throughout the Think Family Safeguarding Team
- 6.3.6 Takes a strategic and professional lead across the Trust on all aspects of safeguarding. Will provide expert advice to increase quality, productivity, and to improve health outcomes and reduce health inequalities.
- 6.3.7 Will provide expert advice to the Chief Nurse and Deputy Chief Nurse and Safeguarding Committees such as Safeguarding Effectiveness Group (SEG) and Safeguarding

Operational Group (SOG) to ensure service provision meets the statutory requirement to safeguard and promote the welfare of children/young people and adults. Include provision of annual, quarterly and assurance reports/papers.

6.3.8 Monitors services across the Trust to ensure adherence to legislation, policy and key statutory and non-statutory guidance.

6.3.9 Attends multi-agency meetings across the borough to ensure that the residents of Wigan are safeguarded to the highest standards.

6.4 Named Safeguarding Professionals (Named Nurse/Lead Safeguarding Adults, Named Nurse Safeguarding Children, Named Midwife Safeguarding, Named Nurse Children in Care) and Named Doctors Safeguarding Children/Adult/Children in Care

6.4.1 Report directly to the Assistant Director of Safeguarding and assist with the roles and responsibilities above save for the Named Doctors who report via medical/clinical director line management route but maintain robust links to the Assistant Director of Safeguarding.

6.4.2 Named Safeguarding Professionals alongside Specialist Safeguarding Nurses are responsible for ensuring that advice, and support is available to all staff within the organisation.

6.4.3 Provide strategic lead for safeguarding across the trust and the provision of support to enable the operational development of this area of work throughout all areas of the trust.

6.4.4 Work together to provide professional leadership across the Trust in relation to safeguarding recognition and escalation to relevant services.

6.4.5 Ensure safeguarding training is high quality and delivered in line with Trust Policy.

6.4.6 Support production of Quarterly and Annual Reports for Safeguarding which will be shared internally with Safeguarding Effectiveness Group and other external agencies such as the Safeguarding Adults Board and Safeguarding Children's Partnership.

6.4.7 Able to effectively communicate local safeguarding knowledge, research, and findings from audits, challenge poor practice and address areas where there is an identified training/development opportunity.

6.4.8 Embed the learning from Brief Learning reviews (BLRs), Local Case Reviews, Safeguarding Adult Reviews (SARS), Domestic Homicide Reviews (DHRs) and Children's Safeguarding Practise Reviews (CSPR's) into safeguarding training to provide staff with the opportunity to strengthen their recognition and escalation of safeguarding concerns.

6.4.9 Co-ordinates and contributes to implementation of action plans and the learning following the above reviews with the Safeguarding Service.

6.4.10 Ensures that records are audited in line with Trust Record Keeping audit procedures.

6.5 Think Family Safeguarding Team (TFSS)

- 6.5.1 Report directly to the Assistant Director of Safeguarding and Named Safeguarding Professionals to effectively deliver a safeguarding service to WWLTH and assist with the responsibilities above.
- 6.5.2 Act as a point of contact for all WWLTH, providing expert advice, professional support, guidance, education and supervision to the multi-professional teams, partner agencies, patients and carers.
- 6.5.3 Deputise for the Named Safeguarding Professionals when necessary.
- 6.5.4 Review internal notifications from WWLTH via multiple routes (HIS, Emails, Phone calls etc.) and ensure all actions to safeguard children/young people and adults have been completed.
- 6.5.5 Are responsible for working in partnership with other agencies when making safeguarding enquiries.
- 6.5.6 Support the development of safeguarding policies, procedures, and guidance.
- 6.5.7 Work with other professionals and partner agencies to improve outcomes for children/young people within the Wigan Borough.
- 6.5.8 Attend multi-agency meetings to address safeguarding concerns both internally and externally to the trust.
- 6.5.9 Provide safeguarding supervision and advice to all WWLTH staff.
- 6.5.10 Support the Named Nurses in Brief Learning Reviews (BLRs), Local Case Reviews, Safeguarding Adult Reviews (SARS), Domestic Homicide Reviews (DHRs) and Children's Safeguarding Practise Reviews (CSPR's).
- 6.5.11 Complete audits actioned by ongoing safeguarding reviews both internally and externally to the trust.
- 6.5.12 Know about the professional and experts' role in the court process and support staff in the writing of court reports.

6.6 Service Leads/Team Leaders/Matrons/Line Managers

- 6.6.1 Safeguarding responsibilities are reflected in all job descriptions for staff including those that they manage, relevant to job role.
- 6.6.2 Disclosure and Barring Scheme (DBS) checks are undertaken in line with national and local guidance.
- 6.6.3 Any staff in contact with children/young person or adults through the course of their normal duties are trained in accordance with their role as identified within the Intercollegiate documents against which compliance should be monitored and discussed as part of annual staff appraisal.
- 6.6.5 Be alert to the potential indicators of abuse and know how to act on those concerns.

- 6.6.6 Clinical practice must take a proactive approach to protecting and safeguarding children, young people and adults.
- 6.6.7 Be aware of the Wigan Safeguarding Adult Board and Wigan Safeguarding Partnership Policies.
- 6.6.8 Follow safeguarding procedures in relation to managing allegations against staff and follow the relevant policy.
- 6.6.9 Ensure there are procedures in place that enable staff to voice a concern and that a culture exists that enables safeguarding issues to be addressed.

6.7 WWLTH Staff

- 6.7.1 WWLTHNHSFT staff working with patients have a responsibility to be aware of and follow the Think Family Safeguarding Policy.
- 6.7.2 Be alert to the potential indicators of abuse for adults and know how to act on those concerns in line with Trust policy, Wigan Safeguarding Adult Board and Wigan Safeguarding Children Partnership policies.
- 6.7.3 Complete mandatory safeguarding training, in line with Trust policy, to ensure their competency in this area and contribute, as requested, to the multi-agency safeguarding processes.
- 6.7.4 Understand the principles of confidentiality and information sharing in line with local and government guidance.
- 6.7.5 Must respond appropriately to safeguarding concerns and make appropriate and timely referrals.
- 6.7.6 Must respond appropriately to requests by Social Care and other agencies regarding safeguarding.
- 6.7.7 Seek support and guidance from the Trust Safeguarding Service in a timely manner when they are unclear or unsure of the appropriate action in relation to safeguarding concerns.
- 6.7.8 Support and provide reports for any ongoing safeguarding concerns throughout the Trust.

6.8 Governance Teams & Patient Safety teams

The Governance team & Patient Safety teams are responsible for managing Datix/incidents throughout the trust and following their own policies to ensure the appropriate reports are completed, following the Patient Safety Incident Response Framework (PSIRF)

6.9 Safeguarding Champions

- 6.9.1 Safeguarding Champions are identified practitioners throughout the Trust who liaise and work closely with the Safeguarding Service as advocates for good safeguarding practice.
- 6.9.2 Promote professional development, identifying with the practitioner, gaps in knowledge and skills and directing staff into appropriate training/resources.

6.9.3 Regular attendance at the safeguarding champions to ensure development of enhanced skills and knowledge in safeguarding children and adults at risk and implementation of the Mental Capacity Act and sharing this information throughout the areas they work within.

6.9.4 Ensuring that there is communication with the Safeguarding Service and line managers, regarding safeguarding and protecting issues arising from practice.

6.10 Local Authorities (Adult Social Care & Children Social Care)

6.10.1 Are responsible for receiving and acting upon any concerns about adults who may be being abused or neglected in any setting, in conjunction with NHS staff where applicable.

6.10.2 Are responsible for carrying out enquiries and for developing a protection plan, where necessary, and for communicating the details of this to NHS staff where relevant.

6.11 THINK FAMILY SAFEGUARDING SUPERVISION

WWLTH workforce have a responsibility to access safeguarding supervision if they are concerned about an unborn/child/adult at risk and require support and advice about what action is needed to safeguard them. Safeguarding supervision is important in promoting good standards of practice and to support individual colleagues. It should assist in supporting colleagues' confidence and competence whilst providing a safe environment for practice challenge. WWLTHNHSFT recognises their responsibility in ensuring staff receive safeguarding supervision as outlined in "Safeguarding Children, Young People and Adults at Risk in the NHS, Safeguarding, Accountability and Assurance Framework 2019).

Think Family Safeguarding Supervision Policy - TW24-058

7. HUMAN RIGHTS ACT

Implications of the Human Rights Act have been considered in the formulation of this document and they have, where appropriate, been fully reflected in its wording.

8. INCLUSION AND DIVERSITY

The document has been assessed against the Equality Impact Assessment Form from the Trust's Equality Impact Assessment Guidance and, as far as we are aware, there is no impact on any protected characteristics.

9. MONITORING AND REVIEW

This document will be reviewed every 3 years or as and when changes or legislation which affects the document are introduced.

10. ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats e.g., large print, Braille, and audio cd.

For more details, please contact the HR Department on 01942 77 3766 or email equalityanddiversity@wwl.nhs.uk

Appendix 1

SEVEN GOLDEN RULES FOR INFORMATION SHARING (Information Sharing: HM Government 2015)

Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek agreement, unless it is unsafe or inappropriate to do so.

Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, the lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

Consider safety and well-being. Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

Necessary, proportionate, relevant, accurate, timely and secure. Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.

Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Appendix 2

Six key principles of Adult Safeguarding

The six key principles were first introduced by the Department of Health in 2011, but now embedded in the Care Act, these six principles apply to all health and care settings. (Social Care Institute for Excellence)

1. Empowerment

People being supported and encouraged to make their own decisions and informed consent.

2. Prevention

It is better to act before harm occurs.

3. Proportionality

The least intrusive response appropriate to the risk presented.

4. Protection

Support and representation for those in greatest need.

5. Partnership

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.

6. Accountability

Accountability and transparency in safeguarding practice.

Appendix 3

CONTEXTUAL SAFEGUARDING

Contextual Safeguarding recognises that as children and young people grow and develop into adulthood, they are influenced by a whole range of environments and people outside of their family, e.g. in school or college, in the local community, in their peer groups or online. Children and young people may encounter risk in any of these environments as may some adults at risk. Sometimes the different contexts are inter-related and can mean that children, young people, adults at risk may encounter multiple risks. Contextual safeguarding looks at how we can best understand these risks, engage with children, young people, the wider family and help to keep them safe.

CHILD SEXUAL EXPLOITATION

The NSPCC explains that Child sexual exploitation (CSE) is a type of sexual abuse. It happens when a child or young person is coerced, manipulated, or deceived into sexual activity in exchange for things that they may need or want like gifts, drugs, money, status and affection. Children and young people are often tricked into believing they're in a loving and consensual relationship so the sexual activity may appear consensual. This is called grooming and is a type of abuse. They may trust their abuser and not understand that they're being abused. CSE does not always involve physical contact and can also occur through the use of technology.

Trust staff can refer to the following documents:

GM Safeguarding Procedure for Safeguarding Children and Young People Abused Through Sexual Exploitation – Available at:

https://greatermanchesterscb.proceduresonline.com/chapters/p_sg_ab_sexual_exploit.html?zoom_highlight=exploitation .

Criminal and sexual exploitation of children and adults TW21-032 SOP2

https://intranet.wvl.nhs.uk/plugins/extranet/widgets/policies/uploads/2022-62d01cba8f1695.87559134_4be1fz5h4i.doc

If additional advice is required, please contact the WWL Complex Safeguarding Specialist Nurse via the Safeguarding Team 0300 7078600.

CHILD CRIMINAL EXPLOITATION

The Home Office (2018) explains that Child Criminal Exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology.”

Trust staff who suspect or become aware that a child or young person is being criminally exploited should refer to the following documents/ procedures:

GM Safeguarding Procedure for Safeguarding Children and Young People Who May be Affected by Gang Activity – Available at:

https://greatermanchesterscb.proceduresonline.com/chapters/p_sg_ch_yp_gang_act.html?zoom_highlight=criminal.

Criminal and sexual exploitation of children and adults TW21-032 SOP2

https://intranet.wwl.nhs.uk/plugins/extranet/widgets/policies/uploads/2022-62d01cba8f1695.87559134_4be1fz5h4i.doc

If additional advice is required, please contact the WWL Complex Safeguarding Specialist Nurse via the Trust Safeguarding Team 0300 7078600.

HUMAN TRAFFICKING AND 'MODERN SLAVERY'

'Modern Slavery' is a form of organised crime in which individuals including children and young people are treated as commodities and exploited for criminal and financial gain. It encompasses human trafficking, slavery, servitude and forced labour.

Human Trafficking is the recruitment, transportation, transfer, harbouring or receipt of people through force, fraud, or deception, with the aim of exploiting them for profit. Men, women, and children of all ages and from all backgrounds can become victims of this crime.

If staff identify or suspect an adult, child or young person is being trafficked or is the victim of modern slavery, they should consult the following documents:

GM Safeguarding Procedure Children who are Victims of Modern Slavery, Trafficking and Exploitation – Available at:

https://greatermanchesterscb.proceduresonline.com/chapters/p_sg_ch_trafficked.html?zoom_highlight=slavery

[Modern-Slavery.pdf \(wigansafeguardingadults.org\)](#)

Staff who identify potential victims of Human Trafficking and Modern Slavery should contact the Trust Safeguarding Team on 0300 7078600 for further advice and support.

Child harvesting or baby harvesting refers to the systemic sale of human children. It is a form of modern slavery and a subset of human trafficking.

In an emergency report to GM police on 999.

Crime Stoppers 0800 555 111

modern slavery 0800121700.

Appendix 4

REFERENCES

The Care Act, Department of Health 2014 [ukpga_20140023_en.pdf \(legislation.gov.uk\)](#)

Children Act 2004.London, HMSO [Children Act 2004 \(legislation.gov.uk\)](#)

Domestic Abuse Act 2021 [Domestic Abuse Act 2021 \(legislation.gov.uk\)](#)

GOV 2023 - [Prevent duty training - GOV.UK \(www.gov.uk\)](#)

HM Government (2018) Information Sharing: Guidance for practitioners and managers, DFE publications

[Human Rights Act 1998 \(legislation.gov.uk\)](#)

[NHS England » 2024](#)

[NHS England » Safeguarding](#)

NICE Domestic Violence and Abuse Quality Standard QS116

[Overview | Domestic violence and abuse | Quality standards | NICE](#)

Promoting the health needs of Looked After Children 2022

[Promoting the health and wellbeing of looked-after children - GOV.UK \(www.gov.uk\)](#)

The Mental Capacity Act (2005/2019)

[Ukpga_20050009_en.pdf \(SECURED\) \(legislation.gov.uk\)](#)

The National Institute for Health and Care Excellence (NICE)

[Overview | Child maltreatment: when to suspect maltreatment in under 18s | Guidance | NICE](#)

HM Government. Working Together to Safeguard Children 2015

[Working together to safeguard children - GOV.UK \(www.gov.uk\)](#)

Appendix 5

GLOSSARY OF TERMS

Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust	WWLTH
Think Family Safeguarding Service	TFSS
Electronic Patient Records	EPR
Adverse Childhood Experiences	ACE's
Child Safeguarding Practice Reviews	CSPRs
Safeguarding Adult Reviews	SARs
Looked After Children	LAC
Children in Care	CIC
Children Looked After	CLA
Deprivation of Liberty Safeguards	DoLS
Independent Mental Capacity Advocate	IMCA
Local Authority Designated Officer	LADO
Persons In Position of Trust	PIPOT
Child Protection Information Sharing	CPIS

Equality Impact Assessment Form

STAGE 1 - INITIAL ASSESSMENT

For each of the protected characteristics listed answer the questions below using Y to indicate Yes and N to indicate No		Sex (male / female / transgender)	Age (18 years+)	Race / Ethnicity	Disability (hearing / visual / physical / learning disability / mental health)	Religion / Belief	Sexual Orientation (Gay/Lesbian/)	Gender Re-Assignment	Marriage / Civil Partnership	Pregnancy & Maternity	Carers	Other Group	List Negative / Positive Impacts Below	
Does the policy have the potential to affect individuals or communities differently in a negative way?		N	N	N	N	N	N	N	N	N	N	N		
Is there potential for the policy to promote equality of opportunity for all / promote good relations with different groups – Have a positive impact on individuals and communities.		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Promotes holistic assessments and working in partnership with children and families.	
In relation to each protected characteristic, are there any areas where you are unsure about the impact and more information is needed?		N	N	N	N	N	N	N	N	N	N	N	If Yes: Please state how you are going to gather this information.	
Job Title	Specialist Nurse Safeguarding												Date	23.07.2024

IF 'YES a NEGATIVE IMPACT' IS IDENTIFIED - A Full Equality Impact Assessment STAGE 2 Form must be completed. This can be accessed via http://intranet/Departments/Equality_Diversity/Equality_Impact_Assessment_Guidance.asp

Please note: As a member of Trust staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete an Equality Impact Assessment. By stating that you have **NOT** identified a negative impact, you are agreeing that the organisation has **NOT** discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in Equality Legislation.

POLICY MONITORING AND REVIEW ARRANGEMENTS

Audit / Monitoring requirement	Method of Audit / Monitoring	Responsible person	Frequency of Audit	Monitoring committee	Type of Evidence	Location where evidence is held
To review content and update to reflect current safeguarding agenda's in 3 years (July 2027)						