

 <p> <b>GIG</b>      CYMRU  <b>NHS</b>      WALES   </p> <p>     Iechyd Cyhoeddus      Cymru      Public Health      Wales   </p>	<p> <b>Name of Meeting</b>        Quality, Safety and Improvement        Committee  <b>Date of Meeting</b>        04/06/2026  <b>Agenda item:</b>        3.3.1     </p>
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## Managing Allegations of Abuse by Staff Procedure Approval Report

### Section 1 - Policy / Procedure Information

<b>Policy / Procedure Title</b>	<b>Managing Allegations of Abuse by Staff Procedure</b>
<b>Policy Lead</b>	<b>Named Lead for Safeguarding</b>
<b>Lead Executive</b>	<b>Executive Director Nursing, Quality and Integrated Governance</b>
<b>PHW / All Wales?</b>	<b>PHW</b>
<b>Date of last Review</b>	<b>18/11/2022</b>
<b>Is the current policy / procedure within review date?</b>	<b>Out of review date</b>
<b>Approving Body /Group</b>	<b>Leadership Team</b>
<b>Version Number</b>	<b>4</b>

### Section 2: Recommendation

That the Quality, Safety and Improvement Committee:

- **Considers** the information contained within the Procedure and Equalities Impact Assessment (Appendix 1a)
- **Notes** that the Safeguarding Group endorsed the procedure at its meeting on 15 April 2026.
- **Approve** the Managing Allegations of Abuse by Staff Procedure.



**Section 3 – Details of the Review:**

**Background:** This revised procedure has been developed to ensure Public Health Wales has a clear, consistent and legally compliant approach to managing allegations of abuse involving staff, in line with the Social Services and Well-being (Wales) Act 2014 and Wales Safeguarding Procedures. The update reflects learning from recent internal case management, including the need for earlier access to safeguarding advice, strengthened risk assessment expectations, and clearer escalation pathways. The procedure supports organisational assurance, protects individuals at risk, and ensures PHW meets its statutory responsibilities when concerns arise about the conduct of its workforce.

**Reason for review**

- review deadline passed

**Description/Assessment**

The Managing Allegations of Abuse by Staff Procedure provides a consistent, legally compliant framework for responding to concerns or allegations involving Public Health Wales staff, ensuring alignment with the Social Services and Well-being (Wales) Act 2014 and Wales Safeguarding Procedures. The procedure is required to ensure that all allegations are managed promptly, transparently, and in partnership with Local Authority safeguarding teams, with clear routes for decision-making, escalation, and documentation. This revision strengthens organisational governance by clarifying roles, responsibilities, and reporting pathways; embedding statutory duties; and ensuring that practice reflects current safeguarding legislation and workforce expectations. It supports safe service delivery, protects individuals at risk, and provides assurance to the Board that PHW has a robust, defensible process for managing allegations involving its workforce.

**Consultation**

Has this Policy / Procedure been through the appropriate 28 day consultation process?

Yes

Date range of consultation:

3/1/2026 to 3/2/2026

Please provide details of any feedback received and outline what changes if any were made to the document as a result:

This revision reflects learning from managing cases internally, including the need for earlier safeguarding advice, clearer risk assessment expectations, and strengthened documentation standards. Updates ensure that roles, responsibilities, and escalation pathways are unambiguous and that decision-making is



	defensible, transparent, and aligned with statutory requirements. A clear link has been made to the organisation's DBS Policy to ensure alignment with safer recruitment, workforce safeguarding expectations, and statutory disclosure requirements. The procedure reinforces expectations for documenting and recording all allegations and safeguarding actions on Datix to ensure robust governance and auditability.
Had this policy / procedure been considered by any other groups?	Yes
If so, please provide detail of any comments / feedback or amendments made to the documents as a result of this (Add detail)	Endorsed by the Safeguarding Group at its meeting on 15 April 2026.

<b>Section 4: Impact Assessments</b>	
<b>Equality and Health Impact Assessment</b>	An Equality Health Impact Assessment has been completed.
<b>Welsh Language Impact</b>	The Procedure will be translated to Welsh and available on the internet bilingually.
<b>Risk and Assurance</b>	Allegations of abuse involving staff present significant risks to service users, organisational reputation, regulatory compliance and workforce confidence. A clear, consistent procedure mitigates these risks by ensuring timely reporting, structured risk assessment, and appropriate escalation in line with statutory safeguarding duties.
<b>Health and Social Care (Quality and Engagement) (Wales) Act</b>	The procedure supports the Act by strengthening safe, transparent, person-centred practice in line with the Duty of Quality and ensuring open, timely communication and documentation consistent with the Duty of Candour.
<b>Financial implications</b>	There are no financial implications associated with adopting this procedure, as it is already in use and delivered within existing safeguarding and operational resources.



<b>People implications</b>	There is no anticipated impact on the workforce or staff survey plans, as the revised procedure reflects existing practice and clarifies processes already in place rather than introducing new duties or changes to workload.
<b>Socio Economic Duty</b>	There are no specific Socio-economic Duty implications, as the procedure reflects existing safeguarding requirements and does not introduce changes that would differentially impact individuals or groups on the basis of social or economic disadvantage.

### Section5 - Implementation

Implementation plan (with timescales)		
Next steps	Timescale	Responsible officer(s)
The implementation plan will be overseen by the Safeguarding Group, and as the procedure is already embedded in practice, only minor updates will be communicated to Directorates and Divisions to ensure continued consistency and compliance.	3 months	Named Lead for Safeguarding

### Section 6 – Dissemination

Include here an explanation of how the document will be disseminated.

The primary source for dissemination of this Managing Allegations of Abuse by Staff Procedure within the organisation will be via the policies and procedures webpages.



## Managing Allegations of Abuse by Staff Procedure

### Introduction and Aim

This procedure outlines the process for managing allegations of abuse or neglect involving children, adults at risk, or alleged perpetrators of domestic abuse and sexual violence made against employees of Public Health Wales.

### Linked Policies, Procedures and Written Control Documents

- Safeguarding Policy
- Capability Policy
- Disciplinary Policy
- E-mail Policy
- Information Governance Policy
- Internet Policy
- Incident Management Policy
- DBS Policy

[Policies and Procedures - Public Health Wales](#)

### Scope

All staff members, temporary workers, those on an honorary contract, a secondment, or a volunteer - for the purposes of this procedure herein all noted will be referred to as 'staff members'.

<b>Equality and Health Impact Assessment</b>	This has been completed and no impact has been identified. Please refer to the completed EHIA.
<b>Approved by</b>	Quality, Safety and Improvement Committee
<b>Approval Date</b>	
<b>Review Date</b>	
<b>Date of Publication:</b>	TBC
<b>Accountable Executive Director/Director</b>	Executive Director Nursing, Quality and Integrated Governance
<b>Author</b>	Named Lead for Safeguarding

**Disclaimer**

**If the review date of this document has passed please ensure that the version you are using is the most up to date by contacting the document author**

<b>Summary of reviews/amendments</b>				
<b>Version number</b>	<b>Date of Review</b>	<b>Date of Approval</b>	<b>Date published</b>	<b>Summary of Amendments</b>
1	10/04/14	29/04/18	05/18	Ref: PHW 41.
2	04/06/18	04/10/18	17/10/18	Adapted from a policy to procedure as falls under the Safeguarding policy.
3	18/09/22	19/10/2022	27/10/2022	Procedure amended in line with the publication of the Wales Safeguarding Procedures 2019
<u>4</u>	15/5/2026			Section 3.3 included around Managing Concerns Internally where no safeguarding risk is identified. Reference to DBS policy included. Inclusion of record keeping process on Once For Wales DATIX Safeguarding module.

## 1. Introduction

Public Health Wales is committed to safeguarding children, young people, adults at risk of harm, and victims of Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV). While most staff act professionally and provide safe, supportive environments, we recognise that allegations of abuse may occasionally arise. These may be malicious, mistaken, or based on differing perceptions, but some will be genuine and must be treated with the utmost seriousness.

This procedure provides a clear framework for managing allegations or suspicions of abuse involving staff or volunteers. It ensures that concerns are addressed promptly, fairly, and consistently, in line with the Wales Safeguarding Procedures and Public Health Wales' internal disciplinary processes.

Our priority is to protect those at risk while ensuring that staff subject to allegations are treated with respect and due process. By following this procedure, Public Health Wales demonstrates its commitment to safeguarding, accountability, and maintaining public trust in the services we provide.

## 2. Roles and responsibilities

Effective management of allegations requires clarity of roles and responsibilities. Public Health Wales ensures that all parties involved understand their duties and act in a fair, consistent, and supportive manner.

- **People Managers** Provide direct support to employees, ensuring the process is handled sensitively, fairly, and thoroughly. They are responsible for putting appropriate support mechanisms in place for all individuals affected or involved. If an allegation of abuse is raised against an employee, the line manager must take it seriously, record the concern factually within the employees' personal employment records, and ensure immediate safety of the employee without conducting their own investigation. They should escalate promptly to the Named Lead for Safeguarding, senior management, and People and OD, with referrals to the relevant Local Authority where required. The manager must balance safeguarding responsibilities with fair treatment of the employee, ensuring both parties receive appropriate support. Clear documentation and adherence to procedure are essential, with escalation ensuring the right expertise and organisational oversight are brought in.

- **Named Lead for Safeguarding** Oversees and supports the implementation of this procedure, ensuring alignment with national safeguarding standards and organisational practice. They provide expert advice, guidance, and supervision to staff, supporting confidence and competence in safeguarding work. The role includes monitoring compliance, leading assurance and improvement activities, and representing the organisation in multiagency safeguarding partnerships. By offering expertise, reflective supervision, and clear escalation pathways, the Named Lead ensures safeguarding is embedded as a core organisational priority and that staff are supported to deliver safe, person-centred practice.
- **People & OD Directorate** Offers advice, guidance, and support to managers, ensuring that appropriate policies and procedures are followed appropriately and consistently.

Together, these roles ensure that allegations are managed with professionalism with safeguarding at the forefront, and due consideration for both staff and those at risk.

### 3. Procedure

Public Health Wales has established this procedure to ensure staff can respond appropriately to concerns or allegations of harm or abuse involving children, young people, adults at risk, or alleged victims of Violence against Women, domestic abuse or sexual violence. The safety and wellbeing of those at risk is paramount, and immediate action may be required to safeguard individuals and protect ongoing investigations.

#### 3.1 Raising and Managing Notifications

Concerns may be raised in several ways:

- By colleagues who witness or suspect harm or abuse
- By **safeguarding colleagues** in other Health Boards or Trusts
- By **Local Authorities or the Police** notifying Public Health Wales of allegations against a member of staff

All staff must be familiar with referral procedures and understand their statutory duty to report concerns. If a staff member suspects or witnesses abuse by another staff member—whether inside or outside of work—they must report this immediately to the Local Authority Social Services.

#### Reporting Process

- Concerns must be **report without delay** to the employee's line manager.
- If the line manager is the alleged perpetrator, the concern must be escalated immediately to a higher level of management.
- Line managers should seek advice from the **Named Lead for Safeguarding**.
- Notifications received from external agencies (Health Boards, Trusts, Social Services, Police) must also be reported to the line manager, who will liaise with the Named Lead for Safeguarding and POD

### **Allegations Involving Non-Employees**

Where allegations concern individuals working with Public Health Wales under temporary contacts e.g. agency contracts, honorary contracts, secondments, volunteer arrangements, or contractor agreements, the matter must also be shared promptly with their employer or engaging body. A **Senior POD Advisor** will provide guidance on managing these cases.

### **3.2 Managing Concerns Internally (No Safeguarding Risk Identified)**

Not all concerns raised will meet the threshold of a safeguarding referral. Where an allegation or concern does **not** indicate that a child, young person, or adult at risk is in immediate danger or harm, the matter should still be managed appropriately within Public Health Wales.

- **Line Manager Responsibility**

Review the concern promptly and objectively using the risk assessment in Appendix 1.

Seek advice from the **Named Lead for Safeguarding** and **People & OD**.

Ensure the staff member involved is supported and treated fairly.

### **Internal Management Options**

- Address the issue through supervision, coaching, reflective practice, referral to wellbeing support or advocacy.
- Consider whether the concern relates to conduct, performance, or professional boundaries, and manage under **PHW disciplinary or capability Policy and procedures**.

- Record the concern factually and maintain confidentiality in employee's personal employment records and within the Safeguarding Advice and support module.

### **Escalation**

- If new information emerges that suggests a safeguarding risk, the concern must immediately be escalated in line with safeguarding duty to report procedures.

### **Learning and Improvement**

- Use internal concerns as opportunities to strengthen professional practice, reinforce safeguarding responsibilities, and embed a culture of accountability and support.

## **3.3 Professional Concerns Strategy Meeting**

When a safeguarding allegation or concern is raised about a practitioner or person in a position of trust, a report will be made to the relevant Local Authority under Section 5 of the **Wales Safeguarding Procedures**. The Local Authority will decide whether to convene a Professional Concerns Strategy Meeting, chaired by the Designated Officer for Safeguarding.

### **Purpose**

The meeting ensures coordinated management of safeguarding, criminal, and employment processes. It applies to concerns arising in both personal and professional contexts where the individual has contact with children or adults at risk.

### **Initial Case Discussion**

The line manager, Named Lead for Safeguarding, and a Senior POD Advisor will meet to:

- Review the allegation and undertake a risk assessment
- Agree immediate actions, including redeployment or suspension (without prejudice) if required
- Put in place a support package for the staff member
- Consider reputational issues and liaise with the Communications Team

### **Meeting Functions**

The Professional Concerns Strategy Meeting will:

- Share all relevant information about the allegation or concern
- Agree actions to protect the child, adult at risk, or others with whom the person has contact
- Review any previous allegations or concerns
- Plan enquiries, allocate tasks, and set timescales
- Assign a lead contact manager within each agency
- Agree what information can be shared, with whom, and when in line with records management and information governance guidance.
- Set timescales for actions and dates for further meetings
- Assess the individual's ongoing suitability to work with children or adults at risk
- Determine whether disciplinary issues are relevant and when they should be addressed
- Consider wider management issues, including media strategy if press interest is likely
- Confirm communication arrangements with the staff member concerned and ensure support is provided
- Ensure appropriate referrals are made to the Disclosure and Barring Service (DBS) and professional registering bodies as required.
- Consider whether suspension, without prejudice, is necessary

### **Documentation**

Thorough notes must be taken to evidence discussions and decisions. The risk assessment template (Appendix 1) must be used to record outcomes and agreed actions. All notes, discussions, and agreed actions will be electronically recorded and securely stored within the Once for Wales Safeguarding module, with access strictly restricted to authorised personnel. Staff are reminded that safeguarding information is highly sensitive and must be treated with the utmost confidentiality. Records must not be shared, copied, or disclosed outside of agreed safeguarding processes, and any breach of confidentiality will be managed in line with Public Health Wales's disciplinary procedures and data protection requirements.

### **3.4 Risk assessment and Outcomes**

If a Professional Concerns Meeting identifies that children, young people, or adults may be at risk of significant harm, or that further investigation is required, attendees will undertake a risk assessment to consider:

- Risks to children and adults at risk
- Risks to other members of the public

- Risks to the employee themselves
- Risks to the organisation and its integrity

Where risks are identified, mitigation measures must be explored. These may include:

- Safety measures within the working environment
- Redeployment
- Suspension, without prejudice, as a protective step for those at risk and the staff member

Any redeployment or suspension must be managed sensitively and in line with Sections 11 and 12 of the *All Wales Disciplinary Policy and Procedure*. Actions taken are temporary and will remain in place until the outcome of a Multi-Disciplinary Strategy Meeting or until circumstances change.

If suspension is required, the staff member should be informed of the reason unless doing so would compromise the investigation. In such cases, the rationale will be carefully considered at the internal meeting.

### **Staff Support**

A support package will be agreed to assist the staff member during this period. This may include:

- Named contacts from Corporate Safeguarding and People & OD.
- A nominated person of the staff member's choosing
- Staff Representative support
- Access to counselling through the Employee Wellbeing

Decisions affecting working arrangements will be confirmed in writing to the staff member.

### **Determining Outcomes**

On the balance of probabilities, allegations will be categorised as:

- **Substantiated** – supported by evidence or proof
- **Unsubstantiated** – insufficient evidence to prove or disprove; does not imply guilt or innocence
- **Unfounded** – evidence shows the allegation was mistaken or misinterpreted
- **Deliberately invented or malicious** – clear evidence of deliberate deception

### **Communication**

Any necessary communication with colleagues will be agreed with the staff member to ensure sensitivity and professionalism.

### **3.5 Internal disciplinary investigation**

The individual subject to an allegation will be given a full and fair opportunity to respond, in line with Section 10 of the *All Wales Disciplinary Policy and Procedure*.

Investigations will continue to conclusion even if the individual chooses not to cooperate. In such cases, decisions will be based on the available evidence, with a written record of the outcome and rationale.

Resignation or cessation of services does not prevent allegations from being pursued. A formal conclusion must always be reached, and compromise agreements must not be used in these circumstances.

At the conclusion of the investigation, consideration must be given to referrals to the Disclosure and Barring Service (DBS) and the relevant professional regulatory body, in accordance with Sections 13 and 14 of the *All Wales Disciplinary Policy and Procedure*.

## **4. Record Keeping**

All safeguarding records must be clear, accurate, legible, and completed contemporaneously to provide a full account. Each entry must be signed and dated; if not written at the time of contact, both the date of writing and the date of the contact must be specified.

Records may be created through electronic communication, but the same standards of clarity, accuracy, and timeliness apply. Copies of any correspondence with external agencies must be retained in line with the Trust's Information Governance Policy.

All safeguarding records will be captured and stored confidentially within the **Once for Wales Safeguarding module**, which operates with restricted permissions to ensure access is limited to authorised personnel only.

## 5. Media Interest

Any media interest will be managed by the Head of Communications, in line with recommendations from the Multi-Disciplinary Strategy Meeting.

## Appendix 1



### Public Health Wales Professional Concern RISK ASSESSMENT

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**Employee:** \*\*\*\*\*  
**Allegation:** \*\*\*\*\*  
**Date and time of notification:** \*\*\*\*\*  
**Notified by:** \*\*\*\*\*

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### MEETING DETAILS

**Meeting date and time:** \*\*\*\*\*  
**Present at meeting:**

- \*\*\*\*\* Local Authority ( Chair)
- \*\*\*\*\* Police Representative
- \*\*\*\*\* Named Lead for Safeguarding
- \*\*\*\*\* Line Manager – job title
- \*\*\*\*\* Senior HR Advisor

### BACKGROUND

**What do we know?**

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Who has been notified?
<b>Executives</b> Names and job titles
<b>Service</b> Names and job titles

What action has been taken so far (as at **:**, date)?
<ul style="list-style-type: none"><li>•</li></ul>

Context of Previous Behaviour
<ul style="list-style-type: none"><li>•</li></ul>

**RISK ASSESSMENT**

The **5x5 Risk Matrix** is used to evaluate and prioritise risks by combining the **likelihood** of an event occurring with the **severity of its consequences**.

The purpose of this risk assessment is to examine:

- 1. The risk to the safety of children and adults at risk
- 2. The risk to other members of the public/other staff members
- 3. The risk to the employee themselves
- 4. The risk to the organisation and its integrity

Assessments will be made against the highest potential risk, i.e. the possibility of conviction.

Decisions arising from this assessment represent a point-in-time judgement. They are not final and may be revised as new information or decisions from other parties become available during the process.

continues.

# Risk Matrix 5x5

Enter subtitle information text



Risk Factor	Considerations	Mitigations to consider	Risk Value	Risk posed?	Agreed?
The risk to the safety of children and adults at risk			<b>Likelihood</b> *** <b>Impact</b> **** <b>Risk:</b> *** (score)		
The risk to other members of the public			<b>Likelihood</b> *** <b>Impact</b> **** <b>Risk:</b> *** (score)		
The risk to the employee themselves			<b>Likelihood</b> *** <b>Impact</b> **** <b>Risk:</b> *** (score)		
The risk to the organisation and its integrity			<b>Likelihood</b> *** <b>Impact</b> **** <b>Risk:</b> *** (score)		

**Decision:**

## PROCESS

### Section 5 Wales Safeguarding Procedures

- This will be led by the Local Authority
- The Local Authority will convene a professional ( strategy meeting within the next 7 to 21 days, to include: \*\*\*Senior Manager; PHW HR; PHW Named Lead for Safeguarding; The Police, Local Authority ( Chair)
- They will undertake a further risk assessment of \*\*\*\*\*

Four possible outcomes will come from this assessment:

- **Substantiated** – a substantiated allegation is one which is established by evidence or proof.
- **Unsubstantiated** – an unsubstantiated allegation is not the same as an allegation that is later proved to be false. It simply means that there is insufficient identifiable evidence to prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.
- **Unfounded** – this indicates that the person making the allegation misinterpreted the incident or was mistaken about what they saw. Alternatively, they may not have been aware of all the circumstances. For an allegation to be classified as unfounded, it will be necessary to have evidence to disprove the allegation.
- **Deliberately invented or malicious** – this means there is clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false.

## NEXT STEPS

It was agreed that we would \*\*\*\*\*

Action (for example)	Lead	By when
Risk assessment to be written up		
Executives to be briefed		
Invite ** in for meeting		
Feedback to *****		
Suspension letter to be drafted		

## Equality & Health Impact Assessment for Managing Allegations of Abuse by Staff Procedure

### Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	There is not a service change relating to the Managing Allegations of Abuse by Staff Procedure.
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Nursing, Quality and Integrated Governance Donna Newell Named Lead for Safeguarding Donna.newell@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	The objective of the procedure outlines the process for managing allegations of abuse or neglect involving children, adults at risk, or alleged perpetrators of domestic abuse and sexual violence made against employees of Public Health Wales.
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> <li>• participant knowledge</li> </ul>	Strong support for aligning with the Wales Safeguarding Procedures to ensure consistency across Wales. Recognition of the need for a clear, step-by-step process to support managers  Stakeholders engaged during development included: <ul style="list-style-type: none"> <li>• PHW Safeguarding Group (primary governance and oversight body)</li> </ul>

<ul style="list-style-type: none"> <li>• list of stakeholders and how stakeholders have engaged in the development stages</li> <li>• comments from those involved in the designing and development stages</li> </ul> <p>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p>	<ul style="list-style-type: none"> <li>• Executive Director of Quality, Nursing and Allied Health Professionals</li> <li>• HR and Workforce &amp; OD</li> </ul>
<p><b>5.</b> Who will be affected by the strategy/ policy/ plan/ procedure/ service</p> <p>Consider staff as well as the population that the project/change may affect to different degrees.</p>	<p>All employees are covered by the procedure, as any staff member may:</p> <ul style="list-style-type: none"> <li>• Raise a concern</li> <li>• Be the subject of an allegation</li> <li>• Be involved in reporting, responding, or supporting safeguarding processes</li> </ul> <p>The procedure ensures compliance with the <i>Wales Safeguarding Procedures (2019)</i>, particularly the section on <i>Allegations/Concerns about Practitioners and Those in Positions of Trust</i>.</p> <p>The procedure directly affects the workload of managers, decision-making responsibilities, and need for training.</p> <p>The PHW Named Lead for Safeguarding will play a central role in:</p> <ul style="list-style-type: none"> <li>• Providing advice and oversight</li> <li>• Ensuring alignment with national safeguarding procedures</li> <li>• Supporting proportionate risk assessments</li> </ul>

	<p>The Safeguarding Group has been actively engaged in shaping the procedure and will continue to oversee implementation and assurance.</p> <p>POD will be affected due to:</p> <ul style="list-style-type: none"><li>• Overlap between safeguarding processes and employment law</li><li>• Need for coordinated action with managers and safeguarding professionals</li><li>• Supporting staff wellbeing and fair treatment throughout the process</li></ul>
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## Part 2- Equality and Welsh language

### 6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-ss</b>	<b>Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps</b>	<b>Action taken by Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate <b>This column is to be updated in future reviews</b>	<b>Recommendations for improvement/ mitigation/ identified gaps or opportunities</b>
<b>6.1 Age</b> For most purposes, the main categories are: <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>	<p><b>Stronger protection</b> for children/apprentices who may be at risk of harm from staff or those in positions of trust.</p> <p><b>More consistent responses</b> across PHW services, reducing variation and improving safety.</p> <p><b>Earlier identification of concerns</b>, supported by</p>		

<p><b>How will the strategy, policy, plan, procedure and/or service impact on:-ss</b></p>	<p><b>Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps</b></p>	<p><b>Action taken by Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate <b>This column is to be updated in future reviews</b></p>	<p><b>Recommendations for improvement/ mitigation/ identified gaps or opportunities</b></p>
	<p>improved staff awareness and training.</p> <p><b>Delays in service provision</b> if staff are removed from duties pending investigation.</p> <p><b>Staff anxiety or fear of repercussions</b>, which may deter reporting if not managed sensitively.</p> <p><b>Potential stigma</b> for staff subject to allegations, even when concerns are unsubstantiated.</p>		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-ss</b>	<b>Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps</b>	<b>Action taken by Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate <b>This column is to be updated in future reviews</b>	<b>Recommendations for improvement/ mitigation/ identified gaps or opportunities</b>
<b>6.2 Persons with a disability as defined in the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	Overall, the procedure has significant positive potential to protect disabled people and ensure fair, transparent processes. However, without accessible communication, consistent reasonable adjustments, and disability-informed training, there is a risk of unintended negative impacts.		
<b>6.3 People of different genders:</b>	The procedure has strong potential to <b>promote fairness,</b>		

<p><b>How will the strategy, policy, plan, procedure and/or service impact on:-ss</b></p>	<p><b>Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps</b></p>	<p><b>Action taken by Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate <b>This column is to be updated in future reviews</b></p>	<p><b>Recommendations for improvement/ mitigation/ identified gaps or opportunities</b></p>
<p>Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	<p><b>safety, and equality</b> across all genders. However, without careful implementation, there is a risk of <b>gender-based bias, misgendering, or unequal treatment.</b> These risks can be mitigated through inclusive communication, training, and ongoing monitoring.</p>		
<p><b>6.4 People who are married or who have a civil partner.</b></p>	<p>Overall, the procedure is designed to treat all staff and service users equitably, including those who are married or in civil partnerships. While the safeguarding process can create emotional and practical pressures for</p>		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-ss</b>	<b>Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps</b>	<b>Action taken by Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate <b>This column is to be updated in future reviews</b>	<b>Recommendations for improvement/ mitigation/ identified gaps or opportunities</b>
	families, these can be mitigated through clear communication, wellbeing support, and consistent application of the procedure.		
<b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b>	The procedure has strong potential to protect women who are pregnant, on maternity leave, or breastfeeding by ensuring fair, transparent, and consistent safeguarding processes. However, without careful implementation, there is a risk of <b>stress, unintended bias, or disruption to maternity-related rights</b> . These risks can be mitigated through sensitive communication and reasonable adjustments.		

<p><b>How will the strategy, policy, plan, procedure and/or service impact on:-ss</b></p>	<p><b>Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps</b></p>	<p><b>Action taken by Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate <b>This column is to be updated in future reviews</b></p>	<p><b>Recommendations for improvement/ mitigation/ identified gaps or opportunities</b></p>
<p><b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b></p>	<p>The procedure has strong potential to promote fairness, safety, and equality for people of all racial, cultural, and ethnic backgrounds. However, without careful implementation, there is a risk of <b>communication barriers, cultural misunderstandings, or racial bias.</b></p>		
<p><b>6.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief</p>	<p>The procedure has strong potential to promote fairness, dignity, and respect for people of all religions, beliefs, and non-beliefs. However, without careful implementation, there is a risk of <b>cultural misunderstanding,</b></p>	<p>These risks can be mitigated through cultural competence, flexible engagement, and ongoing monitoring.</p>	

<p><b>How will the strategy, policy, plan, procedure and/or service impact on:-ss</b></p>	<p><b>Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps</b></p>	<p><b>Action taken by Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate <b>This column is to be updated in future reviews</b></p>	<p><b>Recommendations for improvement/ mitigation/ identified gaps or opportunities</b></p>
	<p><b>stigma, or unintentional bias.</b></p>		
<p><b>6.8 People who are attracted to other people of:</b></p> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual)</li> </ul>	<p>The procedure has strong potential to promote fairness, safety, and equality for people of all sexual orientations. However, without careful implementation, there is a risk of <b>stigma, bias, or confidentiality concerns.</b></p>	<p>These risks can be mitigated through inclusive communication, training, and ongoing monitoring.</p>	
<p><b>6.9 People according to their income related group:</b> Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	<p>The procedure has strong potential to promote fairness and protection for people across all income groups. However, without careful implementation, there is a risk of <b>financial stress, reduced engagement, or health-related vulnerability</b> for those on</p>	<p>These risks can be mitigated through accessible communication, flexible engagement, and strengthened support pathways.</p>	

<b>How will the strategy, policy, plan, procedure and/or service impact on:-ss</b>	<b>Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps</b>	<b>Action taken by Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate <b>This column is to be updated in future reviews</b>	<b>Recommendations for improvement/ mitigation/ identified gaps or opportunities</b>
	low incomes or unable to work.		
<b>6.10 People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	The procedure has strong potential to promote fairness and protection for people across all geographic areas.		
<b>6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b>			
<b>6.12 Welsh Language</b>			
<b>There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on:</b> (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)			

<b>How will the strategy, policy, plan, procedure and/or service impact on:-ss</b>	<b>Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps</b>	<b>Action taken by Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate <b>This column is to be updated in future reviews</b>	<b>Recommendations for improvement/ mitigation/ identified gaps or opportunities</b>
<b>Opportunities for persons to use the Welsh language</b>	The procedure provides strong opportunities to promote and protect the use of the Welsh language. With a <b>fluent Welsh-speaking Safeguarding Lead</b> and a commitment to <b>full translation</b> , PHW is well-placed to ensure that Welsh speakers can engage confidently and equitably in safeguarding processes. Continued investment in bilingual resources, training, and monitoring will further strengthen linguistic inclusion.		
<b>Treating the Welsh language no less</b>	The procedure has been designed to ensure the		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-ss</b>	<b>Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps</b>	<b>Action taken by Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate <b>This column is to be updated in future reviews</b>	<b>Recommendations for improvement/ mitigation/ identified gaps or opportunities</b>
<b>favourably than the English language</b>	Welsh language is treated <b>no less favourably</b> than English at every stage. With a <b>fluent Welsh-speaking Safeguarding Lead</b> , full translation of the procedure, and bilingual communication pathways, PHW is well-positioned to deliver safeguarding processes that fully respect linguistic rights and promote genuine equality between Welsh and English.		

### Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

### 7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
This procedure primarily impacts staff across all roles and contract types, including permanent, temporary, part-time, agency, and bank workers. It also affects service users, particularly those who may be vulnerable due to age, disability, socio-economic disadvantage, or safeguarding concerns.	Managers, safeguarding leads, HR teams, and trade union representatives are also directly affected through their responsibilities in implementing and overseeing the process. Indirect impacts may extend to children, adults at risk, and communities where staff provide services, especially where environmental or economic inequalities influence vulnerability or disclosure.

### Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
  2. Record any unintended consequences (negative impacts) and/or gaps identified
  3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
  4. identify and record mitigation/recommendations where appropriate
- Please note** you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
<p><b>7.2 Lifestyles</b></p> <ul style="list-style-type: none"> <li>• Diet/nutrition/breastfeeding</li> <li>• Physical activity</li> <li>• Use of alcohol, cigarettes, e-cigarettes</li> <li>• Use of substances, non-prescribed drugs, abuse of prescription medication</li> <li>• Social media use</li> <li>• Sexual activity</li> <li>• Risk-taking activity i.e. gambling, addictive behaviour</li> </ul>	<p>Transparent safeguarding processes may reduce distress and lower risk of harmful coping behaviours. Reduced stress through clear processes may support healthier routines.</p>	<p>Stress, anxiety, or suspension from duties may reduce motivation for physical activity. Allegations involving sexual misconduct may cause distress, impacting sexual wellbeing or relationships.</p> <ul style="list-style-type: none"> <li>• Staff in</li> </ul>		<p>Ensure managers signpost staff to wellbeing support, including occupational health. Strengthen feedback loops via Safeguarding Group.</p> <ul style="list-style-type: none"> <li>• Provide clear, timely communication during investigations.</li> </ul>

		<p>relationships may experience strain or stigma</p>		
<p><b>7.3 Social and community influences on health</b></p> <ul style="list-style-type: none"> <li>• Adverse childhood experiences</li> <li>• Citizen power and influence</li> <li>• Community cohesion, identity, local pride</li> <li>• Community resilience</li> <li>• Domestic violence</li> <li>• Family relationships</li> <li>• Language, cultural and spirituality</li> <li>• Neighbourliness</li> <li>• Social exclusion i.e. homelessness</li> <li>• Parenting and infant attachment</li> <li>• Peer pressure</li> <li>• Racism</li> <li>• Sense of belonging</li> <li>• Social isolation/loneliness</li> <li>• Social capital/support/networks</li> <li>• Third sector &amp; volunteering</li> </ul>	<p>Trauma-informed practice reduces risk of re-traumatisation. Clear reporting pathways empower staff and service users to raise concerns.</p> <ul style="list-style-type: none"> <li>• Promotes a culture where all voices are valued</li> </ul>	<p>Staff with ACE histories may experience heightened stress when involved in safeguarding enquiries. Staff may feel powerless if communication is poor or processes feel opaque. High-profile allegations may temporarily affect community confidence. If processes are inconsistent, community trust may weaken. Staff experiencing domestic abuse may fear involvement in</p>		<p>Clear communication, wellbeing support, and flexible engagement.</p> <p>Training for managers on cultural competence, trauma, and anti-racism.</p> <p>Monitoring outcomes across protected characteristics and socioeconomic groups.</p>

		safeguarding processes.		
<p><b>7.4 Mental Wellbeing</b></p> <ul style="list-style-type: none"> <li>• Does this proposal support sense of control?</li> <li>• Does it enable participation in community and economic life?</li> <li>• Does it impact on emotional wellbeing and resilience?</li> </ul>	<p>Clear, transparent safeguarding processes help staff and service users understand what will happen, when, and why. Clear, fair processes reduce uncertainty and support emotional stability.</p>	<p>Staff subject to allegations may feel a significant loss of control, especially if suspended or removed from duties. Staff may experience anxiety, shame, fear, or isolation.</p>		<p>Provide clear timelines, expectations, and regular updates. Offer wellbeing check-ins and signposting to support. Embed wellbeing signposting and psychological support into the procedure. Train managers in compassionate, culturally competent communication.</p>
<p><b>7.5 Living/ environmental conditions affecting health</b></p> <ul style="list-style-type: none"> <li>• Air quality</li> <li>• Attractiveness/access/availability/quality of area, green and blue space, natural space.</li> <li>• Health &amp; safety, community, individual, public/private space</li> <li>• Housing, quality/tenure/indoor environment</li> <li>• Light/noise/odours, pollution</li> <li>• Quality &amp; safety of play areas (formal/informal)</li> <li>• Road safety</li> <li>• Urban/rural built &amp; natural environment</li> <li>• Waste and recycling</li> <li>• Water quality</li> </ul>	<p>The procedure strengthens safeguarding assurance and provides clearer, fairer pathways for managing allegations, but unintended impacts may arise if individuals face barriers to disclosure linked to environmental or socio-economic factors such as poor housing, limited privacy, or rural isolation.</p>			

	<p>There is a risk of disproportionate impact on those already experiencing disadvantage. Opportunities include improving accessibility through flexible reporting routes and embedding contextual safeguarding, while gaps remain in monitoring how environmental determinants influence engagement and outcomes.</p>			
<p><b>7.6 Economic conditions affecting health</b></p> <ul style="list-style-type: none"> <li>• Unemployment</li> <li>• Income, poverty (incl. food and fuel)</li> <li>• Economic inactivity</li> <li>• Personal and household debt</li> <li>• Type of employment i.e. permanent/temp, full/part time</li> <li>• Workplace conditions i.e. environment culture, H&amp;S</li> </ul>	<p>The procedure offers positive opportunities to strengthen fairness, improve workplace culture, and ensure equal protections for all staff, while also enabling more</p>	<p>Unintended consequences may include reduced engagement or delayed disclosure from individuals experiencing financial stress,</p>		<p>Mitigations and recommendations include ensuring multiple confidential reporting routes to reduce barriers linked to financial stress or limited privacy, providing clear protections and support for staff in temporary or lower-paid roles, embedding</p>

	<p>accessible reporting routes and better support for individuals who may be disproportionately affected by economic disadvantage.</p>	<p>insecure employment, or limited privacy, as well as heightened fear of job loss among staff in temporary or lower-paid roles. Gaps remain in understanding how economic disadvantage influences confidence in the process, access to support, and equitable outcomes across different staff groups</p>		<p>trauma-informed communication, and offering flexible engagement options. Strengthening monitoring of how economic disadvantage affects participation and outcomes will help identify inequities and guide continuous improvement.</p>
<p><b>7.7 Access and quality of services</b></p> <ul style="list-style-type: none"> <li>• Careers advice</li> <li>• Education and training</li> <li>• Information technology, internet access, digital services</li> <li>• Leisure services</li> <li>• Medical and health services</li> <li>• Other caring services i.e. social care; Third Sector, youth services, child care</li> <li>• Public amenities i.e. village halls, libraries, community hub</li> <li>• Shops and commercial services</li> <li>• Transport including parking, public transport, active travel</li> </ul>	<p>N/A</p>			

<p><b>7.8 Macro-economic, environmental and sustainability factors</b></p> <ul style="list-style-type: none"> <li>• Biodiversity</li> <li>• Climate change/carbon reduction/flooding/heatwave</li> <li>• Cost of living i.e. food, rent, transport and house prices</li> <li>• Economic development including trade</li> <li>• Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention)</li> <li>• Gross Domestic Product</li> <li>• Regeneration</li> </ul>	<p>N/A</p>			
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**Stage 3**

**Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan**

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		
<p>This procedure primarily impacts staff across all roles and contract types, including permanent, temporary, part-time, agency, and bank workers. It also affects service users, particularly those who may be vulnerable due to age, disability,</p>	<p>Actions include ensuring multiple confidential reporting routes and flexible engagement options, led jointly by Safeguarding and POD. Operational teams should ensure timely signposting to wellbeing, advocacy, or practical support services. Collectively, these actions will help ensure the procedure is equitable, transparent, and responsive to wider determinants of vulnerability.</p>	<p>Donna Newell Named Lead for Safeguarding</p>		

socio-economic disadvantage, or safeguarding concerns.				
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**Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).**