

**TRUST POLICY AND PROCEDURES FOR MANAGING ALLEGATIONS AGAINST
STAFF AND VOLUNTEERS WHO WORK WITH CHILDREN AND ADULTS
AT RISK OF ABUSE OR NEGLECT**

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1. Introduction

Several recent inquiries into abuse of patients in hospital settings have demonstrated the prevalence of abuse by some professionals or others who gain unprecedented and unchallenged access to patients - whether the patients are children or adults.

Similarly, recent studies and work currently being undertaken as part of the Inquiry into Institutional Child Sexual Abuse demonstrate that allegations and disclosures are not always heard and acted on appropriately by organisations and a recent investigation into child abuse by a prominent member of staff at a large Acute Trust in the course of his work highlighted the disbelief that many in the organisation struggled with as concerns came to light.

It is of vital importance that Trust staff hear, believe, respect and act on concerns raised by colleagues and the public in relation to behaviours / incidents involving our staff which may indicate abuse and neglect and that they maintain a respectful uncertainty in such matters.

National legislation and guidance and local safeguarding children boards and safeguarding adult board policies set out how this Trust will work with other organisations to safeguard and promote the welfare of adults at risk of abuse or neglect, children and young people. This Policy applies to all staff or volunteers working within the Trust and they relate to any abuse of an adult at risk of abuse or neglect, child, or young person, or behaviours (whether occurring in private or professional sphere) indicating unsuitability to work with children, young people or adults at risk of abuse and neglect

2. Purpose and Outcomes

The purpose of this Policy is to provide a framework for managing cases where allegations are made about Trust staff that might indicate the following;

- That they have been instrumental in causing events where an adult at risk of abuse or neglect, or child, is believed to have suffered, or is likely to suffer, significant harm
or
- that the staff member has demonstrated behaviours that indicate that they are unsuitable to continue to work with adults at risk of abuse or neglect, or children, in their present position, or in any capacity

The Policy will apply where there is an allegation or concern that any person who works either directly or indirectly with children / adults at risk of abuse or neglect, arising from their personal / home life, work or voluntary activity within the Trust has:

- Behaved in a way that has harmed an adult at risk of abuse or neglect or child, or may have harmed an adult at risk of abuse or neglect or child.

- Possibly committed a criminal offence against, or related to, an adult at risk of abuse or neglect or child.
- Behaved towards an adult at risk of abuse or neglect, child, or children, in a manner that indicates they are unsuitable to work with adults at risk of abuse or neglect or children.
- Where an allegation of abuse is made against someone closely associated with a member of staff (e.g. partner, member of the family or other household member), the risk to a adults at risk of abuse or neglect or children for whom the member of staff is responsible must be assessed to ensure that the adults at risk of abuse or neglect or children are protected and appropriate action taken.
- This applies to all staff in the Trust - no matter what their job.

3. **Definitions Used**

Safeguarding Concerns: Safeguarding is a continuum of responses that seek to prevent abuse and neglect. It is an umbrella term for both 'promoting welfare' and 'protecting from harm'

Child Protection Concerns: Suspicion that a child is at risk of, or has experienced, significant harm, neglect or abuse.

Children or Young People: The Children Acts (1989 and 2004) apply to anyone who has not yet reached their 18th Birthday or 21yrs if disabled or in Local Authority Care (LAC).

Adult at risk of abuse or neglect: An 'adult at risk' or "adult at risk of abuse or neglect" is a person aged 18 years or older who is or may be in need of support and services by reason of mental or other disability, age or illness and, because of those needs, is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation

LADO: Local Authority Designated Officer manages and coordinates investigations into allegations against staff working with children and young people. If concerns arise about a person's behaviour in regard to their own children or family, the Police and/or Children's Social Care need to consider informing the Local Authority Designated Officer (LADO) and the person's Trust in order to assess whether there are implications for children with whom the person has contact at work. The Trust is required to refer all cases that comes to it's attention to the LADO who will then decide if the threshold is met for LADO involvement

PIPOT: Persons in position of power and trust. All Trust staff as a result of their knowledge, position and/or the authority (apparent or actual) invested in their role are in positions of trust in relation to the young people / adults at risk of abuse and neglect in their care. A relationship of trust can be described as one in which one party is in a position of power or influence over the other by virtue of their work or the nature of their activity. It is vital for all those in positions of trust to understand the power this can give them over those they care for and the responsibility they must exercise as a consequence of this relationship.

Employees have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification and should always maintain appropriate professional boundaries and avoid behaviour which might be misinterpreted by others. They should report and record any incident with this potential.

4. Key Responsibilities/Duties

4.1 Safeguarding Adult / Children's Boards

Safeguarding Adult / Children's Boards (SAB/SCB) are required to lead adult

/ Children's safeguarding arrangements across their locality and monitor and coordinate the effectiveness of the safeguarding work of its member and partner agencies. The Trust is required, as a partner agency, to attend the Boards and their sub-groups; participate in the work of the Boards to achieve their aims and submit the findings of the Safeguarding Adult Assurance Framework (SAAF), Markers of Good Practice or s11 (Children Act 2004) audits to the relevant forum at the SAB/ SCB

4.2 Clinical Commissioning Groups (CCG)

The CCGs (Southern Derbyshire CCG and NHS South East Staffordshire & Seisdon Peninsula CCG) monitor Trust performance in safeguarding in regular meetings with the Trust and the Designated professionals for Safeguarding children and adults attend the Trust Safeguarding Committee and provide supervision to Named professionals in provider organisations The CCG receive Serious Incidents Reports in relation to allegations of staff abuse or neglect of patients

4.3 Chief Executive

The Chief Executive is ultimately responsible for ensuring that the health contribution to safeguard and promote the welfare of children is discharged effectively and that there is a process in place to ensure that staff are aware of and follow the policy.

4.4 Lead Executive for Safeguarding

The Executive Chief Nurse is the Lead Executive for Safeguarding. As the Trust representative on the SCBs and SABs, the Executive Chief Nurse has the responsibility to ensure that UHDB contributes to the co-operation and monitoring of multi-agency working arrangements in order to safeguard and promote the welfare of children and those arrangements to safeguard and promote adults at risk of abuse and neglect.

4.5 Director of Workforce Development

The Director of Workforce Development is responsible for ensuring that there are effective arrangements in place to respond to allegations against Trust staff, including the operation of the role of Trust Designated Officer (DO; in practice this is carried out by the Director of Operational HR & Workforce Integration) in relation to allegations against staff in connection with children or adults at risk of abuse or neglect

The purpose of the role of DO, working with the Head of Safeguarding & Vulnerable People and Senior HR Managers, is to

- receive information regarding safeguarding concerns and allegations about employees
- to lead liaison with the relevant Local Authority Designated Officer (LADO) or Adult Social Care Safeguarding Managers and the relevant Multi-agency safeguarding hub / or the police in cases where there are concerns relating to children / adults at risk of abuse and neglect
- to oversee, advise and coordinate management teams in relation to Trust response to the subject of the allegation
- to ensure that the Trust is compliant with all safe recruitment practices
- to attend the Trust Safeguarding Committee and provide reports on activity in this area
- to ensure effective monitoring with regard to, where appropriate, individuals being referred to the respective professional body

4.6 The Head of Safeguarding & Vulnerable People Team

In relation to managing allegations, The Head of Safeguarding & Vulnerable People is responsible for safeguarding advice to managers and the Trust DO

4.7 Trust Safeguarding Committee

The Trust Safeguarding Committee has delegated authority to oversee all activities related to safeguarding to ensure safe high quality care is delivered, whilst ensuring that risks are identified and managed to an acceptable level, and to receive assurance that the Trust is actively working in partnership with relevant strategic multi-agency partnerships for the purpose of safeguarding and promoting the welfare of adults, children and young people at risk.

4.8 Trust Safeguarding Operational Reference Group (TSORG)

The TSORG has responsibility for identifying, assessing and communicating risks or barriers at the frontline to effective implementation of the Trusts safeguarding duties and obligations, and to provide consultation feedback, providing perspective on policy and practice development at the frontline.

4.9 Senior Managers, Matrons and Business Units

All staff in this group must ensure that they and their staff attend safeguarding training at the appropriate level and that this policy is applied consistently and promptly on all relevant occasions. All cases of concern arising under this policy must be discussed at the earliest opportunity with the Head of Safeguarding & Vulnerable People Team. They are responsible for ensuring all immediate front line actions are completed in the process and for completing LADO / PIPOT referral forms and ensuring that a Serious Incident report is created when it is

alleged that a staff member has abused or neglected assaults or children in their care.

4.10 Frontline Staff

All staff and those in services contracted by the Trust must ensure that the processes in Appendix 1 are followed. They must attend compulsory safeguarding training appropriate to their involvement with and responsibilities for adult at risk of abuse or neglect, children, young people and families to ensure they are competent and alert to potential indicators of abuse or neglect in adults at risk of abuse or neglect or children and that they know how to act on their concerns to fulfil their responsibility in line with Local Safeguarding Children Board Procedures Local Safeguarding Adult Board Policies and Procedures.

5. Implementing the Policy and Procedures for Managing Allegations against Staff and Volunteers who work with adults at risk of abuse or neglect or children

5.1 General principles

All staff must take very seriously and report any allegation of abuse/neglect / improper conduct or behavior which implicates Trust staff to the following people:

- Their Line Manager
- Senior nurse / manager on-call (if out of hours).
- The Head of Safeguarding and Vulnerable people
- BU HR manager

5.2 Initial Response to Allegations or Concerns

An allegation against a member of staff may arise from a number of sources both within their private or professional life:

- From a child.
- From an adult at risk of abuse or neglect
- From another member of staff
- In a complaint / query from a parent, carer or other adult.
- From another agency

The person receiving the allegation **must** treat the allegation seriously, keep an open mind and should make reference to and be guided by the steps in the pathway at appendix 1

They **must not**:

- Investigate or ask leading questions of the victim or staff.
- Make assumptions, hypothesis or offer alternative explanations.
- They should not use language that has the impact of downplaying concerns (eg “rough-handling”: Improper handling techniques can still constitute an assault.)
- They particularly should not assume that lack of capacity or

inherent health condition reduces the seriousness of the disclosure or implies a lack of veracity or reliability in the reporter or alleged victim

- Promise confidentiality (but they should give assurance that the information will only be shared on a need to know basis.)

They must:

- Make a written record of the information using the words supplied by the complainant . This must be signed and dated.
- Re allegations involving children: Inform their line manager / matron, BU HR and the Head of Safeguarding & Vulnerable People. Refer to the relevant children's social care department (where the issue is in relation to a child, CSC will normally liaise with the police in a strategy discussion)
- Re Allegations involving adult at risk of abuse or neglect: refer to the adult social care department covering the area where the victim is normally resident and report to the police on tel 101; alert line manager / matron, Head of Safeguarding & Vulnerable People BU HR
- Complete a DATIX

5.3 Allegations raised relating to children

This addresses allegations or concerns that any person who works or volunteers with children, in connection with their employment or voluntary activity has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

Additionally it is possible that concerns arise about a person's behaviour in regard to their own children or family. In this instance a social care referral should be made and in this circumstance, the Police and/or Children's Social Care need to consider informing the Local Authority Designated Officer and the person's Trust in order to assess whether there are implications for children with whom the person has contact at work.

Behaviours / allegations should be considered within the context of the four categories of abuse i.e. physical, sexual and emotional abuse and neglect, and include concerns relating to conduct at or outside work, and inappropriate relationships between members of staff and children or young people. For example:

- Having a sexual relationship with a child under 18 if in a position of trust (defined in Section 21 Sexual Offences Act 2003) in respect of that child (even if consensual) - see Sections 16-19 Sexual Offences Act 2003;
- 'Grooming' i.e. meeting a child under the age of 16 with intent to commit a relevant offence (see Section 15 Sexual Offences Act 2003);

- Other 'grooming' behaviour giving rise to concerns of a broader child protection nature e.g. inappropriate text/email messages or images, gifts, socialising;
- Possession of indecent photographs/pseudo-photographs of children;
- Inappropriate behaviour towards children and/or conduct (i.e. social media, domestic abuse).

5.3.1 Initial Considerations (See flowchart at appendix 1)

The first priority must be to ensure the immediate safety of the child or adult. Some allegations will be so serious they require immediate intervention by Police and/or Children's Social Care. In these situations the Senior Nurse on Call / Matron or Head of Safeguarding will need to involve the Police (for example if the person is deemed to be an immediate risk to children / vulnerable people or there is evidence of a criminal offence) and the relevant social care department

The alleged perpetrator must not be asked any questions that will interfere with any criminal investigation until it has been agreed by LADO and police.

The manager / matron / lead nurse should complete the LADO referral form ((See Safeguarding and Vulnerable People Team website on Net-I Referral Form or Appendix 2 of this policy when the allegation is received and forward to uhdb.safeguarding@nhs.net and Trust designated officer in HR.

There will then be an initial discussion between the DO/ Head of Safeguarding & Vulnerable People and LADO to consider the nature, content and context of the allegation and agree a course of action. The LADO will ask the DO/ Head of Safeguarding & Vulnerable People to provide or obtain relevant information, such as previous history, whether the child or the family have made similar allegations and the individual's current contact with any children.

Regulatory bodies such as the DBS, NMC or GMC, may need to be informed of any allegations made against members of staff. It is the responsibility of the DO / relevant Executive Lead to make the appropriate referrals following discussion at the appropriate Responsible Officers Forum.

Where an individual works for a contracted service, the commissioner of that service will also need to be informed and involved in subsequent discussions.

Where an individual is self-employed, an agreement must immediately be reached as to which agency – Social Care, Police or regulatory body, or the LADO themselves – will take responsibility for communication with the individual.

There are up to three strands in the consideration of an allegation:

- A Police investigation of a possible criminal offence;
- Children's Social Care enquiries and/or assessment about whether a child is in need of protection or services;

- Consideration by an Trust of the need for disciplinary action, including undertaking an immediate initial risk assessment

The initial sharing of information and evaluation may lead to a decision that no further action is to be taken in regard to the individual facing the allegation or concern; in which case this decision and a justification for it should be recorded by the DO and agreement reached on what information should be put in writing to the individual concerned and by whom. The DO should then consider with the LADO what action should follow both in respect of the individual and those who made the initial allegation. It is the LADO's responsibility to follow up any outstanding actions and record clearly in the case record.

The DO and LADO will agree the timing at which information can be shared with the subject of the allegation. The LADO will make an informed decision based on the circumstances of the case, in consultation with Police.

The LADO and Trust DO must agree whether and when a written account from the alleged perpetrator outlining their perspective of events leading to the allegation can be sought. If the individual wishes, this account may be shared at any subsequent strategy meeting, though they must be made aware that the Police will be present and may use this account as evidence in their investigation.

Where there is not an identified child, but there is still potential risk to children in general, the LADO together with the DO and Police should consider who should conduct any investigation. A strategy meeting may also be necessary to evaluate the information and agree a course of action.

Where it is clear that an investigation by the Police or Children's Social Care is unnecessary, or the strategy discussion or initial evaluation decides that is the case, the LADO will discuss the next steps with the Trust DO. In those circumstances, the options open to the Trust depend on the nature and circumstances of the allegation and the evidence and information available. This could range from taking no further action to dismissal or a decision not to use the person's services in the future.

In some cases, further enquiries will be needed to enable a decision about how to proceed. If so, the LADO will discuss with the Trust DO how and by whom the investigation will be undertaken.

Parents or carers of a child involved should be told about the allegation as soon as possible following discussion and agreement between the DO and LADO - if they do not already know of it. Parents or carers should also be kept informed about the progress of the case, and told the outcome i.e. whether substantiated or not. Where there is a criminal investigation, the Police have a responsibility to keep a victim informed, and any prosecution is in the public domain. However they must not be told the outcome of any disciplinary or other internal process.

Liaison between agencies should take place to ensure that the child's needs are addressed.

5.3.2 Resignation of staff member

If the accused person resigns, or ceases their service, this should not prevent an allegation being followed up in accordance with this policy. The Trust must also make a referral to the Disclosure and Barring Service (DBS) and any regulatory body when the criteria are met for dismissal due to the allegations; there is a legal duty to refer to the DBS and not doing so is a criminal offence. If the employee changes job whilst the LADO investigation is ongoing, the Trust must make the employee aware that it is their responsibility to inform the prospective new Trust of the unresolved LADO complaint. Failure to do this may result in an offer of employment being withdrawn.

Settlement / compromise agreements by which a person agrees to resign if the Trust agrees not to pursue disciplinary action, and both parties agree a form of words to be used in future reference, should not be used in these cases. Such an agreement will not prevent a thorough police investigation where that is appropriate.

5.3.3 Timescales

It is important to ensure a fair and thorough investigation. All allegations should be investigated as a priority to avoid any delay. Where it is clear at the onset that the allegation is unsubstantiated or malicious, the case should be resolved within one week. The decision about the need for a strategy meeting should be taken within 5 days.

Any disciplinary action should be progressed as quickly as possible via the Trust's disciplinary procedures.

5.3.4 Actions following conclusion of a case

The outcome of allegation investigations may be as follows:

- Substantiated: there is sufficient identifiable evidence to prove the allegation;
- False: there is sufficient evidence to disprove the allegation;
- Malicious: there is clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false;
- Unsubstantiated: this is not the same as a false allegation. It means that there is insufficient evidence to prove or disprove the allegation. The term therefore does not imply guilt or innocence;
- Unfounded: to reflect cases where there is no evidence or proper basis to support the allegation made.

The conclusion of any investigation will be clearly communicated in writing by the LADO to the DO, who is then responsible for communicating this to the individual along with any actions agreed within the investigation. The DO will be expected to feedback to the LADO when the actions agreed from the meeting have been completed.

Where an individual is self-employed, it must be clearly agreed who will undertake this task and ensure the agreed action is put in place.

If an individual disputes the outcome of an investigation, their right of challenge will ordinarily be with the DO through disciplinary or grievance procedures. Representatives at a LADO strategy discussion / meeting should be aware that , by agreeing actions with the LADO or in a strategy meeting, they accept responsibility for these decisions and must be able to justify them to an employee or in any employment process.

Individuals may apply for access to their record under subject access procedure; such applications will be considered by the LADO and relevant documents, appropriately redacted, will be shared.

5.3.5 Action following criminal investigation

Police or CPS should inform the DO and LADO immediately when a criminal investigation and any subsequent trial is complete, or if it is decided to close the investigation without charge, or not to continue to prosecute the case after the person has been charged. In these circumstances the LADO and the DO should discuss whether any further action, including disciplinary action, is appropriate and if so, how to proceed. The information from Children's Social Care and the Police should inform the decision.

5.4 Allegations relating to Adults at risk of abuse and neglect (See flowchart at appendix 1)

Allegations may relate to the individual's behaviour at work, home or in another setting. Where it is indicated that the employee has:

- Behaved in a way that has harmed, or may have harmed an adult with care and support needs;
- Possibly committed a criminal offence against, or related to an adult with care and support needs;
- Behaved in a way which has harmed, or may have harmed children, which means their ability to provide a service to adults with care and support needs must be reviewed;
- May be subject to abuse themselves and, as a consequence, means their ability to provide a safe service to adults with care and support needs must be reviewed;

All general principles at 5.1 above must be followed and any immediate potential risk to adults with care and support needs who use Trust services should be assessed, action taken to safeguard those adults.

The Manager / matron / lead nurse should complete a PIPOT referral form and forward to the Trust DO and Trust Head of Safeguarding and Vulnerable People Team (uhdb.safeguarding@nhs.net) who will forward to the appropriate Local Authority (LA) Safeguarding Service Manager.

On receipt of the referral there will be a strategy discussion within one working day to decide on any further action or meetings required. This could include an investigation by Police, social care, the Trust, or a by a combination of agencies.

Each case will considered on its own merit in deciding which agency will take the lead and identify and agree actions, timescales and to whom actions are designated.

In each case a balance should be struck between the duty to protect people with care and support needs from harm or abuse, and the effect on the individual regarding information about them being shared, for example upon the person's Article 8 Human Rights – the right to private and family life. The PIPOT about whom the allegation is made should be informed of allegations as soon as possible and of the likely course of action, unless there is an objection by the Police or Adult Social Care. Objections to sharing information with the PIPOT should be recorded by the Trust DO and the LA Safeguarding Service Manager with the justification and rationale being clear.

The initial sharing of information may lead to a decision that no further action is to be taken in relation to the PIPOT facing the allegation or concern; in which case this decision should be recorded by the DO and the LA Safeguarding Service Manager. It should also be agreed what information will be shared in writing with the PIPOT and by whom.

The following must also be established:

- If the adult is aware of the allegations against them and has had the opportunity to share the information with their Trust and make any appropriate representations;
- If the individual has declined to share this information, this does not mean this cannot be shared. A decision will be made in discussions or meetings regarding who will share all relevant information about the adult who is the subject of the allegation and any alleged victim. Decisions will be made on a case-by-case basis and should be proportionate and shared in a timely and transparent manner;
- It should also be clarified what support is available to the adult;
- The scope and timescales of any further enquiries/investigations/meetings should be agreed;
- Also, consider whether any other people are affected by the allegation and agree any further action, timescales and who will undertake agreed actions;
- Record how the individual who is the subject of the allegation is kept informed and supported;
- Record how the adult with care and support needs and their representatives will be kept informed;
- Agree how parallel process will work together to avoid confusion/disruption of the processes (Police investigation, S42 enquiry, organisation/HR investigation, contracts/commissioning teams);
- A refusal by the adult who is the subject of the allegation to engage with the investigation/enquiries does not prevent the processes from proceeding;
- An out-of-area allegation must be referred to the appropriate PIPOT manager/adult safeguarding team in the area where the alleged abuse took place. It is essential that discussions take place to decide who is the most appropriate to take the lead on the case.

5.4.1 PIPOT meeting

The following areas will be addressed in a PIPOT meeting:

- the purpose of the meeting and confidentiality agreement
- sharing the detail of the allegation
- consider if a crime has been committed
- confirm all appropriate immediate actions were taken to protect adults with care and support needs and children
- are risk assessments required
- agree who is doing what, when, how

- identify how the PIPOT will be supported
- agree further actions

Following the investigation, which will be carried out by the most appropriate agencies, decided on a case-by case-basis, a decision will be made about the conclusion/outcome.

- **False/Unfounded** – there is sufficient evidence to disprove the allegation or no evidence or basis to support the allegation made;
- **Unsubstantiated** – there is insufficient evidence to prove or disprove the allegation. The term does not imply guilt or innocence;
- **Malicious** – there is clear evidence that the allegation is entirely false and there has been a deliberate act to deceive;
- **Substantiated** – there is sufficient identifiable evidence to prove the allegation.

If the allegation is substantiated and the adult is dismissed or resigns before dismissal, the Trust is required to complete a referral to the Disclosure and Barring Service (DBS) and any professional body with whom the adult is registered. The Trust DO should inform the LA Safeguarding Service Manager of the date of the referral to the DBS.

The Police will inform the Trust and the LA Safeguarding Service Manager when a criminal investigation or trial is complete, or if it decided to close the investigation without charge, or not prosecute after the PIPOT has been charged. This information from the Police should inform if any further actions are necessary, including any disciplinary action, e.g., misconduct, dismissal, transfer to alternative duties, increased supervision, training.

If the PIPOT is self-employed it should be considered how the PIPOT's activity can be monitored or restricted through working with professional or regulatory bodies; e.g., Police, Health and Care Professions Council (HCPC), CQC, DBS, General Medical Council (GMC), and that appropriate information is included on any future DBS checks. The PIPOT should be informed of a referral to any professional or regulatory body and it should be recorded who will do this.

5.5 Trust Disciplinary Processes

The decision regarding any disciplinary action is the sole responsibility of the Trust. The discussion should consider any potential misconduct or gross misconduct on the part of the member of staff, and take into account any relevant information from the Police and/or Children's Social Care, the result of any investigation or trial and the different standard of proof in disciplinary and criminal proceedings.

Other lesser action, (eg as increased supervision in practice, mentoring, training, or agreed transfer to alternative duties can be considered).

If the allegation is substantiated and the person is dismissed or the Trust ceases to use the person's services, or the person resigns or otherwise ceases to provide his or her services, the Trust must refer the case to the Disclosure and Barring Service for consideration of inclusion on the barred lists; or to refer to any professional body.

5.6 Information sharing with Disclosure and Barring Service

There is a legal requirement for Trusts to make a referral to the Disclosure and Barring Service (DBS) where: they think that an individual has engaged in conduct (including inappropriate sexual conduct) that harmed (or is likely to harm) a child or if a person otherwise poses a risk of harm to a child, and an Trust has removed the individual from relevant work with children or the person has chosen to cease relevant work in circumstances where they would have been removed had they not done so.

Referral should be made as soon as possible after the resignation or removal of the member of staff involved and within one month of ceasing to use the person's services. Substantiated allegations are also likely to be Professional misconduct cases and should be referred to the relevant regulatory body.

The DO must provide written confirmation to the LADO of when the referral was reported to the Disclosure and Barring Service, Ofsted and any other regulatory body. In addition the LADO must also be informed of the outcomes of any disciplinary hearings and appeals.

Where it is decided on the conclusion of a case that the individual can be considered for return to work with children, the Trust must consult with the LADO about any required safeguarding measures.

5.7 Action in respect of any proven false or malicious allegation

Where an allegation is determined to be malicious, false or unsubstantiated, the DO/BU/Responsible Clinician and LADO should consider if the child / adult concerned is in need of any services or if they may have been abused by someone else and refer as appropriate.

5.8 Confidentiality

The Trust will maintain confidentiality and guard against publicity whilst an allegation is being investigated. Information will be restricted at all times to those who have a need to know in order to protect children / adults, deal with enquiries, manage confidentiality and manage related disciplinary processes.

5.9 Record keeping

In all cases records will be retained for 10 years or until the staff member/volunteer retires.

6. Monitoring Compliance and Effectiveness

Monitoring Requirement :	Process for ensuring that policy is acted upon throughout the organisation Ensuring all appropriate cases are proceeding to DBS / regulatory bodies appropriately
Monitoring Method:	Reporting of stats by DO
Report Prepared by:	DO

Monitoring Report presented to:	Trust Safeguarding Committee
Frequency of Report	Monthly

7. References

Safeguarding Children Policy and Procedures CL-CHPROT/2008/031

Whistleblowing Policy and Procedure

Disciplinary Policy and Procedures

Conduct, Capability and Health Policy for Medical and Dental Staff.

Supporting Staff Involved in Traumatic Situations and Incidents

Managing Work Related Stress

The Care Act 2014 and associated statutory guidance – chapter 14.

GUIDANCE PATHWAY FOR ALLEGATIONS OF ABUSE MADE AGAINST TRUST STAFF WHO WORK WITH CHILDREN OR ADULTS AT RISK OF ABUSE OR NEGLECT (See Managing Allegations Policy on KOHA)

Note potential outcomes:

- Possible Criminal Offence committed and police investigation / court action
- Demonstrable False Allegation / unfounded allegation
- Threshold for criminal investigation not met but harm / conduct issues are indicated leading to internal Trust investigation and implementation of disciplinary policies

Immediate frontline response to concern being raised

- Ensure adult at risk of abuse or neglect / child's immediate safety.
- Remove alleged perpetrator from unsupervised patient contact immediately
- Inform line manager/matron and Trust Safeguarding Lead immediately. If out of hours notify the senior nurse and senior manager on call
- Do not investigate and question the patient / victim.
- Do ask any relevant staff who may have witnessed incident to record what they have witnessed. Inform them that they must not discuss this incident with each other or any other staff member to ensure dignity and integrity of all involved is maintained
- Record allegation and document injuries using a body map; Ensure photographs of any injuries are taken by medical illustration
- In cases of physical or sexual assault Contact police, ensure noting the crime reference number and police officer name and collar number. In conversation with police agree any key points in relation to obtaining / preserving evidence. Always contact relevant social care team and complete Safeguarding referral-ensure copy sent to UHDB .
- Complete DATIX.
- Implement the Duty of Candour Policy Inform parents / relatives of incident and procedures to be followed once this course of action is agreed by LADO or Police or Social Care

Management response to concern

Out of hours; Matron / line manager / Senior manager / nurse on call

- Ensure all actions in immediate response are completed
- Make LADO or PIPOT referral (forms on safeguarding and vulnerable people website in Net-I)and send to uhdb.safeguarding@nhs.net
- Undertake further strategy discussion with police and social care and ensure any directions regarding security / preservation of evidence are carried out
- Address / reassign alleged perpetrator duties – give information on LADO / PIPOT processes (forms on safeguarding and vulnerable people website in Net-I)
- Inform exec on call
- Ensure earliest liaison with Head of Safeguarding & Vulnerable People Team via uhdb.safeguarding@nhs.net and Trust DO (Director of Operational HR & Workforce Integration)

In normal working hours the DO will

- Liaise with the Head of Safeguarding & Vulnerable People Team and BU. The responsible Executive Director is also to be informed
- Participate in strategy discussions / LADO or PIPOT meetings with police and the relevant social care department

Trust internal investigation should only move forward when agreed with police / LA to ensure that no criminal investigation is prejudiced

ALLEGATIONS AGAINST STAFF, VOLUNTEERS & CARERS REFERRAL TO LOCAL AUTHORITY DESIGNATED OFFICER (LADO) FORM

You should make a referral to the LADO if there is reasonable cause to believe that a person who works with or has responsibility for children, in connection with his/her employment or voluntary activity, has:

- Behaved in a way that has or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

See [Working Together to Safeguard Children](#) (2018) and DSCBs Safeguarding Children [Allegations against Staff, Carers and Volunteers procedure](#).

Once completed please return your form marked 'for the attention of the Duty LADO via secure email:

- For Derby email: cypsafeguarding@derby.gov.uk and cc to uhdb.safeguarding@nhs.net
- For Derbyshire email: professional.allegations@derbyshire.gov.uk and cc to uhdb.safeguarding@nhs.net

NAME OF PERSON COMPLETING REFERRAL:	
DATE OF REFERRAL:	
WORK ROLE:	
ORGANISATION:	
TELEPHONE NUMBER/S:	
EMAIL ADDRESS:	

DETAILS OF PERSON OF CONCERN /SUBJECT (if the allegation is about a Head Teacher, please refer immediately to the Chair of Governors)

FULL NAME:	
DOB:	
HOME ADDRESS:	
WORK ROLE:	
TRUST & WORK ADDRESS:	
TELEPHONE NUMBER:	
WHAT HAS BEEN ALLEGED? Include dates, times, witnesses (where known) etc.	

WHAT IN YOUR OPINION IS THE NATURE OF THE ALLEGED HARM? Please tick which one applies			
• Physical	<input type="checkbox"/>	• Inappropriate Behaviour (in Work)	<input type="checkbox"/>
• Sexual	<input type="checkbox"/>	• Grooming	<input type="checkbox"/>
• Neglect	<input type="checkbox"/>	• Sexual Images	<input type="checkbox"/>

• Conduct (outside work)	<input type="checkbox"/>	
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DOES THE SUBJECT LIVE WITH OR HAVE OTHER CONTACT WITH CHILDREN?

Yes No Unknown

• Details:

DOES THE SUBJECT HAVE ANY OTHER OUT OF HOURS, PART TIME PLACE OF EMPLOYMENT/ VOLUNTEERING ROLE WITH RESPONSIBILITY FOR CHILDREN?

Yes No Unknown

• Details:

ANY PREVIOUS LADO OR CONCERN? Please put dates and outcome if known

Yes No Unknown

• Details:

ANY OTHER PROFESSIONALS/VOLUNTEERS INVOLVED IN THIS ALLEGATION?

Yes No Unknown

• **IF YES, AND FOR DATA PROTECTION PURPOSES, PLEASE COMPLETE SEPARATE REFERRAL**

IF APPLICABLE, FULL DETAILS OF CHILD VICTIM/COMPLAINANT

NAME:	
DOB:	
ANY DISABILITY?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, what is the nature of the disability?

HAS THE CHILD BEEN DISCUSSED BEFORE AS A VICTIM UNDER ALLEGATIONS AGAINST STAFF, CARERS AND VOLUNTEERS PROCEDURES? (Has the child made complaints about staff before?)

Yes No

• If yes, when and brief details:

HOME ADDRESS OF CHILD:	
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IS THE CHILD/YOUNG PERSON LOOKED AFTER?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<p>If Yes:</p> <ul style="list-style-type: none"> • Name of IRO and contact details: • Placing Authority: • Name of Social Worker and contact details: • Has the Social Worker/ IRO been informed? Yes <input type="checkbox"/> No <input type="checkbox"/> <p>If No:</p> <ul style="list-style-type: none"> • Who has Parental Responsibility? • Are the child's parents aware of the allegation? Yes <input type="checkbox"/> No <input type="checkbox"/> • What do they know?

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**CITY - WHICH CHILD PROTECTION MANAGER HAVE YOU SPOKEN TO ABOUT THIS MATTER AND ON WHAT DATE?
DERBYSHIRE – INITIAL CONTACT TO BE MADE VIA THIS REFERRAL FORM IF YOU FEEL THE CRITERIA IS MET.**

WHAT ACTION HAVE YOU TAKEN SO FAR TO MANAGE THE IDENTIFIED RISK?

1. HAVE YOU REFERRED TO CHILDREN'S SOCIAL CARE/CHILDREN'S SERVICES? (In Derby via First Contact Team via 01332 641172 or in Derbyshire via Starting Point 01629 533190)

Yes No

- If no, give reasons:
- If yes, referred to: Date:
- Agreed action:

2. HAVE YOU REFERRED TO POLICE? Urgent 999 or non-urgent 101

Yes No

- If no, give reasons:
- If yes, date you referred? Incident Number :
- Agreed Action:

3. HAVE YOU INFORMED YOUR HR/PERSONNEL DEPARTMENT?

Yes No

- If no, give reasons:
- If yes, name of your HR person: Date you referred:
- Agreed Action:

4. HAVE YOU INFORMED ANY REGULATORY BODY or OFSTED/CCG/CQC?

Yes No

- If no, give reasons:
- If yes, who informed and date you referred:
- Agreed actions:
- Case number, if referral appropriate:

IS THE SUBJECT AWARE OF THE REFERRAL?

Yes No

THANK YOU FOR COMPLETING THIS REFERRAL FORM.

How is your information used?

Information contained within this form will be used by the LADO during the management and oversight of allegations against people who work with children. The legal basis for processing is compliance with a legal obligation to safeguard and promote the welfare of children (s. 11 Children Act 2004), and duties imposed by the Working Together to Safeguard Children statutory guidance 2018.

Who will your information be shared with?

The information provided may be shared with other departments within the Council as appropriate, for example HR. It may also be shared with relevant third party organisations including Health, Police, Schools, educational settings or voluntary groups. Sharing will only be carried out where necessary and proportionate, and where there is an identifiable legal basis for doing so.

Information may also be shared with the Department for Education, Ofsted, DBS and HCPC as required by law and in certain circumstances the information will be shared with the subject in line with Subject Access Request.

Further information about how your personal information will be used please visit for Derby cases [Derby City Council](#) or for Derbyshire cases [Derbyshire County Council](#), where you can see a full copy of our privacy notices. Alternatively you can request a hard copy from Derby Child Protection Admin Team by phoning 01332 642376 or emailing cypsafeguarding@derby.gov.uk or from Derbyshire Professional Allegations Team by phoning 01629 531299 or emailing Professional.Allegations@Derbyshire.gov.uk.



Derbyshire and Derby City Safeguarding Adults Board

PIPOT (Person In a Position Of Trust) Referral Form

Allegations against people who work in positions of trust (staff, volunteers and carers) with adults with care and support needs

A referral should be made if there is reasonable cause to believe that a person who works with adults with care and support needs, has:

- Behaved in a way that has harmed, or may have harmed, an adult with care and support needs;
- Possibly committed a criminal offence against or related to an adult with care and support needs;
- Behaved towards an adult with care and support needs in a way that indicates that they may pose a risk of harm to them.

Full-completed referral forms should be emailed to:

- Derbyshire: DerbyshireSAB@derbyshire.gov.uk
- Derby City:

For further information, please see the PIPOT Framework and Guidance on the Derbyshire Safeguarding Adults Board's websites:

- Derbyshire: www.DerbyshireSAB.org.uk
- Derby City:

PIPOT referral details:

Date of referral:

Name of person completing the referral:

Referrer's position/role:

Organisation/Service:

Telephone numbers:

Email address:

Details of the person of concern

Full name of adult/subject:

Date of birth:

Gender:

Home address:

Does the adult have care or support needs? If so, please state what these are:

Employment sector: (e.g., Local Authority/Health/voluntary sector):

Name, address and telephone number of the Trust:

Occupation/job title/role:

Workplace address:

Employment start date:

Reason for your referral:

In your opinion what is the nature of the alleged harm? Indicate which apply:

Physical	<input type="checkbox"/>
Sexual	<input type="checkbox"/>
Domestic abuse	<input type="checkbox"/>
Psychological	<input type="checkbox"/>
Financial or material	<input type="checkbox"/>
Neglect and acts of omission	<input type="checkbox"/>
Discriminatory	<input type="checkbox"/>
Modern slavery	<input type="checkbox"/>
Sexual exploitation	<input type="checkbox"/>
Conduct outside work	<input type="checkbox"/>
Inappropriate behavior at work	<input type="checkbox"/>
Other	<input type="checkbox"/>

Is the subject aware of the allegations and referral?

Full description of allegations/concerns:

Any further information (dates, times, witnesses, etc.)

Does the adult have any role with children or other vulnerable adults? If so, in what capacity?

Child/adult details:

Name	Date of Birth	Location

Actions taken by the Trust to date to manage the alleged/identified risk.

- Please include the following with as much detail as possible:
 - Have you informed the Police?
 - Have you informed any regulatory body, e.g., HCPC, CQC, GMC)?
 - Have you informed your HR/Personnel Department?
 - Any other information.

Alleged Victim(s)

Name	Date of Birth	Gender	Ethnicity (if known)	Disabilities (if known)	Address	Legal Status (CoP/DoLs)	Details of IMCA/Advocate/carer support

Thank you for completing this referral form. You will receive an initial response within 24-hours of receipt of your referral (Monday-Friday).

How your information will be used/shared

The Care Act 2014 requires Safeguarding Adults Boards to agree and establish a framework and process to respond to allegations against anyone who works – either paid or unpaid – with adults with care and support needs.

This guidance applies to the Local Authority, all partner agencies and commissioned services to enable a proportionate and appropriate response to allegations against an employee, volunteer, student, etc., who works with or cares for adults with care and support needs.

Other procedures and guidance are available, which refer to concerns about the quality of care or practice or complaint.

Information contained within this form will be used during the management and oversight of allegations against people who work with adults with care and support needs.

The information provided may be shared within the Council with other departments as appropriate, for example the LADO Officer or HR. The information may also be shared with relevant third party organisations including Police, Health, voluntary agencies, independent providers of care and support, regulatory bodies such as DBS, HCPC, GMC, etc.

Sharing will only be carried out where necessary and proportionate, and where there is an identifiable legal basis for doing so.

-End of document-

INFORMATION GUIDE FOR STAFF FACING ALLEGATIONS

1 Purpose

The aim of this information guide is to explain the processes involved following an allegation and the support and guidance available, if it is alleged that you have:

- harmed an adult at risk of abuse or neglect / child or put an adult at risk of abuse or neglect / child at risk of harm, or
- committed a criminal act toward an adult at risk of abuse or neglect / child, or
- behaved in a way that raises concern about your suitability to work with an adult at risk of abuse or neglect, children or young people

2 Initial Action

When the allegation is made, the manager will consult the social care department, the police, HR manager and Head of Safeguarding & Vulnerable People Team. Statements will be taken from appropriate individuals as indicated by the incident. The Trust Director of Operational HR & Workforce Integration or Trust Head of Safeguarding & Vulnerable People will consult the Local Authority Designated Officer (LADO) / police / Adult Social Care Safeguarding Managers as appropriate to consider any further required actions. The concerns that may arise singly or jointly during the consultation process are as follows;

- a) **The adult at risk of abuse or neglect, child/young person is alleged to have suffered, or is likely to suffer significant harm**
- b) **A criminal offence is alleged; (This requires referral to CSC / adult social care and Police.)**

In either case above, criminal investigation by the Police may ensue.

The initial discussions above may lead to a Strategy Discussion, involving Police, CSC, Adult social care / LADO and the Trust Director of Operational HR & Workforce Integration or Head of Safeguarding & Vulnerable People. This discussion will focus on the needs of the adult at risk of abuse or neglect or child/ren who may be at risk. It will determine what action should be taken regarding further investigation, but it is not part of any disciplinary procedures.

You will not be invited to this meeting.

- c) **Where the allegation represents poor or inappropriate behaviour – which should be considered under disciplinary and/or capability procedures, including referral if appropriate to professional bodies.**

If the initial discussions conclude the situation is as outlined in c) above, an internal investigation will be initiated under the Trust disciplinary and/or capability procedures. A disciplinary investigation is usually held in

abeyance until external agency investigations are complete, unless prior agreement is reached. Whilst these investigations should be conducted as speedily as possible, they should also be balanced against the need to be thorough and fair, in line with natural justice. Statements taken in external investigations could be used in subsequent disciplinary proceedings.

d) The allegation is clearly and demonstrably without foundation and no further action will be taken.

If the conclusion is as outlined in d) as above you will be told orally and in writing that the allegation is without foundation, and that no further action will be taken with regard to yourself. In this situation the Trust Director of Operational HR & Workforce Integration will have discussions with the police concerning any action to be taken with regard to any malicious allegations made about you.

3 Support

The Trust understands that this is likely to be a very stressful time for you.

You should expect to be:

- advised to contact your Union representative
- given a support contact within the Trust (usually in HR) who should keep you up to date with progress of your case
- given a team contact, if you are suspended, who will update you about normal team / Trust activities / developments. Social contact with colleagues should not be precluded unless detrimental to the investigation. The type of information and frequency of contact should be agreed, but should not include comment on or discussion of the investigation. Those who will be told of the allegation and likely course of action include you, the Child / adult at risk of abuse or neglect, parent/carer, the person making the allegation, your manager, Director of Operational HR & Workforce Integration (or delegated HR manager), Head of Safeguarding & Vulnerable People, the LADO and the investigating agencies as above. If you are suspended, those persons likely to be on a disciplinary panel, if convened, will be given limited information so any future disciplinary process is not prejudiced.
- offered the Staff Counselling Service and/or Occupational Health support if available. You are advised to see your GP if you think your health may be affected.

4 Suspension

Your manager should consult with the Trust Director of Operational HR & Workforce Integration and consider recommendations from the strategy meeting, if appropriate, before any decision to remove from your usual duties is taken.

Any decision to remove you from your normal duties is a neutral act and should not be taken to infer organization beliefs as to guilt or otherwise.

The decision to remove from usual duties should be discussed in the Strategy Discussion, and should only occur when the known facts relating to the allegation indicate:

- an adult at risk of abuse or neglect, child or young person may be at risk
- the allegations are so serious that dismissal for gross misconduct is possible
- suspension is necessary to allow the conduct of the investigation to proceed unimpeded

Alternatives will always be considered e.g. leave of absence, transfer of duties, additional supervision.

Where removal from usual duties is being considered, an interview will normally be arranged. You have the right to be accompanied to this meeting by a Trade Union representative. If you are suspended, one of the roles of the Trade Union rep will be to promote your interests and raise issues that may be of concern to you.

The interview is not an examination of the evidence, but an opportunity for you to make representations concerning removal from your usual duties.

5 Return to work

If you have been suspended and it is decided you should return to work, your Union rep can assist in negotiating and planning this return.

SAFER WORKING PRACTICE GUIDANCE

For all staff working with children, young people and adults at risk of abuse or neglect.

Background

All staff, whether paid or voluntary, have a duty to keep children, young people and adults at risk of abuse or neglect safe and to protect them from abuse and neglect. The vast majority of adults who work with children, young people and adults at risk of abuse or neglect in health settings act professionally. They seek to provide a safe and supportive environment, which secures the well-being and very best outcomes for children, young people and adults at risk of abuse or neglect in their care. They work in accordance with their responsibility to maintain public confidence in their ability to safeguard the welfare and best interests of children, young people and adults at risk of abuse or neglect.

However, research demonstrates that vulnerable groups can be targeted as an area of employment for those who would wish to be in a position of trust and power to perpetrate abuse and neglect. Some staff behaviours can give rise to concerns or allegations being made against them. Allegations may be genuine, malicious or misplaced but all concerns and allegations must be addressed fairly and this process is inevitably distressing and difficult for all concerned.

The Safeguarding Vulnerable Groups Act (2006) requires Trusts to provide to the Independent Safeguarding Authority any evidence of a worker's inappropriate behaviour towards children, young people or adults at risk of abuse or neglect. Inappropriate behaviour is defined as behaviour indicating that they have;

- *“behaved in a way that indicates that they are unsuitable to work with vulnerable groups”*

Trusts have a duty of care towards their employees under the Health and Safety at Work Act 1974 which requires them to provide a safe working environment for staff and guidance about safe working practices.

It is important that all adults working with children, young people and adults at risk of abuse or neglect understand that the nature of their work and the responsibilities related to it, place them in a position of trust. Staff and volunteers who work with children, young people or adults at risk of abuse or neglect are responsible for their own actions and behaviour and should avoid any conduct which places them at risk of criticism or raise questions regarding their motivation and intentions. Lastly staff should be aware that breaches of the law and other professional guidelines could result in criminal or disciplinary action being taken against them.

This guidance aims to provide clear advice on appropriate and safe behaviours for all adults working with children, young people or adults at risk of abuse or neglect whether in paid or unpaid capacities, in all settings and in all contexts. Whilst every attempt has been made to cover a wide range of situations, it is recognised that any such guidance cannot cover all eventualities. There may be times when professional judgements are made in situations not covered by this document. It is expected that in these circumstances staff will always advise their senior colleagues and managers of the situation and discuss the reasons for any such action already taken or proposed.

Purpose of the guidelines

- The guidance will give staff practical guidance about which behaviours constitute safe practice and which behaviours should be avoided and thereby assist staff working with children, young people and adults at risk of abuse or neglect to work safely and responsibly and to monitor their own standards and practice.
- The guidance will support managers in giving a clear message that unlawful or unsafe behaviour will not be tolerated and that where appropriate, legal or disciplinary action is likely to follow. It will also support managers in setting clear expectations of behaviour and/or codes of practice relevant to the services being provided.
- The guidance will help to keep children, young people and adults at risk of abuse or neglect safe by clarifying which behaviours constitute safe practice and which behaviours should be avoided.
- The guidance is aimed at minimising the risk of misplaced or malicious allegations made against adults who work with children, young people and adults at risk of abuse or neglect and reduce the incidence of positions of trust being abused or misused.

Underpinning Principles

- These guidelines apply to all workers, in all settings (either in or out of the workplace), whatever their position, role, gender, sexuality, cultural or religious background or responsibilities.
- Staff and volunteers should work and be seen to work, in an open and transparent way.
- Staff and volunteers should discuss and/or take advice promptly from their line manager or another senior member of staff over any incident, which may give rise to concern.
- Records should be made of any such incident and of decisions made/further actions agreed, in accordance with Trust policy for record keeping.
- All staff should know the names of the Trust Safeguarding Named Professionals and how to contact them, ensure they attend the level of safeguarding training appropriate to their role and know how to access relevant policies and procedures.

Responsibilities

Trusts and managers should ensure that this guidance is seen by all staff on appointment and that the opportunity for discussion and explanation of this guidance and how it applies in the individuals workplace is given in the first week of employment between the worker and their manager.

All workers should have a clear understanding about the nature and content of this document; discuss any uncertainties or confusion with their line manager; understand what behaviours may call into question their suitability to continue to work with children, young people and adults at risk of abuse or neglect.

Persons in Positions of Power & Trust

As a result of their employment, knowledge, position and/or the authority invested in their role, all staff in the Trust can be seen as being in positions of trust in relation to the children, young people or adults in their care. It is vital for all staff to recognize that a relationship between themselves and patients / families adult and a child or young person is not a relationship between equals in relation to safeguarding. Staff should always maintain appropriate professional boundaries and avoid behaviour which might be misinterpreted by others. They should report and record any incident with this potential. Where a person aged 18 or over is in a specified position of trust with a child under 18, it is an offence for that person to engage in sexual activity with or in the presence of that child, or to cause or incite that child to engage in or watch sexual activity.

Workers **should not**:

- use their position to gain access to information for their own or others' advantage.
- use their position to intimidate, bully, humiliate, threaten, coerce or undermine children, young people or adults at risk of abuse or neglect.
- use their status to form, or promote relationships which may be regarded as being of a sexual nature, or which may become so.

Propriety and Behaviour

Workers **should not**:

- behave in a manner which would lead any reasonable person to question their suitability to work with children, young people or adults at risk of abuse or neglect or to act as a role model.
- make, or encourage others to make, unprofessional personal comments which scapegoat, demean or humiliate children, young people or adults at risk of abuse or neglect or which might be interpreted as such.

Dress and Appearance

Workers should wear clothing which conforms to the uniform policy and:

- is appropriate to their role.
- is not likely to be viewed as offensive, intimidating, revealing, or sexually provocative.
- does not distract, cause embarrassment or give rise to misunderstanding.
- is absent of any political or otherwise contentious slogans.
- is not considered to be discriminatory and is culturally sensitive.

Gifts, Rewards and Favouritism

Workers should:

- ensure that gifts received or given in situations which may be misconstrued are declared.
- generally, only give gifts/rewards to an individual child, young person or adult at risk of abuse or neglect as part of an agreed reward system that is identified in the individual's care plan.
- ensure that their manner towards individuals is not construed as favouring one against another.

Infatuations

Workers should:

- report and record any incidents or indications (verbal, written or physical) that suggest a child, young person or adult at risk of abuse or neglect may have developed an infatuation with a worker.
- always acknowledge and maintain professional boundaries.

Communications with Children, Young People and Adults at risk of abuse or neglect (including the Use of Technology)

Workers should:

- not give their personal contact details to children, young people or adults at risk of abuse or neglect, including their mobile telephone number and details of any blogs or personal websites.
- only make contact with children, young people or adults at risk of abuse or neglect for professional reasons and in accordance with any organisation policy/individuals care plan.
- recognise that text messaging is rarely an appropriate response to a child, young person or adult at risk of abuse or neglect in a crisis situation or at risk of harm. It should only be used as a last resort when other forms of communication are not possible and with involvement of relevant safeguarding team and workers manager and that it is documented.
- not use internet or web-based communication channels to send personal messages to a child, young person or adult at risk of abuse or neglect.
- ensure that if a social networking site is used, details are not shared with children, young people or adults at risk of abuse or neglect and privacy settings are set at maximum.

Social Contact

Workers should:

- have no secret social contact with children, young people, adults at risk of abuse or neglect or their parents / carers.
- always approve any planned social contact with children, young people or adults at risk of abuse or neglect or parents / carers with senior colleagues.
- report and record any situation which may place a child, young person or adult at risk of abuse or neglect at risk or which may compromise the organisation or their own professional standing.
- be aware that the sending of personal communications such as birthday or faith cards should always be recorded and/or discussed with line manager beforehand.
- understand that some communications may be called into question and may need to be justified.

Sexual Contact

Workers **should not**:

- have sexual relationships with children, young people or adults at risk of abuse or neglect.
- have any form of communication with a child, young person or adult at risk of abuse or neglect which could be interpreted as sexually suggestive or provocative i.e., verbal comments, letters, notes, electronic mail, 'phone calls, texts, physical contact.
- make sexual remarks to, or about, a child, young person or adult at risk of abuse or neglect.
- discuss their own sexual relationships with or in the presence of children, young people or adults at risk of abuse or neglect.

Workers should:

- ensure that their relationships with children, young people and adults at risk of abuse or neglect clearly take place within the boundaries of a respectful professional relationship.
- take care that their language or conduct does not give rise to comment or speculation. Attitudes, demeanour and language all require care and thought.

Physical Contact

Workers should:

- always consider the privacy and dignity of the child, young person or adult at risk of abuse or neglect
- be aware that even well intentioned physical contact may be misconstrued by the child, young person, adult at risk of abuse or neglect or an observer or by anyone to whom this action is described.

- never touch a child, young person or adult at risk of abuse or neglect in a way which may be considered indecent.
- always be prepared to report and explain actions and accept that all physical contact be open to scrutiny.
- not indulge in “horseplay”.
- always encourage children, young people or adult at risk of abuse or neglect where possible, to undertake self-care tasks independently.
- work within Health and Safety regulations.
- be aware of cultural or religious views about touching and always be sensitive to issues of gender.
- understand that physical contact in some circumstances can be easily misinterpreted.

Other Activities that Require Physical Contact

Workers should:

- treat children, young people and adults at risk of abuse or neglect with dignity and respect and avoid contact with intimate parts of the body.
- always explain to a child, young person or adult at risk of abuse or neglect the reason why contact is necessary and what form that contact will take.
- Before contact always seek consent of parents / carers where a child, young person or adult at risk of abuse or neglect is unable to do so because of a disability.
- consider alternatives, where it is anticipated that a child, young person or adult at risk of abuse or neglect might misinterpret any such contact.
- be familiar with and follow recommended guidance and protocols.
- conduct activities where they can be seen by others.
- be aware of gender, cultural or religious issues that may need to be considered prior to initiating physical contact.

Domestic violence

Workers should:

- Not perpetrate domestic violence or abuse
- Ensure that, if victims of domestic violence, they work appropriately with relevant agencies and take appropriate steps to safeguard any children, young people or adults at risk of abuse or neglect involved

Behaviour Management

Workers should:

- not use force as a form of punishment.
- try to defuse situations before they escalate
- engage line management assistance if required.
- inform parents / carers of any behaviour management techniques used.
- Ensure the individuals care plan includes any behavioural management techniques used

Use of Control and Physical Intervention

Workers should:

- adhere to the organisations physical intervention policy.
- always seek to defuse situations.
- always use minimum force for the shortest period necessary.
- record and report as soon as possible after the event any incident where physical intervention has been used.

One to One Situations

Workers should:

- ensure that when lone working is an integral part of their role, full and appropriate risk assessments have been conducted and agreed.

- avoid meetings with a child, young person or adults at risk of abuse or neglect in remote, secluded areas.
- If required to have a one to one session as part of an agreed plan, always inform other colleagues and/or parents/carers about the contact(s) beforehand, assessing the need to have them present or close by.
- avoid use of “engaged” or equivalent signs wherever possible. Such signs may create an opportunity for secrecy or the interpretation of secrecy.
- always report any situation where a child, young person or adult at risk of abuse or neglect becomes distressed or angry to a senior colleague.
- carefully consider the needs and circumstances of the child, young person or adult at risk of abuse or neglect when in one to one situations.

Home Visits

Workers should:

- agree the purpose for any home visit with senior management, unless this is an acknowledged and integral part of their role, e.g., Occupational Therapist, members of the Kite Team
- adhere to agreed risk management strategies.
- always make detailed records including times of arrival and departure and work undertaken.
- ensure any behaviour or situation which gives rise to concern is discussed with their manager and, where appropriate, action is taken.

The manager should:

- Ensure that a system is in place for monitoring the safe completion of visits and return to base as per the Trust’s Lone Worker Policy