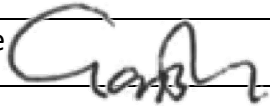


TRUST POLICY FOR MANAGING ALLEGATIONS AGAINST STAFF AND VOLUNTEERS WHO WORK WITH CHILDREN AND ADULTS AT RISK OF ABUSE OR NEGLECT

Reference Number CLCHPROT/2011/037	Version: V10		Status FINAL	Author: Jane O’Daly-Miller Job Title: Head of Safeguarding & Vulnerable People
Version / Amendment History	Version	Date	Author	Reason
	V1	April 2011	J O’Daly-Miller	Original Version
	V2	September 2011	J O’Daly-Miller	Appendices added
	V3	April 2013	J O’Daly-Miller	Additions made re adults at risk of abuse or neglect
	V4	November 2015	J O’Daly-Miller	Amendments following the Care Act 2014 and related statutory guidance and changes to DSCB policies and procedures
	V5	November 2016	J O’Daly-Miller	Amendments to reflect HR process
	V6	2018	J O’Daly-Miller	Following merger
	V7	Jan 2020	J O’Daly-Miller	Incorporating revised information / processes of Derby and Derbyshire Safeguarding Children Partnership and Derby/ Derbyshire Safeguarding Adult Boards
	V8	Aug 2020	L Millard	Amendments to flow chart
	V9	November 2022	L Millard	Review-amendments made to reflect changes to external organisations and internal roles
	V10	August 2023	JO'Daly-Miller	Change to process regarding Executive Directors and following revision to Derby and Derby SAB policy
Intended Recipients: All HR, clinical and medical staff, Associate Directors, Service Managers, Divisional Nurse Directors, Operational Managers and Senior Matrons/ Senior Midwives, Facilities Managers and Therapy staff / leads.				
Training and Dissemination: Via the Intranet, Safeguarding Training				

To be read in conjunction with: Trust Disciplinary Policy and Procedure; Conduct, Capability and Health Policy for Medical and Dental Staff; Safeguarding Children Partnership and Safeguarding Adult Board Policy in relation to Safeguarding Allegations against Staff (LADO & PiPoT); Trust Safeguarding Children policies and Safeguarding Adults policies; Freedom to Speak Up policy and guidance; Domestic Abuse policy; Consent policy; Incident reporting policy	
In consultation with and Date: Trust Safeguarding and Vulnerable People Committee Trust Safeguarding Group August 2023	
EIRA stage One	Completed Yes
stage Two	Completed Yes
Approving Body and Date Approved	Trust Delivery Group
Date of Issue	October 2023
Review Date and Frequency	November 2025 (then every 3 years)
Contact for Review	Head of Safeguarding & Vulnerable People
Executive Lead Signature	Executive Chief Nurse 

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1. INTRODUCTION

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

National legislation and guidance and the policies of local safeguarding children partnerships or safeguarding adult boards set out expectations of how the Trust will work with other organizations to safeguard children, young people, and / or adults at risk of abuse or neglect.

Historical allegations concern allegations made about events and abuse that happened some time ago. It is widely accepted that a delay in reporting incidents does not indicate that the allegation is false. There are many reasons why victims do not come forward at the time such as shame, fear and a common belief pervades that the account of a victim will not be believed by the organization and that the organization will prefer the account of the employee. It is vital that staff maintain a respectful uncertainty in these cases, ensure that these allegations are shared with the safeguarding team and that the processes in this policy are applied.

It must be acknowledged that most issues of abuse, particularly sexual assault, or abuse, are undertaken in situations where the victim is alone with the perpetrator. However, there may be several factors to consider which corroborates the allegation when it is properly investigated. There is no statute of limitations on these issues and all allegations must be responded to under this policy. Staff should encourage the alleged victim to report any potential crimes to the police themselves and the Trust will also notify and work with the police and social care in investigating such issues.

The Trust is committed to safeguarding and promoting the welfare of children, young people, and adults at risk of abuse or neglect. It is also committed to creating a climate in which allegations or concerns can be raised without fear or recrimination to the reporter. All staff have a duty to be alert to potential vulnerabilities in children and adults, and to know what to do if they have concerns. The Trust will ensure that staff are provided with the resources and skills needed to implement the safeguarding policies and dealing with safeguarding concerns raised against staff.

This Policy applies to all staff or volunteers working within the Trust and they relate to any abuse of an adult, child, or young person, or behaviors (whether occurring in private or professional sphere) indicating unsuitability to work with children, young people or adults.

2. PURPOSE

This policy will provide a fair and transparent framework for managing safeguarding allegations against staff without prejudice or implication of guilt.

This policy addresses allegations that fall under the following classifications.

- a) That Trust staff may have, or have, in the course of their work -
 - deliberately or recklessly been responsible for events where an adult at risk of abuse or neglect, or any adult, 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, or children, in their present position, or in any capacity
- b) That Trust staff may have, or have, within their personal life.

- Behaved in a way that has, or may have, harmed an adult or child. Possibly committed a criminal offence against, or related to, an adult or child.
or
- Behaved towards an adult, child, or children, in a manner that indicates they are unsuitable to work with adults or children.
or
- 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). In this situation the risk to adults or children for whom the member of staff is responsible must be assessed to ensure that the adults or children are protected, and appropriate action taken.

This policy applies to all staff in the Trust - no matter what their role.

DEFINITIONS

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	An adult is a person aged 18 years or older. An 'adult at risk' or "adult at risk of abuse or neglect" who is or may need 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	The 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 regarding 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 its attention to the LADO who will then decide if the threshold is met for LADO involvement.
PiPoT	Persons in position of Trust; All Trust staff because of their knowledge, position and/or the authority (apparent or actual) invested in their role are in positions of trust in relation to children, young people or adults attending the Trust. A relationship of trust can be described as one in which one party is perceived to be in a position of power or influence over the other by virtue of their work within an organization or the nature of their activity.

3. KEY RESPONSIBILITIES

Safeguarding Adult / Children's Partnerships or Boards	Safeguarding Adult Boards and Safeguarding Children Partnership Boards 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 meetings of the Boards and Partnerships and
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	their sub-groups, participate in the work of the Boards to achieve their aims and submit the findings of internal assurance process to relevant forums.
Integrated Care Boards (ICB)	The ICB monitor Trust safeguards performance in regular meetings with the Trust. The Designated Safeguarding Professionals situated within the ICB receive regular reporting on performance, and provide supervision to the Named Nurses and Named Midwives and together with the relevant Safeguarding Children Partnership / Adult Safeguarding Board undertake the S11 Children Act and The Care Act 2014 statutory guidance assurance processes. The Named Doctors for Safeguarding Children receive supervision from ICB Designated Paediatricians.
UHDB Trust Board	The Trust Board is responsible for ensuring that a culture of openness, trust, service improvement and sharing of learning is present within the organisation. It has overall responsibility for ensuring that the Trust's duties regarding safeguarding patients and children and for ensuring the management of allegations and serious incidents are appropriately discharged, including ensuring compliance with this policy. The Board will receive assurance of this through the Quality Assurance Committee and the Safeguarding Committee.
Lead Executive for Safeguarding	The Executive Chief Nurse is the Lead Executive for Safeguarding. As the Trust representative in the safeguarding children / adult Partnerships and Boards, the Executive Chief Nurse has the responsibility to ensure that UHDB contributes to the co-operation and monitoring of multi-agency working arrangements to safeguard and promote the welfare of children / adults.
Director of People's Services	The Director of People Services is responsible for ensuring that there are effective arrangements in place to ensure safe recruitment and response to employment issues arising from managing allegations and to ensure effective monitoring and performance regarding, where appropriate, individuals being referred to the respective professional body and the Disclosure and Barring Service
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 Responsible Officer Forums and is the Trust Designated Senior Manager for response to allegations against staff
Trust Safeguarding Group	The Trust Safeguarding Group 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.
Line 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 raised 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, for completing LADO / PIPOT referral forms

	(to be sent to the Head of Safeguarding) and ensuring that a Serious Incident report is created when it is alleged that a staff member has / or may have abused or neglected adults or children in their care or matters arising in their personal life demonstrate behaviour indicating unsuitability to work with children, young people or adults at risk of harm or abuse. They must ensure awareness of and comply with the Safer Working Practice Guidance at Appendix 5
All 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 patients and the public and ensure they are competent and alert to potential indicators of abuse or neglect in adults or children. Employees have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification; they should always maintain appropriate professional boundaries and avoid behavior which might be misinterpreted by others. They should report and record any incident with this potential. They must comply with the Safer Working Practice Guidance at Appendix 5

4. IMPLEMENTING THE POLICY AND PROCEDURES

4.1 General Principles

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

- From a child.
- From an adult or 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

All staff must take any allegation of conduct or behaviour very seriously. There are five key actions to be undertaken on receiving an allegation:

- Undertaking an immediate initial risk assessment and identifying alternative working arrangements for the subject of the allegation. This is both for their protection and protection of others.
- Notify the Head of Safeguarding
- Notify Line Manager & BU HR
- Contact the police where indicated (See Appendix 1)
- Contact the relevant social care department.

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

Additionally

They **MUST NOT**:

- **Investigate or ask leading questions of the victim or staff. 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.

- **Make assumptions, hypothesis or offer alternative explanations.**
- **They should not** use language that has the impact of downplaying concerns (e.g., “rough handling” (Improper or, reckless handling techniques can still constitute an assault)) or assume that it is “one word against another” and therefore unanswerable
- **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).

4.2 Allegations of abuse or conduct / behavior indicating unsuitability to work with children, Initial Considerations

- **The priority must be to ensure the immediate safety of the child and other children and the subject of the allegation must be removed from patient facing duties for their protection and protection of others.** Some allegations (e.g., concerns regarding sexual abuse / assault or physical abuse) will be so serious they require immediate intervention by Police and/or Children’s Social Care. In these situations, in usual working hours of 9-5 Monday-Friday the Head of Safeguarding will need to involve the Police (for example if the person is deemed to be an immediate risk to children / adults or there is evidence / suspicion of a criminal offence) and the relevant social care department.
- If out of hours follow guidance at appendix 1.

4.3 The senior nurse or manager on call / 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

There will then be an initial discussion between the Head of Safeguarding & Vulnerable People, the Executive Chief Nurse / the Executive Medical Director / the Director of AHPs as appropriate and the Deputy Director of People's Services to consider.

- the nature, content and context of the allegation,
- whether threshold for LADO is met and agree a course of action and
- agree whether regulatory bodies need to be informed of the allegations made against members of staff.
- Where an individual works for a contracted service, the commissioner of that service will also need to be informed and involved in subsequent discussions.

The Head of Safeguarding & Vulnerable People will refer to the LADO and liaise with the employee's line manager to provide or obtain relevant information, such as previous history, and the individual's current contact with any children.

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.

The initial sharing of information and evaluation in the multi-agency discussions may lead to a decision that no further action is to be taken by social care or the police with regard to the subject of the allegation or concern. In this case the decision, and a justification for it, should be recorded by the

Head of Safeguarding & Vulnerable People and agreement made about what information should be put in writing to the individual concerned.

When a LADO meeting is held the person about whom the allegation is made must be given information about the LADO process at Appendix 4. The LADO and Head of Safeguarding & Vulnerable People 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 Head of Safeguarding & Vulnerable People, Social Care and Police should consider who will conduct any investigation.

Where it is clear that an investigation by the Police or Children's Social Care is unnecessary, the LADO will discuss the next steps with the Trust Head of Safeguarding & Vulnerable People Team. 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 in-house investigation.

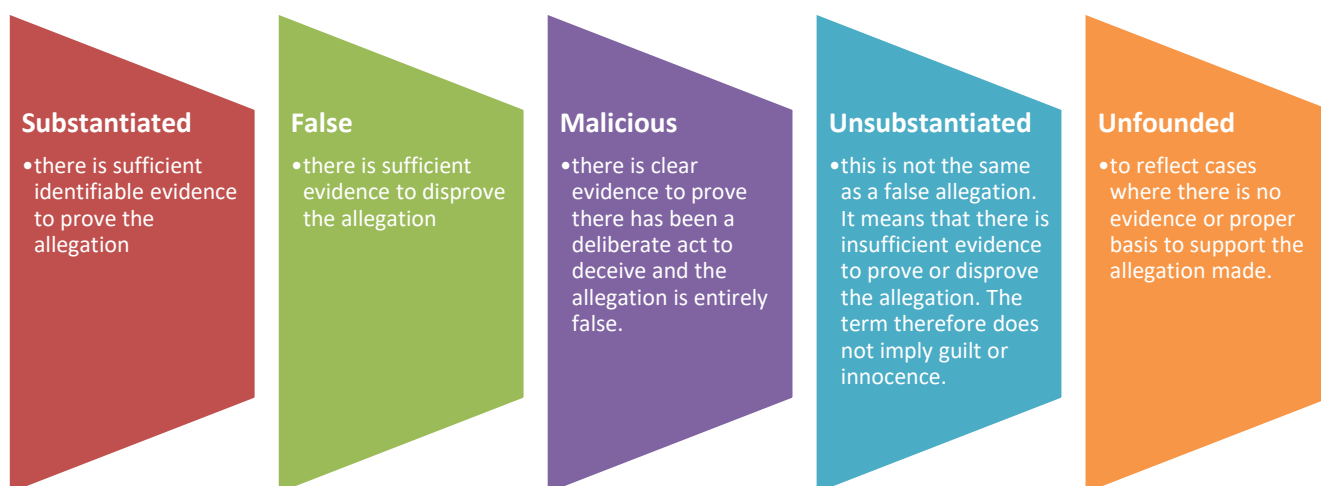
Where the allegation concerns a non-executive or executive of the Trust Board, other than the Executive Medical Director or Executive Chief Nurse, this investigation will be undertaken by an external Trust representative. Where the concern is regarding the Trust Executive Medical Director, the Responsible Officer is the NHS Region Responsible Officer and, if concerns are regarding the Executive Chief Nurse these must be discussed with the Regional Chief Nurse

Parents or carers of a child involved should be told about the allegation as soon as possible following discussion and the involvement of the LADO - if they do not already know of it. The Police or Social Care should keep parents or carers informed about the progress of the case, and the outcome of the LADO (i.e., whether substantiated, or not, or where there is a criminal investigation. However, the victim or family 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.

4.2.1 Action following conclusion of LADO case.

The outcome of allegation investigations may be as follows:



- The conclusion of any investigation will be clearly communicated in writing by the LADO to the Head of Safeguarding & Vulnerable People Team who is then responsible for communicating this to the line manager and individual along with any actions agreed within the investigation. The Head of Safeguarding will be expected to feedback to the LADO when the actions agreed from the meeting have been completed.
- If an individual disputes the outcome of an investigation, their right of challenge will ordinarily be with HR through the 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 at Children's Social Care (CSC) under the subject access procedure; such applications will be considered by the LADO and relevant CSC documents, appropriately redacted, will be shared.

4.2.2 Action following criminal investigation.

Police or CPS should inform the Head of Safeguarding & Vulnerable People Team 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 Head of Safeguarding & Vulnerable People Team / Deputy Director HR / Executive Chief Nurse or Executive Medical Director (as appropriate) 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.

4.3 Allegations relation to adults at risk of abuse

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

- Behaved in a way that has harmed or may have harmed an adult with or without care and support needs.
- Possibly committed a criminal offence against or related to an adult with / without 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 / without care and support needs must be reviewed.
- May be subject to abuse themselves and, consequently, means their ability to provide a safe service to adults with / without care and support needs must be reviewed.

All general principles at 4.1 & 4.2 above must be followed and any immediate potential risk to adults with care and support needs who use Trust services should be assessed and action taken to safeguard those adults.

- Out of Hours 9-5 Monday to Friday, the Senior Nurse or Manager on call / matron / lead nurse should be contacted, complete a PIPOT referral form (See Appendix 3 and on safeguarding intranet pages) and forward to the Trust Head of Safeguarding and Vulnerable People Team (uhdb.safeguarding@nhs.net). The Head of Safeguarding will forward to the appropriate Local Authority (LA) Adult Social Care, Safeguarding Service Manager.
- On receipt of the referral there will be a strategy discussion within 72 hours between the police, and / or Adult Social Care as appropriate (and in accordance with the relevant Local Authority & Safeguarding Adult Board procedures), and the Head of Safeguarding & Vulnerable People Team to decide on any further action or meetings required.
- Each case will be 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 Head of Safeguarding & Vulnerable 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 Trust Head of Safeguarding & Vulnerable People Team and the police / LA Safeguarding Service Manager.

4.3.1 PiPoT meetings

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.
- Confirm whether risk assessments are required.
- Agree who is doing what, when and 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. Possibilities are as follows;

- **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

4.4 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.

5.6 Substantiated Allegations and Resignation of professionals

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 Head of Safeguarding & Vulnerable People should inform the LA Safeguarding Service Manager of the date of the referral to the DBS. 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.

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.

5.7 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, (e.g., as increased supervision in practice, mentoring, training, or agreed transfer to alternative duties) can be considered.

5.8 Action following false or malicious allegations.

Where an allegation is determined to be malicious, false, or unsubstantiated, the Head of Safeguarding & Vulnerable People and LADO or Adult Social Care Safeguarding Manager should consider if the child / adult at risk of harm is in need of any services or support. The police will discuss with the falsely / maliciously accused any possible action that might be pursued by them.

5.9 Confidentiality

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

5.10 Record keeping

In all cases records will be retained in the employee record for 10 years

5.11 Trust Responsible Officers Forum (ROF) & Oversight of Professional Standards Group (OPSG)

5.11.1 Medical ROF

All cases concerning medical professionals will be discussed at the Trust ROF. The Trust Executive Medical Director is usually the Responsible Officer for Medical Professionals across the Trust. Responsible officers have an important statutory role in medical regulation. As Responsible Officers they are accountable for the local clinical governance processes in UHDB, focusing on the conduct and performance of doctors. These duties include evaluating a doctor's fitness to practice, and liaising with the GMC over relevant concerns. The Responsible Officer is also required to ensure that the organisation has appropriate systems for appraising the performance and conduct of doctors. (NB. Where the concern is regarding the Trust Executive Medical Director, the Responsible Officer is the NHS Region Responsible Officer.)

The Medical ROF meets monthly to monitor LADO / PIPOT processes involving medical professionals and ensure the loop is closed at the conclusion of such processes ensuring notification to GMC and DBS as required. The Head of Safeguarding & Vulnerable People is a member of Medical ROF.

5.11.2 Nursing / AHP Oversight of Professional Standards Group (OPSG)

All cases concerning nurses, allied health professionals (AHPs), midwives and support staff, eg health care support workers will be discussed in The Nursing, Midwifery and AHP OPSG. This forum is an integral part of the governance system supporting the roles of the Executive Chief Nurse, Directors of Nursing and Divisional Nurse Directors in ensuring high standards of professional clinical care to patients and colleagues. The Nursing & AHP OPSG meets monthly to monitor LADO / PIPOT processes, amongst other matters of professional conduct to ensure the loop is closed at the conclusion of such processes ensuring notification to NMC / HCPC and DBS as required. The Head of Safeguarding & Vulnerable People is a member of Nursing & AHP OPSG (NB if concerns are regarding the Executive Chief Nurse these must be discussed with the Regional Chief Nurse)

6 MONITORING COMPLIANCE AND EFFECTIVENESS

Monitoring requirement	Ensure that this policy is applied to all relevant cases
Monitoring Method:	An audit of cases from both medical and nursing ROF quarterly
Report Prepared by:	The Head of Safeguarding & Vulnerable People
Monitoring Report presented to:	Trust Safeguarding & Vulnerable People Committee
Frequency of Report	Quarterly

7 REFERENCES

Trust Safeguarding Children Policy and Procedures

Trust Safeguarding Adult Policy

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

Working Together to Safeguarding Children 2015

The Lampard (J Saville) Enquiry report 2015

The Derby and Derbyshire Safeguarding Children Partnership Procedures

Derby and Derbyshire Safeguarding Adult Procedures

Staffordshire Safeguarding Children Partnership Procedures

Staffordshire Safeguarding Adult Partnership Procedures

Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework 2022

Trust policy re Domestic Abuse

Consent Policy

Incident Reporting policy

APPENDIX 1 - GUIDANCE PATHWAY; IMMEDIATE RESPONSE TO SAFEGUARD PATIENTS (Managing Allegations against staff)

Frontline Staff	Person in Charge of ward	Out of Hours: Action to be taken by Senior Nurse on Call / Manager on call	Safeguarding Team
<p>Any incident witnessed/ allegation of abuse or neglect of a patient must be notified immediately to the person in charge of the ward / department and- IF OUT OF HOURS - the Senior Nurse / manager on call. They must follow the Managing Allegations policy. The Head of Safeguarding & Vulnerable People Team must be informed via uhdb.safeguarding@nhs.net</p>	<p>Any adults / children must be immediately made safe & checked for injury or bruising. Contact must be made with Head of Safeguarding & Vulnerable People Team via 01332 787547 (in- hours 9-5, Mon-Fri)) Out of hours, the senior nurse / manager on call must be contacted and the Head of Safeguarding & Vulnerable People Team emailed via uhdb.safeguarding@nhs.net The person about whom the allegation is made must not continue with patient facing duties</p>	<p>Agree the deployment of the member of staff about whom the allegation is made. In many situations, continuous supervision of patient contact may not be realistically feasible and transfer to a non-patient facing role should be undertaken.</p> <p>Any allegation of penetrative sexual assault must be immediately reported to the police on tel 101 and a discussion with the police must be had to ensure samples are not destroyed on the patient body or clothing until the patient can be examined by a forensic medical examiner or patient can attend the Sexual Assault Referral Centre</p> <p>Any harm to children must be notified immediately to the relevant Children's Social Care department</p> <p>Any injuries should be photographed by the Trust Medical Photography Team.</p> <p>Any other allegations must be reported by the Head of Safeguarding & Vulnerable People Team the following working day (Mon-Fri 9-5) to the relevant social care department and police within MASH</p> <p>A LADO (allegation against staff re children)/ PIPOT (allegation against staff re adults) form from the safeguarding pages on Net-I should be completed and forwarded to the Head of Safeguarding & Vulnerable People Team via uhdb.safeguarding.@nhs.net</p> <p>A management plan on how to support the employee subject of the allegation must be drawn together , see Managing Allegations policy</p>	<p>The next working day the Head of Safeguarding & Vulnerable People will have strategy discussions with the police and social care to determine who will be leading on the investigation (police/social care or Trust) and inform the Executive Chief Nurse / Exec Medical Director or Director for AHPs as appropriate and Deputy Director of HR.</p> <p>An assessment will be made on each individual case regards ongoing restrictions to work</p>

APPENDIX 2 – LADO REFERRAL FORM

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"/>	• Coercion	<input type="checkbox"/>
• Neglect	<input type="checkbox"/>	• Sexual Images	<input type="checkbox"/>
• Conduct (outside work)	<input type="checkbox"/>		

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 No
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:

IS THE CHILD/YOUNG PERSON LOOKED AFTER?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes: <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"/> If No: <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? 	

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 <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> If no, give reasons: If yes, referred to: Date: Agreed action: 	

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

Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> If no, give reasons: If yes, date you referred? Incident Number : Agreed Action: 	

3. HAVE YOU INFORMED YOUR HR/PERSONNEL DEPARTMENT?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> 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 <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> 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 <input type="checkbox"/>	No <input type="checkbox"/>
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

-End of document-

APPENDIX 3 – PiPoT REFERRAL FORM



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 an adult with care and support needs, 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 he or she may pose a risk of harm to adults with care and support needs

Securely email a fully completed referral form to:

- Safeguarding team on uhdb.safeguarding@nhs.net

PIPOT Referral Details:

Date of referral:

Name of Person Completing Referral:

Referrer Position / Role:

Organisation / Service:

Telephone no/s:

E-Mail 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 & Telephone number of the employer:

Occupation / job title / role:

Workplace address:

Employment start date:

Reason for your referral. In your opinion what is the nature of the alleged harm?

(Please tick which apply)

Physical		Discriminatory	
Sexual		Modern Slavery	
Domestic Abuse		Sexual Exploitation	
Psychological		Conduct Outside Work	

Financial or Material		Inappropriate Behaviour In Work	
Neglect and Acts of Omission		Other Details:	
Is the Person of Concern aware of the allegations and referral? Y/N			
Is the Employer aware of the allegations/concerns? Y/N			
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 employer to date to manage the alleged / identified risk:
Please include the following information (include as much detail as possible):**

Have you informed the police?	
Have you informed any regulatory body? (e.g. HCPC, NMC, 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 refers 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.

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 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 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 Head of Safeguarding & Vulnerable People Team 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.
- 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 Removal from patient facing duties

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 is an act that recognizes the stressful nature of being subject to an allegation and is aimed at being supportive.

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.

4. 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 individual's 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 and 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.
-

-End of document-