

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**PROCEDURE GUIDELINES FOR SAFE WORKING PRACTICE WITH CHILDREN
& MANAGING ALLEGATIONS AGAINST PEOPLE WHO WORK WITH CHILDREN****1.0 ALLEGATIONS AGAINST STAFF WORKING WITH CHILDREN****1.1 Introduction**

These procedures comply with *Working Together 2018* and the Local Safeguarding Children Board guidance. They should be applied in conjunction with the Trust HR policies and the LSCB Safeguarding Children Procedures. These procedural guidelines will enable staff to recognise and take appropriate action when there is an allegation against people who work with children.

1.2 The Department of Health document *Working Together to Safeguard Children 2018* states that all organisations that provide services for children and young people up to the age of eighteen years should operate a procedure for handling allegations of abuse or maltreatment against staff and have a Senior Officer responsible for managing allegations.

1.3 The Designated Senior Manager is the Executive Medical Director.

1.4 The Designated Senior Manager should work closely with the Local Authority Designated Officer (LADO) to ensure that any allegation of abuse is dealt with fairly, quickly and consistently to provide effective protection for the child and at the same time supports the member of staff subject to the allegation.

1.5 An allegation may require consideration from any of the following inter-related perspectives:

- Child protection enquiries by Children's Social Care;
- Criminal Investigation by the Police;
- Staff disciplinary procedures;
- Complaints procedures.

1.6 Data on LADO referrals will be reported to the relevant Clinical Commissioning Group (CCG) as required.

2.0 SCOPE

2.1 This procedure applies to all staff including temporary or voluntary sector staff whenever it is alleged or there is a concern that they have:

- 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 toward a child in a way which indicates s/he would pose a risk of harm to children.

2.2 If concerns arise about a member of staff's behaviour toward their own children, Children's Social Care and/or Police will consider informing the

Trust in order to assess whether there may be implications for children with whom the person has contact at work.

- 2.3 If an allegation in relation to a child is made about a member of staff who works with adults, consideration must be given to alerting the named Senior Officer.

3.0 ROLES & RESPONSIBILITIES

3.1 The Designated named Senior Officer who is the Senior Manager is the Executive Medical Director.

3.2 The Designated named Senior Officer is responsible for:

- Ensuring the Trust operates procedures in accordance with Working Together 2018 and local Child Protection procedures;
- Resolving any inter-agency issues;
- Liaises with the Local Authority Designated Officer (LADO)

3.3 Each Local Authority will have a particular officer previously known as Designated Officer or LADO who is responsible for:

- Providing advice and guidance to the Trust;
- Liaise with Police and other agencies;
- Monitor the progress of cases.
- Be involved in the management, co-ordination and oversight of cases.

4.0 CONFIDENTIALITY

4.1 Enquiries must be conducted in the strictest confidence to ensure information is given freely and in a way that protects the rights of all concerned. Every effort should be made to maintain confidentiality and guard against publicity whilst an allegation is being investigated or considered.

4.2 Information about an allegation must be restricted to those who have a need to know in order to protect children, facilitate enquiries and manage the disciplinary/complaints process.

5.0 REPORTING ALLEGATIONS

5.1 Any allegation of abuse must be reported to the Line Manager, Safeguarding team or directly to the Designated Senior Manager immediately.

5.2 The Line Manager and safeguarding team must report any allegations to the Designated Senior Manager.

5.3 A record of the report must be made which includes time date, place, people present and what was said. A clear signature is required in accordance with the record keeping policy.

- 5.4 The Trust Designated Senior Manager must inform the Local Authority Designated Officer of all cases that meet the criteria in paragraph 2.1 within one working day and prior to any further investigation having taken place so that consultation with or referral to the Police or Children's Social Care can take place as appropriate. If an allegation requires attention immediately and is outside of normal working hours, the Local Authority emergency duty team or police should be contacted and followed up with the LADO during the next day's normal working hours.
- 5.5 The Trust Designated Senior Manager will seek advice from the Local Authority Designated Officer if informing the parents/carer of the child if relevant will impede the disciplinary or investigative process. The outcome may involve the information being either fully or partially shared with the parents. The Trust Designated Senior Manager should inform the accused person about the nature of the allegation, how enquiries will be conducted and the possible outcome (e.g. disciplinary action, and dismissal or referral to the DBS or regulatory body). This will be subject to the restrictions of the information that can be shared.

6.0 MANAGING ALLEGATIONS

- 6.1 The Trust Designated Senior Manager will be responsible for sharing relevant information about the allegation, child and accused member of staff with other relevant agencies involved. As soon as possible after an allegation has been made the accused member of staff should be advised to contact their union or professional representative.
- 6.2 Support should be made available by the most appropriate person to the child/ren by considering the impact upon them and to address the child's needs. The accused member of staff should equally be advised to contact their union or professional association and Human Resources should be consulted so that the appropriate support can be provided by Occupational Health.
- 6.3 A Management Planning meeting should be arranged with the LSCB Designated Officer, Police and Child Protection Service Manager to chair the meeting. Additional members may include Human Resources manager, Trust Safeguarding Team etc. as appropriate.
- 6.4 The Planning meeting will consider the course of action needed to protect and support the child and the action to be taken for the member of staff. It will additionally use the following definitions to determine the outcome of allegation investigations:
- Substantiated: Sufficient identifiable evidence to prove allegation
 - False: Sufficient evidence to disprove the allegation
 - Malicious: Clear evidence there has been deliberate act to deceive and allegation is false
 - Unfounded: No evidence supporting allegation being made.
 - Unsubstantiated: Insufficient evidence to prove or disprove the allegation.

- 6.5 The Planning meeting should set a review date within one month of the referral being received with a view to concluding the enquiry as soon as possible.

7.0 DISCIPLINARY PROCEDURES

- 7.1 Any disciplinary process must be clearly separated from child protection enquiries. There are three strands in the consideration of an allegation:
- A police investigation of a possible criminal offence
 - Social Care enquiries/assessment about whether a child is in need of protection or services
 - Consideration by an employer of disciplinary or capability action.
- 7.2 Insufficient evidence to support a Police investigation should not prevent any action being taken that is necessary to safeguard a child's welfare.
- 7.3 An allegation regarding inappropriate behaviour which is not considered sufficiently harmful under the child protection procedures may still need to be considered under the disciplinary procedures. If an allegation or concern arises about a member of staff, outside of their work with children, and this may present a risk of harm to children from which the member of staff is responsible for.
- 7.4 The Trust Designated Senior Manager should consult the Trust Disciplinary Procedures for guidance on suspension, referral to the DBS etc. If an allegation is substantiated and the staff member is dismissed or the employer ceases with the Trust consideration must be given to a referral to the Disclosure and Barring Service.

8.0 UNFOUNDED ALLEGATIONS

- 8.1 If the allegation is determined to be unfounded the Trust Designated Senior Manager should consider:
- Referring the matter to Children's Social Care to determine if the child is in need or may have been abused by someone else;
 - Asking Police what action may be required in the rare event that the allegation was deliberately invented or malicious.
 - Support and Counselling services availability for staff via the Occupational Health Service.

9.0 SAFER WORKING PRACTICES FOR ADULTS WORKING WITH CHILDREN

- 9.1 It is important that all staff working with children understand that the nature of their work and the responsibilities related to it, place them in a position of trust. Staff should note that:
- Staff who work with children are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions.

- Staff should work and be seen to work, in an open and transparent way.
- The same professional standards should always be applied regardless of culture, disability, gender, language, racial origin, religious belief and/or sexual identity.

9.2 Staff whose practice deviates from this guidance and/or their professional or employment-related code of conduct may bring into question their suitability to work with children and young people.

9.3 **Power and Positions of Trust**

As a result of their knowledge, position and/or the authority invested in their role, all adults working with children and young people are in positions of trust in relation to the young people in their care. A position of trust related to 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 Staff 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.

9.4 A relationship between an adult and a child or young person cannot be a relationship between equals. There is potential for exploitation and harm of vulnerable young people. Adults have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification.

9.5 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.

9.6 **Communication with Children and Young People (*including Technology*)**

Communication between children and adults, by whatever method, should take place within clear and explicit professional boundaries. This includes the wider use of technology such as mobile phones text messaging, e-mails, digital cameras, videos, web-cams, websites and blogs. Staff should not share any personal information with a child or young person. They should not request, or respond to, any personal information from the child/young person, other than that which might be appropriate as part of their professional role. Staff should ensure that all communications are transparent and open to scrutiny.

9.7 Staff should also be circumspect in their communications with children so as to avoid any possible misinterpretation of their motives or any behaviour which could be construed as grooming. They should not give their personal contact details to children and young people including e-mail, home or mobile telephone numbers, unless the need to do so is agreed with senior management and parents/carers. E-mail or text communications between Staff and a child young person outside agreed protocols may lead to disciplinary and/or criminal investigations. This also includes communications through internet based web sites.

Internal e-mail systems should only be used in accordance with Trust policy.

- 9.8 Any sexual activity between a member of staff and a child or young person, who is a service user, may be regarded as a criminal offence and will always be a matter for disciplinary action. Sexual activity referred to does not just involve physical contact including penetrative and non-penetrative acts. It may also include non-contact activities, such as causing children to engage in or watch sexual activity or the production of pornographic material.
- 9.9 There are occasions when adults embark on a course of behaviour known as 'grooming' where the sole purpose is to gain the trust of a child, and manipulate that relationship so sexual abuse can take place. Staff should be aware that consistently conferring inappropriate special attention and favour upon a child might be construed as being part of a 'grooming' process and as such will give rise to concerns about their behaviour.
- 9.10 It is recognised that some children who have experienced abuse may seek inappropriate physical contact. Staff should be particularly aware of this when it is known that a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to some actions being misinterpreted. In all circumstances where a child or young person initiates inappropriate physical contact, it is the responsibility of the staff member to sensitively deter the child and help them understand the importance of personal boundaries. Such circumstances must always be reported and discussed with a senior manager and the parent/carer.

9.11 Intimate Care

Some job responsibilities necessitate intimate physical contact with children on a regular basis, for example assisting young children with toileting, providing intimate care for children with disabilities or in the provision of medical care. The nature, circumstances and context of such contact should comply with professional codes of practice or guidance and/or be part of a formally agreed plan, which is regularly reviewed recorded and agreed by parents/ and child. The additional vulnerabilities that may arise from a physical or learning disability should be taken into account and be recorded as part of an agreed care plan. The emotional responses of any child to intimate care should be carefully and sensitively observed, and where necessary, any concerns passed to senior managers and/or parents/carers.

9.12 Home Visits

A risk assessment should include an evaluation of any known factors regarding the child/young person, parents and others living in the household. Risk factors such as hostility, child protection concerns, complaints or grievances can make adults more vulnerable to an allegation.

- 9.13 Staff should not visit a child in their home outside agreed work arrangements or invite a child to their own home or that of a family member, colleague or friend.

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