



MANAGING ALLEGATIONS AGAINST PEOPLE WHO WORK WITH CHILDREN/YOUNG PEOPLE OR ADULTS AT RISK POLICY

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1. INTRODUCTION & BACKGROUND

Allegation – this is a technical term based on the definition provided by Working Together to Safeguard Children 2018 . It is different to the dictionary definition of the word and the procedure still needs to be followed even if there is clear evidence that the incident has or has not happened. An allegation does not need to be formally made or explicitly described for this process to be followed.

The procedure applies when it is alleged that a person who works with children (under 18 years of age) or adult at risk has:

- Behaved in a way that has harmed a child/adult at risk or may have harmed a child/adult at risk.
- Possibly committed a criminal offence against or related to a child/adult at risk.
- Behaved towards a child or children/adult at risk in a way that indicates s/he will pose a risk of harm if they work regularly or closely with children/adult at risk.
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children/adult at risk.

These behaviours can refer to incidents within and outside the workplace. If the concerns are about someone's behaviour toward their own children, the police and/or children's social care the Trust must assess whether there may be implications of transferable risk within the role that person holds, in which case this policy will apply. These concerns may be current or historical.

Consideration will also need to be given to any risk by association posed by those who live with, or are in a relationship with, adults who are being investigated for, or have been convicted of, offences relating to children.

2. SCOPE

All Trust staff and workers (including permanent, locum, secondee, students, agency, bank and voluntary), must follow the policies agreed by the Trust. Breaches of adherence to Trust policy may have potential contractual/agreement consequences for the employee or worker respectively.

In the event of an infection outbreak, pandemic or major incident, the Trust recognises that it may not be possible to adhere to all aspects of this document. In such circumstances, staff should take advice from their manager and all possible action must be taken to maintain ongoing patient and staff safety.

The Trust is committed to promoting a culture founded on the values and behaviours which will bring us closer to achieving our vision to be an outstanding team, delivering world leading outcomes through innovation and partnership. All staff are expected to uphold the Trust Values of Teamwork, Caring, Innovation and Professionalism and all leaders are expected to display and role model the behaviours outlined in the Trusts Values Based Behaviours.

This policy should be read and implemented with the Trust Values Based Behaviours in mind at all times

3. PROCESS

All allegations or concerns may be identified and brought to the attention of the Trust by the staff member, police, social worker or other professional, an adult at risk, a child, a complainant, Freedom to Speak up, family member, colleague, or member of the public.

Concerns may come to light from any of the mechanisms below:

- Safeguarding Assessment of Social Care as to whether a child/adult needs protection or services
- A criminal investigation by the police.
- Trust staff discipline and conduct policy and procedures
- Trust complaint procedures
- SI/patient safety investigation
- Disclosure by staff member or colleague

At the earliest opportunity, following disclosure of the allegation, there should be formal discussion between the HR Manager/HR Adviser, Head of Service of the subject, the Designated Officer for the allegations (DO) (currently the Associate Director Safeguarding or named safeguarding professional for the area. Ideally this should take place on the day the allegation is brought to the attention of the trust.

This may be a virtual or a face-to-face meeting. This will either be a restriction of practice or allegation planning meeting dependent of the circumstances. In the absence of the DO, a named safeguarding professional will act as DO. A checklist (**Appendix 3**) should be used as an aide memoire at this meeting

A Collation of Facts Officer will be appointed, if appropriate, and with advice from the HR Advisor and the DO will carry out a collation of facts in line with the principles set out in the Discipline and Conduct policy.

The HR Advisor must arrange for the personnel file (both hard copy and electronic) to be reviewed by the DO in order to see if there is anything in the record that may relate to the allegation. A review of any additional employment agreements should also be considered.

Any secondary voluntary or paid work must be included, and these organisations kept informed as appropriate, by the Associate Director of Safeguarding.

An allegation case record must be completed with all fields completed (**Appendix 2**) and kept within the Safeguarding Service.

The allegation spreadsheet must be completed by the Safeguarding Service. The Associate Director of Safeguarding will be the owner of this document.

Once the allegation is closed a copy of the allegation record held by safeguarding should be sent to HR for the personal file.

Decisions on sharing information must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for the decisions making should always be recorded.

Information of the case should be restricted to those who have a need to know in order to protect adults and children of risk, to facilitate enquires or manage disciplinary or suitability processes.

Advice can be sought from the local authority via the LADO or Safeguarding Allegations Management Advisor (SAMA) but only the employer has the power to suspend or restrict duties and so must be responsible and accountable for the decision reached.

Suspension/restriction of practice of the employee concerned should be discussed but should not be automatic. Suspension of any employee should only be considered as a last resort. All other avenues enabling an employee to remain at work should be explored prior to making a decision to suspend. It should be noted that suspension is not considered to be disciplinary action and should be carried out only after a suspension risk assessment has been completed. It should be considered if:

- i. There is reason to suspect an adult at risk or a child/young person has suffered abuse or neglect and/or
- ii. The allegation warrants an investigation by the Police.
- iii. The allegation is so serious that it might be grounds for formal Trust collation of facts (see Discipline and Conduct Policy).

Suspension may not be required when there are appropriate alternatives. This may sometimes include changes to working arrangements such as working in a non- patient contact role whilst the allegations are subject to a collation of facts.

Unless it puts the adult or child at risk or in danger, the subject should be informed by their line manager that an allegation about them has been received. The grounds for not doing so would be:

- i. It would put an adult or child at risk
- ii. There is a risk the subject will self-harm
- iii. There is a risk to the professional who is telling the subject they are making a disclosure
- iv. The Police have requested the subject not be told

If none of the above are applicable, the subject of the allegation should be advised of the following:

- i. From the outset to contact her/his union representative
- ii. The opportunity to respond to allegations/concerns
- iii. Treated fairly and honestly and helped to understand the concerns expressed, processes involved and possible outcomes.
- iv. Kept informed of the progress of the case and the collation of facts.
- v. Clearly informed of the outcome of any collation of facts and the implications for disciplinary or related processes.
- vi. Provided with appropriate support via Occupational Health, the Trusts Employee Assistance Programme and the HWB portal
- vii. Provided with an allocated welfare officer.

It is good practice to provide the subject of the allegation with a leaflet (**Appendix 4**), when it has been agreed the subject can be informed of the allegation details.

The HR Advisor, under the supervision of the HR Manager will complete the initial scoping and check the employment status of the individual and the Safeguarding Professional will complete an allegation record (**Appendix 2**) and record on the Allegations spreadsheet held within the Safeguarding Service.

Allegation Meeting

If the safeguarding threshold has been met, an allegation meeting will be convened within 24-hours in accordance with the safeguarding strategy procedures. This will usually be attended by the Associate Director Safeguarding (or nominated deputy), the Line Manager, senior manager of area and HR Advisor and/or HR Manager. If a student paramedic/apprentice is the subject, then the Education team and relevant University must be involved. If a volunteer is involved, then the relevant Volunteer manager must be involved.

The meeting will have detailed minutes taken and aim to:

- Establish the facts
- Review the status of the allegation and whether it meets the threshold for significant harm to be dealt with under the safeguarding process in addition to the allegation process i.e., a referral to the local authority safeguarding departments
- Review any previous allegations made against the worker and the establishment.
- Review any other paid or unpaid employment
- Decide whether there should be a safeguarding assessment and/or internal disciplinary collation of facts.
- Consider the implication arising from the police decision whether to investigate an allegation of crime.
- Consider any Suspension Risk Assessment
- Whether there needs to be a referral made to the DBS or professional body.
- Decide on next steps/actions

If the subject has harmed an adult/child in the workplace and is working in a regulated service, the Associate Director must notify the Chief Nurse who will then in turn notify the CQC.

Where an employee, carer, or volunteer is implicated in a case of alleged abuse, immediate discussion with the employer and social care should take place. The Police should be involved as appropriate.

Further considerations need to be made as to informing the Disclosure Barring Scheme (DBS) and the subjects' professional body because the person concerned is considered to work with adults at risk or children. The individual circumstances of the case will define when this will take place.

See **Appendix 3** Allegation Checklist as an aide memoire for an allegation meeting.

4. TRAINING REQUIREMENTS

The Safeguarding Service will provide Managing Allegations training to the HR team and other departments as required and provide updates as they occur.

5. ROLES AND RESPONSIBILITIES

5.1 Trust Board

To ensure that the Trust complies with legislation and guidance. To ensure that the safeguarding of children, young people and adults at risk is undertaken on an aggregated basis to optimise the recognition of trends and enable a consistent and quality response to safeguarding, neglect and abuse across the Trust. This will aim to support the Governments goal of optimising the inequalities and improving health outcomes for the population.

To ensure that all staff (including observers volunteer and visitors) with the potential for contact with children, young people and adults at risk, as determined by the department of Health, are given the appropriate clearance by the Disclosure & Barring Scheme (DBS).

To identify a Board Director within the organisation who will have responsibility for safeguarding.

To ensure that standards of record keeping within the organisation meet the standards described within Working Together to Safeguard Children 2018 and LSCB / LSAB guidelines and procedures

5.2 The Safeguarding Committee

To monitor trends arising from the Allegations Report to identify themes and trends in terms of safeguarding practice and compliance with policy that may impact on the Trust's responsibility to safeguard at risk adults and children. To make recommendations to the Executive Board.

5.3 Chief Executive

The Chief Executive is accountable for the proper and effective management of risk within the Trust and is responsible for ensuring the safety of patients, visitors and staff within the organisation. The Chief Executives responsibilities will include but are not limited to:

- Ensuring robust systems are in place to identify trends and themes around safeguarding incidents.
- Ensuring that measures are taken to ensure that the safety of patients, staff and visitors are not compromised.
- Ensuring robust systems are in place to learn lessons across the organisation.
- Ensuring this procedure is implemented within all areas of the Trust through responsible Directors and Managers.

5.4 Associate Director Safeguarding

To be the Trust Designated Officer for Allegations and the contact point within the organisation for internal enquiries and external agencies requiring additional information in reference to allegations against people working with children/adults at risk.

To maintain links with the wider Safeguarding Network and partner agencies to ensure that relevant information is disseminated as required to all staff within the Trust.

To support relevant Local Authority Designated Officers and Safeguarding Adults Management Agencies in their multi-agency safeguarding work.

To maintain up to date and high-level knowledge of safeguarding legislation, guidance and recommendations. To maintain a level 4 competence in child safeguarding in accordance with the Intercollegiate Guidelines.

To maintain level 5 competence with adult safeguarding in accordance with the adult safeguarding Intercollegiate guidelines.

To provide the Chief Nurse with frequent reports to be taken to the Professional Standards Forum.

5.5 Service Managers (of all levels)

To be familiar with and work within the SCAS Managing Allegations Policy.

To ensure that Trust allegation procedures are followed at all times and participate in the updating of such procedures and relevant updating of staff in procedural changes.

To be familiar with allegation management through participation in training at an appropriate level in accordance with relevant Job Description, in order to offer support and guidance to staff.

To ensure staff are supported following traumatic incidents.

To obtain staff statements relating to allegation incidents in an appropriate and timely manner.

To inform the Head of Safeguarding of any allegation made against a Trust employee or agent.

5.6 Human Resources

All cases will be overseen by an HR Manager with strategic oversight from the Assistant Director of HR.

The HR Adviser will be required to receive any concerns relating to safeguarding allegations. A personal file review will be undertaken to include:

- Job title and base
- Start date
- Length of service

- Latest DBS check status
- Previous complaints or concerns
- Any other noteworthy information

The HR Adviser will agree with the safeguarding lead and line manager as to the nature of the collation of facts and under what policy the case should be considered.

The HR Adviser will provide advice to the Line Manager of the person of concerned regarding any restriction of practice and support any suspension risk assessment. Support for any individual will be given on an individual basis, within the framework available within the Trust.

An outcome of any collation of facts relating to the case must be provided to the Safeguarding Lead.

Quarterly summary reports on safeguarding cases will be reported as part of an overall Employee Relations case report to the Trust Board. Confidentiality of individual cases will be maintained at all times.

5.7 All employees, workers, students, and volunteers of the Trust

To be familiar with and work within the Managing Allegations Policy.

To discuss any concerns about the welfare of a child/children, young people, and adults at risk with whom they have had contact, with the Head of Safeguarding.

To co-operate with investigations and collation of facts to ensure that any lessons can be identified appropriately.

To follow Trust policies and procedures for information sharing

6. REFERENCES AND ASSOCIATED DOCUMENTATION

Gov.uk Working together to safeguard children 2018

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

Care Act 2014

[Care Act 2014 \(legislation.gov.uk\)](http://legislation.gov.uk)

Allegations against staff and volunteers HIPS procedures 2018

[6.1 Allegations Against Staff or Volunteers | Hampshire, Isle of Wight, Portsmouth and Southampton \(hipsprocedures.org.uk\)](http://hipsprocedures.org.uk)

7. EQUALITY STATEMENT

We seek to demonstrate our commitment to providing equality of opportunity by:

- Ensuring that everyone is treated fairly and with respect.
- Making sure that our workspaces are safe, secure, and stimulating place for everyone.

- Recognising that people have different needs and understanding that treating people equally does not always involve treating them all exactly the same.
- Recognising that some employees need extra support to help them make progress and be successful.

Aiming to make sure that no-one experiences harassment, less favourable treatment or discrimination because of:

- Age
- Disability
- Race
- Gender
- Gender re-assignment
- Religion and belief
- Sexual orientation
- Marriage and civil partnership
- Being pregnant or having recently had a baby

8. MONITORING COMPLIANCE

This procedural document will be monitored to ensure it is effective and to provide assurance of compliance.

Element to be monitored	Lead	Tool	Frequency of Report	Reporting arrangements	Lead
Data analysis/audit	Associate Director of Safeguarding	Monthly Report	Quarterly	Policy audit report to: <ul style="list-style-type: none"> • Professional Standards Forum 	Head of Safeguarding

Appendix 1: Allegation Management Flowchart

For quick reference the guide below is a summary of actions required. Additional details, by exception to cover any additional notes that supplement the quick reference guide can be found in Section 3 – Process

Allegation Management Flowchart

Allegation received by the Trust that a member of staff or worker has behaved in a way that indicates that they may be a risk to children or adults at risk. This may be direct contact or remote contact via telephone or social media.



Person receiving the allegation informs the Designated Officer for Allegations (Associate Director Safeguarding/Named Safeguarding Professional in their absence) and the HR Manager, related to the area concerned. If neither is available, then inform the relevant Operations Director or Head of Service if not available for the area of work or Duty Director if it is out of hours.

HR Adviser to undertake the initial scoping, to check employment status of individual and Safeguarding Professional completes the allegation record.

If the Trust is the first to receive the allegation regarding a child, then the Local Authority Designated Officer (LADO) for the area must be informed or for an adult at risk the SAMA (Safeguarding Allegations Management Advisor) must be informed. Responsibility for advising the SAMA or LADO will depend on the circumstances of the case.



Urgent teleconference/meeting convened between the HR Advisor, Line Manager of person of concern, and senior manager of area. When a student paramedic/apprentice is the subject, then the Education team and relevant University must be involved. Where the individual identified is a volunteer then the appropriate senior volunteer manager should be involved.

Initial consideration of status of the allegation and immediate action to be taken e.g. suspension/mitigation of risk/adjustment of duties.

Collation of Facts Manager and welfare officer to be appointed.

CONSIDER REFERRAL TO DBS/PROFESSIONAL BODY/CQC

Appendix 2: Allegation Record

	Person of Concern (Employee)	THEME/NATURE OF ALLEGATION	DBS DATE AND STATUS/ PREVIOUS CONCERNS
Name:			
Address:			
DOB:			
Job Role:			
Base:			
Gender:			
Allegation No:			
Datix No: if known			
Name and NHS Number of Pt/victim			
Crime Reference No			
Date shared with Police			
PHT safeguardin g Ref No.			

	Date and Time	Entry Added by (Name)
Date and Time Allegation known to Safeguarding Service:		
Date and Time of first allegation Meeting:		
Outcome of case when closed		

CONTACTS INVOLVED IN CASE:

Name	Job Title	Contact No	Email Address

INFORMATION WITHIN THIS DOCUMENT FORMS PART OF THE MEDICAL RECORD. DO NOT EDIT / AMEND OR REMOVE ANY ENTRIES UNDER ANY CIRCUMSTANCES

Appendix 3: Allegation Checklist

(namely for those professionals involved in allegation meeting and as a prompt for the Chair)

1. Complete Allegation Record: Particularly important:
 - a. DOB and address of subject as will need later
 - b. DBS Clearance and date
 - c. Length of time in service and start date
 - d. Job role and base
 - e. Family composition if possible
 - f. Initial and date each entry
 - g. Is the employee related/in relationship with any other trust member of staff?
2. Request any complaints/concerns from the manager or HR prior to allegation meeting.
3. Complete initial reason for referral in top section of record
4. Add this reason and complete spreadsheet
5. Consider restriction of practice or planning meeting and call it this in header
6. Arrange allegation meeting
7. Consider escalation to Director
8. Remember you are a professional lead on case and any decisions are joint
9. Consider LADO/SAMA
10. Consider Police
11. Gather date of strategy meeting if required – always ensure HR, line manager and safeguarding rep are present
12. Gather information on second job/voluntary work
13. Consider level of contact with children/vulnerable adult in work life – i.e. direct or indirect
14. Consider level of contact with children/vulnerable adult in personal life
15. Consider impact on colleagues
16. Welfare of subject – consider who and how the employee will be informed and kept up to date. Does GP need to know going through a difficult time?
17. Offer allegation leaflet to subject
18. Agree on Policy framework e.g. code of conduct/disciplinary/allegation etc. (can be a combination)
19. HR to arrange and send letter re any restriction of practice/decision
20. Meeting to decide on collation of facts officer if appropriate
21. Consider if the SI threshold is met
22. Consider trust reputation
23. Consider informing CQC
24. Consider referral to DBS
25. Consider referral to HCPC/NMC/etc.
26. Ensure University on the call if subject a student.
27. Take supervision externally if required especially if senior manager is

subject or case contentious

28. Chase HR for their actions and update as necessary
29. Close case and update folder with CLOSED
30. Use Allegation activity in Professional Standards Forum and Annual Report

Appendix 4: A Guide for Staff and Volunteers facing an allegation of abuse.

A Guide for Staff & Volunteers Facing an Allegation of Abuse



Specialist Support

This leaflet can be made available in another language, large print or another format. Please speak to the Safeguarding Lead who can advise you.

Introduction

Any allegation of abuse is likely to cause a great deal of anxiety and concern. This guide is intended to help you to be as well informed as possible should you be faced with an allegation. It provides an explanation of the process that will be followed and offers information about appropriate support and guidance.

What happens when an allegation is made?

The SCAS Designated Officer for Allegations (in this instance the Head of Safeguarding) or her representative, Human Resources Adviser or manager and your Line Manager will discuss the details of your case in line with the Trust allegations policy. If it is felt that a member of staff or volunteer has:

- Behaved in a way that has harmed a child or vulnerable adult, or may have harmed a child or vulnerable adult; or
- Possibly committed a criminal offence against or related to a child or vulnerable adult; or
- Behaved towards a child or vulnerable adult in a way that indicates they may pose a risk of harm
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children

If the above applies, the Local Authority Designated Officer (LADO) and/or the Safeguarding Allegations Management Advisor (SAMA) for social care and/or the Police will be contacted for advice.

You will be told about the allegation as soon as possible, but this may be delayed if Police or social care need to agree how much information can be disclosed. If it is clear that the allegation is demonstrably false, you will be informed in writing that the allegation is unfounded and that no further action will be taken.

What happens if further action is required?

If there is cause to suspect a child or adult is suffering or likely to suffer significant harm, or a criminal offence might have been committed, a strategy discussion will be held, involving Police, LADO, HR Adviser or manager, Safeguarding Lead and other agencies as appropriate. You will not be invited to attend this meeting. Its aim will be to share relevant information and to determine whether one or more of the following types of investigation need to be conducted:

- Social care enquiries, under child/adult protection procedures
- A Police investigation relating to possible criminal offences
- A collation of facts by the Trust in accordance with the disciplinary policy or suitability procedures may take place even where Police are taking no further action

Will I be suspended/restricted or excluded?

The above will not be automatic and alternatives will be considered such as redeployment. The decision is made by the Trust in conjunction with a senior HR team member and the LADO who should take into consideration the views of Police and social care if involved. The final decision is the Trust's. Suspension is agreed by the senior team and will be considered in all cases where:

- There is cause to suspect a child or vulnerable adult has suffered significant harm or is at risk of significant harm, or
- The allegation warrants a Police investigation
- It is so serious that it might be grounds for dismissal

A suspension risk assessment will be completed in all instances where suspension is a consideration.

Where suspension is being considered, a meeting will be arranged with you. You have the right to be accompanied to the meeting by a recognised Union representative or work colleague. If it is felt a collation of facts is necessary, you will be informed of this. The outcome of this meeting may result in suspension, restriction or exclusion or no further action.

Who will be told about what has happened?

Confidentiality should be respected, and people will only be told about allegations on a 'need to know' basis.

Those informed may include:

- The child/vulnerable adult concerned, his/her 'parents'/ advocate and any party making the allegation
- The Trust
- The Local Authority Designated Officer (LADO)
- Relevant management including HR
- The Police
- The Safeguarding Allegations Management Advisor (SAMA) for social care

There may be occasions when the Police will need to decide the appropriate timing for individuals to be notified. The strategy group will advise the Trust on this matter.

What support is available for me?

You will be:

- Advised to contact your Union representative or legal representation
- Your Line Manager will keep you up to date with progress of the collation of facts
- Offered the services of the Health and wellbeing Service of e.g. the Trusts Employee Assistance Programme (EAP) or Occupational Health
- Offered a Welfare Officer

If suspended social contact with certain work colleagues may be precluded as it might be detrimental to the collation of facts, but you should be informed of this at the point that you are suspended. You are also advised to contact your GP if you feel your health is being affected.

Will there be an internal collation of facts?

In most cases the Trust will conduct an internal collation of facts and report the findings back to the LADO or SAMA. This collation of facts may be conducted under disciplinary procedures, but if these do not apply a collation of facts may still be necessary to assess someone's suitability to work with children and/or adults at risk.

It may be conducted by a senior member of staff or by an independent person depending on the availability of resources within the Trust and the nature and complexity of the case. This will be conducted under the Allegation Policy.

An internal collation of facts may be delayed if there is a Police investigation, so that it does not prejudice a possible criminal proceeding. There should, however, be a discussion with the Police as to whether any internal matters can be taken forward in parallel with the criminal process. It is however, the priority of the Trust to proceed with such matters in a timely manner and therefore on occasions the Trust may make the decision to progress with an internal procedure without guidance from the Police.

What happens if the allegation relates to a student, volunteer, or agency worker?

If normal disciplinary procedures do not apply e.g. for volunteers and agency/locum employed supply workers, the Trust and the placing organisation will need to be involved and co-operate in any collation of facts; in deciding whether to continue to use the person's services or to provide the person work with children/adults at risk in the future.

What will happen if I resign?

The Trust may continue with their collation of facts to reach a conclusion in all cases, regardless of whether a person resigns.

'Settlement Agreements' i.e. resignations without disciplinary action and an agreed reference, will never be used.

What if it is alleged a criminal offence has been committed?

If Police decide to investigate you may be arrested or invited to assist with the investigation. You should contact your Union and/or solicitor for advice. If arrested or interviewed, you may be cautioned: 'You do not have to say anything, but it may harm your defence if you do not mention when questioned something which you later rely on in court. Anything you do say may be given in evidence'.

At the Police station you will be entitled to free and independent legal advice. You can see a Duty Solicitor, but if you want to use your own make sure they specialise in criminal law.

If 'assisting with the investigation' and not under arrest, you should be told that you are free to leave if you wish to do so. Some interviews of this nature will be arranged in the Trust to try to reduce the potential stress associated with the situation.

If arrested, you will be seen by the Custody Officer who will explain your rights in detail, including the right to have someone informed and to consult and read the 'Code of Practice' that covers treatment during detention and interview. The Custody Officer will maintain a record of your period of detention.

Following arrest you can usually be held for up to 24-hours after which you must be arrested and charged or released. This can be extended up to 36 or 96 hours by a Superintendent or Magistrate respectively, depending on the seriousness of the allegation.

Decisions about charging rest with the Crown Prosecution Service (CPS) who act independently of the Police. If you admit the offence, the CPS may advise a caution i.e. a formal warning about your actions.

A caution could affect your ability to work with children and adults at risk in the future, and in sexual offences cases, could result in you being placed on the Sex Offenders Register. You should seek advice from your solicitor before agreeing to accept a caution.

If the CPS advises the Police to charge you, this will be carried out by the Custody Officer. You will then either be released on bail to appear in court at a future date or kept in custody to appear at the next available court. The responsibility for the prosecution will lie with the CPS.

When/how can I return to work?

If you have been suspended, restricted, or excluded and a decision is made for you to return to work, the Trust will assist you in planning this return.

What will be kept on my personal (HR) file?

Evidence regarding the allegation will be kept on your file, in line with the Trusts Records Retention policy but will be strictly confidential.

Will a notification be made to the Disclosure and Barring Service (DBS)?

The Trust has a statutory duty to report you to the DBS if the allegation is substantiated for consideration of barring you from or placing restrictions on, working with children, young people or adults at risk if:

- You are dismissed for gross misconduct or because you are otherwise considered to pose a risk of harm to children or adults at risk, or
- You resign before a disciplinary process is completed, and your employer considers that you may have been dismissed.

If the matter is referred, the DBS will send you a letter explaining the process, including your right to make representation.

Cases should be dealt with as quickly and consistently as possible, with a fair and thorough a collation of facts.

The LADO will monitor the progress in order to avoid unnecessary delay. DCSF guidance sets out target time scales, but the time taken to resolve individual cases will depend on factors including the nature, seriousness and complexity of the allegation.

Will a referral be made to my professional body?

The Trust will report to the appropriate professional body any staff member who reaches the required threshold of concern, this includes those who are dismissed from it's employ and cases of abuse towards patients.

Will a referral be made to my secondary employment or voluntary charity work?

The Trust will undertake a risk assessment as per the Allegations Policy to determine communication with other organisations.

Intentionally Blank

Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: Managing allegations against people who work with Children/young people or adults at risk.

Officer completing assessment: Matthew Hargreaves

Telephone: 07866 205544

1. What is the main purpose of the strategy, function, or policy?
<p>To define the procedures to be followed when there is an allegation that a person who works with children, or adults at risk has:</p> <ul style="list-style-type: none"> • behaved in a way that has/may have harmed a child/adult at risk • Possibly committed a criminal offence against or related to a child/adult at risk • Behaved towards a child/adult at risk in a way that indicates that they will pose a risk of harm if they work regularly or closely with children/adults at risk • Behaved or may have behaved in a way that indicates that they may not be suitable to work with children/adults at risk
2. List the main activities of the function or policy? (for strategies list the main policy areas)
<p>To ensure that the Trust has a robust, clearly defined process to follow whenever there is an allegation made against a person who works with children or adults at risk.</p>
3. Who will be the main beneficiaries of the strategy/function/policy?
<ul style="list-style-type: none"> • All SCAS colleagues • Our Patients • The Organisation • Service Commissioners

		Positive Impact	Negative Impact	Reasons	
GENDER	Women	x		<p>This policy is designed to provide a logical, clearly defined process to be followed in the event that an allegation is made against anyone who works with children or adults at risk. There is nothing within the policy and procedures that would apply to any groups with protected characteristics in a negative way. If there were circumstances which required any reasonable adjustments or to help realise an equitable outcome the policy is guided by the Equality Statement in Section 6</p>	
	Men	x			
RACE	Asian or Asian British People	x			
	Black or Black British People	x			
	Chinese people and other people	x			
	People of Mixed Race	x			
	White/white other	x			
DISABILITY	Disabled People	x			Specific consideration is given to children, or adults at risk
SEXUAL ORIENTATION	Lesbians, gay men and bisexuals	x			
AGE	Older People (60+)	x			Specific consideration is given to children, or adults at risk
	Younger People (17 to 25) and children	x			
RELIGION/BELIEF	Faith Groups	x			

	Positive Impact	Negative Impact	Reasons
Equal Opportunities and/or improved relations	x		

Notes: Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5. If you have indicated that there is a negative impact, is that impact:		
	Yes	No
Legal (it is not discriminatory under anti-discriminatory law)	X	
Intended	N/A	X
Level of Impact	High	Low
		X
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
If there were circumstances that had a negative impact of low significance or that required any reasonable adjustments or to help realise an equitable outcome the policy is guided by the Equality Statement in Section 6. In addition, there is oversight by the Safeguarding Committee		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
Continual monitoring of any potential negative impact by the Safeguarding Committee		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How?		
This is outlined under section by the Equality Statement in Section 6		

Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.	
Signed:	27542296
Name:	Matthew Hargreaves
Date:	14 November 2022