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**Managing Allegations Against Staff And  
Volunteers Working With Children And Young  
People**

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## 1. Introduction

This document is about managing allegations against staff and volunteers and which might indicate that a person is unsuitable to continue to work with children in their present position, or in any capacity.

This policy should be read in conjunction with Oxfordshire PCT Child Protection policy [H:\Child Protection.JB\PCT\\_policies\Oxfordshire PCT CP Safeguarding policy FINAL 17.06.2010 version.doc](H:\Child Protection.JB\PCT_policies\Oxfordshire PCT CP Safeguarding policy FINAL 17.06.2010 version.doc), Oxfordshire Safeguarding Children's Board interagency procedures and guidelines relating to safeguarding children and Oxfordshire PCT Complaints / Incident Reporting and Whistle Blowing Policies available on OxWeb.

## 2. Policy statement

Oxfordshire Primary Care Trust is committed to promoting the welfare of children and young people and to protecting them from the risks of harm.

The PCT recognises its responsibility to ensure that safe working systems are in place for staff working with children and families and staff working with adults who have children in their care.

A child is defined as a person under the age of 18 years.

The PCT is committed to robust recruitment and selection procedures to ensure that all staff and volunteers have been appropriately screened prior to appointment, and to the provision of appropriate guidance about safe working practice, boundaries and propriety.

The PCT Child Protection policy requires all staff groups to adhere to the statutory safeguarding training in Chapter 4 of Working Together to Safeguard Children <H:\Child Protection.JB\National docs and guidance\Working together - March 2010.pdf>. Training must be made available to staff and volunteers through induction programmes and within continuing training and development opportunities.

If staff/volunteers are unable to raise concerns via managers/volunteer coordinator the PCT has a Whistle Blowing policy in place to enable concerns emerging about the conduct of an adult to be appropriately addressed. All acknowledged Whistle Blowing incidents are entered on to the PCT Whistle Blowing Register which is monitored by the PCT Board.

The PCT will not accept inappropriate behaviour towards children, staff or volunteers and will ensure that any concerns or allegations of impropriety are dealt with quickly, fairly and sensitively.

## 3. Individual responsibilities

All staff and volunteers have a duty to ensure that children are safe and protected and have a duty to ensure that if there are any concerns relating to

the welfare or safety of a child Oxfordshire Safeguarding Children Board procedures are followed.

#### **4. Guiding Principles**

In any conflict between the needs of the child or young person and those of others, the needs of the young person must come first. Any allegation which may indicate that an adult behaved in an inappropriate way will be reported to the Local Authority Designated Officer (LADO) and the appropriate procedures followed. The following are examples of concerns which would need to be reported to the LADO:

- Harm to a child, 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 s/he is unsuitable to work with children;

Confidentiality will upheld as far as possible at all times

In the event that an allegation of abuse is made against a member of staff or volunteer, the Associate Director of Quality and Clinical Standards (PCT nominated person) will seek advice from the Local Authority Designated Officer (LADO) and will agree the procedure to be followed. Where the allegation arises outside of the work setting the LADO will inform the organisations designated person.

Any staff disclosing information regarding inappropriate behaviour by colleagues will be listened to and supported.

Parents of a child allegedly abused by a member of staff or other adult will be kept informed of the progress and outcome of any investigation.

Any member of staff facing investigation into an allegation of abuse will be subject to the procedures laid down by Oxfordshire Safeguarding Childrens Board, will be offered appropriate access to professional and personal support networks, and will be kept informed of the progress and outcome of any investigation.

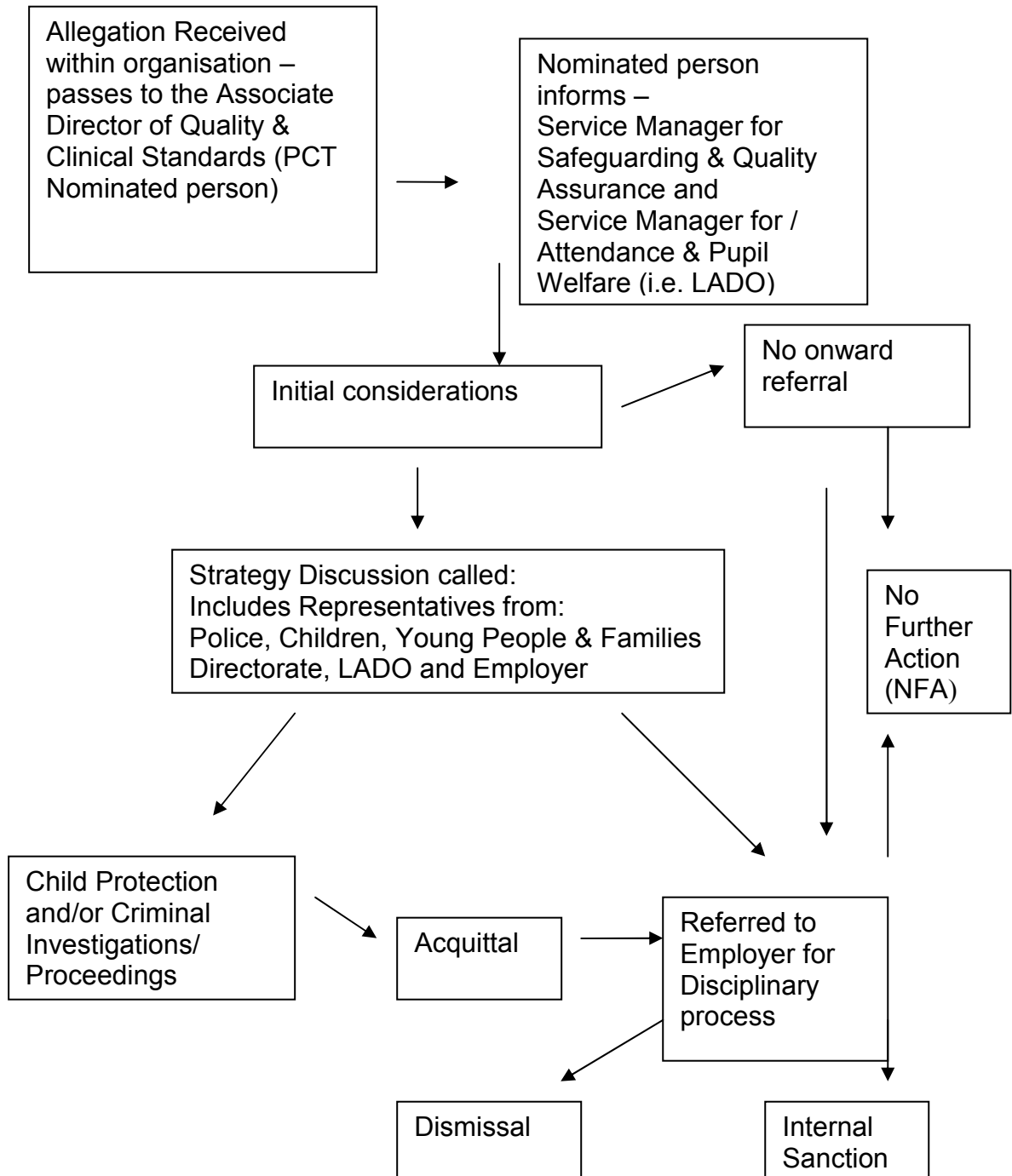
## **5. Monitoring**

The monitoring duties for this policy will include the following:

- The Designated Child Protection nurse will be informed of all whistle blowing allegations, allegations against staff and complaints involving CYP.
- The LADO will report to the Quality Assurance sub group of the Oxfordshire Children's Safeguarding Board all allegations by individual organisation/NHS trust 6 monthly.

## Appendix 1

### Allegations management diagram



## . Appendix 2:

### Information guide for staff facing allegations

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

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

#### Initial Action

When the allegation is made, your manager<sup>1</sup> will collect statements from appropriate individuals as indicated by the incident. The PCT Incident reporting policy must be commenced. The Associate Director of Quality and strategy should consult the Local Authority Designated Officer (LADO) to consider the next action, taking advice from Children, Young People & Families Directorate and Police as needed. Police may advise that the staff member against whom the allegation has been made is not informed immediately.

Your Manager's decision in consultation with the LADO will be based on one, or a combination of the following:

- a) The child/young person is alleged to have suffered, or is likely to suffer significant harm – which requires immediate referral to the Assessment Team of the CYP&F Directorate of the local authority.
- b) A criminal offence is alleged – which requires referral to CYP&F and Police
- c) The allegation represents poor or inappropriate behaviour – which should be considered under disciplinary and/or capability procedures, including referral if appropriate to professional bodies.
- d) The allegation is clearly and demonstrably without foundation and no further action will be taken

If the conclusion of the initial discussions are a) or b) a Strategy Discussion should take place involving Police, CYP&F Directorate, your Manager, LADO and where possible a HR representative from the organisation. You will not be invited. The discussion will focus on the needs of the 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.

If the initial discussions conclude the situation is as outlined in c): an investigation will be initiated under the organisation's disciplinary and/or capability procedures.

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<sup>1</sup> This process applies equally to volunteers and paid employees and the organisation should ensure that a designated person liaises with the LADO in all cases

If the conclusion is as outlined in d) you should be told orally and in writing that the allegation is without foundation, and that no further action will be taken.

### **Types of Possible Investigation**

- Child protection enquiries by Children, Young People & Families Directorate
- Criminal Investigation by Police
- Disciplinary/capability investigation

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.

### **Suspension**

Your manager should consult with the LADO and your Human Resources (HR) provider and consider recommendations from the strategy meeting, if appropriate, before any decision to suspend is taken.

Suspension is a neutral act, and should not be automatic. Where possible, the decision to suspend should be informed by the Strategy Discussion, and should only occur when the known facts relating to the allegation indicate:

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

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

Where suspension is being considered, an interview will normally be arranged. You have the right to be accompanied by a Trade Union representative or a friend. You are advised to seek the assistance of your Union representative. If you are suspended, one of his/her roles will be to promote your interests and raise issues that may be of concern to you.

The interview is not an examination of the evidence, but an opportunity for you to make representations concerning possible suspension.

People, including other staff, should only be told about the allegation on a 'need to know basis'. Notification may be delayed if Police think this could prejudice an investigation.

Those who will be told of the allegation and likely course of action include you, the child or young person concerned, his/her parent/carer, the person making the allegation, your managers, HR, the LADO and the investigating agencies as above.

If you are suspended, those persons likely to be on a disciplinary panel if convened will be given limited information so any future disciplinary process is not prejudiced.

If the matter becomes common knowledge, it may be necessary to issue a brief statement, agreed by the agencies concerned, to parents, pupils and the public.

## **Support**

You should expect to be:

- advised to contact your Union representative
- given a Support contact within the organisation (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 organisation activities. 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 colleagues should not comment on or discuss the investigation
- offered Staff Counselling Service and/or Occupational Health support if available

This may be a stressful time, so in addition to contacting your Union representative, you are advised to see your GP if you think your health may be affected.

## **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.

## **Appendix 3:**

### **Definitions, contacts and guidance**

#### ***Definitions:***

**Significant Harm.** The concept of Significant Harm introduced by the Children Act 1989 is the threshold by which compulsory intervention by Social Care may take place:

*Harm means ill treatment or the impairment of health or development, including for example, impairment suffered from seeing or hearing the ill-treatment of another*

*Development means physical, intellectual, emotional, social or behavioural development*

*Health means physical or mental health; and*

*Ill treatment includes sexual abuse and forms of ill treatment which are not physical*

#### **Categories of Abuse**

Definitions from Working Together to Safeguard Children 2010

##### **Physical abuse**

1.33 Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

##### **Emotional abuse**

1.34 Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**Sexual abuse**

1.35 Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Neglect**

1.36 Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: