
Allegations of adult or child abuse/maltreatment against a Practice Plus Group employee

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3	Debra Bruton	Reviewed as part of Organisational restructure and upgrade of intranet
4	Kate Carter	Updated to include allegations of adult abuse / maltreatment
5	Kate Carter	Updated to include Person in Position of Trust (PIPOT)
5.1	Kate Carter	Review of expiry date

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1. Introduction

Practice Plus Group Health Care Division is committed to providing all sectors of society with the highest possible level of care they deserve. The welfare of adults and children is paramount. All adults and children, whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity, have the right to protection from abuse.

All staff employed by Practice Plus Group within the Health Care Division have a duty to work within the interests of safeguarding adults and children at all times.

2. Objectives

There are a wide variety of staff who work in our services, who have close and regular contact with adults/children, who have clinical and non-clinical roles.

On occasions, some staff and/or health professionals may use their status to gain access to adults/children and use their position of authority and trust to mistreat at risk adults and children.

It is also conceivable that some adults/children might be more liable to falsely accuse staff of abuse.

Within the context of this policy, Practice Plus Group Health Care Division has two main responsibilities:

- 1) To protect children and adults at risk from predatory staff members; and
- 2) To protect staff from mistaken or false accusations.

This Protocol is required to ensure Practice Plus Group respond appropriately to allegations against people who, whether an employee, volunteer or student, paid or unpaid, works with or cares for adults with care and support needs. These individuals are sometimes known as People in a Position of Trust (PIPOT). If the allegation is such that there is a concern that the person may also pose a risk to children, then Children's Services must be informed. It is everyone's duty to refer any current and historical allegations of abuse against children to Children's Services, whether the alleged perpetrator is a People in Positions of Trust or not. Concerns about children should be referred to the LADO.

If the concern is regarding an adult then the name of who to refer to may vary, sometimes known as the Designated Adult Safeguarding Manager (DASM), in others areas the LADO covers adult and child and in some local authorities they are known as a PIPOT lead or Safeguarding Adult Management Advisor (SAMA). If in doubt ask for the LADO and they will direct to the appropriate person.

3. Scope

This policy is issued under the following legislation:

- Section 11 (4) of the Children's Act 2004 which requires each person or body to which the section 11 duty applies to have regard to any guidance given to them by the Secretary of State.
- Section 42 The Care Act (2014)

In accordance with additional guidance:

- HM Government (2018) *Working Together to Safeguard Children/young people:* "A guide to inter agency working to safeguard and promote the welfare of children/young people."

In addition, this policy is also compliant to the following regulations:

- Private and Voluntary Care of the Health and Social Care Act 2012.
- Care Quality Commission, Regulated Activities, Regulations 2010 (Outcome Seven).

Some safeguarding boards that Practice Plus Group report to require partner agencies to provide clear organisational procedures for dealing with People in Positions of Trust (PIPOT) concerns. They also require partner agencies and the service providers they commission to identify a designated Safeguarding lead/PIPOT lead or contact to oversee the delivery of responsibilities in their organisation.

Partner agencies and the service providers they commission are individually responsible for ensuring that information relating to employees are shared and escalated outside of their organisation in circumstances where this is *required, proportionate and appropriate*.

This Policy is designed to inform and support the decision making processes of Practice Plus Group staff once they become aware of an employee/ People in Positions of Trust concern arising from whatever source.

This policy applies to **all** staff clinical and non-clinical, working directly or indirectly with adults and children. It includes **all** allegations in connection with the abuse of an adult or child from a Practice Plus Group employee.

This policy should be used in respect of all cases (whether current or historical) in which it is alleged that a Practice Plus Group employee or a person who is working on behalf of Practice Plus Group, i.e. a locum or Agency staff member who works with vulnerable adults/children has:

- Behaved in a way that has harmed children or adults or may have harmed children or adults.
- Possibly committed a criminal offence against or related to children or adults.
- Behaved towards an adult or child in a way that indicated he/she is

unsuitable to work with children/vulnerable adults/young people.

- May be subject to abuse themselves and as a consequence means their ability to provide a service to adults with care and support needs must be reviewed.

These behaviours should be considered within the context of the six main categories of abuse/maltreatment:

- Physical
- Sexual
- Psychological
- Emotional
- Neglect
- Financial

This includes examples of concerns related to:

- Inappropriate relationships between members of staff and children/young people for example: Having a sexual relationship with a person less than 18 years of age if in a position of trust in respect of that person even if consensual (please refer to the Sexual Offences Act 2003).
- Possession of indecent photographs/pseudo-photographs of child/ren/young people.
- “Grooming” i.e. meeting a child under 16 with intent to commit a relevant Offence. Other “grooming” behavior giving rise to concerns of a broader child protection nature (e.g. inappropriate text/E-mail messages or images, gifts, socializing etc). (please refer to the Sexual Offences Act 2003).

This Protocol must also be followed in all cases by the organisation which first becomes aware of a concern, where information is identified in connection with:

- The People in Positions of Trust's life outside work i.e. concerning adults with care and support needs in the family or social circle (for example where a son is accused of abusing his older mother and he also works as a care worker with adults with care and support needs).
- The People in Positions of Trust's life outside work i.e. concerning risks to children, whether the individual's own children or other children (for example where a woman is employed in a service that deals with people with learning disabilities but her own children are subject to child protection procedures as a result of emotional abuse and neglect).

This Policy applies to all staff working within Practice Plus Group, Health Care Division. It will be monitored and reviewed by the Divisional Safeguarding Nursing & Medical Leads on a bi-annual basis or when there are changes to the guidance.

4. Definitions

Some common words and phrases used in this policy are set out below:

Child - There is no single law that defines the age of a **child** across the UK. The UN Convention on the Rights of the Child, ratified by the UK government in 1991, states that a child:

“means every human being below the age of eighteen years unless, under the law applicable to the child, maturity is attained earlier.” (Convention on the Rights of the Child (1989).

Young person - there is not a common definition of “young person”. It is very difficult to agree any general definition based on factors such as the young person’s cognitive thinking ability and the activity under consideration.

Therefore this policy uses the definition set out by the NSPCC a young person is described as; *“ a person between the ages of 14 – 17 years old”*. NSPCC (2013).

Within this policy **“child/children/young person/people”** - is defined as anyone who has not yet reached their 18th birthday.

The term **‘looked after children’** is generally used to mean those looked after by the state, according to relevant national legislation which differs between England, Northern Ireland, Scotland and Wales. This includes those who are subject to a care order or temporarily classed as **“looked after”** on a planned basis for short breaks or respite care. NSPCC (2013).

Children/young people in need – children/young people who need help in order to be well and healthy. This includes disabled children/young people. NSPCC (2013).

Child protection – everything that is done to protect a child/young person from significant harm. (National Institute for Health and Clinical Excellence (2009) *“When to suspect child maltreatment”*. Clinical Guideline (89).

Significant harm – where a child is being badly treated or where they have been stopped from growing and developing well. This can happen in a family as well as in an institution (for example, school, children/young people’s home, prison or the army). (National Institute for Health and Clinical Excellence (2009) *“When to suspect child maltreatment”*. Clinical Guideline (89).

Child maltreatment: is the terminology used to describe any form of child abuse: physical and or emotional (National Institute for Health and Clinical Excellence (2009) *“When to suspect child maltreatment”*. Clinical Guideline (89).

Adult at Risk:

The Care Act 2014 s42 identifies ‘an adult at risk.’ An adult at risk of abuse or neglect is defined as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs - is unable to protect themselves. All partners should be using this definition when raising a concern about

abuse/neglect of an adult.

Allegation:

- noun “state without or before proof; produce as argument”
- a claim or assertion that someone has done something illegal or wrong, typically one made without proof: *he made allegations of corruption against the administration*

Oxford Dictionary (May 2013).

Safeguarding children/young people - the action we take to promote the welfare of children/young people and protect them from harm - is everyone's responsibility. Everyone who comes into contact with children/young people and families has a role to play. (Working together to Safeguard Children, 2018).

Safeguarding and promoting the welfare of adults at risk / children is defined for the purposes of this policy as:

- protecting adults / children from maltreatment;
- preventing impairment of adults' / children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.

5. Responsibilities

Everyone who works in health care who comes into contact with adults at risk / children/young people has a responsibility for keeping them safe.

5.1 The Medical Director, of Practice Plus Group Health Care Division, has overall accountability to ensure systems and processes are in place to safeguard adults/children in accordance with best practice. This responsibility has been delegated to the Director of Nursing for Primary Care and The Chief Nurse for Secondary Care who reports directly to the Medical Director who has access to the Board as requested.

5.2 The Divisional Nursing and Medical Safeguarding Leads Practice Plus Group Health Care Division, Monitor the divisions safeguarding agenda and report into the Director of Nursing, Chief Nurse and the Divisional Medical Director.

5.3 Registered Managers (Care Quality Commission), National Operational Directors and Service Managers Practice Plus Group Health Care Division Are responsible for ensuring all staff, including locum / agency staff/subcontractors working within their unit/service are aware of how to act upon and report any circumstances where they have a concern for the welfare of an adult at risk, child or young person including all allegations of abuse/maltreatment.

This includes being responsible for;

- Ensuring all staff members including locum / agency staff/subcontractors have undertaken DBS check as appropriate for the role and have been cleared to work with children/young people.
- Ensuring all staff members including locum / agency staff/ subcontractors, have undertaken Safeguarding adults and children training to the appropriate level for their role in accordance with the Intercollegiate Guidance (2014). Details of staff training are set out in the Practice Plus Group Health Care Division Safeguarding Children Policy (CUKHC/19). Practice Plus Group Health Care Division Safeguarding Adults Policy (CUKHC/28).
- Ensuring service level and individual staff members demonstrate compliance to this policy through undertaking the safeguarding audits in accordance with the Practice Plus Group Annual Audit Programme.

It is the responsibility of each and every member of staff to ensure they are able to recognise and report suspected cases of abuse/maltreatment to adults or children.

Any staff member who has knowledge or suspicion that a child or adult has been abused /maltreated or is at risk of being abused /maltreated must raise their concerns immediately to their unit/service Safeguarding Lead or a senior member of staff on duty. For guidance please refer to the Practice Plus Group Safeguarding Policy (CUKHC/19) and your unit/services Local Safeguarding Children/young people referral procedures.

5.4 Healthcare Professionals Practice Plus Group Health Care Division

Health professionals are in a strong position to identify welfare needs or safeguarding concerns regarding individual children/young people and, where appropriate, provide support. This includes understanding risk factors, communicating effectively with children/young people and families, liaising with other agencies, assessing needs and capacity, responding to those needs and contributing to multi-agency assessments and reviews (Working together to Safeguard Children 2018).

All Healthcare Professionals have a professional responsibility and accountability to ensure they are aware of how to act upon and report any circumstances where they have a concern for the welfare of a child/children/young person/people.

No single professional can have a full picture of a child's needs and circumstances and, if children/young people and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying

concerns, sharing information and taking prompt action (Working together to Safeguard Children 2018)

Failure to do so may result in an investigation under the Practice Plus Group Human Resources Disciplinary policy.

5.5 Non Clinical Staff Practice Plus Group Health Care Division

All staff, clinical and non-clinical will inevitably come into contact with children/young people and vulnerable adults who require medical attention and/or attend Practice Plus Group Health Care services with their parents/guardians/carers.

Therefore it is the responsibility of each and every member of staff to ensure they are able to recognise and report suspected cases of abuse/maltreatment to children/young people or vulnerable adults.

Any staff member who has knowledge or suspicion that a child/young person or vulnerable adult has been abused/maltreated or is at risk of being abused/maltreated must raise their concerns immediately to their service Safeguarding Lead or a senior member of staff on duty and refer to their local Safeguarding Children/young people or Adult referral Pathway.

5.6 Training

All staff employed within Practice Plus Group Health Care Services must undertake mandatory Safeguarding Children/young people and Adult training in accordance with the latest guidance. Royal College of Paediatrics and Child Health (2014) Safeguarding children and young people: roles and competences for health care staff, Intercollegiate Document, 3rd edition, London, RCPCH

Royal College of Nursing (2018) Adult Safeguarding: roles and competencies for health care staff, first edition, London, RCN

Service stream specific advice on safeguarding adults and children training can be found in Practice Plus Group Health Care Division, Safeguarding Children Policy Ref: CUK/HC/19, which can be located in Policy Manager on My Practice Plus Group.

5.7 Whistle Blowing:

All staff including agency/locum/subcontractor staff must be aware of the Practice Plus Group Whistle Blowing policy and have knowledge and understanding of how to report any concerns about attitudes or actions of other staff members.

If a member of staff believes that a reported allegation or concern is not being dealt with appropriately by Practice Plus Group Health Care Division they should report their concerns to the Local Authority Designated Officer (LADO), via the Children's department of Social Services or if the concerns are regarding an adult, these should be reported to the adult Safeguarding lead. Sometime known at the Safeguarding Allegation Management Advisor (SAMA) or the PIPOT lead or the DASM.

6 Process Allegations of abuse can be made verbally or in writing: by a face-to-face meeting or by facsimile or email.

Allegations or concerns about behaviour may be identified by the following people/procedures:-

- Practice Plus Group employed staff (including bank/agency/locum/subcontractors)
- Police intervention or investigation
- Whistleblowing disclosure
- Safeguarding adults enquiry
- Safeguarding children investigation
- Complaints
- Reports from members of the public
- Providers alerting commissioners of services
- Commissioner's contract monitoring activity
- Clients or their advocates.
- Or any other source of disclosure

An allegation can be from a child or adult who has previously or is currently receiving care from one of Practice Plus Group Health Care Units/Services or from a child or adult unknown to Practice Plus Group.

All Practice Plus Group employed personnel have a duty under the Crime and Disorder Act 1998 to report and prevent crime. Therefore there is a duty to report any allegations of physical assault, sexual abuse, theft or other crimes to the police.

The Police must be informed if the allegation is a criminal offence, for example, rape, sexual assault, actual bodily harm, theft etc.

All allegations should be treated with the same level of confidentiality regardless of the manner in which they were reported.

The information regarding the allegation of abuse must be recorded by the person receiving the information.

6.1 Initial actions by person receiving or identifying an allegation

The Employer has a responsibility to inform the LADO immediately if an allegation is made. The employer should seek advice from the LADO and the Police about how much information should be disclosed to the accused. Subject to the restrictions on the information that can be shared, the employer should, as soon as possible, inform the accused about the nature of the allegation, how enquiries will be conducted and the possible outcome.

It must be made clear to the informant that, as part of the investigation process, the Local Authority and police and their regulator (e.g. GMC/NMC) may be

informed of the allegation. The priority is to ensure the safety of the adult or child at all times.

The person to whom the allegation or concern is first reported should treat the matter seriously, they should:

	Action
LISTEN	Repeat back to the individual what they have been told for clarity.
LOOK	Observe the individual's behaviour and demeanour.
STOP	Do not ask leading questions, you are not conducting an investigation, at this stage you are just recording the individuals view of events.
REASSURE	Let the individual know that s/he is not to blame or at fault. Give assurance that the information will be shared on a "need to know" basis.
BELIEVE	Let the individual know that you believe what she/he has told you.
AFFIRM	Reinforce with the message that you are pleased and that it was right to inform you.
RECORD	Write down all the information you have been given, recording dates, times,

<p>REPORT</p> <p>REFER</p>	<p>places, and names of individuals.</p> <p>Remember to date and sign and date the record.</p> <p>Report the disclosure to the Safeguarding lead(s)/Service Manager or their deputies if not on duty at the time.</p> <p>If suspected cases of maltreatment refer to the local Social Care Children/young people's department and or the police.</p> <p>If there are immediate concerns "for the child/ren's safety then immediate action needs to be taken, which includes referral to the Police and the Local Social Services Department. The incident should be reported on Datix.</p> <p>For further information please refer to Practice Plus Group Safeguarding Policies and your services Local Safeguarding referral procedures.</p>
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If concerns are raised about a Practice Plus Group employee's individual behaviour towards either their own child(ren) or concerns are raised in relation to other children, it is the responsibility of the individual to whom these concerns have been disclosed to, to report the allegations immediately.

If there are immediate concerns for the child(ren)'s or adult(s)', safety then immediate action needs to be taken, which includes referral to the Police and the Local Multi Agency Safeguarding Hub.

Please refer to the Practice Plus Group Safeguarding Policies and the services Local Operating Procedures for Safeguarding referrals.

The incident should be reported on Datix and an SI call organised.

6.2 Initial actions of the Service Manager/Safeguarding lead

When informed of a concern or allegation, the manager/safeguarding lead should not investigate the matter. They should however ensure all records (such as written or voice recordings, referral forms, police incident numbers etc.) are within the Datix incident file and that all the relevant Datix fields

completed and kept up to date.

6.3 Internal Reporting

If you receive an allegation or have a suspicion an adult, child or children/young people are being maltreated, by a senior member of staff including your line manager, the Service Manager, Clinical/Safeguarding Lead or Lead Nurse, you should immediately contact a member of the Practice Plus Group Divisional staff, either the Governance team or the Human Resources (HR) team at Practice Plus Group's Reading Offices, who will inform you of the next steps to take.

If the allegation comes to light out of office hours at a weekend or on a bank holiday, you should contact the on-call manager/director. Any information will be passed to Practice Plus Group's Health Care's Governance team and the HR team.

An Serious Incident (SI) call must be organised if allegation of "Actual or alleged sexual abuse, physical or psychological ill treatment or acts of omission e.g. neglect, exploitation during care"

Informing the child's parents will be a decision made by Practice Plus Group's Health Care Division Medical Director and Divisional Safeguarding Leads following discussions with the Local Authority Designated Officer

6.4 Criminal Offence/Prosecution

If there is a criminal prosecution there should be no communication with the accused or the child/ren or their parents.

The employer (Practice Plus Group) should seek advice from the Local Authority Designated Officer (LADO), the SAMO/PIPOT lead/DASM, the police and/or the Local Authorities children/young people's social care department about how much information should be disclosed to the accused.

If the allegations are sexual in nature or are part of a criminal investigation or if criminal charges are brought against a Practice Plus Group employee in relation to the maltreatment of child/ren, the individual involved will be suspended from clinical duties until the criminal investigation has been completed.

If the Practice Plus Group employee is found to be guilty after an investigation, the Subsequent disciplinary action will be taken.

6.5 External Reporting

It is the responsibility of the employer (Practice Plus Group) to report all allegations to the Local Authority Designated Officer (LADO) and to the Social Services Children/young people's Department or the SAMO/PIPOT/DASM SG adult lead in the location of where the alleged incident occurred, immediately.

The LADO will advise the employer whether or not informing the parents of the

child/ren involved will impede the investigative processes. Acting on this advice, if it is agreed that the information can be fully or partially shared, the employer should inform the parent/s.

In some circumstances, however the parent/s may need to be informed straight away (e.g. if a child sustains an injury or requires medical treatment).

The parent/s and the child, (if sufficiently mature) should be helped to understand the processes involved and be kept informed about the progress of the case and of the outcome where there is no criminal prosecution. This will include the outcome of any disciplinary process, but not the deliberations of, or the information used in, a hearing.

On the advice provided the employer should, as soon as possible, inform the accused person about the nature of the allegation, how enquiries will be conducted and the possible outcome e.g.:

- Suspension from role,
- Referral to professional registering body (i.e. NMC, GMC, HCPC).
- Referral to the barring lists
- Notification to the regulatory bodies, i.e. Care Quality Commission CQC.
- Possible disciplinary action leading to dismissal.

6.6 The accused member of staff should:

- Be treated fairly and honestly and helped to understand the concerns expressed and the processes involved.
- Be kept informed of the progress and the outcome of any investigation and the implications for any disciplinary or related processes.
- If suspended, be kept up to date about events in the workplace.

6.7 Suspension

Suspension is a neutral act, it should be considered in any case where:

- There is a cause to suspect a child is at risk of significant harm; or
- The allegation warrants investigation by the police; or
- The allegation is grounds for dismissal.
- The possible risk of harm to child/ren should be evaluated and managed in respect of the child/ren involved and any other child/ren in the accused member of staff's home, work or community life.
- The possible of harm to other adults/patients in our care should be evaluated and managed.
- The employer Practice Plus Group has a responsibility to ensure the advice from the LADO, the Local Authority Social Services Child/ren's Department, the SAMO / PIPOT/Adult SG lead and the police in relation

to suspension of the accused staff member.

- If a suspended staff member is to return to work, the employer should consider what help and support might be appropriate.

6.8 Resignations and “compromise agreements”:

Every effort should be made to reach a conclusion in all cases even if it may not be possible to apply any disciplinary sanctions if a person's period of notice expires before the process is complete. The individual refuses to cooperate, having been given a full opportunity to answer the allegation and make representations. 'Compromise agreements' must not be used (i.e. where a member of staff agrees to resign provided that disciplinary action is not taken).

6.9 Organised and historical abuse

Investigators should be alert to signs of organised or widespread abuse and/or the involvement of other perpetrators or institutions. They should consider whether the matter should be dealt with in accordance with complex abuse procedures which, if applicable, will take priority. Advice should be taken from the LADO or SAMO/PIPOT/DASM/Adult SG lead.

Historical allegations should be responded to in the same way as contemporary concerns. It will be important to ascertain if the person is currently working with children/young people/adults at risk and if that is the case, to consider whether the current employer should be informed.

7. Evaluation measures

7.1 Monitoring

What will be monitored?

Monitoring and investigation of the data provided from the units in the monthly reports which provide an indication that breach of this policy has taken place;

- Complaints log
- Datix incident log
- Human Resources report section for staff investigations / disciplinary events.

How and by Whom?

As above, in addition - observations of practice by Quality Managers and Divisional Safeguarding Leads during site monitoring visits.

Monitoring Results Reported to Whom?

Review of the monthly data will be collated into a safeguarding report which will form part of the executive board report.

Audit & Review

The local units / centres have a professional responsibility of audit compliance to

this policy by the methodology of using the Practice Plus Group Health Care Division Safeguarding Audit Tool found on Practice Plus Group Intranet.

The Quality and Governance Team will review the policy every two years or sooner depending on the results of monitoring or as a result of internal staff feedback or by recommendations / change of guidance from external approved bodies.

8. References

1. Care Quality Commission (2010) *“Essential Standards of quality and safety”*. Care Quality Commission. www.cqc.org.uk
2. “Children Act”, 1989, 2004, amended 2008 in accordance with the provisions of rules 3-13
http://www.opsi.gov.uk/acts/acts2004/ukpga_20040031_en_1
3. Crime and Disorder Act 1998 www.legislation.gov.uk/ukpga/1998/37/contents
4. HM Government Department of Education (2018) *Working Together to Safeguard Children/young people.*” A guide to inter agency working to safeguard and promote the welfare of children/young people” [Working together to safeguard children/young people - Department for Education](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf
5. National Institute for Health and Clinical Excellence (2009) *“When to suspect child maltreatment.* Clinical Guideline (89). www.nice.org.uk/CG89.
6. NSPCC
https://www.nspcc.org.uk/Inform/resourcesforprofessionals/lookedafterchildren/introduction_wda88884.html
7. Oxford Dictionary (May 2013)
<http://oxforddictionaries.com/definition/english/allegation>
8. Private and Voluntary Care of the Health and Social Care Act 2012
www.legislation.gov.uk/ukpga/2012/7/contents/enacted
9. Sexual offences Act (2003) www.legislation.gov.uk/ukpga/2003/42/contents

9 Related Policies and Information

Policies:

- Practice Plus Group Allegations of child maltreatment against a Practice Plus Group employee.
- Practice Plus Group Safeguarding adults.
- Care Incident Reporting policy.
- Practice Plus Group Safety at Work policy.
- Practice Plus Group Complaints policy.
- Practice Plus Group Whistle blowing policy.
- Practice Plus Group Chaperone Policy
- Practice Plus Group Disciplinary Policy
- Practice Plus Group Patients Rights Policy
- Practice Plus Group Consent Policy

All policies are available on Practice Plus Group Intranet.

Further Information:

- Practice Plus Group Intranet.
- Local Service Safeguarding Procedures.
- Local commissioning CCG.
- HM Government Department of Education (2018) *Working Together to Safeguard Children*: "A guide to inter agency working to safeguard and promote the welfare of children/young people" Working together to safeguard children - Department for Education
- NHS England (2015). *Managing Safeguarding Allegations Against Staff Policy and Procedure*. <https://www.england.nhs.uk/wp-content/uploads/2015/07/managing-safeguarding-allegations-against-staff.pdf>
- NHS safeguarding app
<http://www.myguideapps.com/projects/safeguarding/default/>



10 Equality Impact Assessment

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
2.	Race	No	
3.	Ethnic origins (including gypsies and travellers)	No	
4.	Nationality	No	
5.	Gender	No	
6.	Culture	No	
7.	Religion or belief	No	
8.	Sexual orientation including lesbian, gay and bisexual people	No	
9.	Age		
10.	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
11.	Is there any evidence that some groups are affected differently?	No	
12.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
13.	Is the impact of the policy/guidance likely to be negative?	No	
14.	If so can the impact be avoided?	N/A	
15.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
16.	Can we reduce the impact by taking different action?	N/A	

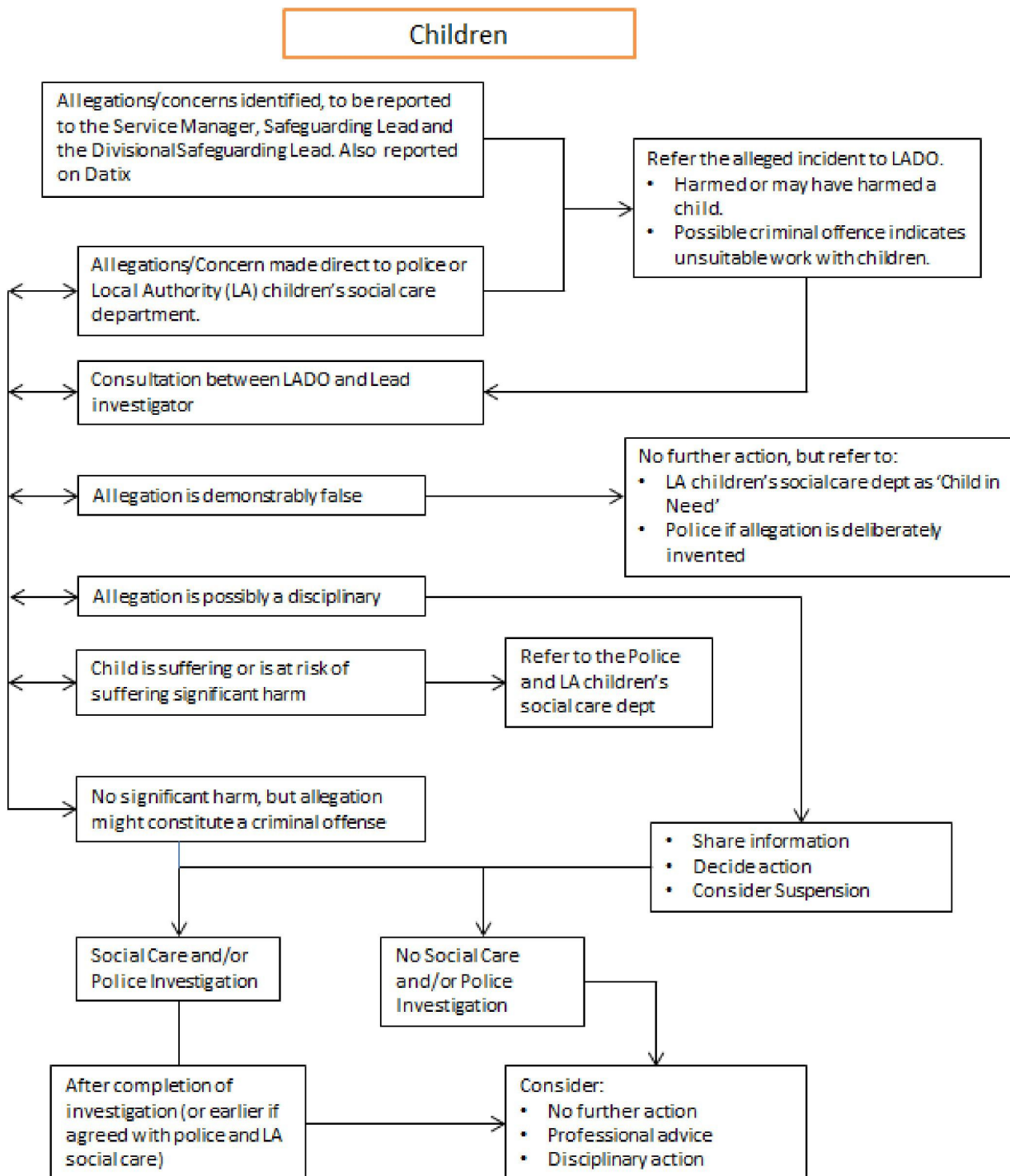
If you have identified a potential discriminatory impact of this procedural document, please refer it to (Insert name and position) together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact (Insert name and position).

11 Policy and Procedure Sign-off Sheet

[illegible]

Appendix 1a – Allegations/Concerns Process Algorithm for Children



Appendix 1b – Allegations/concerns Process Algorithm for Adults at Risk

