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Complaints and allegation management policy

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1. Policy statement

The purpose of the complaints policy is to ensure that anyone who makes a complaint about any aspect of We Hear You (WHY) has their complaint taken seriously. The complaint should be investigated and resolved (where possible) as quickly as possible.

The policy is for clients, their carers and families, and the general public. Information about the complaints policy will be made available to all clients and their family members/carers.

Procedure

- Complaints of a superficial nature should be dealt with informally at the time of complaint.
- This policy requires all staff and volunteers to inform their line manager if a complaint is made directly to them in the first instance. If the complainant is



not satisfied with the action taken, or if the complaint is of a serious nature, then the matter should be reported immediately to the Chief Executive Officer of WHY. When requested the client and/or family member or carers will be given support in using the complaints policy.

- The Chief Executive Officer will then ask an appropriate member of staff to investigate and report the findings within five working days.
- All complainants will receive a written acknowledgement within two working days of receipt of their complaint that the matter is being investigated, unless a full reply can be sent within five working days, and a full or interim report will be sent to them within 20 working days of the date of receipt of the complaint.
- When the investigation is complete the Chief Executive Officer will make a decision as to what action should be taken which may include further investigation.
- The decision made and the actions taken shall be conveyed to the complainant in writing within the time limit previously stated. The Chief Executive Officer may use his/her discretion as to whether a visit would be helpful as well as, or instead, of a letter.
- If any complainant remains dissatisfied, the Chair of Trustees will do their own investigation and respond to the complainant within a further two weeks.
- All correspondence and notes referring to complaints will be kept in digital form only and stored in a secure folder.

A Register of complaints is maintained including action taken. Trustees will receive a complaints report at each meeting. This gives a brief anonymous summary of the complaint and the action taken.

2. Allegation management

This policy applies to all WHY staff and volunteers. It provides a framework to ensure appropriate actions are taken to manage allegations, regardless of whether they are made in connection to duties with WHY or if they fall outside of this such as in their private life or any other capacity. For ease of reference in this document the term staff, employee or worker will also cover those operating in a volunteering capacity.

The purpose of this policy is to provide a framework for managing cases where allegations are made about WHY staff that indicate that children, young people or vulnerable adults are believed to have suffered, or are likely to suffer, significant harm. Concern may also be raised if the staff member is behaving in a way which



demonstrates unsuitability for working with children, young people or vulnerable adults in their present position, or in any capacity. The allegation or issue may arise either in the employee's work or private life.

Examples include:

- Committing a criminal offence against or related to children, young people or vulnerable adults.
- Behaving towards children, young people or vulnerable adults in a manner that indicates they are unsuitable to work with these clients.
- Where an allegation or concern arises about a member of staff in their private life such as perpetration of domestic violence or where inadequate steps have been taken to protect vulnerable individuals from the impact of violence or abuse.
- Where an allegation of abuse is made against someone closely associated with a member of staff such as a partner, member of the family or other household member.

This policy is focused on management of risk, based on assessment of harm and abuse. This policy should be read alongside the WHY safeguarding and whistleblowing policies.

There is no time restriction to an allegation being made; historical allegations will be investigated following the same process outlined in this policy.

Managing allegations – immediate actions

There are three strands in consideration of an allegation:

- Enquiries and assessment by social services about whether a young person is in need of protection or in need of services.
- A police investigation of a possible criminal offence.
- consideration of disciplinary action (including suspension).

The overriding priority in any situation is the safety of the person. Immediate action may be required to safeguard the person concerned, and any other people at risk. Consideration must be given to removing the victim from any potential harm to a place where any physical/emotional needs can be cared for.

Any concern that people may be at risk of harm or abuse must immediately be reported. All staff must be familiar with and follow referral procedures as outlined in the WHY Safeguarding Policy. The concern must also be reported to the staff member's line manager and the designated safeguarding lead, who should take advice from the Chief Executive Officer who will coordinate any investigations.

Any action taken by WHY to manage an allegation must not jeopardise any external investigations, such as a criminal investigation.

Procedure for reporting and managing allegations

It is essential that every effort is made to maintain confidentiality and manage communications whilst an allegation is being investigated.



The Clinical Manager is the designated safeguarding officer within WHY. They will ensure (if appropriate) that a referral is made (or has been made) to the relevant social care team and where appropriate the police in a timely manner.

In the instance where the allegation concerns the Clinical Manager, the Chief Executive Officer will act as the designated safeguarding officer and will take the lead in place of the Clinical Manager in the procedure outlined.

The Clinical Manager will liaise with the local social care team to agree whether any information needs to be shared with other geographical areas depending on where the staff member lives. Immediate issues of investigation and management of the employee should be discussed and agreed at this time, including what information should be passed to the staff member concerned at this point.

In conjunction with the staff member's line manager, the Chief Executive Officer will decide whether suspension is appropriate during the period of investigation.

Following notification to social care and/or the police if deemed necessary, the Clinical Manager should undertake an internal Planning Meeting (see below) with the appropriate personnel, including the Chief Executive Officer, who will decide how to manage the allegation. A representative from the relevant social care teams should attend this meeting.

Planning meeting

At this meeting the following issues should be covered:

- What further contact is required with staff, local police, social care. A member of the team should be nominated as the link person.
- Whether the person at risk of harm or abuse is safe from any further risk of harm or abuse.
- Review what action has already been undertaken so far to ensure the safety of the victim.
- Decide the internal investigation strategy to be undertaken. The police and/or social care should be consulted when they are involved in any ongoing investigation and/or criminal proceedings are pending.
- A referral to the appropriate professional regulatory body (e.g., BACP) should the member of staff be a registered professional such as a counsellor.
- Decide how to present the allegations to the relevant staff member concerned and how to manage the investigatory process.
- Agreement should be reached with social care and the police about what information should be passed to the staff member concerned.
- The line manager should be asked to provide appropriate support to the individual while the case is ongoing and keep them regularly informed.
- Decide how the person at risk of harm or abuse, or their nominated parent/guardian/carer/supporter making the allegation, is to be kept informed of what is happening to their allegation, whilst adhering to the



requirements of maintaining confidentiality and observing the requirements of the Human Rights Act and the Data Protection Act. The sharing of information must not 'contaminate' any police or social care investigations that are ongoing.

- The Chief Executive Officer should provide additional support and advice in relation to the handling of any queries from the media concerning the allegation.
- Decide the frequency and format of review meetings which need to be set up to manage the ongoing investigation and the various actions required.

Procedure for reporting and managing allegations of self-employed staff, volunteers, and Trustees

If a safeguarding allegation is made against a self-employed member of staff, volunteer or Trustee, the allegation must also be shared at the earliest opportunity. For example:

- Allegations against contracted staff such as self-employed counsellors.
- Allegations made against volunteers undertaking duties on behalf of the WHY.
- Allegations made against student placement workers at WHY.
- Allegations made against Trustees.

In such cases the Clinical Manager will act as the designated safeguarding officer and should undertake the duties set out above.

The Clinical Manager will need to engage with the other relevant parties to decide how the allegation should be managed. A meeting should be held with the other relevant parties at the earliest opportunity, noting the responsibility to report issues to the police and/or social care teams in a timely manner.

Even if allegations are against contracted staff, WHY still retains a responsibility to consider how the allegations should be managed if the allegation has a connection with, or relevance to, the duties that the worker undertakes with WHY. All such allegations also need to be reported to the Chief Executive Officer in accordance with the requirements of this policy.

Assumptions should not be made that the other parties concerned have referred the matter to the police, social care or relevant other body – evidence needs to be promptly provided and if this is not forthcoming then the Chief Executive Officer should do so on behalf of WHY and advise the other party accordingly.

Disclosure and barring service (DBS)

As an employer of staff, WHY also has a responsibility to refer concerns to the DBS in accordance with the Safeguarding Vulnerable Groups Act 2006.

A referral to the DBS should be made following initial information gathering to establish whether there is cause for concern. A referral should be made even if the person in question has left WHY before an investigation and/or disciplinary process



has been completed. However, it is important to note that the DBS has no investigatory powers and therefore relies upon evidence supplied to it.

Managers therefore have a responsibility to complete investigations as far as possible, even where the individual leaves before investigations can be completed, so that the DBS has enough substantiated evidence on which it can base its decision. If additional information becomes available after making a referral this should also be provided to the DBS. The referral should be made using the online DBS referral form detailing all relevant information held. Please see further guidance and information at - www.gov.uk/government/organisations/disclosure-and-barring-service.

Record keeping

The Clinical Manager will have the responsibility for ensuring the following records are kept:

- The nature of the allegation/concern.
- Who was spoken to as part of the process and what statements/notes were taken and when.
- Any records that were seen and reviewed.
- What actions were considered and justification for specific decisions, including suspension and any actions taken under disciplinary procedures.
- What alternatives to actions were explored.
- Minutes and actions of all meetings that take place.

All records should be saved in a secure area and not on personal drives as they may need to be accessed, the folder should be restricted to the Safeguarding Lead and the Chief Executive Officer, and any other relevant parties.

For these particular records;

- Name the files appropriately.
- Apply a retention period.
- Save in an agreed area and apply security measures to the records as they contain personal information.
- Remember that emails can form part of records or can be seen as individual records, so if they are also a critical part of the investigation, they should also be securely stored in the file accordingly.

Post-investigation review

Following the completion of the initial investigation, the Clinical Manager in conjunction with the Chief Executive Officer will lead a review of the case and its actions.

Any recommendations from the review will be implemented and information disseminated to the appropriate people within the organisation and local safeguarding forums.



As well as supporting the member of staff throughout the investigation, consideration must be paid to supporting the member of staff through integration back into the workplace should this be appropriate post-investigation.