

Safeguarding - Reporting Safeguarding Issues

1. INTRODUCTION

This procedure outlines the actions to take if a safeguarding issue is noticed during out of office visits.

2. AIMS

- 2.1 To ensure that if any member of staff, or volunteer of Birmingham Education Partnership notices a safeguarding issue, this is addressed and reported appropriately
- 2.2 To ensure that there is a consistent and robust response to any issue noticed, so that the risk posed to any child by the issue reported is managed effectively
- 2.3 To facilitate an appropriate level of investigation into allegations, whether they are said to have taken place recently, or at any time in the past.
- 2.4 To ensure that Birmingham Education Partnership continues to fulfil its responsibilities towards members of staff, volunteers or trustees who may be involved in any investigations resulting from reporting an issue
- 2.5 To ensure that individuals are able and supported to continue in their role during any investigation or further action from noticing and reporting an issue

3. MONITORING AND REVIEW

The policy and procedure will be reviewed every six months.

4. WHO DOES THIS POLICY APPLY TO?

- 4.1 Any member of staff, volunteer or trustee who have identified a safeguarding issue
- 4.2 Anyone in a managerial position (including the Designated Safeguarding Officer (DSO) (Appendix 1), line managers, and trustees/board members) who may be required to support investigations that result from them reporting an issue

5. COMPLIANCE WITH NATIONAL AND LOCAL POLICY

Birmingham Education Partnership will fulfil their local and national responsibilities as laid out in the following documents: -

- (a) [West Midlands Safeguarding Children Procedures](#) , paying particular attention to section 1.14, Allegations against staff or volunteers
- (b) The most recent version of [Working Together to Safeguard Children](#) (Gov, Dec 2020)
- (c) The most recent version of [Keeping Children Safe in Education](#): Statutory guidance for schools and colleges (Gov, Sept 2021)

- (d) <http://westmidlands.procedures.org.uk/ykpzy/statutory-child-protection-procedures/allegations-against-staff-or-volunteers>

6. WHEN SHOULD THIS POLICY BE APPLIED

- 6.1 These procedures should be applied when a Birmingham Education Partnership staff member or representative has noticed a safeguarding issue such as;
- (a) Behaviour that has harmed or is harming a child
 - (b) Possible criminal offences committed against or relating to a child
 - (c) Behaviour towards a child or children in a way that indicates they may pose a risk of harm to children
 - (d) Receiving an allegation of abuse by a third party
- 6.2 These behaviours should be considered within the context of the definitions of abuse and neglect (see appendix 2) and should include concerns relating to inappropriate relationships between members of staff and children or young people, for example:
- (a) Having a sexual relationship with a child under 18 if in a position of trust in respect of that child, even if consensual
 - (b) 'Grooming', i.e. meeting a child under 16 with intent to commit a relevant offence
 - (c) Other 'grooming' behaviour giving rise to concerns of a broader child protection nature (for example, inappropriate text/e-mail messages or images, gifts, socialising etc)
 - (d) Possession of indecent photographs/pseudo-photographs of children.
- 6.3 Inappropriate behaviour could also take the following forms:
- (a) **Physical**
For example, the intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects or rough physical handling.
 - (b) **Emotional**
For example, intimidation, belittling, scapegoating, sarcasm, lack of respect for children's rights, and attitudes that discriminate on the grounds of race, gender, disability or sexuality.
 - (c) **Sexual**
For example, sexualised behaviour towards pupils, sexual harassment, inappropriate phone calls, and texts, images via social media, sexual assault and rape.
 - (d) **Neglect**
For example, failing to act to protect a child or children, failing to seek medical attention or failure to carry out an appropriate risk assessment.
 - (e) **Spiritual Abuse**
For example, using undue influence or pressure to control individuals or ensure obedience, follow religious practices that are harmful such as beatings or starvation.

- 6.4 All references in this document to 'members of staff' should be interpreted as meaning all paid or unpaid staff and volunteers. This chapter also applies to any person who manages, or facilitates access to, an establishment where children are present.

7. PROCEDURE

7.1 What to do if a child discloses information to you that you that represents a safeguarding issue;

- (a) Create a situation in which the child can talk freely and ask questions only when necessary to clarify whether or not the child is trying to say that s/he has been abused
- (b) Do not promise confidentiality. You have a duty to share this information with the DSL and DSO immediately. Explain to the child what you will have to do next
- (c) Listen to and accept what is being said without displaying any emotions of disbelief.
- (d) Do not interrogate the child or attempt to investigate whether or not the child has been abused; this is not your responsibility
- (e) Record times, dates, non-verbal behaviour and the wording used by the child. Record only factual statements and observations rather than assumptions. These should be recorded as soon as possible to maintain accuracy.
- (f) Record details of any other witnesses who heard what the child said or saw any marks or non-verbal behaviours displayed.
- (g) Focus any and all actions on the welfare of the child as a possible victim of abuse.

7.2 What to do if a safeguarding issue is witnessed or information is received;

7.2.1 Is a child in immediate danger or does she/he need emergency medical attention?

- (a) If a child is in immediate danger and is with you, remain with him/her and call the police
- (b) If the child is elsewhere, contact the DSO/DSL or Headteacher who will contact the police and explain the situation to them
- (c) If the child needs emergency medical attention, call an ambulance and while you are waiting for it to arrive, get help from a first aider.
- (d) If the first aider is not available, use any first aid knowledge that you may have yourself to help the child. You also need to contact your line manager or named person for child protection to let them know what is happening.
- (e) The DSO/DSL or Headteacher should inform the child's family if the child is in need of emergency medical attention and arrange to meet them at the hospital or medical centre.

- (f) The parents/carers should be informed by the DSO/DSL or Headteacher that an incident has occurred, that the child has been injured and that immediate steps have been taken to get help.

7.2.2 Is the person at the centre of the safeguarding incident currently working with children?

- (a) If this is the case, the concern needs to be discussed immediately with the manager of the organisation ie the Head teacher, the Designated Safeguarding Lead (DSL) for the school and the Designated Safeguarding Officer for Birmingham Education Partnership. One of these (either the manager, Head teacher, DSL or the DSO) should then, in a sensitive manner, remove the staff member involved in the allegation from direct contact with children.
- (b) All reported allegations that relate to a child at school must be reported to the Head teacher and the DSL unless the allegations are about the Head teacher and/or the DSL then further instructions need to be obtained from our own DSO.

8. REPORTING A SAFEGUARDING ISSUE

Please refer to BEP's Safeguarding - Dealing with allegations made against or to an employee or volunteer Policy for details surrounding possible lines of enquiry following the report of a safeguarding issue.

9. REPORTING AN ALLEGATION OR CONCERN (See Appendix 3 for more info)

- 9.1 Staff members should fill in a "Report of a Concern" form and submit this to the DSO at BEP
- 9.2 If the allegation is made by a child or family member to a member of staff, or if a member of staff observes concerning behaviour by a colleague at first hand, this should be reported immediately to the staff member's line manager and the Designated Safeguarding Officer for Birmingham Education Partnership.
- 9.3 If a staff member has received an allegation or observed something of concern about their own manager, the staff member should report the allegation or concern to the person more senior to their manager. If the person who is subject of the concern is a Designated Safeguarding Officer, the matter should be reported to the DSO's manager which in the case of Birmingham Education Partnership would be the board via the Vice Chair. In the scenario that this would cause delay, the staff member should make direct contact with LADO team (Appendix 1).

9.4 Issues that will need to be considered are:

- (a) The child – whilst the thoughts and feelings of the child should be considered, confidentiality cannot be promised but will be restricted to people that need to know.
- (b) The parent's right to know (unless this would place the child or someone else in danger, or would interfere with a criminal investigation)
- (c) The impact of telling or not telling the parent
- (d) The current assessment of the risk to the child and the source of that risk
- (e) Any risk management plans that currently exist

9.5 If the DSO or person in charge does not feel there is any cause for concern, but the staff member/ volunteer disagrees, it is the responsibility of the staff member/ volunteer to report this to the Birmingham Children's Services (Appendix 1). Child protection is the individual responsibility of each person working with children – if any person remains concerned about a child protection issue, the concern must be reported.

10. DEALING WITH A CRIMINAL INVESTIGATION

Staff members/ volunteers from Birmingham Education Partnership should cooperate fully with any discussion involving the police.

11. KEEPING A RECORD OF THE INVESTIGATION

- 11.1 All those involved in dealing with the allegation should keep clear notes of the allegations made, how they were followed up, and any actions and decisions taken, together with the reasons for these.
- 11.2 These notes should be compiled gradually as the situation unfolds, with each entry being made as soon as possible after the event it describes. The notes should be signed and dated by the person making them, and the person's name should be printed alongside.

Appendix 1 - Useful contact details

Designated Safeguarding Officer (DSO) – Tim Boyes, 07717 428020/074977 200005

Local police – 0845 113 5000

Birmingham Children's Services – 0121 303 1888 (Out of hours number - 0121 675 4806)
<https://www.birminghamchildrenstrust.co.uk/report-a-concern>

Local Authority Designated Officer (LADO) – 0121 464 2612
Birmingham Safeguarding Board
<https://www.lscpbirmingham.org.uk/>

APPENDIX 2

DEFINITIONS AND INDICATORS OF ABUSE

1. NEGLECT

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 maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger;
- Stealing, scavenging and/or hoarding food;
- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;
- Often poorly or inappropriately clad for the weather;
- Poor school attendance or often late for school;
- Poor concentration;
- Affection or attention seeking behaviour;
- Illnesses or injuries that are left untreated;
- Failure to achieve developmental milestones, for example growth, weight;
- Failure to develop intellectually or socially;
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings;
- The child is regularly not collected or received from school; or
- The child is left at home alone or with inappropriate carers.

2. PHYSICAL ABUSE

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.

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape;
- Bruises that carry an imprint, such as a hand or a belt;
- Bite marks;
- Round burn marks;
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given;
- Changing or different accounts of how an injury occurred;
- Bald patches;
- Symptoms of drug or alcohol intoxication or poisoning;
- Unaccountable covering of limbs, even in hot weather;
- Fear of going home or parents being contacted;
- Fear of medical help;
- Fear of changing for PE;
- Inexplicable fear of adults or over-compliance;
- Violence or aggression towards others including bullying; or
- Isolation from peers.

3. SEXUAL ABUSE

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.

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge;
- Anal or vaginal discharge, soreness or scratching;
- Reluctance to go home;
- Inability to concentrate, tiredness;
- Refusal to communicate;
- Thrush, persistent complaints of stomach disorders or pains;
- Eating disorders, for example anorexia nervosa and bulimia;
- Attention seeking behaviour, self-mutilation, substance abuse;
- Aggressive behaviour including sexual harassment or molestation;
- Unusual compliance;
- Regressive behaviour, enuresis, soiling;
- Frequent or open masturbation, touching others inappropriately;
- Depression, withdrawal, isolation from peer group;

- Reluctance to undress for PE or swimming; or
- Bruises or scratches in the genital area.

4. SEXUAL EXPLOITATION

Child sexual exploitation occurs when a child or young person, or another person, receives “something” (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of the child/young person performing sexual activities, or another person performing sexual activities on the child/young person.

The presence of any significant indicator for sexual exploitation should trigger a referral to children’s social care. The significant indicators are:

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity);
- Entering and/or leaving vehicles driven by unknown adults;
- Possessing unexplained amounts of money, expensive clothes or other items;
- Frequenting areas known for risky activities;
- Being groomed or abused via the Internet and mobile technology; and
- Having unexplained contact with hotels, taxi companies or fast food outlets.

5. EMOTIONAL ABUSE

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 also involve seeing or hearing the ill-treatment of another person. 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.

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly;
- Over-reaction to mistakes;
- Delayed physical, mental or emotional development;
- Sudden speech or sensory disorders;
- Inappropriate emotional responses, fantasies;
- Neurotic behaviour: rocking, banging head, regression, tics and twitches;
- Self harming, drug or solvent abuse;

- Fear of parents being contacted;
- Running away;
- Compulsive stealing;
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.

N.B.: Some situations where children stop communicating suddenly (known as “traumatic mutism”) can indicate maltreatment.

There are also emerging types and methods of child abuse, including:

- Female genital mutilation (FGM)
- Trafficking of children in order to exploit them sexually, financially, via domestic servitude, or via the involvement in activity such as the production and sale of illegal drugs
- Abuse linked to beliefs such as spirit possession or witchcraft
- Radicalisation and the encouragement or coercion to become involved in terrorist activities
- Abuse via online methods eg from adults seeking to develop sexual relationships with children or to use sexual or abusive images of them
- Domestic violence (either witnessing violence between adults family members, or, in the case of older young people, being subjected to coercion or violence in an intimate relationship in the same way as an older person)

APPENDIX 3

