

# DDRA Safeguarding Dealing with Safeguarding Reports

## Purpose and scope

The purpose of this document is to provide procedures for dealing with reports of breach of DDRA Safeguarding Policy, where the safeguarding violation is:

- Against staff or members of the public,
- Perpetrated by staff, partners or associated personnel<sup>1</sup>.

## Procedures

### 1. Report is received

1.1 Reports can reach the organization through various routes. This may be in a structured format such as a letter, e-mail, text or message on social media. It may also be in the form of informal discussion or rumor. If a staff member hears something in an informal discussion or chat that they think is a safeguarding concern, they should report this to the appropriate staff member in their organization.

1.2 If a safeguarding concern is disclosed directly to a member of staff, the person receiving the report should bear the following in mind:

- Listen
- Empathize with the person
- Ask who, when, where, what but not why
- Repeat/ check your understanding of the situation
- Report to the appropriate staff member (see below)

1.3 The person receiving the report should then document the following information, using an Incident Report Form if there is one:

- Name of person making report
- Name(s) of alleged survivor(s) of safeguarding incident(s) if different from above
- Name(s) of alleged perpetrator(s)
- Description of incident(s)
- Date(s), time(s) and location(s) of incident

1.4 The person receiving the report should then forward this information to the Safeguarding Focal Point or appropriate staff member within 24 hours.

<sup>1</sup> Associated personnel includes (but is not limited to) consultants, volunteers, contractors, program visitors including journalists, celebrities and politicians.



If there isn't a policy for the type of report that has been made, follow these procedures:

2.9 Check your obligations on informing relevant bodies when you receive a safeguarding report. These include (but are not limited to):

- Funding organizations
- Umbrella bodies/networks
- Statutory bodies (such as HAC).

Some of these may require you to inform them when you receive a report; others may require information on completion of the case, or annual top-line information on cases. When submitting information to any of these bodies, think through the confidentiality implications very carefully.

### 3. Appoint roles and responsibilities for case management

3.1 If not already done so (see above), appoint a Decision Maker for the case. The Decision Maker should be a senior staff member, not implicated or involved in the case in any way.

3.2 If the report alleges a serious safeguarding violation, you may wish to hold a case conference. This should include:

- Decision Maker
- Person who received the report (such as the focal point, or manager)
- HR manager
- Safeguarding adviser (or equivalent) if there is one

The case conference should decide the next steps to take, including any protection concerns and support needs for the survivor and other stakeholders (see below).

### 4. Provide support to survivor where needed/requested

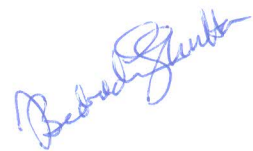
4.1 Provide appropriate support to survivor(s) of safeguarding incidents. Nb. this should be provided as a duty of care even if the report has not yet been investigated. Support could include (but not limited to)

- Psychosocial care or counseling
- Medical assistance
- Protection or security assistance (for example being moved to a safe location)

4.2 All decision making on support should be led by the survivor.

### 5. Assess any protection or security risks to stakeholders

5.1 For reports relating to serious incidents: undertake an immediate risk assessment to determine whether there are any current or potential risks to any stakeholders involved in the case, and develop a mitigation plan if required.



1.5 Due to the sensitive nature of safeguarding concerns, confidentiality must be maintained during all stages of the reporting process, and information shared on a limited 'need to know' basis only. This includes senior management who might otherwise be appraised of a serious incident.

1.6 If the reporting staff member is not satisfied that the organization is appropriately addressing the report, they have a right to escalate the report, either up the management line, to the Board (or other governance structure), or to an external statutory body. The staff member will be protected against any negative repercussions as a result of this report. See DDRA Complaints Policy and Disclosure of Malpractice in the Workplace Policy.

## 2. Assess how to proceed with the report

2.1 Appoint a Decision Maker for handling this report

2.2 Determine whether it is possible to take this report forward

- Does the reported incident(s) represent a breach of safeguarding policy?
- Is there sufficient information to follow up this report?

2.3 If the reported incident does not represent a breach of DDRA Safeguarding Policy, but represents a safeguarding risk to others (such as a child safeguarding incident), the report should be referred through the appropriate channels (eg. local authorities) if it is safe to do so.

2.4 If there is insufficient information to follow up the report, and no way to ascertain this information (for example if the person making the report did not leave contact details), the report should be filed in case it can be of use in the future, and look at any wider lesson learning we can take forward.

2.5 If the report raises any concerns relating to children under the age of 18, **seek expert advice immediately**. If at any point in the process of responding to the report (for example during an investigation) it becomes apparent that anyone involved is a child under the age of 18, the Decision Maker should be immediately informed and should seek expert advice before proceeding.

2.6 If the decision is made to take the report forward, ensure that you have the relevant expertise and capacity to manage a safeguarding case. **If you do not have this expertise in-house, seek immediate assistance**, through external capacity if necessary.

2.7 Clarify what, how and with whom information will be shared relating to this case. Confidentiality should be maintained at all times, and information shared on a need-to-know basis only. Decide which information needs to be shared with which stakeholder – information needs may be different.

2.8 You may have separate policies depending on the type of concern the report relates to. For example workplace sexual harassment is dealt with through the DDRA's Anti Bullying and Harassment policy.



5.2 Continue to update the risk assessment and plan on a regular basis throughout and after the case as required.

## 6. Decide on next steps

6.1 The Decision Maker decides the next steps. These could be (but are not limited to)

- No further action (for example if there is insufficient information to follow up, or the report refers to incidents outside the organization's remit)
- Investigation is required to gather further information
- Immediate disciplinary action if no further information needed
- Referral to relevant authorities

6.2 If the report concerns associated personnel (for example contractors, consultants or suppliers), the decision making process will be different. Although associated personnel are not staff members, we have a duty of care to protect anyone who comes into contact with any aspect of our programme from harm. We cannot follow disciplinary processes with individuals outside our organisation; however decisions may be made for example to terminate a contract with a supplier based on the actions of their staff.

6.3 If an investigation is required and the organization does not have internal capacity, identify resources to conduct the investigation. Determine which budget this will be covered by.

## 7. Manage investigation if required

7.1 Refer to the organization's procedures for investigating breaches of policy. If these do not cover safeguarding investigations, use external guidelines for investigating safeguarding reports, such as the CHS Alliance Guidelines for Investigations.

## 8. Make decision on outcome of investigation report

8.1 The Decision Maker makes a decision based on the information provided in the investigation report. Decisions relating to the Subject of Concern should be made in accordance with existing policies and procedures for staff misconduct.

8.2 If at this or any stage in the process criminal activity is suspected, the case should be referred to the relevant authorities *unless this may pose a risk to anyone involved in the case*. In this case, the Decision Maker together with other senior staff will need to decide how to proceed. This decision should be made bearing in mind a risk assessment of potential protection risks to all concerned, including the survivor and the Subject of Concern.

## 9. Conclude the case

9.1 Document all decisions made resulting from the case clearly and confidentially.



9.2 Store all information relating to the case confidentially, and in accordance with DDRA policy and other national/local data protection law.

9.3 Record anonymised data relating to the case to feed into organizational reporting requirements (eg. serious incident reporting to Board, safeguarding reporting to donors), and to feed into learning for dealing with future cases.

