

Safeguarding Policy

(Protecting Children & Adults at Risk)

Version Control

1. Full Document Number:	DIRPOL003
2. Version number:	3.0
3. Superseded version number:	2.0
4. Document owner job title:	Designated Safeguarding Lead, LSTM
5. Department / function:	Vice-Chancellor's Office
6. Approved by:	SSOC and LSTM Executive
7. Date of approval:	29.10.2025
8. Next review date:	September 2028
9. Date of Equality Impact Assessment (assessment enclosed):	08.09.2025
10. Accessibility checked: Yes	Use the Accessibility Checker in the Word Toolbar, or see Accessibility guide
11. Does this policy apply to LSTM Group (LSTM and subsidiaries?) Yes/no	If yes, consult Group Legal and IP Advisor
12. All policies will be added to the LSTM website unless an exception is provided here	If there's an exception, provide a contact email address for the LSTM website
13. If this policy has been reviewed, has this resulted in a minor or major changes?	Major
14. Does this policy ensure that there is no modern slavery or human trafficking in our supply chains or in any part of our business?	This policy references our Modern Slavery Policy

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Modifications from previous version of document

Version	Date of issue	Details of modification
3	08.09.25	Major review and update of policy: ▪ Updated reporting process and added links to VAULT system (section 9) ▪ Updated Complaint investigation process (section 15 and appendix 6) ▪ Added survivor centered approach (section 16) ▪ Included information on OfS E6 condition (section 2.7) ▪ Updated all Safeguarding leads and focal points (appendix 7) ▪ Checked and updated all links, references and resources (throughout document and appendix 8&9) ▪ Carried out a new Equality Impact Assessment and Accessibility check

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1. SCOPE

- 1.1 This Policy applies to all LSTM students and staff (including employees, volunteers, consultants, contractors, honorary and emeritus staff and other representatives of LSTM and the wider LSTM group of companies and subsidiaries; whether national or international, full-time, part-time or engaged on short-term contracts) in the UK and internationally.
- 1.2 Breaches in the policy by our staff and students may lead to disciplinary action including possible dismissal and, in some cases, could lead to criminal prosecution. In this respect, LSTM reserves the right to refer alleged instances of abuse to the relevant professional body and/or the police authorities. (Please refer to section 15)
- 1.3 For partners/contractors and volunteers, breaches may initiate the termination of relations including contractual & partnership agreements. Where relevant, the appropriate UK legal or other frameworks will be referred to. LSTM reserves the right to refer alleged instances to the relevant professional body and/or the police authorities, as necessary.
- 1.4 The LSTM Group's scope of work on safeguarding includes prevention of:
 - Sexual exploitation, abuse, and harassment (PSEAH)
 - Other forms of abuse such as physical, financial/material, psychological, discriminatory, and organisational abuse
 - Modern slavery
 - Neglect or acts of omission
 - Bullying and harassment
 - Protection of students from harassment and sexual misconduct
- 1.5 This policy document covers the protection of:
 - Children and adults at risk of harm who directly use our services or participate in our research, implementation and education activities
 - Community members who may not be directly participating in, but are affected by our research, implementation and education activities
 - Staff, students, consultants, contractors, volunteers, and representatives from partner organisations with whom we are collaborating.

2 INTRODUCTION AND CONTEXT – WHAT IS SAFEGUARDING?

- 2.1 Safeguarding is the responsibility that organisations have, to make sure that their staff, operations, and programmes **do no harm**.
- 2.2 Safeguarding means:

“Preventing harm to people... it means taking all reasonable steps to prevent sexual exploitation, abuse and harassment (SEAH) from occurring; to protect people, especially vulnerable adults and children, from that harm; and to respond appropriately when harm does occur.” (Safeguarding Resource and Support Hub n.d.)

- 2.3 The UK Collaborative on Development Research define safeguarding as preventing and addressing:
- “Any sexual exploitation, abuse or harassment of research participants, communities and research staff, plus any broader forms of violence, exploitation and abuse relevant to research, such as bullying, psychological abuse and physical violence”* (UKCDR, 2020)
- 2.4 LSTM believes that everyone we come into contact with, regardless of age, gender identity, disability, sexual orientation, or ethnic origin has the right to be protected from all forms of harm, abuse, neglect, and exploitation. LSTM will not tolerate abuse and exploitation by staff or associated personnel. LSTM recognises its duty of care in safeguarding and protecting beneficiaries, research participants, patients, and communities with whom we have direct and indirect contact through our work, and in protecting staff, students, volunteers, collaborative partners, and other representatives.
- 2.5 LSTM has a zero-tolerance policy for staff and organisational representatives committing harm, exploitation, or abuse. We endorse and support the principles of the Universal Declaration of Human Rights, (UN, 1948); the [UN Convention on the Rights of The Child](#), (UNICEF, 1989); the [Declaration on the Elimination of Violence Against Women](#), (UN, 1993) and of the [UN Global Compact](#) (UN, 2017).
- 2.6 Safeguarding includes the protection of students from harassment and sexual misconduct, including that which occurs in any intimate relationships with staff. UK Higher Education Institutes that are registered with the UK Office for Students (OfS) are required to prevent and address [Condition E6: Harassment and sexual misconduct](#), came into force from 1 August 2025 (OfS 2025). LSTM has developed a single comprehensive source of information for [safeguarding students and preventing harassment and sexual misconduct](#)
- 2.7 We will develop our procedures and processes for safeguarding with consideration of the following key standards:
- [Inter-Agency Standing Committee six core principles relating to PSEAH](#) (2019)
 - [CHS Alliance PSEAH Handbook](#) (2020)
 - [Keeping Children Safe, International Child Safeguarding Standards](#) (2020)
- 2.8 LSTM has several policies and procedures which run parallel to, and in support of our safeguarding approach:
- [Safeguarding Strategy](#)
 - [Safeguarding Students Policy](#)
 - [Shared Principles for safeguarding for LSTM and collaborating partners](#)
 - [Dignity at Work and Study Policy](#)
 - [Sexual Harassment Policy](#)
 - [Relationships Policy](#)
- ### 3. EQUALITY AND DIVERSITY
- 3.1 LSTM is committed to promoting equality of opportunity, combatting unlawful discrimination, and promoting good community relations. We will not tolerate any form of unlawful discrimination or behaviour that undermines this commitment and is contrary to our equality policy.

- 3.2 This policy required an Equality Impact Assessment. The assessment is at the end of this policy document.

4. FREEDOM OF SPEECH

The principles of free speech are a fundamental consideration when a Higher Education Institution (HEI) produces policies and processes for dealing with harassment and sexual misconduct and when it acts under those policies to comply with Office for Students requirements. (Please refer to Appendix One for further information).

5. RESEARCH ETHICS AND INTEGRITY

LSTM expects our research to be underpinned by the highest standards of rigour and integrity as per [LSTM's Research Integrity Statement](#) and that our research environment is underpinned by a culture of integrity, adhering to all LSTM requirements and expectations in the governance and ethics of research, and query any concerns over research misconduct in a transparent, timely and fair manner.

Care and respect must be exercised for all participants in research, the wider participant community, and for the subjects and beneficiaries of research, including humans, animals, and the environment.

6. DEFINITIONS USED IN THIS POLICY

- 6.1 The UN Convention on the Rights of the Child, 1989 (UNCRC) define a "child" as a person under the age of 18 years old. For the purposes of this policy and the associated code of conduct, the terms:

- "child" and "children" will therefore be used to describe all children and young people who have not yet reached their 18th birthday.
- "staff" will be used to describe employees, volunteers, contractors, and representatives including those employed under consultancy arrangements and those under subsidiary companies of LSTM.
- "student" will be used to describe all undergraduate, post-graduate and short course students registered with us, or learning on our premises or online.
- "Vulnerable adult" or "adult at risk" – is a person aged 18 years or older who may need health and/or care services because of mental or other disability, age, or illness; and who is or may be, unable to take care of themselves, or unable to protect themselves against significant harm or exploitation (NHS England, 2025). For LSTM, this may include members of staff, students, research participants, beneficiaries, patients, and other community members who we have direct and indirect contact with through our work.

7. PURPOSE OF POLICY

The purpose of this policy is to:

- Ensure that systems and processes are in place to guide and support staff in their role to safeguard and protect beneficiaries, research participants, patients, members of the public and any individuals who come into contact with LSTM and any of our representatives.

- Ensure that children and adults at risk of harm are protected from all types of abuse, exploitation or intentional and/or unintentional actions and failings that place them at risk of injury and/or any other harm.
- Ensure that the organisation has systems in place to deal well with any complaints of all types of abuse and exploitation by its own personnel, through effective implementation of safeguarding policies and procedures.

8. POTENTIAL INDICATORS OF HARM, ABUSE OR NEGLECT – THE DIFFERENT FORMS OF HARM

8.1 Child Abuse

The definitions of abuse and neglect in children can be seen in Appendix Two.

8.2 Abuse of adults at risk of harm

Abuse and neglect of adults can take many forms, it can lead to a violation of someone's human and civil rights by another person and can be physical, financial, verbal, or psychological. It can be the result of an act or a failure to act. It can happen when an adult at risk is persuaded or forced into a financial or sexual exchange they have not consented to or can't consent to. Abuse can occur in any relationship and may result in significant harm or exploitation. Please refer to Appendix Three for a list of definitions of abuse of adults at risk of harm.

9. DEALING WITH SUSPICIONS OR COMPLAINTS OF HARM OR ABUSE

In dealing with suspicions or complaints of abuse staff members should follow the **FOUR Rs**:

[Recognise](#)
[Respond](#)
[Report](#)
[Refer](#)

9.1 RECOGNISE - the ability to recognise behaviours that may indicate abuse. Please see Appendix Four for a list of indicators. Please note that the examples given in Appendix Four may also be indicators of other medical factors and may not necessarily confirm abuse and neglect.

9.2 RESPOND

9.2.1 How to respond to someone making a complaint of any type of abuse.

- If someone approaches you and discloses a safeguarding issue or complaint, make sure you listen carefully. Do not delay dealing with a complaint as they have chosen this time to tell you, and may not wish to tell you anything at a later stage
- Keep calm and reassure the person that they aren't to blame for what has happened to them (survivors of abuse frequently feel that they are)
- Be non-judgemental. Show that you are taking the person seriously and that you understand and believe them. Always show acceptance of what you are being told, whatever your personal opinion might be. It takes a lot of courage to disclose any type of abuse, so the discloser will need to feel believed
- Do not interrogate the individual. Keep questions to a minimum; if you have to ask questions, keep them open and not leading (in order to clarify). You may wish to repeat back the words that the person has used (particularly if it's a child disclosing)
- Maintain confidentiality but do not make promises you cannot keep and explain that the information will have to be passed on and what action you will be taking in this regard

- Be honest, never make promises to keep what you are being told confidential. If child abuse is occurring/suspected, or a serious crime has been committed, you will need to tell someone
- Remember it is not your role to investigate, just gather information to aid those whose job it is (police/social services etc.)
- Use the LSTM VAULT reporting system to report the complaint (see section 9.3 below)
- Keep calm and reassure the person that they aren't to blame for what has happened to them (survivors of abuse frequently feel that they are)
- Never forget that in the case of a child, their welfare comes before anything else; they are at the centre of everything
- If you consider this to be an emergency situation with immediate danger to a child or adult at risk of harm, then you should contact the police (999 in the UK) and then, if on the LSTM Liverpool campus, inform Security
- Seek confidential advice from the Line Manager/Principal Investigator and the LSTM Designated Safeguarding Lead or HR Safeguarding Lead (including complaints about the behaviour of another member of staff) or Education Safeguarding Lead if the matter relates to a student. **The recipient of information should not investigate**
- Out of hours, staff should contact the [LSTM Silver Director on call on +44 \(0\) 151 271 0153](#).

9.2.2 Dos and Don'ts when receiving information about a safeguarding complaint

DO

- Do react calmly and listen carefully to what is being said.
- Do reassure the complainant that they were right to raise the complaint.
- Do take what is said seriously, the 'unthinkable' is possible.
- Do create trust with the complainant
- Do address any immediate protection/health needs before undertaking any reporting, take proper steps to ensure that the physical safety, psychosocial needs, and medical needs of the complainant are addressed.
- Do gather information on the complaint. Ask only the number of questions required to gain a clear understanding of the complaint so that it can be passed on via the appropriate the appropriate reporting procedures.
- The best questions to help do this are the "W" questions:
What (happened)?
Where (did it happen)?
When (did it happen)?
Who (did it/was there)?
 Asking "why?" or "how"? something took place is discouraged
- Explain that there are limits to ensuring confidentiality, that information will only be shared on a "need to know" basis and it is in their best interest that the complaint is reported.
- Explain to the complainant what will happen next – who in the organisation will be told, and externally who will be told e.g., parents/guardians, health agencies, or social services. Inform them that they will be informed what happens.
- Report the complaint at the earliest opportunity using the [VAULT](#) system (see 8.3.2 below)

DO NOT

- Don't panic or show any extreme reaction (e.g., shock, distaste, disbelief) to what is being said
- Don't speculate or make assumptions
- Don't make negative comments or judgemental statements against the subject of the complaint. Remain objective.

- Don't approach or inform the subject of the complaint of the issue that has been raised
- Don't agree to keep secrets
- Don't allow personal doubt to prevent you from reporting the complaint
- Don't try to investigate yourself
- Don't discuss with anyone else. If you require some reassurance yourself, contact the Designated Safeguarding Lead or the HR or Education Safeguarding leads.

9.3 REPORT (and record) – Make sure you know how to report a safeguarding complaint. If you are worried that a child or adult at risk of harm is being abused in any way you should raise a concern. **If in doubt, report.** (Please see Appendix Five).

9.3.1 LSTM wants to instil an open culture of speaking up about concerns in order to improve the safety and security of our beneficiaries, research participants, patients, and other people who come into contact with us, as well as that of our staff and students. A positive speak up culture will allow us to understand our risks and act on them to improve.

9.3.2 A range of different mechanisms are provided at LSTM so that staff and students, research partners, research participants, and members of the community are able to raise concerns and complaints, including in person, or online.

9.3.3 The easiest way for staff and students to raise complaints about harm or abuse is by reporting them using LSTM's and confidential reporting system, [VAULT](#). The VAULT app can be accessed via a mobile using the instructions on the intranet here:

<https://content.vaultplatform.com/client-assets/videos/mobile-app/mobile-app.mp4>

Whilst it is possible to raise complaints on VAULT anonymously, (and a person can reply to you anonymously through the system, even though we don't know who you are), **we encourage and support all staff and students to raise complaints personally, wherever possible, as we may not be able to fully investigate anonymous complaints.**

9.3.4 You do not have to be personally affected to report. If you witnessed something, heard something, or are worried about something or someone, you can raise a concern.

9.3.5 If you would prefer to talk to someone, you can also contact the Educational Safeguarding Lead Professional, HR Lead Professional or a Safeguarding Focal Point, or Dignity & Respect Champion about your concern/complaint. This can be by phone, email or in person.

9.3.6 If you don't want to contact someone in Education or HR or a focal point, you can contact LSTM's Designated Safeguarding Lead in person, by phone or by email at: safeguarding@lstmed.ac.uk

9.3.7 Research participants, community members, and external partners, who do not have access to LSTM's Sharepoint (intranet) system, can also raise complaints using the online LSTM VAULT Open Reporting system: <https://app.vaultplatform.com/lstmed.ac.uk/open-reporting/>

9.3.8 For safeguarding issues cases at international locations, you should refer any safeguarding matters to either the Safeguarding Lead in Liverpool: safeguarding@lstmed.ac.uk or one of the local safeguarding leads in our global collaborative partners, (See Appendix 7) or the Principal Investigator/Senior Manager in your location.

9.4 REFER

- If there is immediate danger to a child or adult at risk of harm, then you **MUST** refer the matter to the Principal Investigator and the Designated Safeguarding Lead (or a safeguarding focal point) as soon as possible. **If the situation is an emergency, then you should contact the relevant emergency services such as ambulance or police.**
- For cases in Liverpool, it is the role of the Designated Safeguarding Lead, or in the case of a patient, a member of clinical staff to carry out a safeguarding referral regarding a child or adult at risk of harm to the local child or vulnerable adult safeguarding board in Liverpool, via the appropriate Child or Adult Careline (please refer to Appendix Eight).
- When a person makes a complaint to you, they may ask that the matter not be escalated further and ask you to keep the matter confidential. In this instance you should encourage the complainant to seek help from the Designated Safeguarding Lead.
- However, if you are worried about a vulnerable individual's safety, or you feel burdened and need support, then you should inform the Designated Safeguarding Lead, or HR or Student Safeguarding Lead, even if this means breaching the complainant's request for confidentiality.
- For cases in our international sites, you should refer any safeguarding matters to a safeguarding focal point in your area or ask for their advice on the matter or contact the Designated Safeguarding Lead (see Appendix Seven).
- Support organisations and referral mechanisms will vary from country to country. Your local safeguarding focal point will know about the services that exist in your area
- There are a small selection of overseas organisations/resources listed in Appendix 9, but you should refer to your local safeguarding lead for your overseas programme to find out about other organisations in the country/area where you are working.

10. ROLES AND RESPONSIBILITIES

10.1 All staff and students

- Report any safeguarding/SEAH complaints. This can be done through the [VAULT](#) system, or by contacting a safeguarding focal point or Dignity & Respect Champion or the Designated Safeguarding Lead (See Appendix Seven)
- Follow the Safeguarding Policy and Safeguarding Students' Policy and the LSTM Code of Conduct.
- Keep up to date with mandatory training in relation to safeguarding.
- Follow LSTM's recruitment procedures to ensure that job roles that work with children and adults at risk of harm are correctly identified so that the appropriate pre-employment checks take place.

10.2 Heads/Deputy Heads of Department, Principal Investigators/Technical Leads

- Ensure staff that they manage have read and understand the LSTM code of conduct and are up to date with their mandatory safeguarding training
- Ensure safeguarding risk assessments have been undertaken for the programmes that they lead on, and that programme staff know how to raise a safeguarding complaint
- Act as a point of contact for individuals who work in your team who may wish to discuss a safeguarding complaint
- Escalate safeguarding concerns and complaints to the LSTM Designated Safeguarding Lead.

10.3 Designated Safeguarding Lead

- Act as a key source of support, guidance, and expertise on safeguarding across LSTM working closely with and drawing support from related teams.

- Develop, manage, and implement LSTM's strategic approach to safeguarding, including the development and implementation of relevant policies, procedures, and processes across the LSTM group.
- Provide ongoing assurance of strategic safeguarding risks through the review of the safeguarding risk register and safeguarding action plan through reports to the Strategic Safeguarding Oversight Group (SSOC), LSTM Executive, and the Board of Trustees.
- Ensure that serious complaints relating to safeguarding are reported to any external bodies as appropriate (such as police, social services, charity commission, donors etc.) and that they are managed effectively and that appropriate systems are in place to learn lessons
- Be responsible for the design and implementation of training programmes that support our role in safeguarding, protection of children and adults at risk of harm and the prevention of sexual exploitation, abuse, and harassment (SEAH)
- Coordinate and implement safeguarding reporting systems. Liaise closely with the Education Safeguarding and HR Safeguarding Lead Professionals in relation to complaints and concerns raised.
- Ensure systems are in place across the organisation to assess safeguarding risks within our research, implementation, and education programmes and to promote the protection of children and adults at risk of harm.
- Develop and maintain effective communication and working relationships with the LSTM Pro-vice Chancellors, Heads and Deputy Heads of Department, and Principal Investigators/Technical Staff across all LSTM groups to ensure safeguarding processes are being embedded effectively, and that safeguarding is considered in the context of our overall approach to the management of safeguarding risks within the design, planning and implementation of our research and education programmes and to seek feedback from their teams.
- Work in partnership with groups/departments across LSTM, including collaborative partner organisations and donors, to ensure best practice in safeguarding/protection of children and adults at risk of harm.
- Support and instil a culture of shared responsibility towards safeguarding across the LSTM group.
- Oversee, implement, and monitor the ongoing assurance of strategic safeguarding risks through the development and implementation of the safeguarding action plan.

10.4 Safeguarding focal points

Contribute as a member of the LSTM safeguarding team to the development and implementation of our safeguarding policy and procedures by:

- Contributing to the implementation of LSTM's safeguarding action plan
- Effectively communicating local safeguarding knowledge
- Facilitating and contributing to organisational policy and procedures on safeguarding, including providing advice to staff and partner organisations
- Contributing to safeguarding training needs analysis, and to assist with the planning, designing and delivery of safeguarding training for staff
- Contributing to the investigation of safeguarding complaints, including the dissemination of lessons learned, (as appropriate based on investigation training level of individual)
- Working effectively with colleagues from other organisations, providing advice as appropriate
- Liaise with Safeguarding Officers at LSTM's global hub/international sites
- Undertaking risk assessments of the organisation's ability to safeguard/protect children and adults at risk of harm.

Please refer to Appendix 7 for contact list of safeguarding officers and focal points.

10.5 Board Level Accountable Officer for Safeguarding

Take executive accountability for the oversight of safeguarding across the LSTM Group by chairing the Strategic Safeguarding Oversight Committee to:

- Ensure that the responsibilities of the organisation in relation to Safeguarding/Protection of children and adults at risk of harm are met
- Promote a positive culture of safeguarding across the organisation by ensuring that there are procedures for safer recruitment; raising concerns; appropriate policies for safeguarding and protection of children and adults at risk of harm and that these are being followed
- Ensure that the public and our beneficiaries are aware that the organisation takes safeguarding seriously and will respond to complaints and concerns about the welfare of children and adults at risk of harm
- Ensure that there are robust governance processes in place to provide assurance on safeguarding and the protection of children and adults at risk of harm
- Ensure effective information flows from and between the Board of Trustees, LSTM Executive, and Safeguarding Strategic Oversight Group on safeguarding and protection of children and adults at risk of harm
- Ensure that funding organisations are assured of our safeguarding arrangements.

10.6 Board of Trustees Lead for Safeguarding:

- Ensure appropriate scrutiny of the organisation's strategic safeguarding plans to make sure they reflect safeguarding legislation and guidance, and the safeguarding expectations of the Charities Commission. Challenge assumptions in making decisions related to safeguarding
- Understand and monitor the organisation's corporate risks on safeguarding and ensure that these are being actively managed, and measures are in place to reduce and mitigate risks
- Ensure appropriate scrutiny of and assurance to the board of the organisation's performance against our safeguarding policies and procedures.
- Review the implementation of policies and procedures related to safeguarding through receipt and discussion of quarterly safeguarding reports to the Board of Trustees.

10.7 Board of Trustees

- Will give full organisational support to the maintenance of good safeguarding practice and action being taken to address breaches of the safeguarding policy
- Trustees will sign up to LSTM's code of conduct
- The appointment of Trustees will be subject to the appropriate pre-appointment checks including the [fit and proper person](#) test, and [Disclosure and Barring Service](#) enhanced checks in accordance with [UK Charity Commission Guidance \(2017\)](#).
- Ensure systems are in place across LSTM and its subsidiaries to ensure we meet the requirements of the Charity Commission and our donors in terms of compliance with safeguarding standards. There is guidance for registered charities on [how to report](#) any serious safeguarding complaints and also guidance on [what to report](#) and Trustees will be directed to this guidance upon appointment.

11. PROTECTING CHILDREN AND ADULTS AT RISK OF HARM IN OUR WORK

11.1 Protection from sexual exploitation, abuse and harassment (PSEAH)

Throughout our research, education, and clinical work in low and middle-income countries (LMIC), and also in our work in the UK, LSTM needs to ensure that it contributes to the protection of children and adults at risk of harm from SEAH and other safeguarding concerns.

11.2 Principles of protecting children and adults at risk of harm from sexual exploitation and abuse

The IASC describes sexual exploitation as:

“Any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another” (IASC 2016, page 4)

In order to protect children and adults at risk of harm, key principles that anyone who represents LSTM should follow are to:

- Abide by the LSTM code of conduct
- Support initiatives aimed at exposing and eliminating sexual abuse and exploitation
- Promote equal protection and opportunity for all individuals who come under the nine “protected characteristics” of the Equality Act (2010):
 - [Age](#)
 - [Disability](#)
 - [Gender Reassignment](#)
 - [Marriage and Civil Partnership](#)
 - [Pregnancy and Maternity](#)
 - [Race](#)
 - [Religion and Belief](#)
 - [Sex](#)
 - [Sexual Orientation](#)

11.3 The ultimate responsibility for ensuring safeguarding processes are in place within a research programme/project lies with the Principal Investigator (PI) or Technical Lead (TL) or Programme Manager (PM). They should identify a suitable safeguarding lead for each LSTM research programme or project, this individual should be in a position where they can promote awareness raising of the protection of children and adults at risk of harm, help support systems that prevent harm, and facilitate the reporting of and responding to safeguarding concerns. They must be seen to be accessible to and approachable by research staff and students. These safeguarding leads will identify locally based safeguarding champions/focal points within the research programme/project who are accessible to and approachable by study participants. Additional training, support, and awareness raising will be necessary for these roles.

11.4 Safe programme design

11.4.1 To protect children and adults at risk of harm, it is important to understand whether any research/education activity conducted by LSTM could detrimentally impact the safeguarding of children and adults at risk of harm.

11.4.2 The Preventing Sexual Abuse, Exploitation and Harassment (PSEAH) Implementation Quick Reference Handbook (CHS Alliance, 2020) states that when designing programmes:

- Potential risks of sexual exploitation, abuse, and harassment (SEAH) presented by programmes are identified and addressed
- Programme designs respond to or are adapted to mitigate the risks of SEAH
- Project plans include activities on PSEAH awareness and sensitivity
- Budgets include funding lines for capacity strengthening and communications on PSEAH.

- 11.4.3 The PSEAH standards were developed for the humanitarian context and so not all the contents of the PSEAH handbook are applicable for the research setting. The Principal Investigators and/or Managers of specific projects need to consider whether there are any SEAH or other safeguarding risks that could occur or be made more likely as a result of any project in which we are involved. This should be achieved by assessing:
- What are the specific vulnerabilities of the different communities and participants and groups with whom we are working?
 - What are the potential safeguarding/protection/SEAH risks for participants that may occur within/as a result of taking part (or not taking part) in the research?
 - Are there any potential safeguarding risks to LSTM staff and students working in these areas? (Including contractors, consultants, and volunteers)
 - Are there any other safeguarding issues that could arise unrelated to the research activity and who is affected by these risks?
 - What international and national legislation/policy is in place within the country to support the protection of children and adults at risk of harm and that we need to follow whilst working there?
 - Does every partner organisation we are working with have systems, policies, and procedures in place to deal with safeguarding issues?
 - What services are available nationally and locally to refer to (if necessary) if we have safeguarding concerns about an individual?
 - What standard operating procedures are in place for the programme in how they will deal with safeguarding concerns?
 - Assessing the context in which the programme is to take place – identifying any risks and issues related to sexual exploitation and abuse in communities that may impact on the research. Could the research programme exacerbate the risk of SEAH by staff and associated personnel?
- 11.4.4 Principal Investigators and/or Managers of specific projects should (as appropriate):
- Endeavour to build capacity within LSTM and with our partner organisations as part of our work in LMIC, by raising awareness, providing relevant information, documentation, policies & procedures, and through capacity strengthening with an aim to preventing all forms of abuse of children and adults at risk of harm
 - Endeavour to assist and support governments and other agencies to develop systems and structures that will help prevent sexual abuse and exploitation and protect children and adults at risk of harm
 - Treat Safeguarding as a “*fundamental element of programming*” and include it as a line item within every [relevant] programme budget where there are safeguarding risks, and allow for these costs in grants and contracts (House of Commons, 2018, Page 5)
 - Design programmes to address any risks that are identified – ensuring all those involved in the delivery of goods and services are safe; include costs for prevention, awareness raising, training on SEAH and response into programme budgets where relevant.
 - Identify and document existing local and national child protection mechanisms and related support services for referral.
- 11.4.5 A draft [safeguarding risk assessment and mapping tool](#) should be completed by the project Safeguarding Lead in conjunction with collaborative research and implementation partners during the planning and design stage of programme development and reviewed once the programme has started, to assess the potential safeguarding risks.

- 11.4.6 If LSTM is working with partner organisations, the safeguarding lead should ensure that they are involved in reviewing the risk assessment and giving specific technical expertise and local knowledge of the safeguarding risks in the programme and that all organisations are clear on how they should report concerns.

11.5 Research Ethics Process

Consideration of safeguarding risks of vulnerable groups should start early in research programme design, and the LSTM Research Ethics Process includes sections where investigators are asked to consider potential safeguarding issues and how children and adults at risk of harm will be protected. Please refer to the Research Ethics Guidance and application forms which can be found here:

<https://lstmed.sharepoint.com/committees/REC/Pages/info-for-applicants.aspx>

11.6 Due diligence – Implementation with collaborative partners

- 11.6.1 All research and education contracts which involve working with partner organisations, must go through LSTM's due diligence process. Part of this process concerns establishing what systems, policies, and procedures the partner organisation has in place relating to safeguarding and the protection of children and adults at risk of harm, including whether they have a staff code of conduct.
- 11.6.2 All partner organisations with who we work collaboratively, should sign up to the [shared principles of safeguarding](#) document. Principal Investigators must provide support to the Research Management Services Team in ensuring that the above policy is circulated to the relevant lead individual(s) from the partner organisation(s) and a statement will be included in our contracts with partner organisations indicating that by signing the contract they agree to adhere to the shared principles document.
- 11.6.3 The Foreign, Commonwealth and Development Office (FCDO) have made it an explicit requirement of organisations that they fund, that those organisations will prevent sexual exploitation and abuse not only of their own employees and representatives but that they must also ensure that both partners and suppliers uphold safeguarding standards and behaviours (FCDO, 2020). Therefore, we will be unable to partner with organisations who do not sign up to the LSTM shared principles document.
- 11.6.4 If external partners have their own safeguarding policies and codes of conduct, a copy of these should be passed from the research management services team to the Project Safeguarding Lead to ensure that in the main, they meet the requirements set out in the three key documents below:
- Inter-Agency Standing Committee [six core principles](#) relating to sexual exploitation and abuse (IASC, 2019)
 - PSEAH Implementation Handbook (CHS Alliance 2020)
 - Keeping Children Safe, International Child Safeguarding Standards (KCS, 2020)
- 11.6.5 We should include partner organisation staff in any locally held staff training events on safeguarding/PSEAH if they are directly implementing activities or have significant contact with participants or beneficiaries.
- 11.6.6 Through the due diligence and contracting process, we should agree with partner organisations how to exchange information on PSEAH. This should include:

- Progress with implementing PSEAH measures to be included in reports on the programme (where appropriate)
- Concerns or complaints which arise regarding the organisation will need to be reported to LSTM, through our safeguarding reporting process (see section 9).

12. SAFEGUARDING CONCERNS ABOUT MEMBERS OF STAFF, STUDENTS, CONTRACTORS, VOLUNTEERS OR CONSULTANTS.

12.1 If you have concerns that a member of staff, contractor, volunteer or other representative is abusing others and/or breaching our safeguarding policy

- If there is no complaint from anyone, but you have concerns regarding a staff member, volunteer, consultant, or other representative behaving inappropriately to a child or adult at risk of harm, you should inform your head of department, (or for IVCC the Lead Safeguarding Director) or the Designated Safeguarding Lead and then raise a report using the [VAULT](#) reporting system.
- Remember, if a vulnerable individual is/could be in danger, then their **safety is paramount**. Any complaints must be reported immediately to maintain their safety. Be honest, never make promises to keep what you are being told confidential. **If a child is being abused or is in danger of abuse, you will need to tell someone.**
- If someone has disclosed to you that they are being abused by a staff member, volunteer, consultant, or other representative, then you should follow the guidance in section nine on how to respond to complaints. You should inform your head of department and then raise a report using the [VAULT](#) reporting system.
- If the complaint is against your head of department, then tell their line manager of the complaint immediately and seek advice from the Designated Safeguarding Lead or HR or Education Safeguarding Leads.
- If the complaint is against the Executive Director for Global HR, you can contact the Designated Safeguarding Lead and if your complaint is against the Designated Safeguarding Lead you can contact the Executive Director for Global HR.
- If the complaint is against the Vice-Chancellor of LSTM, you should contact the Executive Director for Global HR or the Designated Safeguarding Lead.
- LSTM must ensure that it meets its obligations under local law to refer the matter when appropriate, to the police or other statutory authorities for criminal investigation – This will be done by the Designated Safeguarding Lead or the HR Safeguarding Lead professional or Education Safeguarding Lead professional.

12.2 If you have concerns that a member of staff, contractor, volunteer or other representative is being harmed

- Staff themselves may become vulnerable adults if they are victims of abuse. If a member of staff, consultant, volunteer, or other representative raises a concern or complaint to you, follow the Four Rs to dealing with complaints of abuse in section 9 of this policy
- The person may not wish to report this complaint and may simply be confiding in you. This may be the first step on their journey to acting on this issue. If you are concerned, encourage them to take the issue further and to seek help
- It is important to remember that if the issue that they are facing could have the potential to **put a child in danger, then you have a duty to take the matter further and report** (e.g., if they are the victim of domestic violence then a child in the household may be in danger)
- Staff who hear a complaint (the recipient), from an individual, particularly if the individual asks them to keep it a secret, may themselves feel burdened by the information. They can

seek support by discussing the matter anonymously with one of the designated safeguarding focal points in the organisation, or the Designated Safeguarding Lead or the HR Safeguarding Lead professional or Education Safeguarding Lead Professional.

12.3 Safeguarding Students

If you have any concerns regarding the safety or welfare of students, please see the separate [LSTM Safeguarding Students Policy](#) for any safeguarding or protection concerns related to students and how they are investigated.

12.4 If a complaint is made against you

If a complaint is made against you, then you must inform your line manager immediately. You should record all the details as you know them, and then sign, date, and keep a copy for yourself, and send a copy to your line manager who will then pass the information immediately to the Designated Safeguarding Lead or the HR Safeguarding Lead professional or Education Safeguarding Lead Professional.

12.5 Partner organisations

If a complaint is made about a member of staff from a partner organisation or about the partner organisation as a whole, you should inform your line manager, and this should be reported through the [VAULT](#) reporting system.

The appropriate lead person for LSTM should discuss the matter with the safeguarding lead at the partner organisation to ensure that the matter is looked into appropriately. Where appropriate, LSTM should work with the partner organisation to identify a third party to investigate. If the outcome is that abuse or exploitation of a child or adult at risk has occurred, ongoing work with the partner organisation cannot include the individual concerned.

LSTM should ensure that it meets its obligations under local law to refer the matter to the police or other statutory authorities for criminal investigation.

If there is reason to believe that a complaint of a vulnerable individual has been dealt with inappropriately, then serious consideration will be given to terminating funding or withdrawing from the networking/partnering relationship. This decision will be taken by LSTM Executive.

13. ENSURING THE WELFARE OF STAFF AND STUDENTS IN INTERNATIONAL RESEARCH

- 13.1 It is possible that staff and students may become vulnerable when working, studying, and researching in an overseas setting. To promote the safety and security of our staff when abroad, LSTM has developed a comprehensive travel risk assessment process and developed guidance on Health and Safety during International Travel.

These can be found here:

[LSTM Global Travel Policy](#)

[International Travel Guidance Document](#)

- 13.2 It is noted that the risks and vulnerabilities for both researchers and research participants are unequally distributed. *“Women, junior researchers and local fieldworkers are more likely to be at risk of violence and harassment by fellow researchers and/or the risks posed by research contexts”* (Orr et al. 2019).

13.3 LSTM has training packages on safety and security overseas which staff and students and other LSTM representatives can access and there are additional training modules available regarding security for female staff.

13.4 In addition to this training, Principal Investigators, Heads of Department, and other Supervising staff have a key role to play in preparing staff, students, volunteers, and other LSTM representatives for overseas work, particularly those that are new to working overseas. This additional “local briefing” by staff with knowledge of the area and the research programme is pivotal in keeping our staff, students, and other representatives safe.

It is the responsibility of the Supervising Manager/PI to ensure that staff, students, volunteers, and other representatives:

- Are fully briefed on the area they will be travelling to, giving background information on cultural issues, political situation, safety, and security
- Are given information on appropriate accommodation and travel during their stay
- Have completed all aspects of LSTM’s travel risk assessment process as per the [International Global Travel Policy](#) prior to travel
- Are advised to read the [International Travel Policy Guidance Document](#) prior to travel
- Have completed LSTM’s additional processes for high-risk travel where appropriate
- Have obtained travel health advice for their trip through Well Travelled Clinics at LSTM
- Are clear on the travel insurance arrangements and emergency contact numbers for insurers
- Are clear on what to do in the case of an emergency whilst overseas
- Have undertaken the LSTM travel safety and security training.

13.5 Comprehensive systems are in place for MSc students who conduct research for their dissertation overseas and information on this process can be found in the [Safeguarding Students Policy](#).

14. PROTECTING CHILDREN WHO ARE VISITORS TO OUR SITES

Children attend our premises in the UK and abroad, including:

- Children who are patients of Well Travelled Clinic in the UK
- Children who are research participants in the UK and overseas
- Children engaged with outreach and educational activities on-site
- Children brought on-site at our various locations by staff, students, and visitors.

14.1 Children who are clinical patients

- Well Travelled Clinics (WTC) should follow the WTC Policy for safeguarding children and vulnerable adults in a clinical setting
- All WTC staff should undergo enhanced [Disclosure and Barring Service](#) (DBS) checks without barring (and additionally for clinical staff checks on clinical qualifications and professional registration) on appointment.
- All WTC staff must attend mandatory L3 Safeguarding training every 3 years at the Liverpool University Hospitals NHS Foundation Trust (LUHFT)
- All clinical and administrative staff receive training on acting as a chaperone.

14.2 Children or vulnerable adults who are clinical research participants in the UK and overseas

- LSTM research staff should follow this Safeguarding Policy

- LSTM research staff who have direct clinical contact with research participants who are children or adults at risk of harm should undergo enhanced [Disclosure and Barring Service](#) (DBS) checks prior to appointment.
- Where staff are employed by LSTM on honorary contracts and also work with the NHS, written confirmation of a satisfactory enhanced DBS from their NHS employer is acceptable.
- All LSTM clinical research staff must be up to date with the appropriate clinical mandatory training related to protection of children and adults at risk of harm including:
 - Level 3 safeguarding
 - Infection control
 - Paediatric Life Support if work with children (< 18 years old).

14.3 Children engaged with formal, pre-arranged educational outreach activities on-site

- All staff and students who are engaged in specific, pre-arranged outreach (or in-reach) work with schools and colleges are required to undertake a DBS.
- For every outreach activity involving children, a detailed risk assessment should be conducted and documented
- The Public Engagement Team should work closely with the teaching team from the school/college in preparation prior to the visit
- Students/pupils should be supervised at all times by their teachers
- Any safeguarding concerns or complaints regarding children on our premises should be raised immediately via our safeguarding reporting systems
- Primary school children whilst on site should be accompanied to toilets/bathroom areas by a teacher/teaching assistant.

14.4 Children brought on-site at our various locations by staff, students, and visitors

- In general, LSTM does not encourage staff, students, or visitors to bring their children (anyone under the age of 18 years) on-site into our main research and academic buildings. In the main, our buildings, equipment and facilities are not designed and purpose-built for children and can therefore pose hazards to a child
- LSTM has policies and procedures in place to support staff who wish to request emergency leave for child-care purposes
- LSTM accepts that on occasion, a member of staff or a student may find it unavoidable to bring a child onto our premises. In this event, the member of staff or student MUST sign the child in at the reception desk of the building they are entering and sign them out again on departure
- The entry should make clear that the individual being signed in is a child, by writing **(CHILD)** in block capitals, next to their name. This is to ensure we are aware that there is a child in the building in the event of a fire or serious incident
- Children must remain accompanied at all times. Primary school children and younger (under 12) must be accompanied to the toilets/bathrooms and kitchen areas
- Children should not be on LSTM premises under any circumstances out of hours. (In hours is considered to be 08:30-17:30 Monday to Friday). The only exception to this is children in attendance for an appointment at Well Travelled Clinics (see section 14.1) or children on a specific pre-arranged educational outreach activity (as per section 14.3).

15. INVESTIGATION PROCESS

15.1 After you report a concern/complaint:

- Safeguarding Leads will listen/read the concern carefully
- We may contact you for more information, (we can speak to you anonymously through the VAULT system, even if we don't know who you are) we encourage and support all staff and students to raise complaints personally, wherever possible, as we may not be able to fully investigate anonymous complaints.
- We will review the matter within 5 working days and let you know how we will proceed
- In accordance with our policies and/or code of conduct, if appropriate, there will be a detailed investigation. Please refer to:
[Disciplinary Policy](#) (for staff)
[Student Disciplinary Code](#) (for students)
[Sexual Harassment, Sexual Misconduct and Victimisation Policy](#)
[Dignity at Work and Study Policy](#)
- In the case of complaints relating to LSTM staff, a Commissioning Panel will be convened, and they will decide whether it's possible that the complaint constitutes a criminal offence, in which case the matter may be reported to the police. If the matter is deemed an administrative investigation, the commissioning panel will appoint an Investigator(s) and set terms of reference.
- If it is not appropriate to deal with the matter internally within LSTM, the Commissioning Panel will appoint an external investigator. (i.e., such as when specialist external expertise is required for cases involving children).
- In the case of investigations regarding LSTM students, please refer to the Safeguarding Students Policy.
- There will be a nominated HR representative to support the staff investigation process
- The Commissioning panel will assess any potential risks of carrying out the investigation and plan mitigations
- The purpose of an investigation is to establish the facts relating to alleged misconduct and to identify whether there has been a breach of policy and therefore there may be a disciplinary case for the staff member or student to answer
- The format of the investigation will be determined by the nature of the complaint and will vary from case to case. Investigations can involve:
 - Interviewing people
 - Taking statements
 - Reviewing relevant documents and digital evidence
 - Reviewing evidence such as staff rosters or door access data
 - Reviewing CCTV footage or photos
 - Reviewing text messages, phone records, and emails
- The investigator may need to conduct site visits and sometimes take photos of the site
- The investigator may need to review information such as team structures and leave records for staff
- The investigation will be completed as quickly and thoroughly as possible
- Support will be provided for all parties throughout the process
- We will seek to learn lessons following any complaints
- We may make referrals to other agencies, e.g. counselling services, social services, local voluntary organisations, legal services, or the police.

- 15.2 Staff who undertake Safeguarding and/or Dignity at Work and Study investigations will have received appropriate training for the level of investigation required.
- 15.3 There is NOT a requirement for a provider to use a criminal standard of proof in its own internal investigations. Any judgements reached as part of an investigation do not constitute a legal ruling on whether or not criminal activity has taken place.

15.4 Principles of Investigation

Investigations should:

- *Do no harm* - which should be the cross-cutting ethical principle of all investigation processes
- *Be survivor-centred* - based around the four key principles: safety, confidentiality, respect and non-discrimination
- *Be transparent and fair* - due process must be followed, must be fact-based and impartial
- *Be professional* - follow the best practice standards for investigation, conduct investigations in a timely fashion, ensure investigators are appropriately trained.
- *Be structured* - investigations must be thorough, focused, and conducted diligently, they must follow a process.

Safeguarding/SEAH investigations will follow the principles of the CHS Alliance [Guidelines for Investigations](#) (CHS Alliance 2015)

15.5 Informed Consent

- 15.5.1 Informed consent must be promoted in safeguarding investigations, emphasising that the survivor must understand the investigation process, its purpose, risks, and benefits, before voluntarily giving permission to proceed, and can withdraw consent at any time (CHS Alliance, 2022).

- 15.5.2 Informed consent requires three core elements:

- **Comprehension**
The survivor is given clear, accessible information about the investigation, how their data will be used, and the potential risks and benefits. They must be given opportunities to ask questions and receive satisfactory answers.
- **Voluntariness**
Consent must be given without any coercion or undue influence from any party. The survivor has the right to change their mind and withdraw consent at any point without needing to provide a specific reason.
- **Stated Permission**
Consent must be given, either verbally or in writing, to include the survivor's statement/testimony in any investigation (please see 15.5.2 below).

15.5.2 Absence or withdrawal of consent

If the survivor does not give or withdraws consent, the commissioning panel will consider whether any/all aspects of the investigation can proceed without the involvement of the survivor or their testimony, and the panel reserve the right to continue with an investigation utilising other sources of evidence and if applicable, to report any potential criminal offence to the police if it is discovered.

15.6 Handling of information

- Information will be handled sensitively and used fairly in practice
- Information will be collected sensitively and treated with appropriate confidentiality, irrespective of the mechanism used to make a report or disclose information, for example, in person or online
- Information will be handled on the basis set out in data protection legislation
- Staff and students will understand how information they disclose may be used, for example during a disciplinary process for a student or a member of staff.

15.7 We will not use NDAs (non-disclosure agreements) or confidentiality clauses that prevent members of the LSTM community from speaking out about harassment or other unacceptable behaviour. We wish to ensure that all our colleagues and students are safe and supported and would consider the use of confidentiality clauses in such circumstances to be unacceptable.

15.8 Timescales

- Once reported, we will conduct an initial assessment of the complaint and any risks, and this may include a discussion with the complainant to discuss the process and what is involved. This will normally take up to five working days.
- After this we may take another 5-10 working days to set up the investigation, which includes: identifying an investigator (internal or external), engaging with those affected, drawing up the terms of reference and if necessary, seeking specialist advice on the matter.
- It may take longer than the above timescales if we need to appoint an external investigator, or if the matter is particularly complex, but this will happen as soon as is practical. The complainant will be advised if timescales need to be adjusted.
- Once appointed the investigator(s) will conduct the investigation as quickly as possible, and this can often be completed within 30-60 working days, but for complex cases involving many staff/students the investigation could take up to six months
- Investigations that require an external investigator will usually take 3-6 months or occasionally even longer depending on the matter being investigated and the number of people involved.

Please refer to the Safeguarding Complaint Investigation Algorithm (Appendix 6).

15.9 The range of possible outcomes following a staff disciplinary process

- The outcome of the investigation will be communicated to the complainant and the subject of the complaint (SOC) in writing. Should the outcome be that there has been a breach of policy/code of conduct and there may be a disciplinary case to answer, the next step would be to call a disciplinary hearing
- Should the outcome be there is no case to answer, no further action will be taken
- The complainant will **not** be informed of the outcome of the disciplinary hearing; this is between the individual staff member and the disciplinary panel
- Outcomes can include:
 - i. No formal action
 - ii. First written warning
 - iii. Final written warning
 - iv. Dismissal
 - v. In some case alternatives to dismissal may be considered at the disciplinary panel's discretion, such as transfer to another role, demotion, loss of annual salary increment.

15.10 Staff Appeal process in line with the disciplinary policy

If a staff member believes the disciplinary action taken against them is wrong or unjust, they may appeal against the decision made. They should submit their appeal in writing, stating the grounds for the appeal, to the Global Director of HR via HR@lstmed.ac.uk no later than 7 calendar days from the date they were informed of the decision.

Grounds for appeals may include:

- i. New evidence
- ii. Undue severity of disciplinary action
- iii. Procedural issues
- iv. Insufficient consideration given to evidence
- v. Mitigating circumstances.

Please refer to LSTM's [Disciplinary Policy](#)

15.11 Complaints against a member of staff

- If a safeguarding complaint alleges that a member of staff has been involved, then an appropriate member of the HR team must be part of the complaint investigation process and should give guidance regarding the action to be taken in relation to the employee
- The HR Safeguarding Lead in conjunction with the lead investigator and the staff member's line manager will decide whether suspension is appropriate during the period of investigation. HR will advise on the process requirements for this action
- HR advice will also be sought for staff employed on a consultancy basis, secondees, self-employed staff, other types of contractors and volunteers working on behalf of LSTM
- If appropriate, the complaint will be reported to the appropriate professional regulatory body if the member of staff is a registered professional (such as the General Medical Council (GMC) for doctors, or the Nursing and Midwifery Council (NMC) for nurses and midwives)
- It is essential that every effort is made to maintain confidentiality and manage communications while a complaint is being investigated.

15.12 Involving the person affected by the complaint

- The principles of candour, honesty, openness, and transparency must be applied
- All staff involved in liaising with and supporting anyone in distress must have the necessary knowledge, skills, and expertise. The appropriate person must be identified for each case
- An early meeting should be held with the relevant individual or their family to explain what action is being taken, how they can be informed, what support processes have been put in place and what they can expect from the investigation. This must set out realistic and achievable timescales and outcomes. Those involved will want to know:
 - What happened?
 - When and where?
 - Who was involved?
 - How it happened, and any contributory factors?
 - What can be done to stop it happening again to someone else?
- They must also have access to the necessary information and should be made aware of the investigation process, the rationale and purpose of the investigation. They should also:
 - Have the opportunity to express any concerns or questions
 - Have an opportunity to inform the terms of reference for investigations
 - Be provided with the terms of reference to ensure their questions are reflected
 - Know how they will be able to contribute to the process of investigation, for example by giving evidence

- Be given access to the findings of any investigation, including interim findings
- Have an opportunity to respond/comment on the findings and recommendations outlined in the final report and be assured that this will be considered as part of the quality assurance and closure process undertaken by the donor
- Be informed, with reasons, if there is a delay in starting the investigation, completing the investigation or in the publication of the final report; and be offered advice on how to deal with the media, should they make enquiries.

16. SURVIVOR CENTERED APPROACH

- 16.1 A survivor-centred approach (SCA) means ensuring that the complainants'/survivors' rights are considered at all times. It means placing the complainant/survivor at the centre of decisions and processes that involve them. This means respecting their voices and choices.
- 16.2 Survivor-centred approach means ensuring that prevention and response are non-discriminatory and respect and prioritise the rights, needs and wishes of survivors, including groups that are particularly at risk or may be specifically targeted for SEAH.
- 16.3 LSTM will:
- Not make assumptions about the needs of the complainant/survivor
 - Ensure confidentiality, safety, respect, and non-discrimination of the survivor
 - Take complainants'/survivors' wishes into account
 - Keep survivors informed about what is happening during any investigation
 - Keep in mind the potential effects of an investigation on the survivor - create a "community of care" for them
 - Identify who is best able to provide support for recovery - this will include local external agencies
 - Ensure that all staff and students who are the subject of complaints receive appropriate support and are referred to relevant services, as necessary.

16.4 Support for those individuals affected

It is important that appropriate treatment and support is provided for those affected by any safeguarding issue (and if applicable) their families and carers. This should be considered on an individual basis. However, the following needs should be considered:

- The need for an independent advocate with necessary skills for working with traumatised individuals
- Support with transport, disability, and language needs
- Support during and after the investigation. This may include counselling or signposting to suitable organisations that can provide specialised services
- Further meetings with the organisations involved or support in liaising with other agencies such as the police.
- Depending on the nature of the safeguarding issue, it may be necessary for several organisations to contact those affected. This should be clearly explained to the individuals.
- A co-ordinated approach should be agreed by the partner agencies in discussion with those affected. It is important to acknowledge that other individuals may have been involved or affected by the issue, and they must also be offered the appropriate level of support and involvement.

16.5 Support for staff affected

It is important to recognise that serious complaints can have a significant impact on staff who were involved or who may have witnessed the issue. Like victims, they will want to know what happened and why and what can be done to prevent the incident happening again.

Staff involved in the investigation process should:

- Support during and after the investigation. This may include professional counselling.
- Have the opportunity to access professional advice from their relevant professional body or union, the HR department and/or occupational health services
- Be provided with information about the stages of the investigation and how they will be expected to contribute to the process.

17. SAFE RECRUITMENT & SELECTION OF STAFF, VOLUNTEERS, CONTRACTORS, AND CONSULTANTS

17.1 LSTM's recruitment process reflects our organisational commitment to keeping children and adults at risk of harm safe. We will apply specific (additional) recruitment practices for those posts which will have contact with children and vulnerable adults, with the intention of identifying individuals who are suitable to work for such roles.

17.2 As part of our recruitment and on-boarding process, we will:

- Assess all advertised jobs to identify those that have contact with vulnerable individuals, and for those that do, applicants will be asked to disclose all criminal convictions during their job application process and will complete either a:
[Disclosure and Barring Service](#) (DBS) enhanced check conducted or
[Criminal record check for overseas applicants](#)
- Include a standard safeguarding statement on any relevant job adverts (that have contact with children and adults at risk of harm)
- Ensure that appropriate selection measures and pre-employment checks are carried out
- Careful reference checking is one of the most effective tools for preventing child abuse. This should take place in accordance with LSTM's "[Resourcing Selection Policy and Procedure](#)". Applicants should not start work until satisfactory references are received
- Any reference check for a candidate working with children should ask explicitly about their suitability to work with children and/or vulnerable adults (where applicable)
- Ensure that staff receive, read, and sign a copy of our code of conduct at the time of signing their employment contract so that anyone who represents our organisation is clear regarding expected behaviours and never abuses the position of trust that comes with being a representative of LSTM
- Include safeguarding as part of our corporate induction for new staff and all staff must complete online mandatory safeguarding training. To ensure that staff are aware of their obligations and respond appropriately to safeguarding and child/adult protection issues.

18. CODE OF CONDUCT

18.1 LSTM has a [code of conduct](#) which all employees, contractors, consultants, students, volunteers, trustees, and others who are representing LSTM are asked to sign up to.

18.2 The code of conduct has been written as part of the further development of safeguarding procedures across the LSTM group, to protect children and adults at risk of harm in all areas where we work. This includes (but is not limited to), patients, beneficiaries, research

participants, students, volunteers, contractors and other LSTM group staff members and representatives.

- 18.3 Within the LSTM group, our behaviour and actions are defined by the vision, mission, and values of the organisation. We should demonstrate these in our respect for all individuals and communities with whom we work, clearly identifying the types of behaviour that are acceptable and unacceptable. It is not possible to write every statement in the code in a way that meets the individual needs of every situation encountered for individual members of staff. The code provides general principles of expected behaviour to protect the needs of vulnerable individuals.
- 18.4 The code of conduct provides guidance in the face of ethical dilemmas that may be experienced. It describes standards and values to follow and how to protect against situations that may damage the individual or the LSTM group. It also seeks to ensure that employees avoid using possible unequal power relationships for their own benefit.
- 18.5 LSTM is committed to ensuring that freedom of speech and academic freedom is protected for all our members within the bounds of the law, including views that may be controversial, contested or unpopular. LSTM will take reasonably practicable steps to secure free speech within the law for students, colleagues, and visitors to create a critical and open academic environment. LSTM will not tolerate unlawful speech or actions. The code of conduct contains information on Freedom of Speech and Academic Freedom
- 18.6 Partner organisations who we work alongside will be asked for a copy of their code of conduct, and in the absence of such a document, will be asked to sign up to ours, as part of the shared principles of safeguarding document.

19. TRAINING

19.1 Corporate Induction

An introduction to safeguarding will be incorporated into the LSTM corporate induction programme which all new staff starters will undertake.

19.2 Mandatory Safeguarding Training

LSTM must ensure that staff and students are “*appropriately informed to ensure understanding*” of our policies and also of behaviour that may constitute harassment or sexual misconduct.

All LSTM staff and students are expected to complete the online mandatory training in relation to safeguarding and sexual harassment every three years. Completion rates are monitored for both staff and students.

19.3 Specialist Training for lead personnel

- 19.3.1 LSTM has provided additional training for staff who function as Safeguarding Focal Points or Dignity and Respect Champions, including a team of staff who have received additional training in conducting investigations on Race and Sexual Harassment. These staff have additional knowledge and skills to provide extra support to both staff and students who:

- Wish to make complaints about harassment and/or sexual misconduct
- Have alleged and/or experienced incidents of harassment and/or sexual misconduct
- Are the actual or alleged subjects of the complaint

- 19.3.2 In addition, all staff and students have access to the comprehensive source of [safeguarding students' information](#) on the LSTM website.
- 19.3.3 Our collaborative partners, staff and students have access to our [safeguarding in research](#) information on the LSTM website.
- 19.3.4 All Well Travelled Clinic staff must attend mandatory face to face level 3 safeguarding for children and vulnerable adults/prevent training every three years.
- 19.3.5 Academic staff who are clinicians and who hold honorary appointments within the NHS must undertake Level 3 safeguarding training in accordance with the relevant NHS Trust's mandatory training policy.
- 19.3.6 Training (including that delivered by third parties) is consistent with LSTM's freedom of speech obligations. Refer to LSTM's [Freedom of Speech Code of Practice](#)

20. MONITORING OF POLICY

- 20.1 The implementation of this policy will be monitored by the Strategic Safeguarding Oversight Committee (SSOC), who in turn report to the LSTM Executive.

Evidence of implementation will be monitored through:

- Minutes of the SSOC demonstrating progress against the LSTM safeguarding strategy action plan
- Reduction in risk rating of the safeguarding risks documented on the organisation's Corporate Risk Register
- Reporting of safeguarding complaints (number and subject heading, all anonymised)
- Mandatory training compliance (% attendance)

- 20.2 The Board of Trustees shall receive a quarterly and then annual update report on progress against the organisation's safeguarding strategy action plan.

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Appendix 1: Freedom of Speech Principles (Office for Students 2024, page 2 and 21)

The 'freedom of speech principles' in Annex A: Condition E6 on harassment and sexual misconduct which could affect students includes a 'rebuttable presumption' that requires a provider to assume that the exposure of students to course materials, and statements made and views expressed by a person as part of teaching, research or discussions about any subject matter that is connected with the content of a higher education course, are unlikely to constitute 'harassment', unless otherwise demonstrated that these matters do in fact amount to harassment.

A provider is not required to take a step that interferes with lawful speech in order to meet the requirements of the condition:

- a) The OfS recognises that the Equality Act 2010 does not currently give rise to legal obligations for a higher education provider to address conduct by a student that amounts to harassment.
- b) One of the aims of this condition is to create obligations for higher education providers in respect of dealing with harassment that goes further than the existing law, but only in so far as that does not involve doing things that could reasonably be considered to have the object or effect of restricting freedom of speech within the law or academic freedom.
- c) A provider will need to carefully consider its freedom of speech obligations and ensure that it has particular regard to, and places significant weight on, those obligations when creating and applying policies and procedures that are designed to help protect students from harassment by other students.
- d) Freedom of speech obligations should not be considered to be a barrier to creating or applying policies and procedures in respect of types of conduct that may amount to harassment unless such policies and procedures could reasonably be considered to have the object or effect of restricting freedom of speech within the law and/or academic freedom

LSTM will **NOT** include any restricting provisions in any contract formed or varied on or after the date that condition E6 takes effect.

Please refer to LSTM: [Freedom of Speech Code of Practice](#)

<https://www.officeforstudents.org.uk/media/bpfhauth/hsm-condition-and-guidance.pdf>

Appendix 2: Definitions of child abuse (Department of Education, 2023)

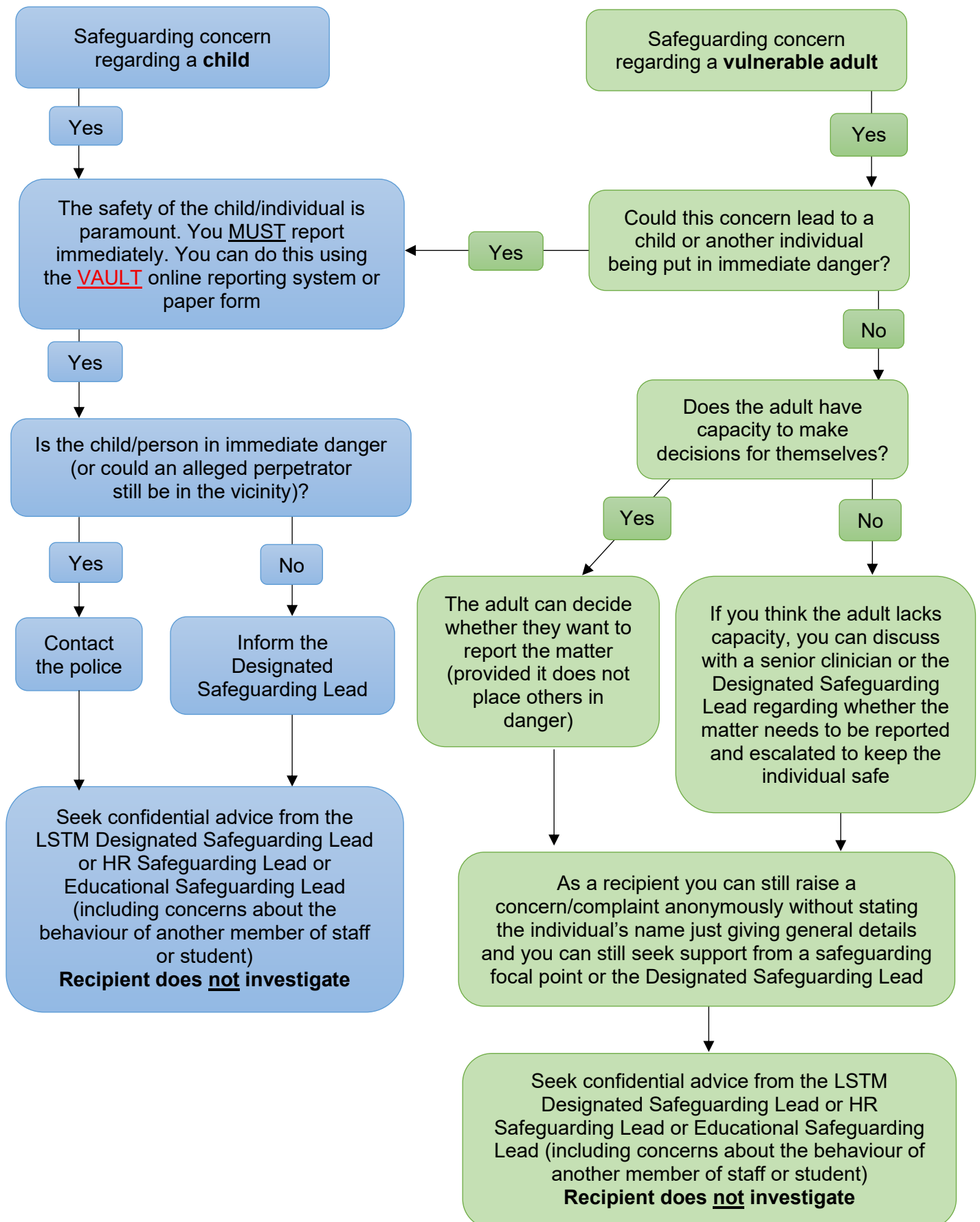
Type of abuse	Definitions of Child Abuse
Physical abuse	A form of abuse which may involve hitting, shaking, throwing, poisoning, burning/scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent/carer fabricates the symptoms of or deliberately induces illness in a child.
Emotional/ Psychological abuse	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 a child that they are worthless or unloved, inadequate, or valued only as far 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 a 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	Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether 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 Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
Child sexual exploitation	Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.
Neglect, or acts of omission	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: ▪ 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 caregivers) ▪ ensure access to appropriate medical care or treatment It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Appendix 3: Definitions of abuse of adults (NHS England, 2025)

Definitions of abuse of adults	
<i>Physical</i>	This includes assault, hitting, slapping, pushing, giving the wrong (or no) medication, restraining someone, or only letting them do certain things at certain times.
<i>Domestic abuse and domestic violence, gender-based violence</i>	Any incident of threatening behaviours, violence or abuse between adults who are or have been, in a relationship together, or between family members, regardless of gender or sexuality.” We think of domestic violence as hitting, slapping, and beating, but it can also include emotional and financial abuse as well as forced marriage and honour-based abuse. It is abuse if a partner, ex-partner, or a family member: ▪ Threatens/frightens an individual ▪ Shoves or pushes an individual ▪ Makes an individual fear for their physical safety ▪ Puts an individual down, or attempts to undermine their self-esteem ▪ Controls an individual, for example by stopping them seeing friends and family ▪ Is jealous and possessive, such as being suspicious of friendships and conversations
<i>Sexual</i>	This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, taking sexual photographs, making someone look at pornography or watch sexual acts, sexual assault, or sexual acts the adult did not consent to or was pressured into consenting.
<i>Psychological</i>	This includes emotional abuse, threats of harm or abandonment, depriving someone of contact with someone else, humiliation, blaming, controlling, intimidation, putting pressure on someone to do something, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or support networks.
<i>Financial or material</i>	This includes theft, fraud, internet scamming, putting pressure on someone about their financial arrangements (including wills, property, inheritance, or financial transactions) or the misuse or stealing of property, possessions, or benefits.
<i>Modern slavery</i>	This covers slavery (including domestic slavery), human trafficking and forced labour. Traffickers and slave masters use whatever they can to pressurise, deceive and force individuals into a life of abuse and inhumane treatment.
<i>Discriminatory abuse (Hate crime)</i>	This includes discrimination on grounds of race, gender identity, disability, sexual orientation, religion, and other forms of types of harassment, insults, or slurs.
<i>Organisational /Institutional abuse</i>	This includes neglect and poor care in an institution or care setting such as a hospital or care home, or if an organisation provides care in someone’s home. The abuse can be a one-off incident or repeated, on-going ill treatment. The abuse can be through neglect or poor professional practice, which might be because of structure, policies, processes, and practices within an organisation and can range from isolated incidents to continuing ill treatment.
<i>Neglect or acts of omission</i>	This includes ignoring medical, emotional, or physical care needs, failure to provide access to health, care, support, or educational services, or not giving someone what they need to help them live, such as medication, enough nutrition and heating.
<i>Self-neglect</i>	This covers a wide range of behaviour which shows that someone is not caring for their own personal hygiene, health, or surroundings. It includes behaviour such as hoarding. It is important to consider capacity when self-neglect is suspected. Also consider how it may impact on other family members and whether this gives rise to a safeguarding concern.
<i>Homelessness</i>	The term encompasses people sleeping rough, single homeless individuals and families living in emergency and temporary supported accommodation, including asylum seekers and other vulnerable migrants; statutorily homeless households who are seeking housing assistance from local authorities; and ‘hidden homelessness’ (e.g. ‘sofa surfing’).

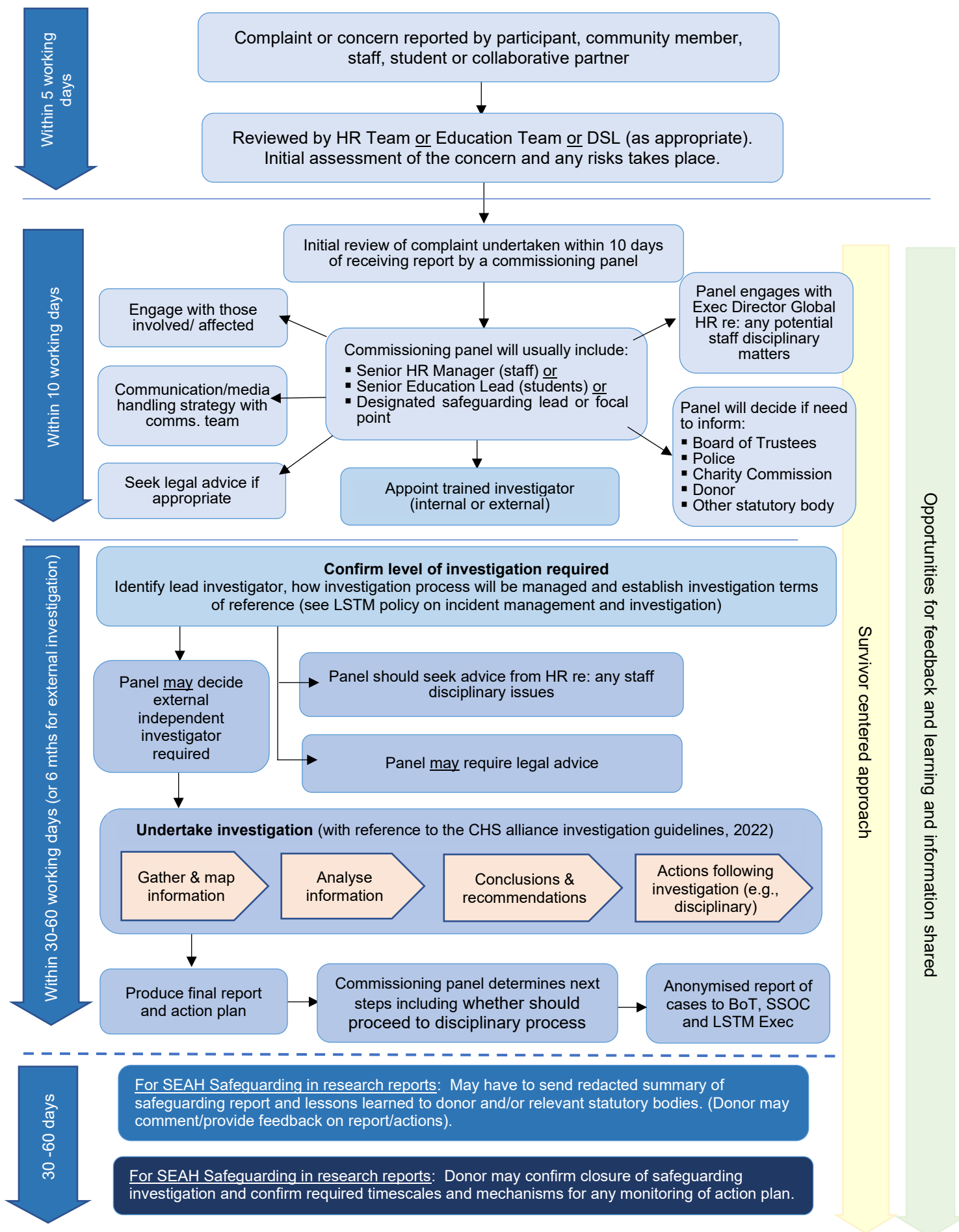
Appendix 4: Possible signs/indicators of abuse

Signs of abuse of children and adults at risk of harm	
Physical	▪ Unexplained bruising, marks, or injuries on any part of the body ▪ Bruising which looks like hand or finger marks, burns, cigarette burns, scalds, sprains, dislocations, human bites, cuts ▪ Frequent visits to the GP or A&E (or Doctor/Clinic/Hospital) ▪ An injury inconsistent with the explanation offered ▪ Fear of parents or carers being approached for an explanation ▪ Aggressive behaviour or severe temper outbursts ▪ Flinching when approached ▪ Reluctance to get changed or wearing long sleeves in hot weather ▪ Depression, withdrawn behaviour, or other behaviour change ▪ Running away from home/residential care ▪ Lack of confidence and low self-esteem ▪ Distrust of adults, particularly those with whom a close relationship would normally be expected ▪ Drug and alcohol abuse
Emotional/ Psychological	▪ A failure to thrive or grow, physical mental or emotional development is delayed ▪ Sudden speech disorders or delayed speech ▪ Behaviour change ▪ Being unable to play or socialise with others ▪ Self-harm ▪ Fear of parent or carer being approached regarding their behaviour ▪ Confusion ▪ Low self esteem ▪ Drug or alcohol abuse ▪ Compulsive stealing ▪ Running away
Sexual	▪ Pain or itching in the genital/anal areas, bruising or bleeding near genital/anal areas ▪ Sexually transmitted disease, genital discharge, or urinary tract infection ▪ Stomach pains or discomfort when walking or sitting down ▪ Pregnancy ▪ Sudden or unexplained changes in behaviour, e.g., becoming aggressive or withdrawn ▪ Showing fear or distrust of a particular adult(s) ▪ Sexual knowledge/language particularly in not appropriate for age, ▪ Bedwetting ▪ Saying they have secrets they cannot tell anyone about ▪ Self-harm or mutilation, sometimes leading to suicide attempts ▪ Eating problems such as overeating or anorexia
Neglect	▪ Constant hunger, stealing food from others, weight loss, constantly being underweight, malnutrition ▪ Poor personal hygiene ▪ Inappropriate dress for the weather ▪ Untreated medical problems ▪ Pressure sores ▪ Child mentioning that they are being left alone or unsupervised ▪ Sore or extreme nappy rash, skin infections, poor condition of skin ▪ Lack of response to stimuli or contact, "frozen watchfulness" ▪ Anxiety, depression, distress ▪ Drug or alcohol abuse ▪ Child moves away from parent under stress <u>or</u> little/no distress when separated from primary carer ▪ Inappropriate emotional responses ▪ Language delay in children

Safeguarding **REPORTING** process

Safeguarding Complaint INVESTIGATION Process

Appendix 6



Appendix 7: LSTM Safeguarding Officers and Focal Points

Safeguarding Title	Name	Contact details
LSTM Group Designated Safeguarding Lead	Philippa Tubb, Managing Director, Well Travelled Clinics	phil.tubb@LSTMed.ac.uk Tel: + 44 151 705 3744
MLW Malawi, Safeguarding Officer	Ms. Elizabeth Mkutumula	emkutumula@mlw.mw
CeSHHAR Zimbabwe, Safeguarding Officer	Mr. James Gandi	james.gandi@ceshhar.org
CRID Cameroon, Safeguarding Officer	Ms. Nadege Ngala	nadege.ngala@crid-cam.net
LSTM Kenya, Safeguarding Officer	Ms. Benta Kamire	benta.kamire@LSTMed.ac.uk
KEMRI Kenya, Safeguarding Focal Point	Ms. Damaris Okiri	complaints@kemri.go.ke

Role	Name	Contact details
Education (Student) Safeguarding Lead Professional	Martyn Stewart , Reader, Faculty of Education, LSTM	martyn.stewart@LSTMed.ac.uk Tel: + 44 151 705 3292
HR (Staff) Safeguarding Lead Professional	Carol Hughes Head of People Services, LSTM	carol.hughes@LSTMed.ac.uk Tel: + 44 151 705 3783
IVCC Safeguarding Lead	Chris Larkin , IVCC Director Communications and Operations,	chris.larkin@ivcc.com Tel: +44 151 702 9371
Focal points	Mia Lindfield Student Academic Support Officer	mia.lindfield@LSTMed.ac.uk studentlife@LSTMed.ac.uk
	Richard Madden PGR Team Manager	richard.madden@LSTMed.ac.uk Tel: +44 151 705 3758
	Natalie Lissenden Technical Manager IVCC	natalie.lissenden@ivcc.com
	Angela Harris Consultant, IVCC	angela.harris@ivcc.com
	Gillian Kyalo Senior Programme Manager, iiCON	gillian.kyalo@LSTMed.ac.uk
	Jane Rowles Clinical Nurse Manager, WTC	jane.rowles@LSTMed.ac.uk
	Martina Savio Programme Manager, DOCS, LSTM	martina.savio@LSTMed.ac.uk
	Clara Burton Senior Prog. Manager, IPH, LSTM	clara.burton@LSTMed.ac.uk
	Joanne Raven , Professor and Deputy Head of Dept of IPH, LSTM	joanna.raven@LSTMed.ac.uk
	Shree Hegde , Snr. Research Associate, Tropical Disease Biology, LSTM	shree.hegde@LSTMed.ac.uk
	Russell Stothard , Professor, Tropical Disease Biology, LSTM	russell.stothard@LSTMed.ac.uk
	Sarah Staedke Professor, Vector Dept, LSTM	sarah.staedke@LSTMed.ac.uk
	Andrew Hope , Senior Prog. Manager, Vector Dept, LSTM	andrew.hope@LSTMed.ac.uk

Appendix 8: UK REFERRALS/RESOURCES

1. SAFEGUARDING CHILDREN (in the UK)

If you are worried that a child has suffered harm, neglect, or abuse or, you are worried that a child may be at risk if suffering harm should contact:

Liverpool Careline Children's service on 0151 459 2606. Phone lines are open 24/7.

Or if you need to contact Merseyside Police dial: 0151 709 6010 or dial 999.

Liverpool Safeguarding Children Board (LCSB) Web: <https://liverpoolscb.org.uk/lscb>

Report a concern:

<https://liverpool.gov.uk/referrals/childrens-social-care-referrals/make-an-urgent-marf-referral/>

2. SAFEGUARDING ADULTS AT RISK (in the UK)

Liverpool Council's Adult Social Care have staff are available 24/7, providing a central contact point for enquiries about vulnerable adults.

Careline (Liverpool Adults) 0151 233 3800 (for all queries about people aged 18 and over)

Liverpool Safeguarding Adults Board Web: <https://liverpoolsab.org/>

Report a concern:

<https://liverpool.gov.uk/adult-social-care/who-we-support/worried-about-someone/report-an-adult-at-risk/>

3. ADULT MENTAL HEALTH SERVICES (in the UK)

a) Samaritans

Offer a service 24-hours a day to provide emotional support for people who are struggling to cope, including those who have had thoughts of suicide.

Helpline: 116 123 (24 hours a day, 365 days a year)

Email: jo@samaritans.org

Web: www.samaritans.org/

b) MIND

Mental health charity. Provide advice and support to empower anyone experiencing a mental health problem.

Helpline: 0300 123 3393 Lines are open 9am to 6pm, Monday to Friday (except for bank holidays).

Email: info@mind.org.uk

Web: www.mind.org.uk/

Text: 86463

c) Papyrus

Charity dedicated to suicide prevention in young people (under 35 years)

Hopeline 247: 0800 068 4141 (Freephone)

Text: 88247

[HOPELINE247 | Papyrus](https://www.hopeline247.org/)

Email: pat@papyrus-uk.org

Web: www.papyrus-uk.org

- d) **Campaign Against Living Miserably (CALM)** – Charity to prevent male suicide in the UK.
 Email: info@calmzone.net
 Web: www.thecalmzone.net
- e) **Liverpool Light – (Mental Health Crisis support)**
 Phone: 07970 738 229
 Address: Liverpool Light, 181 - 185 London Road, Liverpool. L3 8JG (Mon - Sun - 6pm - 1am)
- f) **Merseycare Urgent Mental Health Support** <https://www.merseycare.nhs.uk/urgent-help>
 NHS Urgent Mental Health help. Provide phone support for people experiencing a mental health crisis. Call NHS 111 and select the mental health option.
- g) **Wellbeing Liverpool**
 Online directory for mental health and wellbeing services, activities, and groups in Liverpool.
 Web: <http://wellbeingliverpool.org.uk/>

4. **SEXUAL VIOLENCE (in the UK)**

a) **Rape Crisis England and Wales**

The national umbrella body for the network of Rape Crisis Centres across England and Wales and was set up to support their specialist work. They currently have 44-member Rape Crisis Centres, providing services in 55 locations across England and Wales.

Helpline: 0808 802 9999 between 12 noon - 2.30pm and 7:00- 9.30pm every day of the year **for confidential support and/or information about your nearest services.**

Web: <https://rapecrisis.org.uk/>

b) **Rape and Sexual Abuse Support (RASA) Merseyside**

RASA Merseyside is a professional counselling and support service that exists solely to improve the mental and physical well-being of individuals impacted by sexual violence at some point in their lives.

Web: [RASA Merseyside - Here for anyone who has been sexually abused or raped](#)

5. **GENDER BASED VIOLENCE/DOMESTIC VIOLENCE (in the UK)**

a) **Refuge – The National Domestic Violence Helpline**

National service for women experiencing domestic violence, their family, friends, colleagues, and others calling on their behalf.

Helpline: 0808 2000 247

Web: <http://www.nationaldomesticviolencehelpline.org.uk/>

b) **Liverpool Domestic Abuse Service**

Liverpool Domestic Abuse Service (LDAS) is a grassroots community-based service that specialises in the support of women and girls who have experienced domestic abuse.

Web: <http://liverpooldomesticabuseservice.org.uk/>

Phone: 0151 263 7474 (Monday – Thursday 9am – 5pm, Friday 9am- 3pm)

Freephone: 0800 084 2744 (Monday – Thursday 9am – 5pm, Friday 9am- 3pm)

Mobile/Text for hard of hearing: 0792 323 2327

c) YMCA Liverpool - Domestic Abuse Rapid Accommodation Project

Provides 28 self-contained properties in the North and South of Liverpool for women and children experiencing domestic abuse.

www.ymcatogether.org.uk/domestic-abuse/

d) ManKind Initiative

Helpline providing advice and support for male victims of domestic abuse.

www.mankind.org.uk

e) Forced Marriage Unit

The FMU operates a public helpline to provide advice and support to victims of forced marriage as well as to professionals dealing with cases. The assistance provided ranges from safety advice, through to helping a forced marriage victim prevent their unwanted spouse moving to the UK ('reluctant sponsor' cases). In extreme circumstances the FMU will assist with rescues of victims held against their will overseas.

Web: <https://www.gov.uk/stop-forced-marriage>

Telephone: +44 (0)20 7008 0151

6. DRUGS AND ALCOHOL (in the UK)

a) With you

With you every step of the way. Free, confidential support to adults and young people facing challenges with drugs, alcohol, and mental health.

Web: www.wearewithyou.org.uk

Online chat: www.wearewithyou.org.uk/find-support/talk-to-a-trained-recovery-worker

b) Alcoholics Anonymous (AA)

AA supports the personal recovery and continued sobriety of alcoholics seeking help.

Web: www.alcoholics-anonymous.org.uk/

National phone helpline: 0800 917 7650

Email: Help@aamail.org

c) Addaction

Mental health drug and alcohol charity working with adults and children. Liverpool Central Addaction Recovery Centre (ARC): The Gateway, 4 Roscoe Street, Liverpool, L1 2SX. Opening Times: Mon 09:00-17:00; Tues 09:00-19:00; Weds-Fri: 09:00-17:00

Phone: 0151 706 7888

Web: <https://www.addaction.org.uk/services/liverpool-central-addaction-recovery-centre-arc-gateway>

7. VICTIMS OF CRIME (in the UK)

a) Victim Support

Independent Charity to help support people after crime. Lots of information available online

Support line: 0808 168 9111

Victims' Information Service: 0808 168 9293

Web: <https://www.victimsupport.org.uk/>

b) Reporting a crime abroad and getting help - FCDO

Appendix 9 – INTERNATIONAL ORGANISATIONS AND RESOURCES

Better Care Network

Better Care Network (BCN) is an international network of organizations committed to supporting children without adequate family care around the world. BCN works by fostering collaboration, research and information sharing on family strengthening and alternative care, and advocating for changes to national, regional, and global policies to improve children's care situations.

Web: <https://bettercarenetwork.org/>

Browse for resources all over the world here: <https://bettercarenetwork.org/worldmap>

KENYA

▪ **Childline Kenya**

Childline Kenya works in partnership with the Kenyan Government to stop child abuse and provide a safe environment for all children. They offer a nationwide helpline service dedicated to children that runs 24 hours toll free and is accessible by simply dialling 116.

Tel: 116

WhatsApp: [0722 116 116](https://wa.me/0722116116)

Email: 116@childlinekenya.co.ke

Web: <http://www.childlinekenya.co.ke/>

▪ **Kenya Alliance for the Advancement of Children**

Kenya Alliance for Advancement of Children (KAACR) is national umbrella body for NGO's cooperation and exchange of information on children rights in Kenya with a membership of over 250 children's agencies in Kenya.

Address: Wendy Court, Westlands, Nairobi

Email: info@kaacr.com / kaacr@kaacr.com

Tel: 0722780224

Web: <http://www.kaacr.com/>

▪ **AIDS, Population and Health Integrated Assistance (APHIAplus Nuru ya Bonde)**

APHIAplus Nuru ya Bonde aims to improve the lives of mothers, children, and their families in Kenya's Rift Valley region. The project focuses on delivery of quality health services related to HIV/AIDS, family planning, reproductive health, malaria, and tuberculosis.

<https://www.fhi360.org/projects/aphiplus-aids-population-and-health-integrated-assistance-nuru-ya-bonde>

- Has its head office in Nakuru and regional offices in Kabarnet, Narok, Eldoret, Nanyuki and Ngong.
- Provide fact sheets on a number of health issues for community healthcare workers:

<https://www.fhi360.org/sites/default/files/media/documents/APHIAplus%20Fact%20Sheets%20for%20CHW%200.pdf>

▪ **County Child Protection Systems - Kenya**

<https://bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-policies/county-child-protection-systems-guidelines>

▪ **The framework for the national child protection system in Kenya:**

<http://www.socialserviceworkforce.org/resources/framework-national-child-protection-system-kenya>

- **Taking Child Protection to the next level in Kenya December.** Government of Kenya, UNICEF, and Global Affairs Canada (2015).
https://www.unicef.org/protection/files/Kenya_CP_system_case_study.pdf

- **LVCT Health**

Offer HIV testing services and also care and treatment services.

<https://lvcthealth.org/>

MALAWI

- **Youth Net and Counselling (Yoneco)**

YONECO is a non-governmental organization that is committed to empowering the youth, women, and children; promoting good health, human rights, and democracy; adapting and mitigating effects of climate change; and conducting research for evidence-based programming and advocacy.

YONECO currently has offices in: Chikwawa, Zomba, Lilongwe, Mangochi, Balaka, Ntcheu, Machinga, Nkhata Bay, Mchinji, Ntchisi and Rumphu. It also has projects in other districts that include Chiladzulu, Mulanje, Phalombe as well as Likoma.

YONECO

Youth Leadership Development Center Complex

Along Zomba-Lilongwe Road

Next to Calvary Family Church

P.O. Box 471

Zomba, Malawi

Tel: +265 1 526 199

Web: <https://yoneco.org/>

Tithandizane toll-free helpline services:

Child Helpline 116

GBV Crisis Line 5600

Drug and Substance Abuse Hotline 6600

Youth Helpline 393

IWF Malawi reporting portal to report online sex abuse: <https://report.iwf.org.uk/mw>

- **Child Protection case management framework Malawi:**

http://www.socialserviceworkforce.org/system/files/resource/files/Child%20Protection%20Case%20Management%20Framework%20Malawi_0.pdf

- **Child Protection Case Management Booklet Malawi:**

<http://www.socialserviceworkforce.org/system/files/resource/files/Child%20Protection%20Case%20Management%20Booklet.pdf>

- **Child Protection care management training manual:**

<http://www.socialserviceworkforce.org/resources/child-protection-case-management-training-manual>

ZIMBABWE

- **Zimbabwe national council for the welfare of children (ZNCWC).** Child Safeguarding Policy
<https://zncwc.co.zw/safeguarding/>
- **Marie Stopes Sexual and reproductive health services.** Zimbabwe
<https://www.pszim.com/services/sexual-and-reproductive-health-services/>
- **Childline** – Telephone based emergency line - Child Counselling, Reporting child sexual and physical abuse, Children and teenagers in need of counselling support.
31 Frank Johnson Avenue, Eastlea, Harare
Tel: 0242 252 000 or 0242 793715
Web: <https://childline.org.zw/>
- **Zimbabwean Republic Policy (ZRP) Victim Friendly Unit** – for victims of rape, sexual violence, GBV
Corner 7th Street and J. Chinamano Avenue
Tel: 0242 700171
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Equality Impact Assessment (EIA) template

(Please refer to the [EIA guidance document](#))

Equality Impact Assessment: Section 1 (to be completed for all Policies)

Title of policy/process:	Safeguarding Policy
Policy owner job title:	Philippa Tubb, Designated Safeguarding Lead
Date of EIA:	08/09/2025
Policy relevant to: Staff / students / visitors etc:	Staff and students
Summary of any consultation with stakeholders (e.g. date and type of consultation):	SSOC Committee, LSTM Executive
This policy has been checked for accessibility on: (date)	08/09/2025
I confirm that this policy does/does not impact people, and therefore does not require an EIA (delete as appropriate)	Does impact people (<i>continue to Section 2</i>)

Section 2: To be Completed if your policy has an impact on people, or if you are unsure of the impact of a Policy or Procedure and need to engage with stakeholders (note: you do not need to use this template – only use it if it’s helpful)

Ref.	Protected Characteristic (Equality Act 2010)	Yes (positive/negative)/no	Potential issues to consider, any data obtained	Potential actions that can be taken to mitigate against impact
1.1	Is it likely that the policy or framework could have a positive or negative impact on a group depending on their <i>ethnicity</i> ?	Yes positive	It is recognised that BAME staff and students may be less likely to report complaints and concerns and more at risk of abuses of power.	LSTM recognises that BAME staff and students may find it difficult to report concerns and identifies that the BAME network can help to support staff and students. The code of conduct includes specific statements that negative distinctions, or discrimination, psychological or physical harassment, bullying, threat, attack, or exclusion; due to race (including nationality or ethnic identity) will not be tolerated.
1.2	Is it likely that the policy or framework could have a positive or negative impact on a group depending on their <i>gender</i> ?	Yes positive	It is recognised that young, female students may be less likely to report complaints and more at risk of abuses of power	LSTM recognises that female staff and students are more likely to experience SEAH and may find it difficult to report concerns and complaints and identifies that the women’s network can help to support staff and students. The code of conduct includes specific statements that negative distinctions, or discrimination, psychological or physical harassment, bullying, threat, attack, or exclusion; due to gender will not be tolerated and gives specific details on the nature of unacceptable behaviour.
1.3	Is it likely that the policy or framework could have a positive or negative impact on people during <i>pregnancy or maternity</i> ?	Yes positive	It is recognised that the risk of intimate partner violence increases during pregnancy	LSTM recognises that risk of intimate partner violence can increase during pregnancy and provides staff and students with contact information of relevant agencies to seek help from.
1.4	Is it likely that the policy or framework could have a positive or negative impact on <i>people with disabilities</i> ?	Yes positive	It is recognised that students with disabilities and those who are neuro-diverse may have different needs to other students and support accessing services and require adaptations	LSTM recognises that those with disabilities may have increased vulnerabilities and identifies that the disability and carers’ network can help to support staff. The code of conduct includes specific statements that negative distinctions, or discrimination, psychological or physical harassment, bullying, threat, attack, or exclusion; due to disability will not be tolerated.
1.5	Is it likely that the policy or framework could have a positive or	Yes positive	It is recognised that LGBTQ+ students may be	LSTM recognises that those staff/students who identify as LGBTQ+ may have increased vulnerabilities (particularly when overseas) and

	negative impact on people due to their <i>sexual orientation</i> ?		less likely to report complaints and more at risk of abuses of power.	identifies that the LGBTQ+ network can help to support staff and students. The code of conduct includes specific statements that negative distinctions, or discrimination, psychological or physical harassment, bullying, threat, attack, or exclusion; due to sexual orientation, gender identity or gender reassignment will not be tolerated.
1.6	Is it likely that the policy or framework could have a positive or negative impact on people due to their <i>religion, belief, or lack thereof</i> ?	Yes positive	It is recognised in Code of conduct that staff/students may be discriminated against based on religion.	The code of conduct includes specific statements that negative distinctions, or discrimination, psychological or physical harassment, bullying, threat, attack, or exclusion; due to religion or beliefs will not be tolerated.
1.7	Is it likely that the policy or framework could have a positive or negative impact on people who are <i>trans</i> ?	Yes positive	It is recognised that LGBTQ+ students may be less likely to report complaints and more at risk of abuses of power	LSTM recognises that those staff/students who identify as Transgender may have increased vulnerabilities (particularly when overseas) and identifies that the LGBTQ+ network can help to support staff and students. The code of conduct includes specific statements that negative distinctions, or discrimination, psychological or physical harassment, bullying, threat, attack, or exclusion; due to gender identity or gender reassignment will not be tolerated.
1.8	Is it likely that the policy or framework could have a positive or negative impact on people due to their <i>age</i> ?	No		
1.9	Is it likely that the policy or framework could have a positive or negative impact on people due to <i>marriage or civil partnership</i> ?	No		
2.0	We are committed to endeavouring to ensure that there is no modern slavery or human trafficking in our supply chains or in any part of our business.	Yes positive		

Ref.	Other groups who could be impacted (acquired characteristics)	Yes (positive/negative)/no	Potential issues to consider, any data obtained	Potential actions that can be taken to mitigate against impact
2.1	Is it likely that the policy or framework could have a positive or negative impact on people due to their <i>contract type (part-time or full-time)</i> ?	No		
2.2	Is it likely that the policy or framework could have a positive or negative impact on people due to their <i>contract status (fixed-term or indefinite)</i> ?	No		
2.3	Is it likely that the policy or framework could have a positive or negative impact on people due to their <i>grade</i> ?	No		
2.4	Is it likely that the policy or framework could have a positive or negative impact on <i>people with dependents or caring responsibilities</i> ?	No		
Ref	PREVENT Duty	Yes /no	Potential issues to consider, any data obtained	Potential actions that can be taken to mitigate against impact
2.5	PREVENT: Does this policy/proposal impact on any of the following areas of PREVENT duty: (a) staff and student welfare (b) events and external speakers (c) training in relation to PREVENT	Yes No No		
2.6	Is a separate risk assessment required?	No		

Conclusion

a. What issues are highlighted by the EIA process? Summarise the action you will take to mitigate against them, or how you've changed your policy to remove the issues.	That some staff and students with protected characteristics may be less likely to report safeguarding concerns/ complaints
b. If you consider intersectionality of protected characteristics, are the issues compounded? Summarise the action you will take to mitigate against the issues.	Incorporate this into training and awareness raising and highlight to Focal points and champions
c. Are there are groups of people who aren't recorded so far, who may be adversely impacted by this policy/framework?	No
d. Are there any opportunities within the policy/framework to particularly promote equity?	Yes
e. Does the policy/framework need amendment after the outcome of the EIA process?	No
f. Timeline for amendment, review, and further consultation with key stakeholders.	N/A
g. Any additional comments	Nil

Once Section 1 & 2 are completed, copy and paste into your policy template, with any confidential or restricted data (or identifying numbers of individuals [<5]) redacted, to allow for sharing of good practice across LSTM via the internal Policy Hub. Please ensure you refer to job roles and group names, and not individual's names.

Please share the final document with inclusion@lstmed.ac.uk prior to internal publication.