

Shared principles for safeguarding for joint projects between LSTM and collaborating partners

(including the prevention of sexual exploitation, abuse and harassment)

DOCUMENT CONTROL INFORMATION			
Document type	POL (Policy)	Full Document Number	<i>DIRPOL006</i>
Version:	3.0	Superseded Version:	1.0
Originator job title:	<i>[Designated Safeguarding Lead]</i>	Add document to external LSTM website?	Yes
Department / Function:	DIR (Director's Office)	Subject category:	Safeguarding
Authorship date:	13-11-2019	Published date:	01.07.2020
Management Committee sign off date:	23 June 2020	Date for Review:	01.05.2022
Signature (optional):		Frequency of review:	2 years
Date of Equality Assessment "due regard" form (Equality Act 2010):	16-09-2019	Equality Assessment reference number:	EIA – 48049

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Target Audience	
People who need a detailed knowledge of the document	Principal Research Investigators Safeguarding leads from all collaborative partner organisations
People who need a broad understanding of the document	All staff involved in research and educational programmes from all the organisations working jointly on the programme
People who need to know that the document exists (and have a brief understanding of what it contains).	Relevant Donors Research/education programme participants Other identified relevant stakeholders

Annex of Modifications		
Version	Date of issue	Details of modification from previous version
2.0	13.11.19	Amendments to section 7.5 and 8.1
3.0	11.05.2020	Additions and amendments from collaborating partner organisations to further develop the policy. Amendments to the title of the document and re-wording of some sections following internal discussions with LSTM colleagues.

LSTM would like to acknowledge the input of a number of collaborative partner organisations in the development of this collaborative partner policy document from the [ARISE Hub](#):

African Population and Health Research Centre (APHRC)

College of Medicine and Health Sciences (COHMAS), University of Sierra Leone

The George Institute, India

Institute of Development Studies (IDS), UK

James P Grant School of Public Health, BRAC University, Bangladesh

LVCT Health, Kenya

Sierra Leone Urban Research Centre (SLURC)

Slum/Shack Dwellers International (SDI)

University of Glasgow, UK

University of York, UK.

And [Sightsavers](#)

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1. INTRODUCTION - WHAT IS SAFEGUARDING?

- 1.1 Safeguarding is the responsibility that organisations have to make sure that their staff, operations and programmes do no harm (Keeping Children Safe, 2014). Safeguarding is a term used to describe how we protect adults, children and young people from abuse or neglect.
- 1.2 The UK Collaborative on Development Research, (UKCDR, which is a group of government departments and research funders working in international development) have taken the scope of safeguarding further to include:
'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.'
- 1.3 Definitions of types of abuse to children and vulnerable adults can be found in Appendix 1 and 2 at the end of this policy.
- 1.4 Safeguarding is about protecting certain people who may be in vulnerable circumstances. These people may be at risk of abuse or neglect due to the actions (or inactions) of another person/organisation. In these cases, it is vital that organisations work together to identify people at risk and put steps in place to help prevent abuse or neglect (Office of the Public Guardian, 2017).
- 1.5 The Liverpool School of Tropical Medicine (LSTM) recognises its role in safeguarding and protecting beneficiaries, research participants, patients and communities with whom we have direct and indirect contact through our work and also in protecting any vulnerable staff, students, volunteers and other representatives, including organisations with whom we partner.
- 1.6 All organisations who work on international development research and implementation programmes have the responsibility to have relevant policies in place, which encompass; safeguarding, child protection and prevention of sexual exploitation, abuse, and harassment (SEAH).
- 1.7 In accordance with international research and development donors, due diligence processes oblige LSTM to ensure that safeguarding policies and procedures extend to all collaborative work programmes undertaken by ourselves. These include joint research programmes, joint grant-funding schemes, or joint education & training schemes.
- 1.8 As part of our joint working with external partners, it is imperative that we agree to work collaboratively to protect and safeguard children and vulnerable adults. This document is designed to work in partnership with any relevant policy documents that individual organisations already have in place related to safeguarding and protection.
- 1.9 This document asks that LSTM together with our collaborating partners:
 - a. Adopt these shared principles for safeguarding for all joint projects between LSTM and external collaborating partners
and
 - b. Support the promotion of good safeguarding practice; the prevention of harm and the identification and reporting of safeguarding incidents.

By doing this, LSTM and all collaborators within any research, education and implementation partnerships, will be able to demonstrate that they have agreements in place for how we will work together and share information related to safeguarding, protection and prevention of harm for the specific funded collaborative programme.
- 1.10 LSTM recognises that collaborating partners and donors may also, in turn have partnership documents on shared principles of safeguarding that they want us to sign up to.

- 1.11 LSTM and our collaborating partners endorse and support the principles of the Universal Declaration of Human Rights, (UN, 1948); the UN Convention on the Rights of The Child (UNCRC), (UNICEF, 1989); the Declaration on the Elimination of Violence Against Women, (UN, 1993); the UN Global Compact (UN, 1997) and of the UN Convention on the Rights of Persons with Disabilities (CRPD) (UN, 2006).
- 1.12 We will develop our procedures and processes for safeguarding with due consideration of the following key standards:
- [Inter-Agency Standing Committee Minimum Operating Standards on Prevention of Sexual Exploitation and Abuse](#) (2016)
 - [Keeping Children Safe, International Child Safeguarding Standards](#) (updated 2020)
 - <https://www.ukcdr.org.uk/resource/guidance-on-safeguarding-in-international-development-research/> (2020)

2. EQUALITY AND DIVERSITY STATEMENT

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. DEFINITIONS USED IN THIS POLICY

- 3.1 The UN Convention on the Rights of the Child, (UNICEF, 1989) 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, co-researchers, contractors and representatives including those employed under consultancy arrangements.
 - “student” will be used to describe all undergraduate, post-graduate and short course students registered with any collaborating partner, or learning on our premises who come into contact with the programme.
 - “vulnerable adult” – is a person aged 18 years or older who may need care services “*by reason 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, 2017, Pg. 4). For LSTM and collaborating partners, 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.

4. PURPOSE OF POLICY

- 4.1 The purpose of this policy is to:
- Ensure that LSTM together with our collaborating partners, have systems and processes in place to guide and support staff, students and other representatives in their role to safeguard and protect research/educational participants, patients, members of the public and any other individuals who come into contact our joint research and education programmes within our organisations.
 - Ensure that within the delivery of the programme; participants, community members, children and vulnerable adults 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 LSTM and collaborating partners have systems in place to ensure that any individuals are able to raise concerns (whether the concern relates to themselves or others), and that we then deal well with any allegations, complaints and cases of all types of abuse and exploitation by any of our personnel, through effective implementation of our agreed safeguarding policies and procedures.

5. SCOPE

5.1 This Policy applies to:

All collaborating partner organisations or contractors engaging in research and education work with LSTM and its subsidiary companies; whether national or international, full time, part time or engaged on short-term contracts, (e.g. consultants, researchers etc.) in the UK and in our overseas projects.

5.2 For collaborating partner organisations; contractors and volunteers, breaches can lead up to and including termination of relations including contractual & partnership agreements. Where relevant, the appropriate UK legal or other frameworks will be referred to. In this respect, LSTM reserves the right to refer alleged instances to the relevant professional body and/or the police authorities.

6. SAFEGUARDING KEY PRINCIPLES

LSTM have developed twelve key principles to promote safeguarding, prevent harm and protect children and vulnerable adults. These principles have been developed with reference to a number of key publications including:

- i) [Safeguarding in International Development Research](#) (Orr et al, 2019);
- ii) [Our commitment to change in safeguarding](#) (BOND, 2018) and
- iii) [Keeping Children Safe Standards](#) (KCS, 2020).

Collaborating partners are asked to join us, in signing up to these twelve principles:

1. We recognise our safeguarding responsibilities and will commit to taking all reasonable steps to prevent harm to those involved with our research and education programmes. We will build safeguarding principles and protection of children and vulnerable adults into research and education programme design.
2. We recognise that safeguarding is a shared responsibility between collaborating partner organisations and should adopt a joined-up approach, in a spirit of inclusiveness and mutual learning, sharing solutions and expertise.
3. Our approach to safeguarding capacity strengthening should encourage open and constructive engagement, cognisant of power differentials, and be responsive to emergent needs across all collaborating partners in the research/educational process.
4. We will ensure that all staff and students involved in the research/education programme across all collaborative partners have signed a code of conduct that sets out clear expectations of appropriate attitudes and behaviours to nurture a strong safeguarding culture.
5. We will raise awareness of safeguarding and strengthen capacity and capability by increasing the knowledge and skills of our staff, students, volunteers, partners and contractors through education and training.
6. We will promote the dignity, respect and safety of programme participants, staff and students and other individuals involved in the research/education programme across all collaborative partner organisations, upholding the universal right to be protected from harm.
7. We will have procedures in place so that staff and students involved in the research/education programme across all collaborative partners are clear how to raise safeguarding concerns without fear of reprisal or victimisation.

8. We will have clear and confidential reporting and responding processes for incidents and concerns, appropriate to the settings where we work, so that our programme participants, staff and students across all the collaborative partner organisations have confidence that we deal with alleged incidents swiftly and comprehensively.
9. We will ensure safe recruitment and selection processes are in place to appoint members of staff, volunteers, associates and contractors identified as having contact with children and vulnerable adults, to minimise opportunities for perpetrators' access to our sector and to reduce their ability to move between organisations. This should include:
 - Appropriate checks from the UK Disclosure and Barring Service (DBS) and/or International Criminal Records Checks.
 - Professional registration/professional qualification checks
 - Professional reference requests should specifically refer to the individual's suitability to work with children and vulnerable adults.
10. We ensure we adopt a survivor-centered response to victims and survivors of safeguarding breaches and that they are at the heart of our safeguarding response. Research and education within international development takes place within contexts that are often structured by inequalities and power imbalances, which directly shape programme relations and activities.
11. Our approaches to safeguarding should be underpinned by attention to the needs of specific vulnerable groups, including women, children, people with disabilities and other who within different contexts might be affected by dynamics of vulnerability, risk, and harm.
12. We will work with governmental and non-governmental organisations, donors, national and international collaborative partners and charities to advance consistent and high-quality safeguarding practice.

7. PROTECTION FROM SEXUAL EXPLOITATION, ABUSE AND HARASSMENT (PSEAH)

Throughout our research and education in low and middle-income countries (LMIC) and also in our work in the UK, LSTM and collaborating partners with whom we jointly work, need to ensure that they contribute to the protection of children and vulnerable adults from sexual exploitation, abuse and harassment (PSEAH).

“Child sexual abuse and exploitation is a violation of the four guiding principles of the UNCRC. It puts a child’s survival and development at risk, reinforces discrimination, denies any meaningful participation of the child in matters that affect them and is not in the best interests of the child” (Save 2003).

7.1 Principles of protecting children and vulnerable adults 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 vulnerable adults, anyone who represents LSTM should follow the key principles outlined in section 6 and in addition, should:

- Support initiatives aimed at exposing and eliminating sexual abuse and exploitation
- Promote equal protection and opportunities for girls and boys
- Actively create a safe environment for children and vulnerable adults who come into contact with the organisation.

7.2 Safe programme design

- 7.2.1 To protect children and vulnerable adults, it is important to understand whether any research/education activity carried out by LSTM and its partners could detrimentally impact on safeguarding and/or the protection of children and vulnerable adults.

7.2.2 The Preventing Sexual Abuse and Exploitation (PSEA) [Implementation Handbook](#) (CHS Alliance, 2017) states that when designing programmes;

- Potential risks of sexual exploitation and abuse (SEA) are identified and addressed
- Project plans include activities on raising awareness of SEA and sensitivity
- Budgets include funding lines for capacity building and communications on PSEA.

7.3 Standards for Preventing SEAH

The PSEA standards were developed for the humanitarian context and so not all the contents of the PSEA handbook are applicable for the research setting, but Principal Investigators and/or Managers of specific projects do 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 potential safeguarding/protection/SEAH risks for participants that may occur within/because of taking part (or not taking part) in the research?
- Are there any potential safeguarding risks to any staff and students working in these areas? (including contractors, consultants, volunteers and staff from collaborating partner organisations)
- 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 vulnerable adults and that we need to follow whilst working there?
- As collaborating partners, do we 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?
- 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?

7.4 External collaborating partners may have their own relevant safeguarding/PSEAH policies and codes of conduct and should share a copy of these with the LSTM Principal Investigator. These policies should meet the minimum requirements set out in the three key standards documents below:

- Core Humanitarian Standard on Quality and Accountability (2014)
- Inter-Agency Standing Committee [Minimum Operating Standards](#) on Prevention of Sexual Exploitation and Abuse (2016)
- Keeping Children Safe, International Child Safeguarding Standards (2020)

7.5 The Department for International Development (DFID) have now made 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 also of “*any other persons engaged and controlled by partners in the performance of any activities relating to DFID funded work*”. (Letter from DFID dated 25 July 2018). Therefore, LSTM will be unable to partner with organisations who do not sign up to this shared set of principles.

7.6 LSTM Principal investigators 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 beneficiaries.

- 7.7 The Principal Investigator must agree with collaborating partners 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 cases which arise regarding the organisation will need to be reported to LSTM, through the safeguarding incident disclosure form which can be found at: <https://www.lstmed.ac.uk/about/safeguarding> (A paper copy is attached at Appendix 3).
- 7.8 **Principal Investigators and/or Managers of specific projects should (as appropriate):**
- Endeavour to build capacity within LSTM and collaborating partner organisations as part of our work in LMIC, by raising awareness; providing relevant information; documentation, policies & procedures, and through competence building with an aim to preventing all forms of sexual abuse of children and vulnerable adults
 - Endeavour to assist and support governments and other agencies to develop systems and structures that will help prevent SEAH and protect children and vulnerable adults
 - 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.

8. ROLES AND RESPONSIBILITIES

8.1 The authorised signatory for any collaborating partner organisation with whom we are working, should:

- 8.1.1 Sign up to these shared principles for safeguarding for joint projects between LSTM and collaborating partners (including the prevention of sexual exploitation, abuse and harassment).
- 8.1.2 Ensure that at the beginning of the programme, all staff who are working on the relevant collaborative programme, receive and sign up to the code of conduct for people that contribute to collaborative programmes of work with LSTM (which is attached at Appendix 4) so that anyone who represents our organisations is clear regarding expected behaviours and never abuses the position of trust that comes with being a representative of the collaborative partner organisation, LSTM and/or the donor who is funding the programme.
- 8.1.3 Ensure that all staff involved in the project are clear on how to raise safeguarding concerns within the programme and that information on how to do so is clearly communicated to all staff, collaborating partners, contractors and students as well as programme participants.
- 8.1.4 Identify a safeguarding focal point within their organisation. (Please refer to Appendix 5)
- 8.1.5 Ensure that any concerns related to the collaborative programme or the staff involved in that activity, are reported to the Principal Investigator or Safeguarding Focal Point. (This can be done by any method or by using the safeguarding incident disclosure form, please refer to Appendix 3).
- 8.1.6 If safeguarding concerns related to the collaborative programme are raised internally within any one organisation, the concern should also be shared with the Designated Safeguarding Lead at LSTM: safeguarding@lstmed.ac.uk (Details of incident may be anonymised, but an outline of the concern should be shared so that learning can take place across the collaborative to the safeguarding focal points in each organisation).
- 8.1.7 Raise awareness and build capacity and understanding of safeguarding and protection within their research teams, data collection teams and other relevant staff, workers and volunteers involved in the collaborative research and education project.

8.2 The LSTM PI should:

- 8.2.1 Engage with collaborating partners and ensure that there is a shared understanding of safeguarding across the partnership and agree how staff across all organisations will raise concerns.
- 8.2.2 Engage with collaborating partners to undertake a safeguarding risk assessment of the research/education programme at the beginning of the programme.
- 8.2.3 Ensure that safeguarding and protection remain high on the agenda and that the safeguarding risk assessment is regularly reviewed in conjunction with partners
- 8.2.4 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 study participants.
- 8.2.5 Ensure that an identified safeguarding focal point is established within each collaborating partner organisation.
- 8.2.6 Ensure that any safeguarding concerns that are raised are shared with the Designated Safeguarding Lead at LSTM (safeguarding@lstmed.ac.uk) so that learning may be shared across all collaborative partners.
- 8.2.7 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 (UK House of Commons, 2018, Page 5)
- 8.2.8 A safeguarding risk assessment and mapping process (please refer to Appendix 6) should be carried out by the Principal Investigator (PI) in conjunction with the relevant personnel from collaborating partners, during the planning and design stage of programme development and reviewed once the programme has started to assess the potential safeguarding risks.

The PI should ensure that all staff involved in the programme from LSTM and our collaborating partners are aware of the safeguarding risks in the programme and how they should report concerns.
- 8.2.9 Ensure that the safeguarding progress in programme set-up algorithm is followed (Appendix 7).

9. REFERENCES

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United Nations (2017). UN Global Compact. A call to action for sustainable business.

<https://www.unglobalcompact.org/docs/publications/UNGC-Value-Proposition.pdf>

Appendix One: Definitions of child abuse¹

Type of abuse	Definition
Physical abuse	A form of abuse which may involve hitting, shaking, throwing, poisoning, burning/scalding, drowning, suffocating, carrying out female genital mutilation (FGM) 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	<p>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 insofar as they meet the needs of another person.</p> <p>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.</p> <p>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.</p>
Sexual abuse	<p>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.</p> <p>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.</p>
Child sexual exploitation	<p>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.</p> <p>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.</p>
Neglect, or acts of omission	<p>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:</p> <ul style="list-style-type: none"> ▪ 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 <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>

¹Some definitions may be context specific, neglect in one context may be the result of poverty in another.

Appendix Two: Definitions of abuse of adults

Type of abuse	Definition
Physical	This includes assault, hitting, slapping, pushing, giving the wrong (or no) medication, restraining someone or only letting them do certain things at certain times.
Domestic abuse/ intimate partner violence	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. Can include hitting, slapping and beating, but it can also include emotional and financial abuse as well as forced marriage and so-called "honour crimes". It's abuse, if a spouse, partner, ex-partner or a family member: <ul style="list-style-type: none"> ▪ Threatens/frightens/coerces 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
Sexual	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 didn't consent to or was pressured into consenting.
Psychological	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.
Financial or material	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.
Modern slavery	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.
Discriminatory abuse (Hate crime)	This includes discrimination on grounds of race, gender identity, disability, sexual orientation, religion and other forms of types of harassment, insults or slurs.
Organisational/ Institutional abuse	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.
Neglect or acts of omission	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.
Self-neglect	This covers a wide range of behaviour which shows that someone isn't 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.

Appendix 3: Safeguarding incident disclosure form (collaborating partner organisations)

(for reporting safeguarding incidents and/or raising concerns of sexual exploitation, abuse or harassment)

Remember, if a child is/could be in danger, then their **safety is paramount**. Any concerns or allegations must be reported 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.

You can speak to your Line Manager and/or the Principal Investigator/Programme Manager about the incident.

A. I have a safeguarding concern about (please mark X):			
<input type="checkbox"/>	A child or vulnerable adult (e.g. a research participant, patient or beneficiary)		
<input type="checkbox"/>	A vulnerable member(s) of staff (or another representative of LSTM)		
<input type="checkbox"/>	A vulnerable student		
<input type="checkbox"/>	The behaviour of an LSTM/collaborative partner's staff member(s) towards another person		
<input type="checkbox"/>	The behaviour of an LSTM/collaborative partner's student(s) towards another person		
<input type="checkbox"/>	The behaviour of someone from another organisation/other representative towards another person		
B. Are you reporting (please mark X):			
<input type="checkbox"/>	Your own concerns		
<input type="checkbox"/>	Concerns raised by others (please give details of who raised the issue with you):		
C. please give any details of any specific person(s) affected by this incident(s) (if applicable/if known)			
Full name of individual:			
Date of birth or age (if known):		Gender:	
Parent/Carer's name (if applicable):			
Home address of individual (if applicable/known):			
Please provide factual details of the incident or concern you have or other relevant information: (such as describing any injuries, your observations of the individual, e.g. any changes in behaviour, and whether you are recording this incident as fact, opinion or hearsay)			
The person's account (if possible) of what happened (use their own words):			
Were there any witnesses to the incident? (if yes please provide details)			
Witness account of what happened (use their own words):			
Have you spoken to the parents/carers? (if applicable) (if yes, please provide details of what was said)			
Any further action taken to date? (can include immediate action taken to protect/care/keep the person safe, e.g. referral to health/care organisations, or other arrangements made with the community/family members):			

D. Please provide details of any person where you have concerns about their behaviour (alleged perpetrator) (who was involved in any incident/harm/abuse or alleged to have caused any incident/harm/abuse):

Name:	Position held:
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Organisation:

Address (if known):

Tel:	Email:
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Date/time and place of incident and details about the incident:

Have you spoken to the person against whom the allegations were made? (if yes, please provide details of what was said)

Have you informed any local governmental or non-governmental authorities/organisations? (if yes, what advice did they give? Please provide name of person and organisation and give their contact details):

Have you informed the police? (if yes, please provide name of person and organisation and give their contact details):

Any further action taken to date?

E. If this concern relates to a specific project, programme or department, please give details:

Name of project, programme or department:

Brief description of the programme activity:

Country:		PI:	
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Please detail what your safeguarding concern is in relation to the above:

Is this concern about a partner organisation in the project/programme? (If yes please give details)

F. Your details: (You may leave this blank if you wish to remain anonymous, but it will help the investigation if the safeguarding officer is able to contact you)

Your name:	Your position:
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Your email:	Your phone no:
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Signature:	Date/Time:
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Send this form to LSTM's Designated Safeguarding Lead: safeguarding@LSTMed.ac.uk Tel: +44 151 705 3744

Appendix 4: Code of Conduct for people that contribute to collaborative programmes of work with LSTM

1. Introduction

The Liverpool School of Tropical Medicine (LSTM) has developed a code of conduct which all LSTM staff and students are asked to sign up to. The code of conduct was written as part of the further development of safeguarding procedures across all our programmes of work, to protect children and vulnerable adults.

It is based on the core principles developed by the [Inter-Agency Standing Committee](#) (IASC)* on preventing sexual exploitation, abuse and harassment (PSEAH).

Due diligence procedures now require LSTM to extend the code of conduct to people that contribute to collaborative work programmes with LSTM, either on joint research projects, joint grant funding schemes, or joint education & training schemes. These people, (hereafter termed “*collaborating partners*”), are asked to sign this code of conduct.

2. Principles of the code of conduct

2.1 LSTM staff and collaborating partners are expected to promote our joint values and protect our reputations by adhering to the principles set out in this code of conduct. The code provides clear guidance on what we and the donors who fund us, expect of LSTM staff and collaborating partners in our work together, as well as providing examples of conduct that will always be unacceptable.

2.2 This code of conduct applies to us all in our places of work and in the “extended workplace” which includes when we are:

- Representing LSTM or one of its subsidiary companies, or one of the collaborating partners with whom we are working at any location, at any time
- Travelling for work purposes to and from national and international destinations
- Participating in work related social events; or training/development or “time out” events.

2.3 Whilst recognising that laws differ from one country to another, LSTM works internationally and therefore our code of conduct is developed with consideration of International and UN standards. This Code is subject to relevant international human rights law, wherever the individual is employed and shall be read in a manner that is compliant with that law.

3. We expect all LSTM staff and collaborating partners (who are working together on research, training, technical assistance or any other work-related activity) to:

- Uphold the integrity and reputation of the joint activity, by ensuring that our professional and personal behaviour is demonstrably consistent with our shared values and this code of conduct
- Adhere and abide by the standards of competence, honesty, integrity and other professional behaviours as defined by our respective professional or regulatory bodies, and retain the freedom and duty to follow their professional codes
- Conduct ourselves openly and transparently, with integrity, impartiality and honesty, never deceiving or knowingly mislead others
- Treat all people with dignity and respect and challenge any form of harassment, discrimination, intimidation, exploitation or abuse. Respect the basic rights of others by acting fairly, honestly and tactfully
- Respect human rights, protect the environment and oppose criminal or unethical activities
- Protect the health, safety, security and well-being of ourselves and others
- Work actively to protect staff, students, volunteers, partner representatives, children, vulnerable adults, research participants and beneficiaries by complying with the agreed, shared safeguarding policies and procedures in our joint working on the project(s)
- Be responsible for the use of information, equipment, money and resources to which we have access, through our employment with our organisation and/or our contact with LSTM and other collaborating partners
- Know how to raise safeguarding concerns and report any matters that breach the principles contained in this code of conduct.

LSTM and our collaborating partners, therefore do not tolerate the following:

- Engaging in sexual relations with anyone under the age of 18, or abuse or exploitation of a child or a vulnerable adult in any way
- Engaging or supporting directly or indirectly by any means, any activities that advocate the legislation, legitimisation or practice of commercial sexual exploitation or sex trafficking
- Unwelcome sexual advances, requests for sexual favours, and other verbal or non-verbal harassment of a sexual nature
- Exchanging money, employment, goods, influence or services for sexual favours
- Any kind of negative distinction, discrimination, psychological or physical harassment, threat, attack or exclusion; or any kind of restriction; due to age, disability, gender identity or reassignment, race (including nationality or ethnic identity), caste, sex, sexual orientation, religion or belief
- Drinking alcohol during working hours (except in moderation as part of a work-related social occasion)
- Taking illegal drugs/substances or using any “legal highs” (not yet controlled under the UK misuse of drugs act, but which could nevertheless negatively alter behaviour or impair judgement), at any time within the workplace or extended workplace
- Being in possession of, or profiting from the sale of, illegal goods or substances
- Behaving in a way which threatens the welfare or security of ourselves or others
- Using LSTM/partner resources/equipment or accessing the internet via LSTM’s/partner’s networks for potentially unsafe or unlawful practices, including:
 - Viewing, downloading, creating or distributing online content that are legally prohibited or that are designed to incite hatred and/or violence, (including content with sexually explicit, racist, sexist discriminatory or insulting or offensive materials)
 - Sending, forwarding or saving messages (e-mail, SMS etc.) that are of a pornographic, racist, sexist, discriminatory, insulting, offensive or sexually intimidating nature, or that are legally prohibited or that are designed to incite hatred and/or violence
- Accepting or offering bribes/significant gifts to government employees, beneficiaries, donors, suppliers or others, which have been offered or received through your work with LSTM or in a personal capacity, which may impact on the work or reputation of LSTM (refer to the [UK Bribery Act 2010](#))
- Using LSTM funds or resources, or those received from donors, to support directly or indirectly any of the above activities.

3. Individual agreement to the code of conduct

- 4.1 Whilst observing the requirements of the code of conduct, I will also be sensitive to national laws and customs, even if the norms and values are more proscriptive or differ from the LSTM code of conduct. I understand that I am expected to observe the LSTM code of conduct where the national laws etc. in the country in which I am working are less restrictive. I will if necessary, seek (and will receive) support and advice from my own employing organisation and from LSTM.
- 4.2 This code of conduct, together with your organisation’s partnership agreement and terms, provide a framework within which all LSTM collaborating partners regardless of location, undertake their duties.
- 4.3 I have read and understood this code of conduct and undertake to discharge my duties in accordance with the requirements of this code thereby contributing to the quality of performance and reputation of my organisation and LSTM.

Name (print):

Partner Organisation:

Job title:

Date:

Signature:

* The IASC is the primary mechanism for inter-agency coordination of humanitarian assistance. It is a unique forum involving the key UN and non-UN humanitarian partners. The IASC was established in June 1992 in response to United Nations General Assembly Resolution 46/182 on the strengthening of humanitarian assistance.

<https://interagencystandingcommittee.org/principals/news-public/iasc-six-core-principles-relating-sexual-exploitation-and-abuse-2002>

Appendix 5: Safeguarding Focal Point Terms of Reference (Collaborating Partners)

The Safeguarding Focal Point acts as the centre point for safeguarding in their respective organisation. You will work very closely with the Principal Investigator (PI) and Programme Manager from your own organisation and will also link with the Principal Investigator and Programme Manager from LSTM. You will also liaise with and expect to receive support from LSTM's Designated Safeguarding Lead as appropriate.

Specific duties include:

- To support the implementation of safeguarding and protection policy and procedures through the delivery of awareness raising sessions, induction training and capacity building in relation to safeguarding, code of conduct and protection of research participants, children and vulnerable adults from the communities with whom we are working.
- To ensure that all staff, students, other workers and volunteers involved in the delivery of the programme are aware of the Safeguarding Policy and their responsibilities under it.
- To act as the first point of contact for safeguarding concerns and to escalate those concerns to the PI and/or Designated Safeguarding Lead as appropriate.
- Be the voice of programme participants, advocating for their rights and safety within programmes, considering the risks of the abuse of children and vulnerable adults (emotional, sexual, neglect, physical and exploitation) and risks associated with unsafe programming.
- Participate with the undertaking of the initial safeguarding risk assessment and mapping of relevant referral services for the programme.
- Engage with the on-going review and evaluation of the safeguarding risk assessment throughout the lifetime of the programme.
- Establish links with local specialist child/adult welfare, gender-based violence, health and social care and law enforcement contacts to have information available if an incident occurs and/or external advice is needed.
- Together with the PI, ensure that the communities and participants with whom we are engaging, understand what to expect from our staff/workers/students/volunteers and from the programme and what acceptable and unacceptable behaviour is. (This should be carried out during community discussions and explanations at the start of the programme and at relevant programme points during the programme for example, when explaining research and consenting participants, and during focus group discussions).
- Together with the PI, ensure that the communities and participants with whom we are engaging, understand how they should raise concerns and to whom – more than one option should be given to participants.
- Liaise and coordinate with other safeguarding focal points and Designated Safeguarding Lead(s). Participate in ongoing training and professional development activities in relation to safeguarding with these colleagues.
- Make recommendations to the PI or Designated Safeguarding Lead for enhancing prevention and response strategies in relation to safeguarding.
- Assist with the development of relevant educational and promotional materials for raising awareness of safeguarding with staff/students/other workers/volunteers.

When receiving concerns:

- If someone approaches you and discloses a safeguarding concern, make sure you listen carefully. Even if you are busy do not delay dealing with a disclosure as they have chosen this time to tell you and may not wish to tell you anything at a later stage.
- Be calm and reassuring and make it clear that you are glad that the person has told you
- 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. Wherever possible, give power back to the person who is disclosing and involve them in the decision-making process.
- 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/designated leads etc.)
- Use the safeguarding incident disclosure form to record the information about the incident
- 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 vulnerable adult, then you may need to contact the police.
- Any concerns, allegations or disclosures should be written down as soon as possible. Records should be signed and dated. It is essential that the details of the alleged abuse be recorded factually and legibly, as this will be critical later in any proceedings. As much as possible, note the actual words that the person has used. Records should be detailed and precise. They should focus on what you and the other person said, what was observed, who was present and what happened. Speculation and interpretation should be clearly distinguished from reporting. Please refer to the safeguarding incident disclosure form as a guide to the information that should be recorded. This should be done immediately and certainly within 24 hours.
- All records should be treated as confidential. Only to those who can further protect the child should be informed of the incident. It is the responsibility of everyone in possession of the information to maintain confidentiality. In certain instances, there will be the obligation for staff and others to report concerns to the appropriate external bodies.
- Refer to appropriate organisations in your country for ongoing care, treatment and support
- Do not attempt to investigate the concern yourself. Seek confidential advice from the Principal Investigator and/or the Designated Safeguarding Lead. **The recipient of information should not investigate.**

You can receive advice and support from the Designated Safeguarding Lead at LSTM on any safeguarding or protection matter: safeguarding@LSTMed.co.uk

Appendix 6: LSTM and Collaborating Partners Safeguarding Risk Assessment and Mapping Tool					
LSTM Dept:		Programme Title:			
Summary:					
Start Date:		End date:		Country:	
Principal Investigator		Programme Manager (if applicable)		Donor:	
Has LSTM signed up to a donor safeguarding policy under this grant?				Does the programme use volunteers? (if yes, detail role)	
List all collaborating partners working together on project:					
Safeguarding Risk Identification		Risks		How will the risks be mitigated/managed?	
1. Potential safeguarding/protection risks for participants that may occur within/as a result of undertaking the research.					
2. Potential safeguarding risks for staff, students, volunteers, contractors, consultants or visitors					
3. Safeguarding issues that could arise unrelated to the research activity					

Additional Information	
What international and national legislation and/or guidance documents are available in relation to Safeguarding/Protection of children +/-or vulnerable adults in the country you are working in? Please detail	What services are available locally as part of victim response for child / vulnerable adult protection? Please detail (e.g. child protection, GBV services, HIV services)
Action Plan. (What additional action (if any) do you now need to take to mitigate the risks identified)?	

Appendix 7: Safeguarding progress during programme planning and set up

