

Protecting Children & Vulnerable Adults Policy and Procedure

(including the prevention of sexual exploitation and abuse)

DOCUMENT CONTROL INFORMATION			
Document type	POL (Policy)	Full Document Number	CPPPOL002
Version:	2.0	Superseded Version:	n/a
Originator:	<i>Ms Philippa Tubb</i>	Job title:	<i>LSTM Designated Safeguarding Officer</i>
Department / Function:	Choose an item.	Subject category:	Choose an item.
Authorship date:	26.11.18	Published date:	V2: 21.03.19
Management Committee sign off date:	25 October 2018	Date for Review:	01.10.2020
Signature (optional):		Frequency of review:	2 years
Date of Equality Assessment “due regard” form (Equality Act 2010):		Equality Assessment reference number:	

Target Audience

People who need a detailed knowledge of the document	Safeguarding Focal Points Heads of Department Principal Investigators
People who need a broad understanding of the document	All staff

Annex of Modifications

Version	Date of issue	Details of modification from previous version
2.0	21.03.19	Additional safeguarding focal points added and LVCT added to Kenya section of Appendix 7

Contents	<u>Page</u>
1. Introduction - what is safeguarding?	4
2. Definitions used in this policy	4
3. Purpose of policy	4
4. Scope	5
5. Potential indicators of harm	5
5.1 Child abuse - Definitions of child abuse	6
5.2 Abuse of vulnerable adults	7
6. Dealing with suspicions or allegations of harm or abuse – The Four Rs	8
6.1 Recognise	8
6.2 Respond	9
6.3 Report	10
6.4 Refer	11
7. Protecting children and vulnerable adults in our overseas projects	11
7.1 Protection from sexual exploitation and abuse (PSEA)	11
7.2 Principles of protecting children and vulnerable adults from sexual exploitation and abuse	11
7.3 Safe Programme Design	12
7.4 Research Ethics Process	13
7.5 Due diligence – Implementation with research and education partners	13
8. Safeguarding concerns about members of staff, students, contractors, volunteers or consultants.	14
8.3 Safeguarding Students	15
8.4 If an allegation of abuse is made against you	15
8.5 Partner organisations	15
9. Reporting concerns - freedom to speak up approach	15
10. Ensuring the welfare of staff/students in overseas research	16
11. Protecting children who are visitors to our sites	17
12. Incident investigation	18
12.3 Initial rating of safeguarding incidents	18
Table 4: Risk matrix for grading safeguarding risk	18
12.6 Deciding the appropriate level of investigation of a safeguarding incident	19
12.10 Incidents involving allegations against a member of staff	20
12.11 Involving the person affected by the incident	20
12.12 Support for those individuals affected	20
12.13 Support for staff affected	21
13. Roles and responsibilities	21
14. Safe recruitment & selection of staff, volunteers, contractors and consultants	22
15. Staff code of conduct	23
16. Training	23
17. Monitoring of policy	24
18. References	25
Appendices	26
Appendix 1: Safeguarding incident disclosure form	26
Appendix 2: Safeguarding incident reporting process	28
Appendix 3: Safeguarding incident management process	29
Appendix 4: Safeguarding Focal Points	30
Appendix 5: Safeguarding referrals - Liverpool	31
Appendix 6: Other UK organisations offering help and support	32
Appendix 7: Overseas External Organisations and Resources	34
Appendix 8: Safeguarding Risk Mapping Tool	37

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. It is an important shared priority of many public facing services.
- 1.2 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).
- 1.3 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.
- 1.4 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, 1997).
- 1.5 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](#) (2008)
 - [Keeping Children Safe, International Child Safeguarding Standards](#) (2014)

2. DEFINITIONS USED IN THIS POLICY

- 2.1 The Safeguarding Vulnerable Groups Act (UKPGA, 2006) and 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.
 - “student” will be used to describe all undergraduate, post-graduate and short course students registered with us, or learning on our premises.
 - “vulnerable adult” – 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, 2017). 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.

3. 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 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 the organisation has systems in place to deal well with any allegations, complaints and cases of all types of abuse and exploitation by its own personnel, through effective implementation of safeguarding policies and procedures.

4. SCOPE

4.1 This Policy applies to:

All LSTM employees, volunteers, consultants, contractors 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, (e.g. consultants, researchers etc.) in the UK and in our overseas projects.

4.2 Breaches in the policy by our staff 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.

4.3 For partners/contractors and volunteers, breaches can lead up to and including termination of relation 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.

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

5.1 Child Abuse

The definitions of abuse and neglect in Table One overleaf are drawn from the government document, [Working Together to Safeguard Children](#) (July 2018).

Table One: Definitions of child abuse

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	<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. 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 care-givers) ▪ 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>

5.2 Abuse of vulnerable adults

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 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. The following definitions in Table Two are drawn from [Safeguarding Adults](#) (2017)

Table Two: Definitions of abuse of adults

Definitions of abuse of adults	
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 and domestic 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”. 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 so-called “honour crimes”. It’s abuse if a partner, ex-partner or a family member: <ul style="list-style-type: none"> ▪ 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
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.

6. DEALING WITH SUSPICIONS OR ALLEGATIONS OF HARM OR ABUSE

In dealing with suspicions or allegations of abuse staff members should follow The **FOUR Rs**:

Recognise
Respond
Report
Refer

6.1 RECOGNISE - the ability to recognise behaviours that may indicate abuse.

Please note that the examples given in Table Three below may also be indicators of other medical factors and may not necessarily confirm abuse and neglect.

Table Three: Possible signs/indicators of abuse

Signs of abuse of children and vulnerable adults	
Physical	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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
---------	---

6.2 RESPOND – how to respond to someone making a disclosure/allegation of the types of abuse and neglect that are listed in section eight.

- If someone approaches you and discloses a safeguarding issue (as listed in section 5), 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
- 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 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 should contact the police (999 in the UK) and then, if on LSTM premises, inform Security.
- Seek confidential advice from the Line Manager/Principal Investigator and the Designated Safeguarding Officer or Director of HR (including concerns about the behaviour of another member of staff). **The recipient of information should not investigate.**
- Out of hours staff should contact the Director/Manager on call for LSTM.

6.3 REPORT (and record) - Make sure you know how to record and report a safeguarding concern. If you are worried that a child or vulnerable adult is being abused in any way you should raise a concern. If in doubt, report.

- Report an incident or a concern using the Freedom to Speak Up reporting system or by completing the paper based safeguarding incident disclosure form (see Appendix 1).
- 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. They should be passed only to the person(s) specified in the reporting model. 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. This will usually occur as a consequence of the reporting procedure, however if urgent emergency action is required in order to protect children, then it may be prior to the reporting procedure (such as ringing police).

6.4 Dos and Don'ts when receiving information about abuse

DOs

- Do react calmly and listen carefully to what is being said.
- Do reassure the discloser that they were right to raise the concern.
- Do take what is said seriously, the 'unthinkable' is possible.
- Do create trust with the informant
- 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 concern/incident. 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 abuse 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 him/her that they will be informed what happens.
- Report on the complaint at the earliest opportunity as indicated in the LSTM safeguarding incident reporting procedure (either online using the freedom to speak up process or via the paper version of the form that can be found in appendix X).

DON'Ts

- 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 person whom the allegation is made. Remain objective.
- Don't approach or inform the alleged abuser of the complaint made
- Don't agree to keep secrets

- Don't allow personal doubt to prevent you from reporting the allegations
- Don't try to investigate yourself
- Don't discuss with anyone else. If you require some reassurance yourself, contact the Designated Safeguarding Officer or the Director of HR.

6.5 REFER

- As stated under 6.2 above, if there is danger to a child or vulnerable adult then you **MUST** refer the matter to the Principal Investigator and a designated safeguarding lead (or a safeguarding focal point) as soon as possible. If the situation is an emergency, then you should contact the police.
- For cases in Liverpool, it is the role of the designated safeguarding officer, or one of the Senior HR team to carry out a safeguarding referral regarding a child or vulnerable adult to the local child or vulnerable adult safeguarding board in Liverpool, via the appropriate Child or Adult Careline (please refer to appendix 5).
- When a person makes a disclosure to you, they may ask that the matter not to be escalated further and ask you to keep the matter confidential. In some circumstances it may be appropriate to maintain this confidentiality provided:
 - a) there is no risk to a child or vulnerable adult
 - b) a serious crime has not been committed
- Provided these two criteria are met, then a recipient of a disclosure may signpost the individual towards an appropriate external organisation themselves (please refer to Appendices 6 and 7) in order that they may get support with their problem.
- The recipient should always encourage the discloser to seek help from one of the safeguarding focal points/safeguarding officer.
- Remember as a recipient, if you feel burdened and need some support following a disclosure you can raise a concern anonymously without stating the individual's name just giving general details and seek support from a safeguarding focal point, Designated Safeguarding Officer or Director of HR.
- For cases in our overseas programmes, you should refer any safeguarding matters to the safeguarding focal point in your area or ask for their advice on the matter.
- Support organisations and referral mechanisms will vary considerably 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 7, 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.

7. PROTECTING CHILDREN AND VULNERABLE ADULTS IN OUR OVERSEAS PROJECTS

7.1 Protection from sexual exploitation and abuse (PSEA)

“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).

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 vulnerable adults from sexual abuse and exploitation.

7.2 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, 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 opportunities for girls and boys
- Identify a safeguarding focal point for LSTM programmes that have country offices, to maintain systems which promote awareness of safeguarding children and vulnerable adults, enable the prevention of harm, facilitate the reporting of and responding to safeguarding concerns.
- Actively create a safe environment for children and vulnerable adults who come into contact with the organisation

7.3 Safe programme design

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

7.3.2 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.

7.3.3 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 SEA 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/SEA risks for beneficiaries 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 vulnerable adults 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 SEA by staff and associated personnel?

7.3.4 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 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 sexual abuse and exploitation and protect children and vulnerable adults
- 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 SEA and response into programme budgets where relevant
- Identify and document existing local and national child protection mechanisms and related support services for referral.

7.3.5 A safeguarding risk assessment should be carried out by the Principal Investigator (PI) during the planning and design stage of programme development and reviewed once the programme has started to assess the potential safeguarding risks. Please refer to Appendix 8 for a copy of the LSTM safeguarding risk mapping tool.

7.3.6 If LSTM is working with partner organisations, the PI should ensure that they are aware of the safeguarding risks in the programme and how they should report concerns.

7.4 Research Ethics Process

Consideration of safeguarding risks of vulnerable groups should start early in research programme design, and the LSTM Research Ethics Process incorporates sections where investigators are asked to consider potential safeguarding issues and how children and vulnerable adults 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>

7.5 Due diligence – Implementation with research and education partners

7.5.1 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 vulnerable adults, including whether they have a staff code of conduct.

7.5.2 Partner organisations that do not have a local safeguarding/child protection policy and/or do not have a code of conduct will be required to adhere to the LSTM Safeguarding Policy (Partner Organisations). 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 LSTM safeguarding policy for partner organisations.

7.5.3 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, we will be unable to partner with organisations who either do not have appropriate safeguarding/child protection policies and a code of conduct in place or who do not sign up to the LSTM Safeguarding Policy (Partner Organisations) document.

7.5.4 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 designated safeguarding officer to ensure that in the main, they meet the requirements set out in the three key standards documents below:

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

7.5.5 We should include partner organisation staff in any locally held staff training events on safeguarding/PSEA if they are directly implementing activities or have significant contact with beneficiaries.

- 7.5.6 We should agree with organisations how to exchange information on PSEA. This should include:
- Progress with implementing PSEA 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 our safeguarding reporting process (see section 9).

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

8.1 If you have concerns that a member of staff, contractor or other representative or volunteer is abusing others

- If there is no disclosure of abuse from anyone, but you have concerns regarding a staff member, volunteer, consultant or other representative behaving inappropriately to a child or vulnerable adult, you should inform your head of department and then raise a report using the Freedom to Speak Up reporting system.
- 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 6.2 on how to respond to disclosures or allegations of abuse. You should inform your head of department and then raise a report using the Freedom to Speak Up reporting system. If the allegation is against your head of department, then tell their line manager of the allegation immediately and seek advice from the Director of HR and the Designated Safeguarding Lead.
- If the allegations are against the Director of HR you can contact the Designated Safeguarding Officer and if your allegations are against the Designated Safeguarding Officer you can contact the Director of HR.
- If the allegations are against the Director of LSTM you should contact the Director of HR or the Designated Safeguarding Officer.
- Remember, if a child or vulnerable adult is/could be in danger, then their **safety is paramount**. Any concerns or allegations 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.**
- 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.

8.2 If you have concerns that a member of staff, contractor or other representative or volunteer 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 makes a disclosure to you, follow the Four Rs to dealing with allegations of abuse in section 6 of this policy.
- The person may not wish to report this incident and may simply be confiding in you. This may be the first step on their journey to taking action 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 disclosure (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 Safeguarding Lead Officer or the Director of HR.

8.3 Safeguarding Students

If you have any concerns regarding the safety or welfare of students, please see the separate LSTM policy on safeguarding students for any safeguarding or protection concerns related to students.

8.4 If an allegation of abuse is made against you

If an allegation 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 Director of Human Resources at LSTM or the Designated Safeguarding Officer.

8.5 Other matters regarding staff conduct

There are several LSTM policies and procedures about matters relating to the staff conduct/staff behaviour that you may also want to refer to:

- [Whistleblowing \(Public Interest Disclosure\) Policy](#)
- [Diversity & Equality of Opportunity Policy](#)
- [Disciplinary Policy & Procedure](#)
- [Grievance Policy & Procedure](#)
- [Policy in response to Prevent guidelines as part of the counter terrorism and security act 2015](#)
- [Policy on the Prevent escalation process at LSTM](#)
- [Fraud, Bribery and Corruption Policy](#)
- [Conflict of Interest Policy](#)
- Bullying and Harassment policy

If you have an issue you want to raise regarding a member of staff or related to a specific department, you can raise this via the Freedom to Speak Up reporting system (under the appropriate heading for the issue).

8.6 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 freedom to speak up reporting system.

The appropriate lead person for LSTM should discuss the matter with the designated 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 vulnerable adult 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 an allegation of abuse or exploitation of a child or vulnerable adult has been dealt with inappropriately, then serious consideration will be given to withdrawing funding or pulling out of the networking/partnering relationship. Ultimately this decision will be taken by SMG at LSTM.

9. REPORTING CONCERNS - FREEDOM TO SPEAK UP APPROACH

9.1 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 take action on them to improve.

9.2 This is also in keeping with the expectations of the International Development Committee on Sexual exploitation and abuse in the aid sector who want to ensure that a “*culture of transparency*” exists

within organisations to build trust and share best practice across the sector. (House of Commons, 2018, page 50)

9.3 LSTM wants all staff to feel able to speak up when they have concerns about:

- The protection, safety, security and well-being of individuals
- The services we deliver, or
- Related to the organisation as a whole.

If staff have concerns they can use the Freedom to Speak Up reporting system.

9.4 In order to investigate matters and be able to feedback, staff are encouraged to identify themselves when raising concerns or reporting safeguarding incidents, however sections of the reporting system can be entered anonymously.

9.5 Remember, if you are the recipient of a disclosure regarding a serious crime involving a child then you must pass this information on and identify the individual in order that their safety and the safety of others is maintained. Similarly, details regarding vulnerable adult disclosures must be identified if they could put another individual or a child at risk.

10. ENSURING THE WELFARE OF STAFF/STUDENTS IN OVERSEAS RESEARCH

10.1 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:

[International Travel Policy](#)

[International Travel Policy Guidance Notes](#)

10.2 LSTM is in the process of developing training packages on safety and security overseas which staff and students and other LSTM representatives will be able to access.

10.3 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. 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 Travel Policy](#) prior to travel
- Are advised to read the [International Travel Policy Guidance Notes](#) prior to travel
- Have completed LSTM’s additional processes for Very-High-Risk travel
- 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 mandatory travel safety and security training (once it is developed)

10.4 Comprehensive systems are in place for MSc students who carry out research for their dissertation overseas and information on this process can be found in the Safeguarding Students Procedure.

11. 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

11.1 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 Royal Liverpool and Broadgreen University Hospital Trust (RLBUHT)
- All clinical and administrative staff receive training on acting as a chaperone.

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

- LSTM research staff should follow this Protecting Children and Vulnerable Adults procedure.
- LSTM research staff who have direct clinical contact with beneficiaries who are children or vulnerable adults 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 vulnerable adults including:
 - Level 3 safeguarding
 - Prevent training
 - Infection control
 - Paediatric Life Support if work with children < 18 years old).

11.3 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 enhanced DBS.
- For every outreach activity involving children, a detailed risk assessment should be carried out 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 incidents regarding children on our premises should be raised immediately via our safeguarding reporting systems
- Children under the age of 12 should be accompanied to toilets/bathrooms by a teacher/ teaching assistant.

11.4 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 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 main reception desk of the building they are entering and sign them out again on departure. 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. Children 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 11.1) or children on a specific pre-arranged educational outreach activity (as per section 11.3).

12. INCIDENT INVESTIGATION

12.1 The safeguarding incident investigation process described in this section is broadly based on the NHS serious incident framework: <https://improvement.nhs.uk/documents/920/serious-incident-framwrk.pdf> and the CHS Alliance PSEA Handbook (2017): [Management of investigations Checklist](#)

12.2 The focus of serious incident investigations is to minimise the risk of reoccurrence and learn lessons. The focus of the safeguarding procedures is protection. The purpose of the safeguarding investigation is to establish whether abuse or neglect has occurred in order to inform the protection planning process. Please refer to Appendix 3: The safeguarding incident management process.

12.3 Initial rating of safeguarding incidents

When a safeguarding incident is reported, the safeguarding officer will consider the incident against the risk matrix (in table 4). The safeguarding officer will discuss all safeguarding incidents that appear to be greater than or equal to 9 with the Director/Deputy Director of LSTM and reconsider the risk rating with them. A provisional risk rating will then be agreed. An initial review (characteristically termed a “72-hour review”) must be undertaken for all moderate and high risk safeguarding incidents (with a rating greater than or equal to 9). (Please refer to table 4)

It is possible that when further information has been gathered as part of the 72-hour review, that the risk may be reassessed as higher or lower than the provisional assessment and this, in part will also guide what further action and investigation needs to be undertaken.

Table 4: Risk matrix for grading safeguarding risk

Likelihood → ↓ Impact		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost certain
5	Death/Catastrophic	5	10	15	20	25
4	Severe	4	8	12	16	20
3	Moderate	3	6	9	12	15
2	Low	2	4	6	8	10
1	Negligible	1	2	3	4	5
	1–3 very low risk	Further risk reduction may not be feasible or cost effective				
	4–8 low risk	Risk reduction required, so far as is reasonably practicable. The majority of control measures in place or harm/severity small.				
	9–12 moderate risk	Urgent action required, as far as is reasonably practicable. Moderate probability of major harm or high probability of minor harm if control measures not implemented.				
	15–25 high risk	Significant probability that major harm will occur if control measures are not implemented. Immediate action may be required. National publicity, criminal prosecution.				

- 12.4 A 72-hour review should be completed within 3 working days of the incident being identified. The aim of the initial review is to:
- Identify and provide assurance that any immediate action necessary to ensure the safety of staff, patients and the public is in place
 - Assess the incident in more detail (and to confirm if the incident does still meet the criteria for a serious incident and does therefore require a full investigation)
 - Propose the appropriate level of investigation. The information submitted as part of the initial review should be reviewed by the investigation team (once in operation) to inform the subsequent investigation.
- 12.5 The content of a safeguarding incident report may include suspected or actual criminal offences that require investigation by the police. For these reasons, where a criminal offence is suspected, consideration should be given to the need to preserve evidence and involve the police at the earliest opportunity. In these circumstances a representative of the police should be included within the strategy meeting/discussion, so that the safeguarding and criminal investigation processes can be coordinated in an effective and timely manner.
- 12.6 After concluding the 72-hour review, if the safeguarding incident is deemed serious, the relevant donor should be notified that LSTM is undertaking an investigation into a potential safeguarding incident (if applicable). Other regulatory, statutory, advisory or professional bodies may need to be informed about serious safeguarding incidents depending on the nature and circumstances of the incident.

12.7 Deciding the appropriate level of investigation of a safeguarding incident

The nature, severity and complexity of serious safeguarding incidents vary on a case-by-case basis and therefore the level of response should be dependent on and proportionate to the circumstances of each specific incident.

The appropriate level of investigation will be proposed by the reviewing team. Where applicable, other stakeholders will also be consulted as to the appropriate level of investigation. The level of investigation may need to be reviewed and changed as new information or evidence emerges as part of the investigation process.

- 12.8 There are three recognised levels of systems-based investigation:
- i. *Concise internal investigation* - Suited to less complex incidents which can be managed by individuals or a small group at a local level (risk rating <9)
 - ii. *Comprehensive internal investigation* - Suited to complex issues which should be managed by a multidisciplinary team involving experts and/or specialist investigators where applicable (for ratings >= to 9)
 - iii. *Independent Investigation* - Required where the integrity of the investigation is likely to be challenged or where it will be difficult for an organisation to conduct an objective investigation internally (for rating >= to 9)
- 12.9 The investigation team should have a Lead Investigator with accountability to the appropriate Director. It is essential to identify team members with:
- Knowledge of what constitutes an effective investigation process, and the skills/ competencies to lead and deliver this
 - Skills/competencies in effective report writing and document formulation
 - Expertise in facilitating patient/beneficiary/family involvement
 - Understanding of the specialty area involved – this often require specialist representation from a particular academic and/or professional group to ensure investigation balance and credibility
 - Access to specialist communication support via LSTM's communications team
 - Access to appropriate legal and/or information governance support where appropriate

- Appropriate links/mechanisms to share lessons locally and nationally during the investigation as required.

12.10 Incidents involving allegations against a member of staff

- If a safeguarding incident report alleges that a member of staff has been involved in a safeguarding incident, then an appropriate member of the HR team must be part of the incident investigation process and should give guidance regarding the action to be taken in relation to the employee.
- The HR Manager/Director 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 incident 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 must be made to maintain confidentiality and manage communications while an allegation is being investigated.

12.11 Involving the person affected by the incident

- Involvement should begin with a genuine apology.
- 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?
 - Why it happened?
 - How it happened?
 - 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 and 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.

12.12 Support for those individuals affected

It is important that appropriate treatment and support is provided for those affected by any safeguarding incident (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 organisation 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 incident, 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 incident and they must also be offered the appropriate level of support and involvement.

12.13 Support for staff affected

It is important to recognise that serious incidents can have a significant impact on staff who were involved or who may have witnessed the incident. 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:

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

13. ROLES AND RESPONSIBILITIES

13.1 Individual members of staff

- Raise any safeguarding/SEA concerns through the freedom to speak up process
- Raise any concerns in relation to safeguarding and research and educational programme design/project management through the freedom to speak up process
- Follow the safeguarding and protecting children & vulnerable adults and safeguarding students' policies and procedures and the LSTM code of conduct
- Follow LSTM's recruitment procedures and ensure that posts that work with children and vulnerable adults are correctly identified so that the correct pre-employment checks take place.

13.2 Board Level Accountable Officer for Safeguarding

Take overall (executive) responsibility for the oversight of safeguarding across LSTM to:

- Ensure that the responsibilities of the organisation in relation to Safeguarding/Protection of children and vulnerable adults 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 vulnerable adults 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 concerns about the welfare of children and vulnerable adults
- Ensure that there are robust governance processes in place to provide assurance on safeguarding and the protection of children and vulnerable adults
- Ensure effective information flows from and between the Board of Trustees, Management Committee, and Safeguarding Strategic Oversight Group on safeguarding and protection of children and vulnerable adults
- Ensure that funding organisations are assured of our safeguarding arrangements.

13.3 Lead Designated Safeguarding Officer

Act as the designated lead for LSTM for safeguarding to:

- Oversee, implement and monitor the ongoing assurance of safeguarding arrangements through the development and implementation of the safeguarding action plan
- Develop, implement and audit policy and strategy in relation to safeguarding

- Identify named focal points/lead professionals for safeguarding across the organisation and ensure support of named focal points/lead professionals across the organisation to implement safeguarding arrangements
- Design and deliver a programme of training and mentoring to support staff in relation to safeguarding
- Work in partnership with groups/departments across LSTM, including partner organisations and donors, to ensure best practice in safeguarding/protection of children and vulnerable adults
- Ensure systems are in place across the organisation to assess risk in relation to safeguarding and promote protection of children and vulnerable adults
- Ensure that serious incidents relating to safeguarding are reported immediately and managed effectively and that appropriate systems are in place to learn lessons
- Oversee the referral of serious safeguarding incidents to appropriate external organisations and that reports are sent to relevant donors and the charity commission are informed.
- Ensure systems are in place to monitor progress against the implementation of our safeguarding action plan, policies and procedures through the Strategic Safeguarding Oversight Group, The Management Committee and the Board of Trustees.

13.4 Board of Trustees Lead for Safeguarding will:

- Ensure appropriate scrutiny of the organisation's safeguarding performance
- Provide assurance to the Board of the organisation's safeguarding performance

13.5 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](#) (DBS) enhanced checks in accordance with [UK Charity Commission Guidance](#) (2014).
- 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, and that any serious safeguarding incidents are correctly reported to both.

Please refer to Appendix 4 for contact list of safeguarding officers and focal points.

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

14.1 LSTM's recruitment process reflects our organisational commitment to keeping children and vulnerable adults 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.

14.2 As part of our recruitment process, we will:

- Assess all advertised jobs to identify those that have contact with children and vulnerable adults, 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 carried out or
 - [Criminal record check for overseas applicants](#)
- Include a standard safeguarding statement on all job adverts
- 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 "Recruitment and Selection Policy and Procedure Policy". 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 and develop mandatory online safeguarding training for all staff. To ensure that staff are aware of their obligations and respond appropriately to safeguarding and child/adult protection issues.

15. STAFF CODE OF CONDUCT

- 15.1 LSTM has a code of conduct which all employees, contractors, consultants, volunteers, trustees and others who are representing LSTM are asked to sign up to. Please refer to LSTM's [Safeguarding Policy](#) for a copy of the staff code of conduct.
- 15.2 The code of conduct has been written as part of the further development of safeguarding procedures across the LSTM group, to protect children and vulnerable adults in all areas where we work. This includes (but is not limited to), patients, beneficiaries, research participants, students, volunteers, contractors and other LSTM staff members and representatives.
- 15.3 At LSTM, 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 children and vulnerable adults.
- 15.4 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 LSTM. It also seeks to ensure that employees avoid using possible unequal power relationships for their own benefit.
- 15.5 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.
- 15.6 A code of conduct has also been developed for students (please refer to the LSTM Policy on Safeguarding Students)

16. TRAINING

16.1 Corporate Induction

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

16.2 Mandatory Safeguarding Training

All LSTM staff will be expected to complete the online mandatory training in relation to safeguarding and protection of children and vulnerable adults every three years.

16.3 Specialist Training for lead personnel

- All safeguarding focal points and key identified personnel (including identified members of HR staff and relevant Principal Investigators), will undergo specialist face to face safeguarding training every two years.
- In addition, these lead personnel will have access to a safeguarding information portal on the knowledge exchange

- All Well Travelled Clinic staff must attend mandatory face to face level 3 safeguarding for children and vulnerable adults/prevent training every three years, via the Royal Liverpool and Broadgreen University Hospital Trust.
- Academic staff who are clinicians and who hold honorary appointments within the NHS must undertake Level 3 safeguarding training every 2-3 years (in accordance with their local NHS Trust mandatory training policy) as a mandatory requirement.

17. MONITORING OF POLICY

17.1 The implementation of this policy will be monitored by the Strategic Safeguarding Oversight Committee, who in turn report to the Management Committee.

Evidence of implementation will be monitored through:

- Minutes of the SSOC demonstrating progress against the LSTM safeguarding action plan
- Reduction in risk rating of the safeguarding risks documented on the organisation's Corporate Risk Register
- Reporting of safeguarding incidents (number and subject heading, all anonymised)
- Percentage of existing staff signed up to code of conduct within organisation
- Number of personnel who have undergone DBS checks
- Number of staff attending Corporate Induction
- Number of staff participating in online mandatory training and face to face training
- Evidence of participation in national and regional safeguarding events by DFID/other donors

17.2 The Board of Trustees shall receive a six-monthly update report on progress against the organisation's safeguarding action plan.

17.3 An internal audit plan will be developed to carry out an audit on an aspect of our safeguarding practice against our action plan after April 2019 (at end of year one).

18. REFERENCES

- Charity Commission (2014)**. Policy paper. Safeguarding Children and Young People. 14 July 2014.
<https://www.gov.uk/government/publications/safeguarding-children-and-young-people/safeguarding-children-and-young-people>
- CHS Alliance (2017)**. PSEA implementation quick reference handbook.
<https://www.chsalliance.org/what-we-do/psea/psea-handbook>
- Department of Education (2018)**. Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children. 4 July 2018.
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- House of Commons International Development Committee (2018)** Sexual exploitation and abuse in the aid sector. Eighth report of the session 2017-19. HC 840. 23 July 2018. Published on 31 July 2018.
<https://publications.parliament.uk/pa/cm201719/cmselect/cmintdev/840/84002.htm>
- Keeping Children Safe (2014)**. Child safeguarding standards and how to implement them.
<https://www.keepingchildrensafe.org.uk/how-we-keep-children-safe/capacity-building/resources/child-safeguarding-standards-and-how-implement>
- Interagency Standing Committee (2016)**. Protection against Sexual Exploitation and Abuse (PSEA). Global Standard Operating Procedures. May 2016
<https://interagencystandingcommittee.org/accountability-affected-populations-including-protection-sexual-exploitation-and-abuse/documents-51>
- NHS England (2015)**. Serious Incident Framework. Supporting learning to prevent recurrence. 27 March 2015.
<https://improvement.nhs.uk/documents/920/serious-incident-framework.pdf>
- NHS England (2017)**. Safeguarding Adults. A pocket guide for healthcare staff. Published 28 May 2017. Updated 3 May 2017.
<https://www.england.nhs.uk/publication/safeguarding-adults-a-guide-for-health-care-staff/>
- Office of the Public Guardian (2017)**. Policy paper SD8: office of the Public Guardian safeguarding policy (web version) Updated 4 July 2017.
<https://www.gov.uk/government/publications/safeguarding-policy-protecting-vulnerable-adults/sd8-opgs-safeguarding-policy#what-is-safeguarding>
- Save the Children (2003)**. Protecting children from sexual abuse and exploitation. Save. London.
<https://resourcecentre.savethechildren.net/library/save-childrens-policy-protecting-children-sexual-abuse-and-exploitation>
- UK Policy Governance Association (2006)**. Act of Parliament. Safeguarding Vulnerable Groups Act 2006 (chapter 47) https://www.legislation.gov.uk/ukpga/2006/47/pdfs/ukpga_20060047_en.pdf
- UNICEF (1989)**. United Nations Convention on the Rights of the Child. (Ratified by the General Assembly Resolution on 20 November 1989).
<https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>
- United Nations (1948)**. Universal Declaration of Human Rights (Proclaimed by the United Nations General Assembly in Paris on 10 December 1948, General Assembly resolution 217 A)
<http://www.un.org/en/universal-declaration-human-rights/>
- United Nations (1993)**. The Declaration on the Elimination of Violence against Women (Ratified by the General Assembly resolution on 19 December 1993).
<https://documents-dds-ny.un.org/doc/UNDOC/GEN/N94/095/05/PDF/N9409505.pdf?OpenElement>
- United Nations (2017)**. UN Global Compact. A call to action for sustainable business.
<https://www.unglobalcompact.org/docs/publications/UNGC-Value-Proposition.pdf>

Appendix 1: Safeguarding incident disclosure form (for reporting safeguarding incidents/raising concerns of abuse)

You can report incidents or concerns using the online freedom to speak up reporting system and/or by completing this form.

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.

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 other representative of LSTM)
<input type="checkbox"/>	A vulnerable student
<input type="checkbox"/>	The behaviour of a member(s) of staff (or other representative of LSTM) towards another person
<input type="checkbox"/>	The behaviour of a student(s) towards another person
<input type="checkbox"/>	The behaviour of someone from a partner organisation 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):			

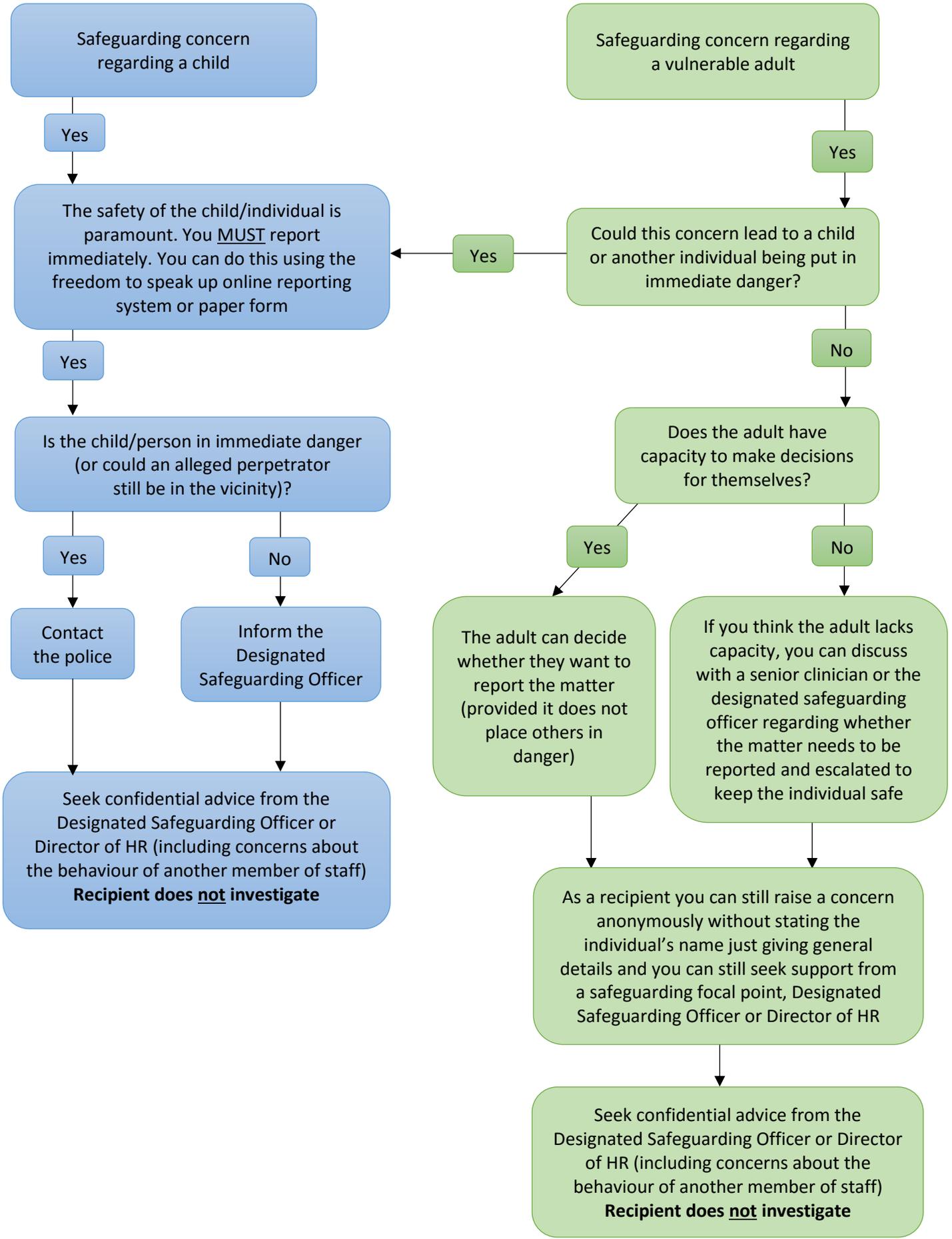
D. Please provide details of any person where you have concerns about their behaviour (alleged perpetrator) (who was involved in any incident/harm/abuse <u>or</u> alleged to have caused any incident/harm/abuse):	
Name:	Position held:
Organisation:	
Address (if known):	
Tel:	Email:
Date/time and place 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:
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:
Your email:	Your phone no:
Signature:	Date/Time:

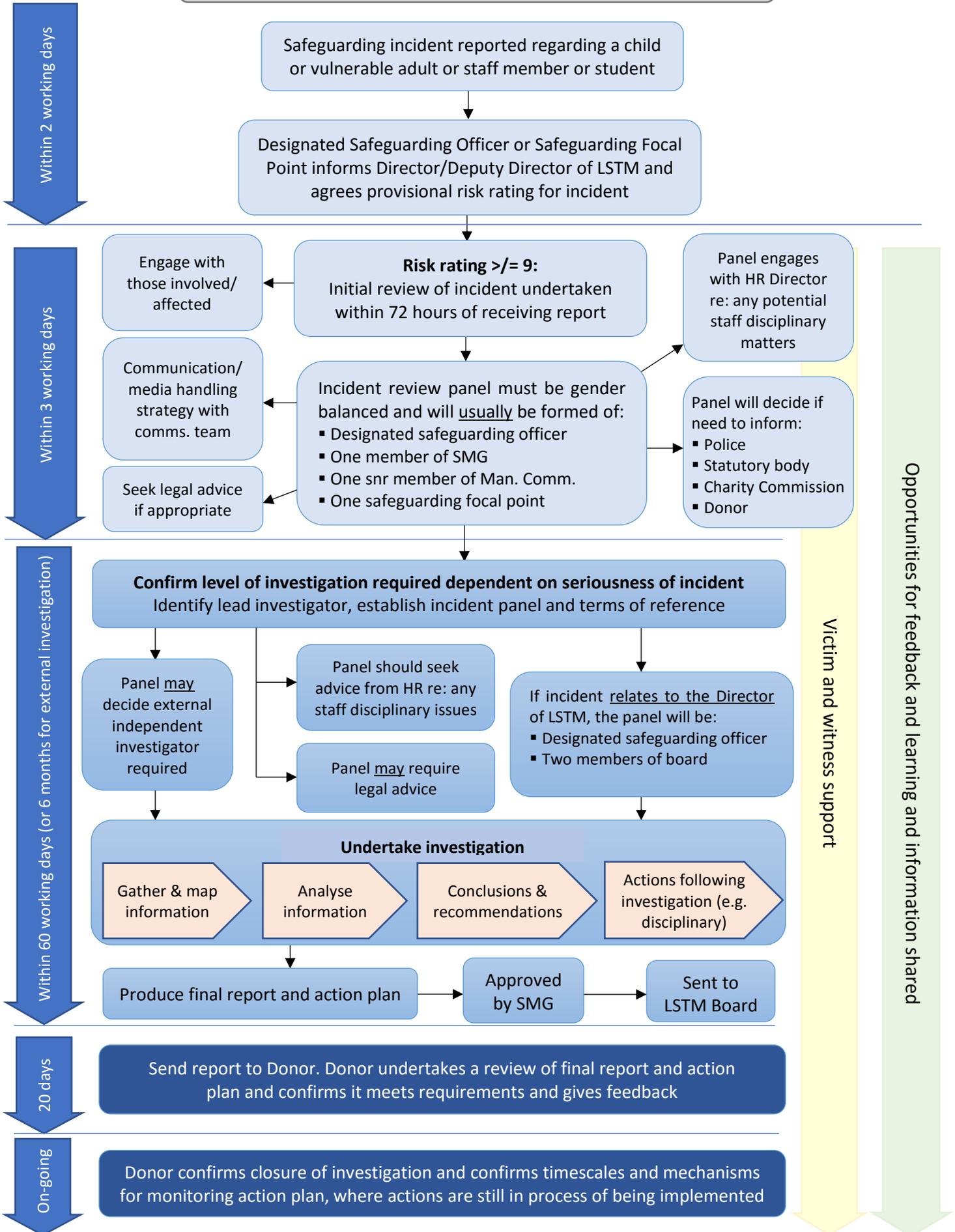
Send this form to LSTM's Safeguarding Officer: safeguarding@LSTMed.ac.uk Tel: 0151 705 3744

Safeguarding incident REPORTING process



Appendix 3

Safeguarding INCIDENT MANAGEMENT process



Appendix 4: Safeguarding Focal Points

Safeguarding Title	Name	Contact details
Accountable Officer for Safeguarding (Board level)	Einion Holland, Director of Strategic Operations, LSTM	einion.holland@LSTMed.ac.uk Tel: + 44 151 705 3313
LSTM Lead Designated Safeguarding Officer	Philippa Tubb, Managing Director, Well Travelled Clinics	phil.tubb@LSTMed.ac.uk Tel: + 44 151 705 3744
Lead Trustee for Safeguarding		
Safeguarding Focal Points		
HR	Ms Sam Airey Global Director of HR	sam.airey@LSTMed.ac.uk Tel: + 44 151 705 3715
	Cecilia Hart, Equality & Diversity Officer	cecilia.hart@LSTMed.ac.uk Tel: + 44 151 705 3795
CEIDR	Fiona Marston CEIDR Director	Fiona.Marston@ceidr.org.uk Tel: + 44 151 702 9548
Corporate Performance Planning and Contracts	Kevin Francis, Head of Corporate Performance & Information Planning	kevin.francis@LSTMed.ac.uk Tel: + 44 151 705 3785
Research Governance & Contracts	Carl Henry, Governance Manager	carl.henry@LSTMed.ac.uk Tel: + 44 151 705 3794
Communications	Elli Wright Public Engagement Manager	elli.wright@LSTMed.ac.uk Tel: +44 151 705 2554
Finance	Helen McCormack, Head of Research & Business Professional Services	helen.mccormack@LSTMed.ac.uk Tel: + 44 151 705 3293
Education	Martyn Stewart, Senior Lecturer in Research Methods	martyn.stewart@LSTMed.ac.uk Tel: + 44 151 705 3292
	Frances Wood, Director of Studies Diploma in Tropical Nursing	frances.wood@LSTMed.ac.uk Tel: +44 151 705 3130
	Lesley Bennett Student Welfare Officer	lesley.bennett@LSTMed.ac.uk Tel: + 44 151 702 9593
	Leah Dempsey Student Experience Officer	leah.dempsey@LSTMed.ac.uk Tel: + 44 151 702 9591
Centre for Maternal and New-born Health (CMNH)	Nick Goldup, Operations Director	nicholas.goldup@LSTMed.ac.uk Tel: + 44 151 702 9367
	Tara Tancred Senior Research Associate	tara.tancred@LSTMed.ac.uk Tel: +44 151 702 9319
	Somla Gopalakrishnan Clinical Research Associate	somla.gopalakrishnan@LSTMed.ac.uk Tel: +44 151 705 2553
	Helen Allott Senior Technical Officer	helen.allott@LSTMed.ac.uk Tel: + 44 151 702 9354
	Mamuda Aminu Senior Clinical Research Associate	mamuda.aminu@LSTMed.ac.uk Tel: +44 151 705 3342
Centre for Neglected Tropical Diseases (CNTD)	Sian Freer Chief Operating Officer	sian.freer@LSTMed.ac.uk Tel: +44 151 705 3212
	Sarah Martindale Programme Manager	sarah.martindale@LSTMed.ac.uk Tel: +44 151 705 3774
Malawi-Liverpool Wellcome Trust (MLW)	Lim bani Medi HR Manager	lmedi@mlw.mw Tel:
IVCC	Lynn Byrne Administration Officer	lynn.byrne@ivcc.com Tel: +44 151 705 3268
Vector	Eve Worrall Project Manager	eve.worrall@LSTMed.ac.uk Tel: +44 151 705 3759
Well Travelled Clinics	Jane Rowles Clinical Nurse Manager	jane.rowles@LSTMed.ac.uk Tel: 0151 705 2516

Appendix 5: Safeguarding referrals - LIVERPOOL

1. SAFEGUARDING CHILDREN

- 1.1 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 233 3700. Phone lines are open 24/7

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

1.2 Liverpool Safeguarding Children Board (LCSB)

5th Floor
Cunard Building
Water Street
Liverpool
L3 1DS

Tel: 0151 233 0493/0510

Web: <https://liverpoolscb.org.uk/lscb>

2. SAFEGUARDING ADULTS:

- 2.1 Liverpool Social Services Careline is Liverpool Council's social care contact services where staff are available 24/7, providing a central contact point for enquiries about services for children, adults, homeless families and people with mental health problems. You can contact Careline by telephone as follows:

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

2.2 Merseyside Safeguarding Adults Board

Old Market House
Hamilton Street
Birkenhead
CH41 5AL

Tel: 0151 666 3635

Web: <https://www.merseysidesafeguardingadultsboard.co.uk/>

Appendix 6 - Other UK organisations offering help and support

1. National Society for Prevention of Cruelty to Children (NSPCC)

UK Charity working in Child Protection

Helpline: 0808 800 5000

Email: help@nspcc.org.uk

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

2. Childline

Childline is for anyone under 19 in the UK with any issue they're going through. Childline is free, confidential and available any time, day or night. (Joined with NSPCC in 2006)

Helpline: 0800 1111

1-2-1 Counsellor chat: <https://www.childline.org.uk/get-support/1-2-1-counsellor-chat/>

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

3. Samaritans

Aim of the organisation is to alleviate emotional distress and reduce the incidence of suicide feelings and suicidal behaviour. They 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: <https://www.samaritans.org/>

4. 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

Text: 86463

5. Young Minds

Young People's mental health charity

Offer a Parents Helpline: 0808 802 5544

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

6. Wellbeing Liverpool

Online directory for mental health and wellbeing services, activities and groups in Liverpool.

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

7. 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/>

- [If you've just been raped](#)
- [If you've been raped abroad](#)
- [Supporting a survivor](#)

Rape Support Cheshire and Merseyside: Cheshire & Merseyside Rape and Sexual Abuse Support Centre (RASASC) - For men and women. PO Box 35, Warrington, Cheshire, WA1 1DW

Helpline: 0330 363 0063 (9am-4.30pm Monday to Friday)

8. National Domestic Violence Helpline

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

Run in partnership between [Women's Aid](#) and [Refuge](#)

Helpline: 0808 2000 247

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

9. Liverpool Domestic Abuse Service

Liverpool Domestic Abuse Service (LDAS) is a free independent confidential service; who's aim is to Protect, support and empower women/girls who suffer from domestic abuse, to live safe independent lives. Specialist BME service with multi lingual staff and volunteers and have access to interpreters and information in different languages.

Tel: 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: 07562 013316

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

10. Victim Support

Independent Charity to help support people after crime

Support line: 0808 168 9111

Victims' Information Service: 0808 168 9293

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

Lots of information available on line and Victim Support have sections on lots of different types of crime including:

- [Crime Abroad](#)
- [Domestic Abuse](#)
- [Hate Crime](#)
- [Rape and Sexual Assault](#)
- [Sexual Harassment](#)
- [Stalking and Harassment](#)

11. Addaction

Mental health drug and alcohol charity working with adults and children and young people

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

Liverpool Central Addaction Recovery Centre (ARC) - The Gateway

4 Roscoe Street, Liverpool, L1 2SX

Tel: 0151 706 7888

Opening Times: Mon 09:00-17:00; Tuesday 09:00-19:00; Weds-Fri: 09:00-17:00

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

12. Alcoholics Anonymous (AA)

AA supports the personal recovery and continued sobriety of alcoholics who turn to them for help.

National helpline: 0800 9177 65

Email: Help@aamail.org

Web: <https://www.alcoholics-anonymous.org.uk/>

13. 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: 020 7008 0151

Appendix 7 – Overseas External 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

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 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/aphiaplus-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_0.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

Tel: +265 1 526 199

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

App: Tithandizane Helpline:

<https://play.google.com/store/apps/details?id=com.yoneco.ict.tithandizanehelpline>

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>

INDIA

- **National Commission for the Protection of Child Rights. Government of India.**

Online reporting system (POSCO): <http://www.ncpcr.gov.in/index2.php>

Web: <http://www.ncpcr.gov.in/>

Delhi Office: 5th Floor, ISBT Building, Kashmere Gate, New Delhi

Delhi Tel: 011-2386291/23862686

Delhi Email: dcpcr@hotmail.com

- **Childline India**

Work for the protection of the rights of all children in general. But special focus is on all children in need of care and protection, especially the more vulnerable sections.

Contact: 06, Sumer Kendra, 4th floor, P. B. Marg, Behind Mahindra Towers 400 018 Worli, Mumbai.

Tel: 022-2495 2610, 2495 2611, 2482 1098/ 2490 1098/ 2491 1098

Email: dial1098@childlineindia.org.in

Web: www.childlineindia.org.in

Facebook: <https://www.facebook.com/ChildlineIndiaFoundation/>

- **Revised Integrated Child Protection Scheme 2014. Ministry of Women & Child Development Government of India:**
<https://bettercarenetwork.org/sites/default/files/Revised%20Integrated%20Child%20Protection%20Scheme%202014.pdf>
- **No Child Alone India**
 Independent NGO working for the holistic development and welfare of parentless and abandoned children, and to strengthening families and communities as a preventive measure in the fight against abandonment and social neglect.
Web: <https://www.soschildrensvillages.in/no-child-alone>
Head Office Address: SOS Children's Villages India, National Office, Plot No. 4, Block C-1, Institutional Area, Nelson Mandela Marg, Vasant Kunj, New Delhi 110 070
Phone: +91-11- 4323 9200
Email: soscvi@soscviindia.org
- **Save the Children India**
 Save the Children works for providing equality, equal education, equal nutrition, equal health, equal opportunities, gender equality, and life-saving humanitarian situations and relief during natural disasters to the most deprived children of India. Work includes: Child Education, Health & Nutrition, Child Protection and Humanitarian Response & Disaster Risk Reduction.
Web: <https://www.savethechildren.in/>
Contact: <https://www.savethechildren.in/about-us/contact-us>
- **SNEHA**
 SNEHA is a non-profit organisation that works with women, children and public health and safety systems. Their work in urban informal settlements aims to reduce maternal and neonatal mortality and morbidity, child malnutrition and gender-based violence.
Contact: <http://snehamumbai.org/contact-us/>
Tel: +91 22 2404 2627
 +91 21 2408 6011
Tel in crisis: 91675 35765
Mail: crisis@snehamumbai.org
Web: <http://snehamumbai.org/>
- **I-India**
 NGO in Jaipur that assists street children with problems such as homelessness, malnutrition and illness
Web: http://www.i-indiaonline.com/abt_ii_overview.htm
- **SARTHI**
 Sarthi is a children rights organization in Bihar, one of India's poorest regions. We protect and rehabilitate children placed in Bihar's government homes for minors, including children from broken or abusive families, orphaned children, street children, handicapped children and juvenile offenders.
Web: <http://www.sarthi-bihar.org/home>

Appendix 8: Safeguarding Risk 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 any partner organisations you are working with:					
Safeguarding Risk Identification		Risks		How will the risks be mitigated/managed?	
1. Potential safeguarding/protection risks for beneficiaries 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)?		