UK-Med Safeguarding Policy

1. Purpose

The purpose of this policy is to protect people, particularly children, at risk adults and beneficiaries of assistance, from any harm that may be caused due to their coming into contact with UK-Med. This includes harm arising from:

- The conduct of staff or personnel associated with UK-Med
- The design and implementation of UK-Med's programmes and activities

The policy lays out the commitments made by UK-Med and informs staff and associated personnel[1] of their responsibilities in relation to safeguarding.

The following is outside of the scope of the policy:

- Sexual harassment in the workplace – this is dealt with in the UK-Med Staff Handbook
- Safeguarding concerns in the wider community not perpetrated by UK-Med or associated personnel

What is safeguarding?

Safeguarding means protecting peoples' health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect[2]

In the humanitarian sector, we understand it to mean protecting people, including children and at-risk adults, from harm that arises from coming into contact with our staff or programmes.

Further definitions relating to safeguarding are provided in the glossary below.

2. Scope

- All staff contracted by UK-Med
- All deployments managed by UK-Med including UK EMT
- Associated personnel whilst engaged with work or visits related to UK-Med, including but not limited to the following: consultants; volunteers; contractors; programme visitors including journalists, donors, celebrities and politicians

3. Policy Statement

UK-Med believes that everyone we come into contact with, regardless of age, gender identity, disability, sexual orientation or ethnic origin has the right to be protected from all forms of harm, abuse, neglect and exploitation. UK-Med will not tolerate abuse and exploitation by staff or associated personnel.

This policy will address the following areas of safeguarding: child safeguarding, adult safeguarding, and protection from sexual exploitation and abuse. These key areas of safeguarding may have different policies and procedures associated with them (see Associated Policies).

UK-Med commits to addressing safeguarding throughout its work, through the three pillars of prevention, reporting and response.

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[1] See 'Scope' for definition of associated personnel
[2] NHS 'What is Safeguarding? Easy Read' 2011

4. Prevention

a. UK-Med responsibilities

UK-Med will:

- Ensure all staff have access to, are familiar with, and know their responsibilities within this policy
- Design and undertake all its programmes and activities in a way that protects people from any risk of harm that may arise from their coming into contact with UK-Med. This includes the way in which information about individuals in our programmes is gathered and communicated
- Implement stringent safeguarding procedures when recruiting, managing and deploying staff and associated personnel
- Ensure staff receive training on safeguarding at a level commensurate with their role in the organization
- Follow up on reports of safeguarding concerns promptly and according to due process

b. Staff responsibilities

i. Child safeguarding

UK-Med staff and associated personnel must not:

- Engage in sexual activity with anyone under the age of 18
- Sexually abuse or exploit children
- Subject a child to physical, emotional or psychological abuse, or neglect
- Engage in any commercially exploitative activities with children including child labour or trafficking

ii. Adult safeguarding

UK-Med staff and associated personnel must not:

- Sexually abuse or exploit at risk adults
- Subject an at-risk adult to physical, emotional or psychological abuse, or neglect

iii. Protection from sexual exploitation and abuse

UK-Med staff and associated personnel must not:

- Exchange money, employment, goods or services for sexual activity. This includes any exchange of assistance that is due to beneficiaries of assistance
- Engage in any sexual relationships with beneficiaries of assistance, since they are based on inherently unequal power dynamics

Additionally, UK-Med staff and associated personnel are obliged to:

- Contribute to creating and maintaining an environment that prevents safeguarding violations and promotes the implementation of the Safeguarding Policy
- Report any concerns or suspicions regarding safeguarding violations by an UK-Med staff member or associated personnel to the appropriate staff member

5. Enabling reports

UK-Med will ensure that safe, appropriate, accessible means of reporting safeguarding concerns are made available to staff and the communities we work with.

Any staff reporting concerns or complaints through formal whistleblowing channels (or if they request it) will be protected by UK-Med's (Whistleblowing) and Disclosure of Clinical Malpractice in the Workplace Policy.

UK-Med will also accept complaints from external sources such as members of the public, partners and official bodies.

6. How to report a safeguarding concern

Staff members who have a complaint or concern relating to safeguarding should report it immediately to their Safeguarding Focal Point or line manager. If the staff member does not feel comfortable reporting to their Safeguarding Focal Point or line manager (for example if they feel that the report will not be taken seriously, or if that person is implicated in the concern) they may report to any other appropriate staff member. For example, this could be a senior manager or a member of the HR Team.

There is a designated email address for reporting safeguarding concerns which is checked on a frequent basis: safeguarding@uk-med.org

7. Response

UK-Med will follow up safeguarding reports and concerns according to policy and procedure, and legal and statutory obligations (see Procedures for reporting and response to safeguarding concerns in Associated Policies).

UK-Med will apply appropriate disciplinary measures to staff found in breach of policy and/or standards of conduct.

UK-Med will offer support to survivors of harm caused by staff or associated personnel, regardless of whether a formal internal response is carried out (such as an internal investigation). Decisions regarding support will be led by the survivor.

UK-Med is part of the Inter-Agency Misconduct Disclosure Scheme and is committed to sharing where we have become aware of misconduct in response to requests for a Statement of Conduct under the scheme.

8. Confidentiality

It is essential that confidentiality in maintained at all stages of the process when dealing with safeguarding concerns. Information relating to the concern and subsequent case management should be shared on a need-to-know basis only and should be kept secure at all times.

Appendix 1: Associated policies

Codes of Conduct

UK-Med Staff Handbook including Anti Bullying and Harassment

UK-Med's Whistleblowing Policy

UK-Med's Disclosure of Clinical Malpractice in the Workplace Policy.

UK-Med's Complaints Policy

Appendix 2: Glossary of Terms

Beneficiary of Assistance

Someone who directly receives goods or services from UK-Med's programme. Note that misuse of power can also apply to the wider community that the NGO serves, and also can include exploitation by giving the perception of being in a position of power.

Child

A person below the age of 18

Harm

Psychological, physical and any other infringement of an individual's rights

Psychological harm

Emotional or psychological abuse, including (but not limited to) humiliating and degrading treatment such as bad name calling, constant criticism, belittling, persistent shaming, solitary confinement and isolation

Protection from Sexual Exploitation and Abuse (PSEA)
The term used by the humanitarian and development community to refer to the prevention of sexual exploitation and abuse of affected populations by staff or associated personnel. The term derives from the United Nations Secretary General's Bulletin on Special Measures for Protection from Sexual Exploitation and Abuse (ST/SGB/2003/13)

Safeguarding

Safeguarding means protecting peoples' health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect[3]

In the humanitarian sector, we understand it to mean protecting people, including children and at-risk adults, from harm that arises from coming into contact with our staff or programmes. One donor definition is as follows:

Safeguarding means taking all reasonable steps to prevent harm, particularly sexual exploitation, abuse and harassment from occurring; to protect people, especially vulnerable adults and children, from that harm; and to respond appropriately when harm does occur.

This definition draws from our values and principles and shapes our culture. It pays specific attention to preventing and responding to harm from any potential, actual or attempted abuse of power, trust, or vulnerability, especially for sexual purposes.

Safeguarding applies consistently and without exception across our programmes, partners and staff. It requires proactively identifying, preventing and guarding against all risks of harm, exploitation and abuse and having mature, accountable and transparent systems for response, reporting and learning when risks materialise. Those systems must be survivor-centred and also protect those accused until proven guilty.

Safeguarding puts beneficiaries and affected persons at the centre of all we do.

Sexual abuse

The term 'sexual abuse' means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Sexual exploitation

[3] NHS 'What is Safeguarding? Easy Read' 2011

The term ‘sexual exploitation’ means 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. This definition incudes human trafficking and modern slavery.

Sexual harassment

‘Sexual harassment’ is unwanted behaviour of a sexual nature. The law (Equality Act 2010) protects the following people against sexual harassment at work:

- employees and workers
- contractors and self-employed people hired to personally do the work
- job applicants

To be sexual harassment, the unwanted behaviour must have either:

- violated someone's dignity
- created an intimidating, hostile, degrading, humiliating or offensive environment for someone

It can be sexual harassment if the behaviour:

- has one of these effects even if it was not intended
- intended to have one of these effects even if it did not have that effect

Survivor

The person who has been abused or exploited. The term ‘survivor’ is often used in preference to ‘victim’ as it implies strength, resilience and the capacity to survive, however it is the individual’s choice how they wish to identify themselves.

At risk adult

Sometimes also referred to as vulnerable adult. A person who is or may be in need of care by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

Appendix 3
UK-Med Safeguarding Policy: Dealing with Safeguarding Reports

Purpose and scope

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

- Against staff or members of the public,
- Perpetrated by staff, partners or associated personnel.

Procedures

1. Report is received

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

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

- Listen
- Empathise with the person
- Ask who, when, where, what but not why
- Repeat/ check your understanding of the situation
- Report to the appropriate staff member (see below)
- Do not investigate – simply take and pass on the report
- Refer to appropriate support services
- Respect confidentiality

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

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

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

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

1.6. UK-Med might initiate a crisis management review in response to safeguarding concerns, including addressing associated fallout with the community.

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

2. Assess how to proceed with the report

2.1. Appoint a Decision Maker for handling this report

2.2. Determine whether it is possible to take this report forward
- Does the reported incident(s) represent a breach of safeguarding policy?
- Is there sufficient information to follow up this report?

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

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

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

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

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

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

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

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

- Funding organisations
- Umbrella bodies/networks
- Statutory bodies (such as the Charity Commission in the UK)

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

3. Appoint roles and responsibilities for case management

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

3.2. If the report alleges a serious safeguarding violation, you may wish to hold a case conference. This should include:
- Decision Maker
- Person who received the report (such as the focal point, or manager)
- HR advisor for the case
- Safeguarding adviser (or equivalent) if there is one

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

4. Provide support to survivor where needed/requested

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

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

4.2. In most cases decision making on support should be led by the survivor, but in certain situations, the Decision Maker might make the decision and inform the survivor.

5. Assess any protection or security risks to stakeholders

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

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

6. Decide on next steps

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

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

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

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

7. Manage investigation if required

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

8. Make decision on outcome of investigation report

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

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

9. Conclude the case

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

9.2. Store all information relating to the case confidentially, and in accordance with UK-Med policy and local data protection law.

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

Appendix 4: Policy information

Policy created by UK-Med Safeguarding Working Group Jan 2020

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