



Safeguarding Toolkit for Health Partnerships

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The health workers and service users featured in this toolkit have given us their consent to use their image.



Creating Safe Institutional and Partnership Environments

This document has been produced to support Health Partnerships strengthen their approach to safeguarding.

The aim is to support Health Partnerships to achieve safeguarding best practice in all countries of implementation, taking into account contextual requirements including local laws and customs and seeking additional professional advice where necessary.

This toolkit has been written for both UK and overseas partners.



Definition:

Health Partnerships are long-term partnerships between UK and low- and middle-income country (LMIC) health institutions and organisations, including hospitals, universities, professional associations and not-for-profit organisations. They aim to improve health services in LMICs and the UK through the reciprocal exchange of skills, knowledge and experience.



THET's requirements for grant holders are highlighted in the blue areas in each section of this toolkit. Grant holders should also carefully consider the relevance of this document, using the information in it to make and justify decisions.

Although all of our partners must have a policy in place, the following partnerships are deemed to require extensive safeguarding policies and procedures in order to be eligible for funding under any of THET's grant management programmes (these will be detailed further in the programme application documents):

- Partnerships that deliver work directly in child health, adolescent health, maternal health, sexual and reproductive health, mental health, and those that involve work with other vulnerable adults.
- Partnerships that deliver projects in which only 1 or 2 UK volunteers are working at any time in a project site.
- Partnerships that involve staff and/or trainees from one overseas country travelling to another overseas country to be involved in activities.





Introduction

THET does not tolerate the abuse of vulnerable adults and children. We expect our employees and our partners to be committed to the right of vulnerable adults and children to be protected. We will take positive action to prevent abusers becoming involved with THET and take stringent measures if abuse is committed or suspected.

THET uses the NHS 'What is Safeguarding? Easy Read' [2011] definition: "Safeguarding means protecting people's health, wellbeing and human rights, enabling them to live free from harm, abuse and neglect."

Safeguarding applies without exception across our programmes, partners and staff. We recognise that it requires the proactive identification, prevention and guarding against all risks of harm, exploitation and abuse. It necessitates appropriate and transparent systems for response, including reporting and learning when risks materialise. Those systems must be child and vulnerable adult-centred and also

protect whistleblowers. They should also protect the subject of complaint until substantiated.

Health Partnership work presents safeguarding risks that individuals and institutions may not have considered and consequently may not have mitigated. These risks may be to the individual, to volunteers/staff, to the institution and/or to the communities in which partnerships work. Health Partnerships have a responsibility to ensure that all stakeholders are as safe as possible.

To gain a better understanding of the safeguarding context and the policies and procedures in place within Health Partnerships, THET interviewed nine partnerships, including mental health, child and maternal health, and surgery and anaesthesia partnerships that work across Africa and Asia and ran a workshop with partners in Uganda. We also drew on the sector-wide work of BOND.



Definition:

A child: a person below the age of eighteen years, as defined by the UK Convention of the Rights of a Child.

A vulnerable/at risk adult: a person aged 18 years or over who either: Identify themselves as unable to take care of themselves or protect themselves from harm or exploitation or, due to their gender, age or frailty, mental health problems, learning or physical disabilities, and disasters and conflicts, may be unable or unwilling to identify themselves as vulnerable or subject to abuse, but are deemed to be at risk.

Two things became clear from this scoping work:

1. Few UK health institutions have the capacity or experience in developing safeguarding policies and procedures for projects delivered in LMIC settings and partnerships have varying protocols in place for mitigating and addressing safeguarding issues.
2. There is no consistent level of safeguarding across the institutions and countries in which partnerships operate.

This is the background to the development of this Safeguarding Toolkit for Health Partnerships, which aims to support THET and our partners to review and strengthen our policies and practices to achieve a safe environment.

Expectations

To illustrate the minimum requirements expected of Health Partnerships, below are the Department for International Development's (DFID) expectations of its Supply Partners in receipt of £1m or above, the main Supply Partner is also accountable for ensuring code compliance throughout their delivery chain.¹

THET has ambitions for all of its programmes to go above and beyond these minimum requirements, and are aligned with [Bond's commitment to change in safeguarding](#). As explained by one of the interviewed partnerships:

"Safeguarding should not just be a policy that you go to when a problem arises. It should be a constant thread to everything that you do."

**Kim Parker and Greg Harrison,
Sheffield – Gulu Partnership**

DFID Supply Partner Requirements

- Institutions must have current internal documents demonstrating good practice and assuring compliance with key legislation on international principles on labour and ethical employment. These documents may include Child Protection Policies, Recruitment Policies, Codes of Conduct or Ethical Behaviour Policies, Whistleblowing Policies, Disciplinary Policies, and Risk and Issue Registers.
- Institutions must have organisational procedures in place 1. To prevent actual, attempted or threatened sexual exploitation and abuse or other forms of inequality or discrimination by employees or any other persons engaged and controlled by the Supply Partner to perform any activities relating to DFID funded work, and 2. For reporting suspected misconduct, illegal acts or failures to investigate actual, attempted or threatened sexual exploitation or abuse. These procedures include retaining board minutes and Senior Management Team agendas on regular review of policies and procedures, training on safeguarding recorded and signed by staff members and held in personnel files, complaints procedures in place and used, and review of protocols for victims or survivors including available support.
- Institutions must provide full details of organisational safeguarding allegations that have been reported to DFID. To demonstrate compliance, Partners must retain board minutes and SMT agendas on regular review of policies and procedures (including any learning and updated policy as a result of an incident), Partners must put in place and use complaints procedures, and Partners must fully disclose to DFID any safeguarding allegations.

¹ This applies to organisations receiving "an individual contract value below £1m, or two or more contracts funded by DFID with a value of less than £5m." (see page 11 onwards of: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750988/Supply-partner-Code-August-2018.pdf).



1. GETTING STARTED

Due diligence and legislative and policy analysis

Prior to beginning Health Partnership work, it is essential for UK and LMIC partners to analyse the legislative and policy environment in which the activities are due to be implemented. This can be done in the form of in-depth analysis of the context and by discussing key national policy documents with your partner.

LMIC legislation may differ from that of the UK with regards to age of consent, labour laws, laws relating to commercial sex work, and homosexuality. Generally, the national laws of the LMIC partner take precedence, unless they contravene a UN treaty. If in doubt, partners should check which treaties each country is a signatory to and make explicit which laws and/or treaties your policies comply with. Please note, the UK partner must nevertheless be compliant with UK laws.

Such due diligence enables both partners to compare institutional safeguarding policies and to understand where these may differ. Where one partner lacks sufficient safeguarding policies and procedures, this could present an opportunity for the other partner to offer support.

Starting conversations

It can be difficult to know how to begin discussing safeguarding. It can sometimes be seen as 'overstepping the mark' with regards to policy ownership, and because the role of a partner should be to support rather than to 'interfere.' However, it is vital that these conversations take place to ensure there is a shared understanding of what safeguarding means. Developing a risk register (as below) may be a useful vehicle for opening up discussion about safeguarding risks.

Defining safeguarding is particularly important for Health Partnerships. With different cultures and institutional practices in every country, definitions can vary widely. For example, in some countries the practices of childhood discipline, forcibly restraining distressed patients, using isolation practices and prescribing large doses of medication may be common. These are at odds with practices in the UK, and thus may be perceived as a safeguarding issue to UK volunteers.

Questions that you may wish to jointly consider include:

- What do we mean by safeguarding?
- What behaviours do all partners agree are unacceptable?
- What behaviours do partners feel conflicted about? Can we arrive at common ground?

Discussing the risks that may occur in your own work can be useful for arriving at a shared understanding about safeguarding and the types of safeguarding procedures that need to be developed within the partnership.

Understanding the risks

Identifying the stakeholders in your partnership work (e.g. staff, volunteers, patients, senior management, other partners and the wider community) and the risks particular to each group is crucial. Stakeholders are likely to be exposed to different types of risk, dependent on many factors, including the resources and power that they hold and the context in which they work.

You may wish to collaboratively discuss and reflect on the following questions when developing your risk register:

- Who are our stakeholders?
- What risks do we think exist for staff and volunteers, particularly if they are working alone? Consider issues such as sexual abuse by other staff/volunteers and patients, and bullying and harassment by other staff/volunteers.
- What risks do we think exist for patients and communities? Consider issues such as the withholding of medical resources for financial gain, sexual abuse in clinics or on hospital wards by other patients or by staff/volunteers, and physical or psychological harassment as a result of a patient's medical status (e.g. epilepsy or HIV).
- What risks do we think exist for any other stakeholders, such as students joining the partnership from the UK and any other partners?
- What actions can we jointly take to mitigate these risks?
- How involved are patients and community members in service delivery? Are there accessible and well-communicated reporting and investigation mechanisms that allow patients to report an incident if required?
- Who do we need to get on board to enable mitigation to take place?

To gain a greater understanding of risks, where possible, it may be beneficial to hold a stakeholders' meeting in which risks can be identified that may not be known to yourself or your partner. These could subsequently feed into the risk register.

Case study:

Knowing your stakeholders

[World Child Cancer](#) formerly had a safeguarding policy that only covered children. However, their project staff and volunteers are often exposed to children's parents who accompany them on the ward. World Child Cancer define these parents as vulnerable due to their need to secure treatment for their children. The organisation now has a policy for all staff and volunteers that covers both vulnerable adults and children.

In another Health Partnership, it was identified that the disclosure of research findings could lead to mothers being at risk of harm. In researching stillbirths, the project researchers realised that mothers wanted to hold their stillborn babies, even though it is not in the local culture to do so. Disclosing this information could lead them to become ostracised or to become victims of domestic violence. Deciding whether to disclose this information became an ethical dilemma and a safeguarding issue.

Case study:

Co-presence principle

[Knowledge for Change](#) works according to the co-presence principle whereby UK volunteers must always work alongside their professional Ugandan peers. At no point should they be put in a situation where they are working in isolation or are providing services on their own. This is vital for the partnership's work – they argue that this is the basis of all knowledge exchange between partners, that it complies with the principle of sustainability, and is a critical risk mitigation principle. Where volunteers find that they are indeed working alone, Knowledge for Change requires volunteers to withdraw from their work until a solution is found.

Case study:

Risk mitigation

In the [British Paediatric Neurology Association](#) – University of Cape Town partnership, UK volunteers and trainees from other LMICs are not allowed to work with children directly and are only allowed to observe clinics unless they are registered and receive a licence to do so.

Case study:

Respectful care

Strengthening patient reporting and investigation processes at health institutions will likely be beyond the scope of partnership work. A number of partnerships have started to work instead towards a culture of respectful care, which is leading to a number of safeguarding benefits.

As described by Knowledge for Change, “Building a culture of respectful care in the organisations we engage with is essential to promoting professional relationships but also, critically, beginning to build an environment where patients can begin to express their views”.

The Sheffield – Gulu partnership also delivers training in respectful care, which has changed behaviours towards patients that used to be stigmatised. For example, an epileptic child who fell into a fire and lost her hand used to be stigmatised by both staff and community members. Now, she receives the same treatment as other children at the hospital.

Case study:

Safeguarding Workshop Participant, Uganda

Facility: Inpatient centre for children with disabilities, Rwanda.

‘The centre had five non-qualified caring staff who helped with caring for the children, all of whom had only one day off per week and slept in the dormitory with the children, so it was a tough job with very little respite. During this time, there was an incident whereby a child who is continent and able to ask to go to the toilet wet the bed. One of the care workers was frustrated and picked them up from the bed, hitting the patient’s leg against the side of the bed. The patient had very weak bones and this resulted in a hairline fracture.

The staff member immediately apologised and knew they were in the wrong. When we talked through the issue it seemed the staff member was completely overworked and under supported. We realised that this was an organisational failing. To resolve the issue, we established a staff rotation system where staff rotated between a different task each day (e.g. one day working with the children and the next day cleaning) to ensure that they did not become overworked in one area. We also ordered new beds that made it easier for staff to get patients out of bed and introduced a weekly staff meeting to discuss any frustrations or concerns, especially about potential safeguarding issues. These changes received great feedback from the care workers, who felt more supported and able to report concerns.’

Risk assessment template

Partnership/Project/Trip: Date of Completion:

Completed by: Review Date:

| Hazard (Threat) with notes | Impact I (1-5) | Probability P (1-5) | Risk = I * P | Mitigation Measures | Responsibility / Actions |
|--|----------------|---------------------|--------------|---|--|
| e.g. UK volunteers are unsafe working alone with distressed patients. | High (5) | Medium (3) | High (15) | <ul style="list-style-type: none"> Volunteers with appropriate experience in dealing safely with distressed patients are recruited onto our projects. Volunteers are accompanied by local staff in their work. Patient behaviour is reviewed in regular meetings to mitigate escalation of inappropriate behaviour. | <ul style="list-style-type: none"> Patient behaviour is reviewed in regular meetings. Regular reporting of change in risk to the Board (or an oversight committee, e.g. Risk and Governance Committee). |
| e.g. Patients are open to abuse in the busy and transient environment that our partnership works in. | High (5) | Medium (3) | High (15) | <ul style="list-style-type: none"> Thorough background checks are conducted for all staff and volunteers engaged in our partnership. | <ul style="list-style-type: none"> An open safeguarding culture exists at our institution whereby staff and volunteers are empowered to report any incidents or concerns about patient abuse to the designated focal person, which are then taken seriously. Channels exist for patients to submit reports of abuse, which are then taken seriously and investigated. Regular reporting of change in risk to the Board (or an oversight committee, e.g. Risk and Governance Committee). |
| e.g. Patients face stigmatisation or harassment due to engaging in our partnership activities. | High (5) | Low (1) | Medium (5) | <ul style="list-style-type: none"> All staff and volunteers will abide by local confidentiality policies. The impact of our project is thoroughly considered to minimise negative effects of our activities. All staff and volunteers are trained in patient-centred care and have agreed to abide by the institutional Safeguarding Policies. | <ul style="list-style-type: none"> Channels exist for patients to submit reports of abuse, which are then taken seriously and investigated. Regular reporting of change in risk to the Board (or an oversight committee, e.g. Risk and Governance Committee). |

| Probability & Impact | |
|----------------------|---|
| Low | 1 |
| Medium | 3 |
| High | 5 |



2. PROTOCOLS, POLICIES AND PROCEDURES

The partnership's due diligence should have included an assessment of whether there are sufficient partnership protocols as well as institutional policies and procedures in place. As a minimum, each lead institution should have a safeguarding policy in place, and the Partnership itself should have a Code of Conduct and/or Protocol in place. These are detailed in this section.

- ✓ **The Partnership Code of Conduct**
- ✓ **The Partnership Protocol: Being Clear on Partnership Processes for Reporting, Investigation and Support for Victims**
- ✓ **Supporting Partners to Improve Safeguarding Policies and Procedures**
- ✓ **Positive Safeguarding Cultures**

The Partnership Code of Conduct

Expected standards of behaviour should be clearly expressed in a Partnership Code of Conduct, which all partnership (UK and LMIC) staff and volunteers must sign. A Code of Conduct unifies the expectations of different institutions and enables safeguarding standards to be implemented. The Code of Conduct should be an addition to existing UK and LMIC policies (see 2C. *Supporting Partners to Improve Safeguarding Policies and Procedures*, below).

Please see below for an example Code of Conduct. We do however encourage partnerships to develop their own Code of Conduct based on an assessment of the risks unique to the context. The collaborative development of this document will ensure ownership of the processes by all partners.

One of the most important elements of the Code of Conduct is the list of behaviours that are deemed unacceptable, as this makes clear what constitutes a reportable safeguarding incident.

Code of Conduct example

Partnership Code of Conduct

The Partnership volunteers, project partners and trustees often work in positions of power both in the UK and overseas. In the UK, there are various legal protections for vulnerable people that may be different to those overseas. UK law guides the UK-based work of the Partnership and must be adhered to.

All Partnership volunteers, project partners and trustees should follow the Code of Conduct below. They are required to sign a copy of this Code of Conduct to confirm their commitments to its terms.

The Partnership Safeguarding Code of Conduct

The Code of Conduct outlines expected standards of behaviour of the volunteers, project partner staff and trustees towards children, young adults, vulnerable adults and community members where work is being done. It has been designed to give all who work with the Partnership the confidence to carry out their roles and ensure that positive relationships are developed and maintained.

Partnership volunteers, project partners and trustees have a responsibility to prevent actions or behaviour that may constitute potentially abusive behaviour or poor practice and should ensure that a culture of openness exists in accordance with which actual or potential breaches of the Code of Conduct may be challenged.

This Code of Conduct applies to conduct in the Partnership's work, but the Partnership expects volunteers, project partners and trustees to also apply these good practice principles in their personal lives. Any violation of this policy occurring in relation to staff and others outside their professional roles may lead to the Partnership considering follow up action, including referral to legal authorities and termination of the employment/volunteer position.

All Partnership volunteers, project partners and trustees are prohibited from engaging in the following harmful behaviour, including but not limited to:

- Sexual activity with children (persons under the age of 18) regardless of the age of consent locally.
- Sexual activity with vulnerable adults (adults that for any reason may be unable to take care of themselves, or protect themselves from harm or exploitation).
- Exchange of money, employment, goods, or services for sex, including sexual favours or any form of humiliating, degrading or exploitative behaviour.
- Taking patients to your home or to that of another staff/volunteer member.
- Making sexually suggestive comments to children, vulnerable adults and any other project beneficiary.
- Allowing or engaging in any form of inappropriate touching.
- Any other activity that is intended to cause or may cause physical or emotional harm.
- Taking photos of service users, staff or volunteers without consent.

In addition, the Partnership volunteers, project partners and trustees must:

- Create and maintain an environment that prevents all forms of exploitation and abuse and promotes the implementation of this Code of Conduct.
- Report any concern or suspicion of a breach of this Code of Conduct in accordance with the institution's Safeguarding Policy and to the safeguarding focal point in the Partnership steering committee (contact details are below).

I understand and agree to abide by the above Code of Conduct. I understand that any breaches of the above will be responded to in accordance with the policies and procedures in place and may result in my position being terminated and my being reported to the relevant authorities.

The Partnership Protocol: Being clear on partnership processes for reporting, investigation and support for victims

Agreement on how staff and volunteers should report an incident or concern, how this is investigated and how victims are supported (regardless of their location) is extremely important. It can often be confusing for partnerships to understand who is responsible for each of these processes, particularly because UK and LMIC institutions have their own safeguarding policies in place.

Specific points that you may wish to agree on are as follows:

- Who do UK volunteers report an incident to?
- Who do local staff report an incident to?
- Who do patients and/or local communities report an incident to?
- Who do visiting professionals from countries other than the UK report an incident to?
- Who should be involved in investigating the incident in-country?
- Who should be involved in communicating about the incident to UK based agencies, including donors?
- Which authorities and other parties need to be informed (please note that it is important to carry out a risk assessment before informing other external parties although being mindful that incidences should be reported to the police regardless if a criminal offence has taken place)?
- Who will be responsible for arranging appropriate support for the victim in-country (if applicable)?
- Who will be responsible for arranging appropriate support for the victim in the UK (if applicable)?

- Through which (clear) mechanisms do we communicate the reporting and investigation processes to staff and volunteers?
- How can we ensure confidentiality and convey this adequately to staff, volunteers and patients?

After agreeing on these points, you can develop a Safeguarding Protocol for your partnership, which will outline who the focal persons for safeguarding are, and the reporting and investigation processes for staff and volunteers. The Safeguarding Protocol should be shared with staff and volunteers at their inductions as well as through refresher training or awareness workshops.

Focal persons

Staff and volunteers need to be absolutely clear on when, how and to whom they escalate safeguarding concerns. Included in this is knowing who the focal person for safeguarding is within each institution, as well as any identified focal persons within the partnership steering committee.

Reporting, investigation and support procedures

A standard incident reporting procedure will help to ensure that those responsible for the safety of staff and volunteers are informed as soon as possible about any incident. As part of this, your partnership could develop an incident form used to provide essential information in a logical order and to inform decision-making. The form should be designed to capture and differentiate between the facts and any analysis or opinion of the incident and steps taken. Often, three separate forms are required, as below.

Health Partnerships have a duty of care towards any individual that is a victim of a safeguarding incident, whether they are in the UK or overseas. The partners should ensure that support, including medical and psychological support, is agreed proactively and is provided as soon as possible.

Incident form templates

| Type of form | Detail |
|---------------|---|
| Immediate | Sent the moment the incident begins or as soon as possible thereafter, to alert others and allow them to respond. The standard format includes space to report who, when, where, what has happened, what has been done and what help is required. |
| Follow-up | This follows a similar format to the immediate report, updating information and giving more detail as soon as the situation allows. |
| Post incident | This gives a complete written account of the incident including a full chronology of events, who was involved, reasons for any decisions taken, lessons to learn and the identification of any failure of procedures and recommendations for remedial action. |



Reporting and investigation procedures examples

Reporting procedure

If you believe there is a safeguarding incident or concern you must follow the below reporting procedure:

- Take emergency action if needed (e.g. contacting police, medical or social services).
- Record what you have witnessed or been told, including key facts (e.g. date, times, incident/concern).
- Refer the incident/concern to the safeguarding focal point or other appointed contact. If the designated focal point does not act on concerns raised, then this should be taken to the head of the institution.
- Do NOT investigate the incident yourself.

If a child or vulnerable adult discloses a safeguarding concern to you, you must pay careful attention to their disclosure and be clear that this is taken seriously. Listen attentively, offer support and reassurance and be clear that you have to tell someone to ensure that the incident/concern is dealt with.

If you bring a report of a safeguarding incident or concern you will not be victimised for having brought the complaint, even if it is found that the concern or incident is not upheld. However, if following a full and fair investigation, the organisation has grounds to believe that the complaint was brought with malicious intent, you will be subject to disciplinary action under the disciplinary procedure.

Investigation procedure

- If a volunteer or member of staff is subject to a safeguarding allegation they should be relieved of their duties while an investigation takes place.
- Care will be taken to hear and understand both sides of the allegation.
- While an investigation takes place all those involved in the investigation should be supported, including the person about whom the concern has been raised.
- Disclosure of abuse should be reported to the police and relevant authorities.
- Disclosure of a suspicion may not always be reported to the police, but a risk assessment and appropriate action (using the disciplinary procedure) will be undertaken, and may result in police involvement.
- If you are a grant holder you must inform the senior officer of the THET team that you are usually in contact with.



Supporting partners to improve safeguarding policies and procedures

Adapting UK policies for international work

Many UK institutions have extensive safeguarding policies in place, and partnerships should look to engage with these. While not all adequately cover international work, a number of options exist for developing an appropriate policy for your partnership work:

- If you are an established partnership, you may wish to partner with an existing charity for your work, which could facilitate the development of your own comprehensive safeguarding policy.

Example:

The Sheffield – Gulu partnership has set up the SHIP charity and has recently developed its own policy:
<https://www.shipsheffield.org.uk/gulu.html>

- You may be able to use an existing international policy template within your institution to develop a specific policy for each of your partnership projects. Alternatively, you could access other international policy templates, such as those developed by [Bond](#).

Example:

The University of Manchester – Lugina Africa Midwives Research Network (LAMRN) partnership uses an existing University of Manchester international policy template to create tailored policies for each of their partnership projects.

New policy development

A number of institutions do not yet have safeguarding policies and procedures in place. This can present a challenge in terms of meeting partnerships' responsibilities to their stakeholders as well as in relation to the safeguarding requirements of grant making organisations.

Where safeguarding policies do not exist, the partnership could consider integrating safeguarding capacity building into its work.

Steps to developing a new policy²

Partners may wish to follow these steps to develop their own institutional policy:

STEP 1: INITIATE

Identify the lead person to develop the policy. This decision will shape how the policy is taken forward. The lead will need to ensure that the process is consultative, while taking ownership for the development and delivery of the policy.

At LMIC institutions, new policies must be developed in-country to ensure local ownership. It is likely that members of senior management and/or hospital administrative teams are best placed to lead on this, with the UK partner remaining supportive rather than instructive.

STEP 2: PLAN

The lead should work in conjunction with senior management to develop a plan for the policy that has a realistic timescale and includes meaningful discussion and consultation. The plan should identify the policy's key areas and dedicate time for review and discussion at key stages of the policy's development.

STEP 3: DEVELOP

Through consultation and discussion across the institution, the lead should develop the policy. See safeguarding policy template by way of example, however an institution's policy should be shaped by its own nature and needs.

All safeguarding policies should be based on an analysis of the country's context and culture, and be grounded in its legislation and policy framework. Note that policies and procedures should also be proportional to the size of the institution.

STEP 4: FINALISE

The final policy draft should go through a rigorous consultative review and go through the institution's regular policy approval process.

If the policy is contractual (i.e. it is signed as part of your offer of employment or other engagement) then it should state under which law it is governed. If it is not contractual, it should state which law the policy will adhere to. Please note that if a country is a signatory to any of the international or global conventions, then these take precedence over the country's own laws.

| Safeguarding policy template | |
|---|---|
| Introduction to the policy | <ul style="list-style-type: none"> - Brief statement of what the policy covers - Safeguarding definition - Who it applies to |
| Purpose and aim of the policy | <ul style="list-style-type: none"> - Clear purpose of the policy - Principles of the policy, e.g. non-discrimination, confidentiality, responsibility to raise concerns, equality, dignity - Institution's commitment to safeguarding and how it will meet the commitment, with a link to organisational vision, mission and aims - Positive safeguarding culture |
| Legal and policy basis | <ul style="list-style-type: none"> - Legal and policy basis, e.g. law, global conventions, policy guidelines |
| Definitions | <ul style="list-style-type: none"> - Key definitions for what a child is, what a vulnerable adult is, the beneficiaries, and for abuse and harm |
| What is your responsibility? | <ul style="list-style-type: none"> - Roles and responsibilities - Reporting concerns and procedures |
| Mitigation and implementation | <ul style="list-style-type: none"> - How safeguarding incidents will be mitigated (via risk assessments, vetting, training) - How policy will be implemented |
| Recognising concerns | <ul style="list-style-type: none"> - Recognising where there is a concern - Understanding signs of abuse - (It is good practice to include a list of behaviour that is not acceptable, particularly if you work with children and vulnerable adults) |
| Reporting procedures and process | <ul style="list-style-type: none"> - How to record an incident or concern - Who to report an incident or concern to - How an incident or concern will be investigated (with clear process and roles throughout) |
| Monitoring and review | <ul style="list-style-type: none"> - How the policy will be monitored - When the policy will be reviewed |
| Complimentary policies | <ul style="list-style-type: none"> - Whistleblowing, Code of Conduct, harassment and bullying policies |

To ensure that individuals report all concerns raised, and do not attempt to make a judgement call on whether to report, it is also useful for policies to include the following statement:

It is NOT the responsibility of those working on behalf of or representing the organisation to decide if a safeguarding incident or concern has occurred. It is our responsibility to mitigate risks and to act on any concerns reported.

² Developing a Safeguarding Policy: Process Template. Scotland's International Development Alliance, 2018 https://www.intdevalliance.scot/application/files/1915/4409/7657/Safeguarding_Policy_Process_Template_web_2018.pdf



Positive safeguarding cultures

Partners may not wish to report incidents because of the risk to reputation or potential repercussions such as the loss of grant funding, the loss of employment or opportunities for promotion, bullying behaviour from colleagues, police and local authority corruption and community kickback. It is therefore essential that there is ownership at multiple levels, as well as a partnership culture that embeds positive safeguarding practice and values.

A positive safeguarding culture can thrive and develop where policies and practice across the institution align and reinforce each other consistently.

Conversely, an unhealthy safeguarding culture develops when rules can be broken and powerful rule breakers are not challenged – thus concerns are not raised and the conduct remains unchecked and underground.³

To develop and strengthen a healthy culture of safeguarding, Health Partnerships and institutions can:

- Develop a safeguarding culture iteratively, with continuous actions over time.
- Orient all staff and volunteers on the Safeguarding Policy and the Code of Conduct, and ask them to sign their agreement to these.
- Have reporting procedures in place that are understood, known and are encouraged to be used.
- Provide regular orientation and training at all levels, including as part of training within Health Partnership projects.
- Encourage and facilitate proactive conversations both formally and informally.
- Network with other institutions to share and learn from best practice.

By enabling partners to see how safeguarding is put into practice at another institution, exchange visits can also help to build an improved safeguarding culture.



It must be demonstrated at the selection stage of THET's grant management programmes that both the UK and LMIC institutions

have adequate safeguarding policies and procedures in place. Within the application, evidence must be submitted demonstrating this. The policy must demonstrate zero tolerance for sexual abuse and physical or mental harm, deliberately or foreseeably caused to a person and should apply to staff and volunteers engaged in Health Partnership activity.

It must also be demonstrated that the applicants have a Code of Conduct and/or a Safeguarding Protocol for its UK and overseas staff and volunteers.

THET's safeguarding requirements are articulated in the contract that it holds with each grant holder.

Example:

A Mental Health Partnership has incorporated risk management meetings into exchange visits to the UK. This has been very valuable for discussing safeguarding and sharing practices.

³ Developing a Safeguarding Policy: Process Template. Scotland's International Development Alliance, 2018 https://www.intdevalliance.scot/application/files/1915/4409/7657/Safeguarding_Policy_Process_Template_web_2018.pdf.



3. UK STAFF AND VOLUNTEER RECRUITMENT, TRAINING AND SUPPORT

The involvement of UK staff and volunteers in Health Partnership work brings a number of additional safeguarding considerations.

Safe recruitment and employment of staff and volunteers

Recruitment and selection processes must include a risk assessment as well as appropriate background checks (e.g. [Disclosure and Barring Service \(DBS\) checks](#) in England and Wales or [Protecting Vulnerable Groups \(PVG\) checks](#) in Scotland). This should be the case for all UK volunteers and students attached to partnership work. These checks are not necessarily valid in all overseas countries, nonetheless it is important to minimise the risk of engaging unsuitable people in partnership activities. It is worth considering background checks in the home country and in other countries that the individual may have worked.

For volunteers and staff who live outside the UK, partnerships can consult the [UK Government's list of criminal record checks](#) that can be undertaken in their country of residence.

THET also recommends that organisations sign up to the [Inter-Agency Scheme for the Disclosure of Safeguarding-related Misconduct in Recruitment Process with the Humanitarian Sector](#). This scheme establishes a minimum standard for the exchange of sensitive information (relating to sexual abuse, sexual exploitation or sexual harassment 'misconduct' during employment) as part of an organisation's recruitment process.

References obtained from employers or personal tutors are also useful, but they should not replace background checks.

Most safeguarding allegations that are upheld will amount to a breach of any employment or volunteer contract. Staff employment or volunteer contracts should make clear which country's laws are applicable by stating, for example, that *'this contract will be governed by the laws and regulations of England/Scotland/Ireland'*.

Inductions and training for staff and volunteers

All staff and volunteers should receive full inductions and should meet the partnership leads in person or, at the least, via video call prior to their placement. This will ensure that volunteers are adequately informed about the cultures and common practices of the country they are travelling to, and are aware of the behaviours that will be acceptable and appropriate.

When initially appointed, all staff and volunteers should be required to sign the Code of Conduct and read the relevant safeguarding policies. If the individual is retained on a long-term basis, they should receive at least annual refresher safeguarding training. This could take the form of a safeguarding awareness day/workshop or participation in NHS safeguarding training (Level 1 at a minimum).

Registration with professional councils

It is likely that staff and volunteers will need to register with the relevant professional council to gain the correct permissions for the work being proposed. Should any safeguarding incident occur in relation to the staff member or volunteer, the council would likely be involved in the investigation and would decide whether that person could continue working in the country. The partnership should support them in registering with this council.

Support for staff and volunteers

All staff and volunteers should be fully supported in their work overseas. This includes having an open communication channel with partnership leads to discuss concerns on a regular basis.



Grant holders in THET's partnership programmes must:

- Conduct recruitment and selection processes that include a risk assessment of the post as well as appropriate background checks (e.g. DBS or PVG checks in the UK) and provision of references for staff and volunteers involved in Health Partnership activity.
- Provide annual safeguarding training to all staff and volunteers, or obtain evidence that they have attended such training (e.g. through NHS), and reiterate on a frequent basis to project staff and volunteers that every person must value and respect the physical, material and psychological well-being of vulnerable adults and children.

Examples:

The Central North West London – Mirembé Hospital partnership runs a daily review meeting in which volunteers can discuss any concerns that have arisen throughout the day.

[Knowledge for Change](#) runs a Friday debriefing meeting that is attended by all partnership students, staff and volunteers. They also have a critical incident reporting form that everyone is asked to complete if required and, if appropriate, these are discussed at the Friday meetings. This enables all but the most sensitive issues to be discussed openly and creates a regular forum to talk about safeguarding (or culture/ethical) issues.





4. PARTNERSHIP GOVERNANCE

To improve quality and effectiveness, THET recommends that all Health Partnerships have clear, stable governance structures in place (please see [THET's Principles of Partnership](#)). These may include a steering committee that has broad membership from across the partnership as well as accountability to senior personnel in the lead institutions. While new partnerships may not have these structures in place, they must be established in order to secure project funding from THET.

Steering committee

Partnership steering committees can help to ensure best practice in safeguarding through:

- Integration of safeguarding as a standing point for discussion in steering committee meetings. When safeguarding is discussed, clear minutes should be recorded.
- Keeping of an incident log detailing lessons learnt. This is vital for providing detailed and precise information about any reported incidents and the partnership's response to funders and other authorities.
- The review of partnership policies and procedures following an incident and the implementation of any necessary improvements. Again, these processes should be clearly documented.
- Designation of one steering committee member from the UK and another from the LMIC as the

safeguarding focal persons for the partnership. The focal persons will be responsible for receiving incident reports from those involved in the partnership's activities. An additional focal point (e.g. institutional head) should be identified in case an incident or concern involves the focal persons on the steering committee.

Partnership contract

Your partnership's commitments to safeguarding should be enshrined in your contract or memorandum of understanding (MOU) between partners. This document confirms that both institutions are in agreement about their responsibilities to safeguarding, and that there is a shared understanding of the types of behaviours and actions that constitute exploitation, abuse and harassment.

Where MOUs exist, safeguarding should be part of the review process.

Safeguarding action plan

Partnerships should review the advice outlined in this Toolkit and agree a Safeguarding Action Plan to make reasonable and measured steps towards improved policies and procedures.

The Safeguarding Action Plan should be reviewed regularly by the partnership steering committee, or by a safeguarding sub-committee.

Safeguarding Action Plan template

Partnership 2019 – 2023 Safeguarding Action Plan

Goal 1: Strengthen UK and LMIC institutional safeguarding policies.

Baseline: e.g. Our UK safeguarding policy is not applicable to international work. Our LMIC policy does not comprehensively address the implications of our partnership work.

Target: e.g. At least one partnership protocol has been developed that clearly sets out parameters for achieving gender equality in our work and our partnership team.

Activities (broken down by year): e.g. At six months:
At twelve months:

Goal 2: Improve safeguarding culture within our partnership environment.

Baseline:

Target:

Activities (broken down by year):

Goal 3: Increase clarity of reporting and investigation procedures for all partnership staff, volunteers and patients.

Baseline:

Target:

Activities (broken down by year):

Grant holders in THET's partnership programmes must:

- Be able to recognise and manage risks and situations and take robust action if safeguarding incidents are suspected, including reporting of incidents to the appropriate authorities.
- Monitor and report on safeguarding activities to THET and the primary donor, as in accordance with their contract with THET.
- Provide evidence of the above.
- Arrange for at least one representative from each UK and LMIC partner to attend a compulsory safeguarding training workshop/webinar delivered by THET at the beginning of any new funding rounds, as requested by THET.



FAQ

Q: *Our UK institution believes that we should be offering support to our LMIC partner to develop/improve its safeguarding policies and procedures, however we don't have many resources nor feel we have the right in-house expertise. What can we do?*

A: A good starting point is to have an open discussion with your partner about their current safeguarding policies and procedures, and to explore the types of support they require. Speak also with relevant departments at your institution to see what support could be offered from across the institution, and how much that is likely to cost.

It may be worth exploring whether you have existing funds available in your current project budgets, or whether you are able to include this sort of capacity building in your future project budgets.

Remember, however, that the LMIC institution itself must lead policy development. Any support must be at the request of the institution and should complement the institution's own expertise.

Q: *As a UK volunteer, how far can I go in raising concerns about staff behaviour that I have observed?*

A: This will depend on the country and context that you are working in. The partnership should have agreed on and made explicit in its Code of Conduct the forms of behaviour that are acceptable and unacceptable. Remember that volunteers have a right to report staff behaviour if it is concerning. However, if you remain unsure about whether to formally report staff behaviour, discuss the issue with the designated safeguarding focal person.

Some partnerships also have frequent review meetings to discuss concerns in an informal setting. Your partnership may wish to implement a similar mechanism.

Q: *Our partnership sometimes sends only one or two volunteers to an institution, and we don't have much oversight of them when they are there. We wonder whether these volunteers would report an incident when it would be obvious that they were the ones to have reported it. Is there anything we can do to support them?*

A: All partnerships should begin having open and honest conversations about safeguarding and should take the time to agree what constitutes unacceptable behaviour, at the very least. Starting these conversations will encourage a more open culture for reporting such behaviours. All overseas lead institutions should have reporting and investigation processes in place, and partnerships should be aware that all accusations are taken seriously and followed up.

The UK partner should support volunteers through open channels of communication and by ensuring that they are fully inducted onto its project. Please refer to [THET's Duty of Care Toolkit](#) for more information on supporting volunteers.

Q: *If an incident that happened overseas was reported to us, we don't think we would be in a good position to follow it up from the UK. How could we do so?*

A: Different institutions and countries have different policies and procedures in place to investigate safeguarding incidents. This means that UK partners should familiarise themselves with in-country processes and be aware of what would happen should an incident occur. Discuss with your partner how incidents would be handled by the various authorities, who would be involved in managing the investigation, and agree appropriate channels of communication. The procedures should be outlined in your agreed partnership protocols.

SAFEGUARDING CHECKLIST

This checklist can be used by your partnership to ensure that you have put all recommended actions and considerations in place.



Our partnership has undertaken **due diligence** and **legislative and policy analysis with our partners**.

Our partnership has **discussed** safeguarding, and have arrived at a **shared understanding** of what safeguarding means.

Our partnership has developed a **risk register** that includes safeguarding risks.

Our partnership has developed a **Code of Conduct** for all staff and volunteers involved in our partnership work.

Our partnership has worked to ensure that the **UK institutional policies** are adequate and relevant to our partnership work.

Our partnership has worked to ensure that the **LMIC institutional policies** are adequate and relevant to our partnership work.

Our partnership has worked to ensure a **positive safeguarding culture** within our work environment.

Our partnership has **agreed procedures** for reporting, investigation and support for victims, and have started to communicate these processes clearly to all staff and volunteers.

Our partnership has reviewed our **UK staff and volunteer recruitment and employment** practices and are satisfied that these are adequate for our partnership work.

Our partnership has ensured that all staff and volunteers receive adequate **inductions** that cover safeguarding policies and procedures applicable to them and that they sign the partnership's Code of Conduct.

Our partnership has worked to ensure that all staff and volunteers are **supported** throughout their placement, and that **communication channels** exist for them to raise any concerns that they may have.

Our partnership has updated our **governance procedures** to ensure that the steering committee is committed to safeguarding, that safeguarding is enshrined in our partnership contract/MOU and that we have a safeguarding action plan in place.

SUPPORT FROM THET AND FURTHER INFORMATION

Raising a concern

If you have any concerns or questions regarding THET's policies or you would like to raise an issue from within your partnership (in the UK or overseas) please email our team at safeguarding@thet.org. Your concerns will be treated in confidence.

Sharing lessons learnt

Health Partnerships, despite their differences, face common safeguarding challenges. THET encourages Health Partnerships to share their experiences with us so that we can disseminate these to the wider Health Partnership community. Please contact us if you have any case studies or other learning that you think will be valuable (and appropriate) for others to access.

Bond, Safeguarding report-handling toolkit

<https://www.bond.org.uk/resources/safeguarding-toolkit>

Bond, Our commitment to change in safeguarding

https://www.bond.org.uk/sites/default/files/resource-documents/bond_safeguarding_commitments_online.pdf

Bond, Safeguarding policy templates

<https://www.bond.org.uk/resources/safeguarding-policy-templates>

DFID, Standard Terms and Conditions (Section 50)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/734154/Standard-Terms-Conditions-of-Contract-15August.pdf

DFID, Supply Code of Conduct

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733511/DFID-Supply-Partner-Code-Appendix-B2.pdf

DFID, Supply Partner Handbook (esp. Section 6)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731896/Supplier-Partner-Handbook.pdf

Safeguarding in Schools, What to do if you're worried a child is being abused, 2015

<https://www.safeguardingschools.co.uk/what-to-do-if-youre-worried-a-child-is-being-abused-2015>

Scotland's International Development Alliance, Developing a Safeguarding Policy Process Template

https://www.intdevalliance.scot/application/files/1915/4409/7657/Safeguarding_Policy_Process_Template_web_2018.pdf