



## **Safeguarding Adults and Children Policy**

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Policy Owner : Phil Tunstall, Managing Director  
Also referenced in policy: Stefanie Hadley, Safeguarding Lead  
Sam Gibson, Trustee and Emergency Safeguarding Contact  
Binta Jatta, Gambia Safeguarding Lead

**STAND** | Registered Charity 1158697

### **DO YOU NEED TO REPORT A CONCERN?**

Contact STAND's Designated Safeguarding Lead, Stefanie Hadley at:  
[stefanie@stand.ngo](mailto:stefanie@stand.ngo)

+44 7732 544 302

Or fill in the [Safeguarding Reporting Form](#)

### **IN GAMBIA?**

Contact local safeguarding lead, Binta Jatta: +220 3197936

## Safeguarding Adults and Child Protection

### Introduction

### Definitions

**Beneficiary/ Service User:** Someone who directly receives goods or services from STAND's programmes. Note that misuse of power can also apply to the wider community that STAND 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

**DPO** - Disabled Person's Organisation

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

**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)

**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:** 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 includes human trafficking and modern slavery.

**Services:** STAND's activities constitute multiple different prosthetic and orthotic services, which include, but are not limited to: prosthetic leg fitting, psychosocial counselling, home visits and support groups; all of which must be monitored and evaluated in terms of their safeguarding risks.

**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.

## **1. Purpose and Aims**

STAND recognises the need to protect all people, particularly children, at risk adults, and beneficiaries of assistance, from any harm that may be caused due to their coming into contact with our organisation. This includes harm arising from:

- The conduct of staff or personnel associated with STAND
- The design and implementation of Legs4Africa's programmes and activities

STAND believes that all those who come into contact with us should be, and feel, safe, and have a zero tolerance attitude towards any abuse of a child or vulnerable adult by anyone associated with STAND

We are also committed to work in a way that promotes the welfare of all the above and protects them from harm, as well as all beneficiaries and service users of STAND activities and donations of prosthetic limbs.

Organisations, hospitals and rehabilitation centres that partner with STAND have a responsibility towards the safeguarding of their own personnel and service users, however STAND recognises the need to ensure that every partner we work with:

- provides a safe and trusted environment which safeguards anyone who comes into contact with it including beneficiaries, staff and volunteers
- promotes an organisational culture that prioritises safeguarding, so that it is safe for those affected to come forward and report incidents and concerns with the assurance they will be handled sensitively and properly
- has adequate safeguarding policies, procedures and measures to protect people
- provides clarity as to how incidents and allegations will be handled should they arise, including reporting to the relevant authorities.

This policy lays out the commitments made by STAND, and informs staff and associated personnel of their responsibilities in relation to safeguarding.

## **2. Partners and friends:**

STAND recognises that while concepts such as 'safeguarding' and 'whistleblowing' are not always universal, every organisation and healthcare provider has a responsibility to protect children and adults from harm. Therefore, whilst avoiding managerialist and paternalist practices, STAND will at the outset of any partnership, investigate the practices our collaborative and implementing partners put in place to safeguard the wellbeing of all children and adults, and collaborate to sustainably and appropriately improve procedures and mechanisms where necessary.

## **3. Scope of the Policy**

This policy applies to:

- All STAND staff

- STAND volunteers and representatives
- Trustees
- Implementing Partners
- Partner organisations
- Partner mobility centres

#### **4. Policy statement**

STAND 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. STAND 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).

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

STAND will ensure that decisions made will allow adults and children to make their own choices and include them in any decision making. STAND will also ensure that safe and effective working practices are in place.

#### **5. Legal Background**

This policy is based upon:

- The Human Rights Act 1998<sup>1</sup>, under which everyone in the UK has the right to live free from abuse and neglect.
- The United Nations Convention on the Rights of the Child<sup>2</sup>
- UNICEF's Child Protection Strategy
- The Care Act 2014<sup>3</sup>

This policy has been developed using the Guidance for NGOs from Bond: the UK network for organisations working in international development. Further safeguarding information and resources can be found here: <https://www.bond.ngo.uk/resources-support/safeguarding>.

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<sup>1</sup> <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

<sup>2</sup> <https://www.unicef.ngo.uk/what-we-do/un-convention-child-rights/>

<sup>3</sup> <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

## **6. What is Safeguarding?**

In the UK, safeguarding means protecting peoples' health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect<sup>4</sup>

In our 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.

## **7. What is Child Protection?**

Child protection is the protection of children from violence, bullying, harassment, exploitation, sexual abuse and neglect. Article 19 of the UN Convention on the Rights of the Child provides for the protection of children in and out of the home

Child protection systems are a set of usually government-run services designed to protect children and young people who are underage and to encourage family stability. UNICEF<sup>5</sup> defines a '*child protection system*' as:

*“the set of laws, policies, regulations and services needed across all social sectors – especially social welfare, education, health, security and justice – to support prevention and response to protection-related risks. These systems are part of social protection, and extend beyond it. At the level of prevention, their aim includes supporting and strengthening families to reduce social exclusion, and to lower the risk of separation, violence and exploitation. Responsibilities are often spread across government agencies, with services delivered by local authorities, non-State providers, and community groups, making coordination between*

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<sup>4</sup> [1] NHS 'What is Safeguarding? Easy Read' 2011

<sup>5</sup> United Nations Economic and Social Council (2008), UNICEF Child Protection Strategy, E/ICEF/2008/5/Rev.1, par. 12-13.

*sectors and levels, including routine referral systems, a necessary component of effective child protection systems”*

The scope of child abuse and the various signs and symptoms of abuse as discussed below. However, at this juncture it is worth highlighting two other areas of child abuse, for the avoidance of any doubt, as follows:

Below is the list of child protection issues that LegsAfrica should consider:

- Armed violence
- Birth registration
- Child labour
- Child marriage
- Child protection and Information and Communication Technologies (ICTs)
- Child recruitment by armed forces or armed groups
- Child trafficking
- Children without parental care
- Children with disabilities
- Family separation in emergencies
- Female genital mutilation/cutting
- Gender based violence in emergencies
- Justice for children
- Psychosocial support and well-being
- Sexual violence against children

## **8. Prevention**

### **STAND responsibilities**

#### **STAND 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 STAND. This includes the way in which information about individuals in our programmes is gathered and communicated.
- Ensure all staff, volunteers and implementing partners read and sign the Code of Conduct<sup>6</sup>
- Implement stringent safeguarding procedures when recruiting, managing and deploying staff and associated personnel.
- Ensure staff receive training on safeguarding at a level relevant to their role in the organization (to be logged on Asana by DSL and monitored for when a refresher is needed).
- Follow up on reports of safeguarding concerns promptly and according to due process.
- Ensure that partner organisations, including in-country implementing partners have a safeguarding policy and procedure in place and provide support where needed.

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<sup>6</sup>[STAND Code of Conduct](#)

## **Staff responsibilities**

### **Child safeguarding**

STAND 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

### **Adult safeguarding**

STAND 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

### **Protection from sexual exploitation and abuse**

STAND 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, STAND 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 a STAND staff member or associated personnel to the appropriate staff member

Please refer to the STAND Code of Conduct for further information on appropriate and prohibited behaviours.

## **9. Response**

### **What is Making Safeguarding Personal (MSP)?**

MSP means a case should be person-led and outcome-focused. The individual should be involved in identifying how best to respond to their safeguarding situation by giving them more choice and control as well as improving quality of life, wellbeing and safety.

**STAND will not tolerate the abuse of adults or children.** STAND has a zero-tolerance policy as regards all forms of abuse against adults or children including violence, bullying, harassment, exploitation, sexual abuse and neglect. If you have any concerns whatsoever

about an individual being at risk, then you must follow the procedures outlined in this policy. Doing nothing is NOT an option.

STAND will ensure that adults and children are involved in their safeguarding arrangements and each individual is dealt with on a case by case basis. As individuals may have different preferences, histories and life-styles, the same process may not work for all.

## **10. Reporting**

### **Who do I go to if I am concerned?**

The first point of contact for concerns is the Designated Safeguarding Lead (DSL). If there is a reason that contacting the DSL would be inappropriate, concerns should be directed to the Emergency Safeguarding Trustee or the Managing Director.

If you are not sure who to talk to, choose a staff member that you trust who will be able to report the concern through the appropriate channels.

For staff in The Gambia, please contact the local safeguarding lead.

For implementing partners, please talk to your organisational designated safeguarding officer, who will contact STAND in the event of a concern related to L4A activities, staff or volunteers.

### **What should I do if I am concerned?**

Staff and volunteers at STAND who have any adult safeguarding concerns should:

#### **1. Respond**

- Take emergency action if someone is at immediate risk of harm/in need of urgent medical attention. Dial 999 for emergency services in the UK
- Get brief details about what has happened and what the individual would like done about it, but do not probe or conduct a mini-investigation
- Seek consent to take action and to report the concern.

#### **2. Report**

- Report concerns to the STAND DSL or chosen member of staff by your chosen method: phone, email (mark email "URGENT: CONFIDENTIAL"), in person, or through the reporting form which can be found [here](#)

## **11. Management of Reports**

STAND will then take the following steps:

#### **3. Record**

- The safeguarding officer must record concerns using the form in the appendix. These



forms are kept in an online google drive folder that is password protected with only the safeguarding officers able to access the information

- Records should be written as soon as possible after the event, dated and signed.

#### **4. Refer**

The safeguarding lead will discuss the concern with the Director if appropriate, and decide on the next actions and refer the onward management of the concern to the relevant bodies i.e. line manager, project manager, or referral to external bodies or authorities.

In making a decision whether to refer or not, the designated safeguarding lead should take into account:

- the child or consent giver's wishes and preferred outcome
- whether the child or adult has mental capacity to make an informed decision about their own and others' safety
- the safety or wellbeing of children or other adults with care and support needs
- whether there is a person in a position of trust involved
- whether a crime has been committed

This should inform the decision whether to notify the concern to the following people:

- the police if a crime has been committed and/or
- The relevant government department in country of project for possible safeguarding enquiry
- relevant regulatory bodies such as the Charity Commission or in country office
- family/relatives as appropriate

The designated safeguarding lead should keep a record of the reasons for referring the concern or reasons for not referring.

An investigation may be deemed necessary in cases such as PSEAH, where:

- It has been established that a PSEAH policy or Code of Conduct has possibly been breached;
- It has been established that it is in the best interests of the survivor to conduct an investigation, and the investigation will not expose the survivor to any further risk or harm;
- The survivor has been given a full and transparent explanation of the process and possible consequences.

In the event of an investigation, the investigating team will follow guidelines for managing investigations from relevant bodies such as CHS Alliance and Safeguarding Support Hub, and use a survivor-centred approach which prioritises the safety of the survivor and with clarity on the legal environment and the social, cultural, legal and religious context in which the investigation will take place.

The Disciplinary Procedure accompanies this policy where the concern involves cases of misconduct or gross misconduct by STAND staff.

Incidents of abuse may be one-off or multiple and may affect one person or more. Staff and volunteers should look beyond single incidents to identify patterns of harm. Accurate recording of information will also assist in recognising any patterns.

## **12. Whistleblowing**

STAND is committed to ensuring that staff and volunteers who in good faith whistle-blow in the public interest will be protected from reprisals and victimization in accordance with STAND's [Whistleblowing Policy](#).

## **13. Confidentiality and information sharing**

STAND expects all staff, volunteers and trustees to maintain confidentiality at all times. In line with Data Protection law, STAND does not share information if not required.

It should however be noted that information should be shared with authorities if an individual is deemed to be at risk of immediate harm. Sharing the right information, at the right time, with the right people can make all the difference to preventing harm. For further guidance on information sharing and safeguarding see:

<https://www.scie.ngo.uk/care-act-2014/safeguarding-adults/sharing-information/keymessages.asp>

## **14. List of appendices**

Please also note that further information pertaining to the procedures described herein is appended to this policy, as follows:

Appendix A

Flowchart for responding to possible abuse or neglect

Appendix B

List of addresses, telephone numbers and websites

Appendix C

Child Protection Reporting Advice

Appendix D

Signs of abuse in children

Appendix E

Signs of abuse in adults

The policy is reviewed annually in accordance with:

- changes in legislation and/or government guidance
- as required by the Local Safeguarding Children Board, the Charity Commission for England and Wales.
- as a result of any other significant change or event.

## Appendix A: Flowchart for responding to possible abuse or neglect

# WHAT SHOULD YOU DO WHEN YOU ARE INFORMED OR BECOME AWARE OF POSSIBLE ABUSE OR NEGLECT



## RESPOND

Take action to ensure the immediate safety and welfare of the person at risk.

Consider the following:

- Does medical attention need to be organised?
- Is a police presence required?
- Contact appropriate service/support

Gather information on the incident:

- Take brief details about what has happened; do not probe or conduct a mini-investigation
- Seek consent to take action and report the concern; how does the reporter want to proceed and what changes/support would they like to see as a result?



## REPORT

Non-judgmentally and confidentially report the situation to the relevant Legs4Africa safeguarding officer.



UK Safeguarding Lead: Stefanie Hadley  
Phone +447732544302  
Email stefanie@stand.ngo

Alternative/emergency safeguarding contact: Sam Gibson  
Email - samgibson1968@gmail.com

Gambia Safeguarding Officer:  
Binta Jatta: +220 287 1555



## RECORD

Safeguarding officer to record concerns using the electronic form

- Any reports that are recorded will be reviewed by the Safeguarding Lead to determine next steps
- Reports are stored securely and confidentially in the safeguarding register only
- Records should be taken at the time reported and dated wherever possible
- Information should be collected as factually as possible without prejudice



## REFER

The Safeguarding Lead will discuss non-emergency referrals with the Charity Director where appropriate, and with the Committee where necessary. Referrals are determined by:

- Confirming this is the consent giver/reporter's wish and preferred outcome
- The safety and wellbeing of those involved in the report
- Whether the person being reported against is in a position of trust
- If a crime has been committed

The Safeguarding Lead must keep a record of reasons for next actions.

## Appendix B

### List of Addresses, Telephone Numbers and Websites

#### **STAND personnel:**

Designated Safeguarding Lead: Stefanie Hadley, +44 7732544302, [stefanie@stand.ngo](mailto:stefanie@stand.ngo)

Safeguarding emergency contact: Sam Gibson, Trustee : [samgibson1968@gmail.com](mailto:samgibson1968@gmail.com)

Gambia Safeguarding Lead: Binta Jatta: +220 3197936

|  |  |   |
|--|--|---|
| The NSPCC (National Society for the Prevention of Cruelty to Children)                           | 0207 825 2500<br>Helpline: 0808 800 5000   | <a href="http://www.nspcc.org.uk">www.nspcc.org.uk</a>  |
| Childline UK   | 0800 1111  | <a href="http://www.childline.org">www.childline.org</a>  |
| Police hotline: CDAIU – Child and Domestic Abuse Investigation Unit                              | 01480 428080 (8am – 6pm),<br>0845 4564567 (other times)<br>07786 200777 (text only)  | N/A   |
| Local Social Care (previously known as Social Services):   | 0844 800 8014 (for social care issues relating to a child or young person)<br>24 Hour Duty Social Worker -<br>01603 614022<br>Police Child Protection: 01603 276313 (family protection unit) | N/A   |
| Samaritans:  | 08457 909090   | <a href="http://www.samaritans.org.uk">www.samaritans.org.uk</a>  |
| GAMCOTRAP (Gambia Committee on Traditional Practices Affecting the Health of Women and Children) | + 220 2002013 / +220 7120569<br>Plot 41 Kanifing Institutional Area, Kanifing Municipality   | <a href="https://gamcotrap.org/">https://gamcotrap.org/</a>   |
| Charity Commission for England and Wales   |  | <a href="https://ccforms.charitycommission.gov.uk/reporting-or-updating-a-serious">https://ccforms.charitycommission.gov.uk/reporting-or-updating-a-serious</a> |
| Gambia Police Force  | 117, 112 (local)   | Banjul Police Station<br>Gambia Police Force<br>Headquarters<br>Ecowas Avenue<br>Banjul   |
| Ghana Police Force   | 112 (local)  |   |
| Uganda Police Force  | 112/999 (local)  |   |

## **Appendix C: Child Protection Reporting**

If you have any suspicion of child abuse you should:

1. Listen to the child/young person.
2. Look at them directly and do not promise to keep any secrets before you know what they are, but always let the child/young person know if, and why, you are going to tell anyone.
3. Take whatever is said to you seriously and help the child/young person to trust his/her own feelings. Take notes of exactly what is said to you avoiding assumptions and conjecture.
4. It is not the role of the worker to investigate any allegations (this would contaminate evidence if a situation went to court). Any disclosure by a child/young person must be reported to the named child protection officer.
5. Speak immediately to the Local Authority or NSPCC for further advice and guidance.

### *What you should NOT do*

Again, if you have any suspicion of child abuse you should remember that:

1. Project workers/volunteers should not begin investigating the matter themselves.
2. Do not discuss the matter with anyone except the correct people in authority.
3. Do not form your own opinions and decide to do nothing.

Things to say or do:

- 'What you are telling me is very important'
- 'This is not your fault'
- 'I am sorry that this has happened/is happening'
- 'You were right to tell someone'
- 'What you are telling me should not be happening to you and I will find out the best way to help you'
- Make notes soon after the event. Try to write down exactly what the young person or child said. Avoid assumptions or conjecture.

Things not to say or do:

- Do not ask leading questions – Why? How? What?
- Do not say 'Are you sure?'
- Do not show your own emotions e.g. shock/disbelief
- Do not make false promises

## **Appendix D**

### **Signs and symptoms of abuse**

What does “abuse” mean? The World Health Organisation distinguishes between four types of abuse (emotional, sexual, physical and neglect). The signs and symptoms of such are as follows:

- Withdrawal from friends or usual activities
- Changes in behaviour — such as aggression, anger, hostility or hyperactivity — or changes in school performance
- Depression, anxiety or unusual fears or a sudden loss of self-confidence
- An apparent lack of supervision
- Frequent absences from school or reluctance to ride the school bus
- Reluctance to leave school activities, as if he or she doesn't want to go home
- Attempts at running away
- Rebellious or defiant behaviour
- Attempts at suicide
- Unexplained injuries, such as bruises, fractures or burns
- Injuries that don't match the given explanation
- Untreated medical or dental problems
- Sexual behaviour or knowledge that's inappropriate for the child's age
- Pregnancy or a sexually transmitted infection
- Blood in the child's underwear
- Statements that he or she was sexually abused
- Trouble walking or sitting or complaints of genital pain
- Abuse of other children sexually
- Delayed or inappropriate emotional development
- Loss of self-confidence or self-esteem
- Social withdrawal or a loss of interest or enthusiasm
- Depression
- Headaches or stomach aches with no medical cause
- Avoidance of certain situations, such as refusing to go to school or ride the bus
- Desperately seeks affection
- A decrease in school performance or loss of interest in school
- Loss of previously acquired developmental skills
- Poor growth or weight gain
- Poor hygiene
- Lack of clothing or supplies to meet physical needs
- Taking food or money without permission
- Eating a lot in one sitting or hiding food for later
- Poor record of school attendance
- Lack of appropriate attention for medical, dental or psychological problems or lack of necessary follow-up care
- Emotional swings that are inappropriate or out of context to the situation
- Indifference

## **Appendix E: Signs of Abuse in Adults**

### **What are the types of safeguarding adults abuse?**

The Care and Support statutory guidance sets out the 10 main types of abuse:

- Physical
- Neglect
- Sexual
- Psychological
- Financial
- Discriminatory
- Organisational
- Domestic violence
- Modern Slavery
- Self-neglect

However, you should keep an open mind about what constitutes abuse or neglect as it can take many forms and the circumstances of the individual case should always be considered (for more information, read section 14.17 of the Care and Support Statutory Guidance).

### **What are the possible signs of abuse?**

Abuse and neglect can be difficult to spot. You should be alert to the following possible signs of abuse and neglect:

- Depression, self-harm or suicide attempts
- Difficulty making friends
- Fear or anxiety
- The person looks dirty or is not dressed properly,
- The person never seems to have money,
- The person has an injury that is difficult to explain (such as bruises, finger marks, 'non-accidental' injury, neck, shoulders, chest and arms),
- The person has signs of a pressure ulcer,
- The person is experiencing insomnia
- The person seems frightened, or frightened of physical contact.
- Inappropriate sexual awareness or sexually explicit behaviour
- The person is withdrawn, changes in behaviour

You should ask the person if you are unsure about their well-being as there may be other explanations to the above presentation.

### **Who abuses and neglects adults?**

Abuse can happen anywhere, even in somebody's own home. Most often abuse takes place by others who are in a position of trust and power. It can take place whether an adult lives alone or with others. Anyone can carry out abuse or neglect, including:

- partners;
- other family members;
- neighbours;
- friends;
- acquaintances;
- local residents;
- people who deliberately exploit adults they perceive as vulnerable to abuse;



- paid staff or professionals; and
- volunteers and strangers