

## Procedures Related to Safeguarding Policy

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# Safeguarding Procedures (1) – Specific Safeguarding Roles

## Chief Safeguarding Officer (CSO)

To ensure compliance with the Safeguarding Policy, the university has identified a Chief Safeguarding Officer. The role of the Chief Safeguarding Officer is to ensure the university's responsibilities are being delivered in line with this policy, and to work with Lead Safeguarding Officers in relation to providing advice, guidance and training and responding to incidents. The Chief Safeguarding Officer will also be accountable for ensuring appropriate keeping of records of any Safeguarding incidents and providing reports when requested by relevant internal Committees.

## Lead Safeguarding Officers (LSOs)

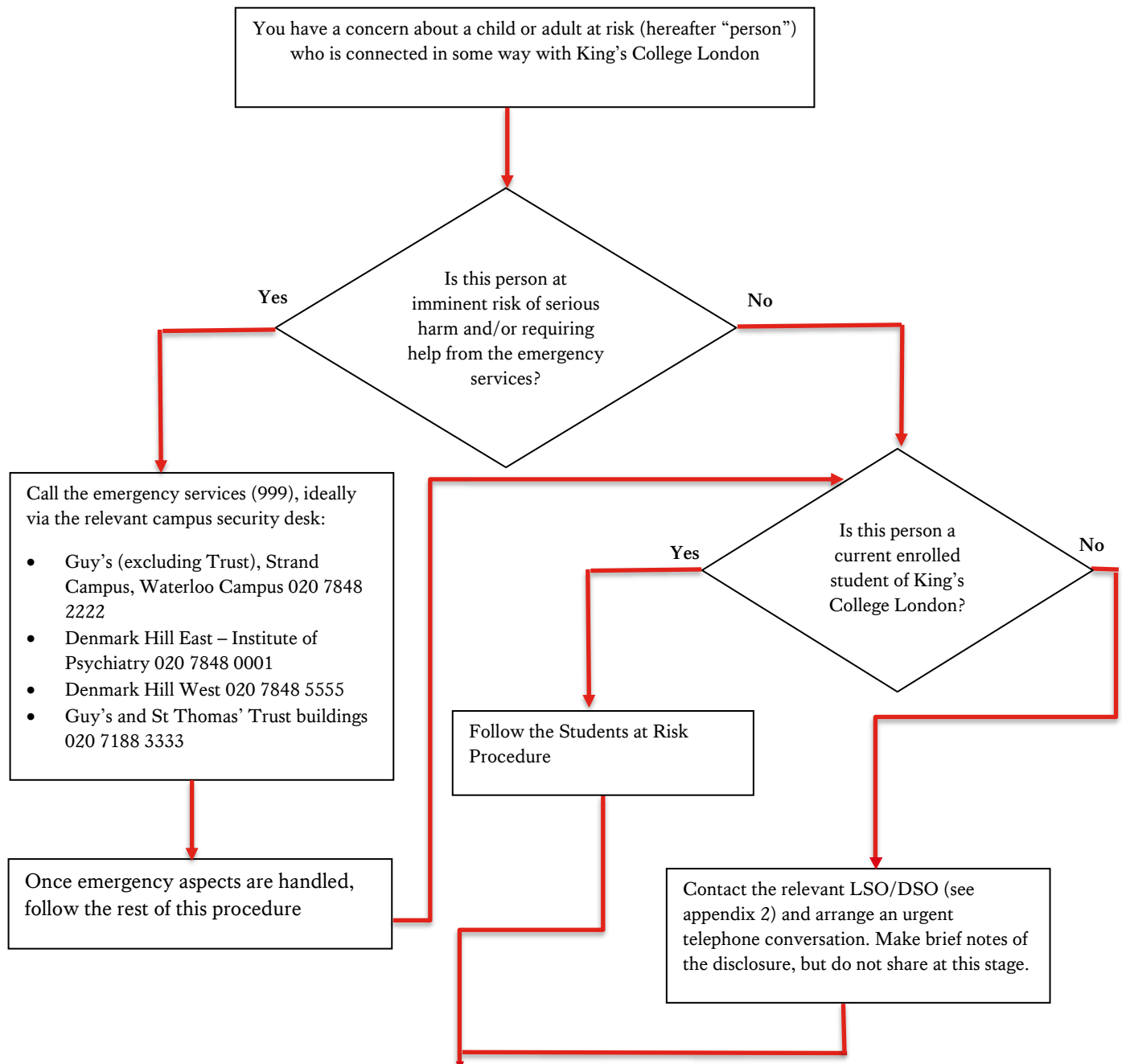
The university will also identify several Lead Safeguarding Officers to oversee particular areas, as outlined below. The Lead Safeguarding Officers will work with the Chief Safeguarding Officer to develop relevant procedures and identify appropriate training.

## Designated Safeguarding Officers (DSOs)

University departments and teams (academic or professional services) that are more likely to interact with children (including young people) or adults at risk on a more regular basis should also identify a Designated Safeguarding Officer. DSOs and their departments will implement local safeguarding procedures (see section 6), which are consistent with this policy, with the support of their LSO to whom they will report for the purposes of this policy and escalate incidents when necessary.

Chief Safeguarding Officer	Ian Tebbett Senior Vice President (Operations) Contact Details: <a href="mailto:ian.tebbett@kcl.ac.uk">ian.tebbett@kcl.ac.uk</a>
LSO (enrolled students)	Paul Cornell Associate Director (Advice & Guidance), Student Support & Wellbeing Services Contact Details: <a href="mailto:paul.cornell@kcl.ac.uk">paul.cornell@kcl.ac.uk</a>
LSO (offer holders and applicants)	Paul Teulon Director of Admissions and Registry Services Contact Details: <a href="mailto:paul.teulon@kcl.ac.uk">paul.teulon@kcl.ac.uk</a>
LSO (school and college pupils)	Anne-Marie Canning Director of Social Mobility and Student Success Contact Details: <a href="mailto:anne-marie.canning@kcl.ac.uk">anne-marie.canning@kcl.ac.uk</a>
LSO (vulnerable staff)	Brent Dempster Director of Human Resources (Operations) Contact Details: <a href="mailto:brent.dempster@kcl.ac.uk">brent.dempster@kcl.ac.uk</a>
LSO (public visitors)	Any of the above LSOs can be contacted
LSO (international)	Andy Leather Director, Centre for Global Health Partnerships <a href="mailto:andy.leather@kcl.ac.uk">andy.leather@kcl.ac.uk</a>
DSO (English Language Centre)	Chris Green Deputy Director (Education) Contact Details: <a href="mailto:christopher.g.green@kcl.ac.uk">christopher.g.green@kcl.ac.uk</a>
DSO (Residences)	Paloma Lisboa Director of Student Residences Contact Details: <a href="mailto:paloma.lisboa@kcl.ac.uk">paloma.lisboa@kcl.ac.uk</a>
DSO (Widening Participation)	Michael Bennett Associate Director of Widening Participation Contact Details: <a href="mailto:michael.j.bennett@kcl.ac.uk">michael.j.bennett@kcl.ac.uk</a>

## Safeguarding Procedures (2) – Reporting a Safeguarding Concern Flowchart



The relevant DSO/LSO or Students at Risk Procedure will manage the case. Case management will include:

- Gathering all available relevant information about the concern
- Considering referral to other agencies that also have a duty of care and with whom liaison is required to manage risks e.g. primary or secondary school of which the person is a pupil, placement provider with whom person is currently on placement
- Making (if required) a referral to the Local Authority Designated Officer of the relevant local authority
- Arranging for any required steps to be taken to ensure appropriate pastoral support is provided
- Seeking advice from the Chief Safeguarding Officer if required
- Ensuring appropriate storage of notes and reports in line with the King’s College London Data Protection Policy
- Following up as necessary with responsible parties

## Safeguarding Procedures (3) – Guidance on Good Practice

This guidance is for King’s College London staff and delivery partners, particularly when working with under 18s and adults at risk, so that everyone is aware of their responsibilities and what to do if they receive a disclosure.

DO	Be professional when working with under 18s and adults at risk
	Maintain the boundaries of your role when supporting/advising students and refer onto specialist services. Guidance made available to personal tutors via the <a href="#">Personal Tutor Portal</a> is useful for all student-facing staff on how and when to make such referrals
	Treat everyone equally and with respect
	Plan activities, and interact with, under 18s and adults at risk within sight and earshot of others, preferably with at least one other present
	Ensure that the parent (or those with parental responsibility) gives consent and, whenever possible, encourage the participant to assent (e.g. in research activities)
	Follow any recommended adult-to-young people ratios for meetings and activities
	Avoid situations that could affect relationships within the group
	Allow under 18s and adults at risk to talk about any concerns they have
	Challenge inappropriate actions and language - encourage others to talk freely about attitudes or behaviours they don't like
	Remember this Code when responding to bullying, bereavement or abuse and use in conjunction with other university guidance on <a href="#">Bullying and Harassment</a>
	Avoid inappropriate behaviour
	Remember this code during all digital communications
	Remember that others might misunderstand your behaviour, however well meant
	Respect a young person's right to personal privacy BUT ...
	...take any allegations or concerns of abuse seriously and refer them to a Lead Safeguarding Officer ("LSO") immediately
	Seek advice from your line manager or a LSO if you have any concerns or queries
DON'T	Be overly familiar or take part in inappropriate behaviour or contact, whether physical, verbal or sexual e.g. play fights, insults, obscene gestures
	Form a relationship that is an abuse of trust
	Share personal information about yourself with under 18s or adults at risk
	Act in a way that can be perceived as threatening or intrusive
	Engage in regular private contact with under 18s or adults at risk via phone, text or social media, to avoid relationship boundaries becoming blurred
	Make threats or suggestive or offensive remarks, or lewd or sexually explicit comments
	Engage in inappropriate physical contact games
	Search for unlawful items on another person
	Trivialise abuse or allow bullying or abusive activities e.g. initiation ceremonies
	Let allegations, suspicions, or concerns about abuse go unreported
Take photographs or videos without written parental/guardian/carer consent	

## Spotting the signs and symptoms of abuse or neglect

Possible signs of physical abuse	
<ul style="list-style-type: none"> <li>• Unexplained, untreated or unusual injuries: bruises, burns, scalds, bite marks, particularly if frequent</li> <li>• Improbable excuses given to explain injuries or refusal to discuss injuries</li> <li>• Admission of punishment which appears excessive</li> <li>• Fear of parents being contacted</li> </ul>	<ul style="list-style-type: none"> <li>• Withdrawal from physical contact</li> <li>• Arms and legs kept covered in hot weather</li> <li>• Fear of returning home</li> <li>• Self-destructive tendencies</li> <li>• Aggression towards others</li> <li>• Running away</li> <li>• Bald patches</li> </ul>
<ul style="list-style-type: none"> <li>• Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens.</li> <li>• Babies and disabled children also have a higher risk of suffering physical abuse.</li> <li>• Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.</li> <li>• Physical abuse can lead directly to neurological damage, physical injuries, disability or - at the extreme - death.</li> <li>• Harm may be caused to children both by the abuse itself, and by the abuse taking place in a wider family or institutional context, (e.g. bullying) of conflict and aggression.</li> <li>• Physical abuse has been linked to aggressive behaviour in children, emotional and behavioural problems, and educational difficulties.</li> </ul>	
Possible signs of sexual abuse	
<ul style="list-style-type: none"> <li>• Sudden changes in behaviour or educational performance</li> <li>• Chronic throat infections and sexually transmitted diseases</li> <li>• Displays of affection in a sexual way</li> <li>• Tendency to cling or need constant reassurance</li> <li>• Tendency to cry easily</li> <li>• Regression to younger behaviour, e.g. thumb sucking, playing with discarded toys, “baby” behaviour</li> <li>• Complaints of genital itching or pain</li> <li>• Fear of undressing for sport or during hot weather</li> <li>• Use of sexual language, display of knowledge or interest in sexual acts inappropriate to their age (i.e. under 18s)</li> </ul>	<ul style="list-style-type: none"> <li>• Distrust of a familiar adult, or anxiety about being left with a relative, baby sitter, lodger</li> <li>• Unexplained gifts or money</li> <li>• Depression or withdrawal</li> <li>• Apparent secrecy</li> <li>• Wetting or soiling day or night - after being dry for some time</li> <li>• Sleep disturbance or nightmares</li> <li>• Eating disorders</li> <li>• Self-harm, attempted suicide, frequently running away</li> <li>• Unexplained pregnancy</li> <li>• Phobias or panic attacks</li> <li>• Talk of “cutting” or “being cut” (FGM)</li> <li>• Children who ask others to behave sexually or play sexual games</li> </ul>
<p><b>But not all sexually abused children exhibit signs of disturbance. Some will be “model” pupils/students.</b></p>	
<ul style="list-style-type: none"> <li>• Sexual abuse now includes female genital mutilation (“FGM”) and grooming a child in preparation for abuse (including via the internet) – and can indicate domestic abuse.</li> <li>• Many children and young people who are victims of sexual abuse do not recognise themselves as such. A child may not understand what is happening and may not even understand that it is wrong. A proportion of adults who sexually abuse children have themselves been sexually abused as children.</li> <li>• Sexual abuse can have a long-term impact on mental health.</li> </ul>	
Possible signs of child sexual exploitation (NB: could also apply to adults at risk)	

<ul style="list-style-type: none"> <li>• Children who appear with unexplained gifts or new possessions;</li> <li>• Children who associate with other young people involved in exploitation</li> <li>• Children who have older boyfriends or girlfriends</li> <li>• Children who suffer from sexually transmitted infections or become pregnant</li> </ul>	<ul style="list-style-type: none"> <li>• Children who suffer from changes in emotional well-being</li> <li>• Children who misuse drugs and alcohol</li> <li>• Children who go missing for periods of time or regularly come home late</li> <li>• Children who regularly miss school or education or don't take part in education.</li> </ul>
<ul style="list-style-type: none"> <li>• Child sexual exploitation involves sexually exploitation for money, power or status. It can involve violent, humiliating and degrading sexual assaults.</li> <li>• In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them.</li> <li>• Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.</li> </ul>	
<b>Possible signs of emotional or psychological abuse</b>	
<ul style="list-style-type: none"> <li>• Physical, mental and emotional development delay</li> <li>• Admission of punishment which appears excessive</li> <li>• Withdrawn, fearful or anxious about doing something wrong</li> <li>• Over-reaction to mistakes</li> <li>• Continual self-disapproval</li> <li>• Sudden speech disorders</li> <li>• Fear of new situations.</li> <li>• Inappropriate emotional response Behaviour such as rocking, hair twisting, thumb sucking</li> <li>• Evidence of bullying (including cyberbullying)</li> </ul>	<ul style="list-style-type: none"> <li>• Fear of parents being contacted</li> <li>• Extremes of passivity or aggression</li> <li>• Drug/solvent abuse</li> <li>• Self-harm</li> <li>• Running away</li> <li>• Compulsive stealing, scavenging</li> <li>• Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder'</li> <li>• Parents or carers blaming their problems on their child</li> <li>• Parents or carers who humiliate their child, e.g. by name-calling or making negative comparisons</li> </ul>
<ul style="list-style-type: none"> <li>• There is increasing evidence of the adverse long-term consequences for children's development where they have been subjected to sustained emotional abuse.</li> <li>• Emotional abuse has an important impact on a developing child's mental health, behaviour, and self-esteem. It can be especially damaging in infancy.</li> <li>• Underlying emotional abuse may be as important, if not more so, than other more visible forms of abuse in terms of its impact on the child.</li> <li>• Domestic violence, adult mental health problems and parental substance misuse may be features in families where children are exposed to such abuse.</li> </ul>	
<b>Possible signs of domestic violence or abuse</b>	
<p>Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to psychological, physical, sexual, financial and emotional. Domestic violence and abuse include any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour'-based violence, female genital mutilation and forced marriage.</p>	
<p>Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:</p>	<ul style="list-style-type: none"> <li>• Low self-esteem</li> <li>• Feeling the abuse is their fault</li> </ul>

<ul style="list-style-type: none"> <li>• acts of assault, threats, humiliation and intimidation</li> <li>• harming, punishing, or frightening the person</li> <li>• isolating the person from sources of support</li> <li>• exploitation of resources or money</li> <li>• preventing the person from escaping abuse</li> <li>• regulating everyday behaviour.</li> </ul>	<ul style="list-style-type: none"> <li>• Physical evidence of violence such as bruising, cuts, broken bones</li> <li>• Verbal abuse and humiliation in front of others</li> <li>• Fear of outside intervention</li> <li>• Damage to home or property</li> <li>• Isolation – not seeing friends and family</li> <li>• Limited access to money</li> </ul>
<b>Possible signs of neglect (including self-neglect)</b>	
<ul style="list-style-type: none"> <li>• Constant hunger or tiredness</li> <li>• Poor personal hygiene/dental decay or basic healthcare</li> <li>• Poor or inadequate state of clothing</li> <li>• Emaciation (abnormally thin)</li> <li>• Untreated medical/speech/ hearing problems or injuries</li> <li>• Living in a home that is indisputably dirty, unsafe or dangerous, i.e. around drugs, alcohol or violence</li> </ul>	<ul style="list-style-type: none"> <li>• Frequent lateness or absence from school</li> <li>• Lack of appropriate boundaries</li> <li>• Lack of supervision/safety</li> <li>• Destructive tendencies</li> <li>• Low self-esteem</li> <li>• Neurotic behaviour</li> <li>• No social relationships</li> <li>• Running away</li> <li>• Compulsive stealing or scavenging</li> </ul>
<b>Possible signs of self-neglect – as above and/or...</b>	
<ul style="list-style-type: none"> <li>• Neglecting personal hygiene, health or surroundings</li> <li>• Inability to avoid self-harm</li> <li>• Failure to seek help or access services to meet health and social care needs e.g. taking medication, treating illness/injury</li> <li>• Unable or unwilling to manage one's personal affairs</li> </ul>	<ul style="list-style-type: none"> <li>• Risks to personal health and safety</li> <li>• Lack of essential food, clothing or shelter</li> <li>• Malnutrition and/or dehydration</li> <li>• Living in squalid or unsanitary conditions</li> <li>• Neglecting household maintenance</li> <li>• Hoarding</li> <li>• Keeping animals in inappropriate conditions</li> </ul>
<ul style="list-style-type: none"> <li>• Neglect (including self-neglect) is not always straightforward to identify.</li> <li>• Neglect may occur if a parent/carer becomes physically or mentally unable to care for a child. A parent/carer may be addicted to alcohol or drugs, which could impair their ability to keep a child safe or result in them prioritising buying drugs, or alcohol, over food, clothing or warmth for the child.</li> <li>• Neglect may occur during pregnancy as a result of maternal drug or alcohol abuse.</li> <li>• Persistent and/or severe neglect is associated with major impairment of health, growth and intellectual development and long-term difficulties with social functioning, relationships and educational progress. In extreme cases, it can result in death.</li> </ul>	
<b>Possible signs of financial or material abuse (normally connected more with adults than children)</b>	
<ul style="list-style-type: none"> <li>• Theft</li> <li>• Exploitation</li> <li>• Pressure in connection with wills, property or inheritance or financial transactions</li> </ul>	<ul style="list-style-type: none"> <li>• Fraud</li> <li>• Forgery</li> <li>• Blackmail</li> <li>• Misuse or misappropriation of property, possessions or benefits.</li> </ul>
<ul style="list-style-type: none"> <li>• A wide range of people are vulnerable to financial crime. The Office of Fair Trading's (OFT) report on The Psychology of Scams (2009) implies that there is no single risk factor and, in fact, at one point or another, everyone is vulnerable to a persuasive approach.</li> <li>• A perpetrator may be a family member, friend, care worker/professional or a stranger who has chosen to target an adult at risk. There is a growing trend of MATE crime, where</li> </ul>	

<p>perpetrators deliberately befriend individuals in order to gain their trust and subsequently commit financial abuse.</p> <ul style="list-style-type: none"> <li>Abuse can range from not acting in the person's best interests, to persuasion or coercion in respect of gifts or loans, misappropriation of property or allowances, theft, rogue trading, or mass-marketing fraud.</li> </ul>	
<b>Possible signs of discriminatory abuse</b>	
<ul style="list-style-type: none"> <li>Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the <a href="#">Equality Act 2010</a>)</li> <li>Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic</li> </ul>	<ul style="list-style-type: none"> <li>Harassment or deliberate exclusion on the grounds of a protected characteristic</li> <li>Denying basic rights to healthcare, education, employment, criminal justice relating to a protected characteristic</li> <li>Substandard service provision relating to a protected characteristic (e.g. not taking account of the person's individual needs)</li> </ul>
<p>People affected by discriminatory abuse can appear withdrawn and isolated, with expressions of anger, frustration, fear or anxiety</p>	
<b>Possible signs of organisational or institutional abuse (more commonly found in care homes etc)</b>	
<ul style="list-style-type: none"> <li>Discouraging visits or the involvement of relatives or friends/absence of visitors</li> <li>Not providing adequate food and drink, or assistance with eating</li> <li>Absence of individual care plans</li> <li>Run-down/overcrowded establishment</li> <li>Misuse of medication</li> <li>Insufficient staff or high turnover resulting in poor quality care</li> <li>Inappropriate use of restraints</li> <li>Lack of respect for dignity and privacy</li> <li>Failure to provide care with dentures, spectacles or hearing aids</li> </ul>	<ul style="list-style-type: none"> <li>Failure to respond to complaints or allegations of abuse appropriately</li> <li>Interference with personal correspondence or communication</li> <li>Abusive and disrespectful attitudes towards people using the service</li> <li>Lack of personal clothing and possessions and communal use of personal items</li> <li>Poor record-keeping/ missing documents</li> <li>Public discussion of personal matters</li> <li>Unnecessary exposure during bathing or using the toilet</li> <li>Failure to manage residents with abusive behaviour</li> </ul>
<b>Possible signs of Modern Slavery</b>	
<ul style="list-style-type: none"> <li>Human trafficking</li> <li>Forced labour</li> <li>Domestic servitude</li> <li>Sexual exploitation, such as escort work, prostitution and pornography</li> <li>Debt bondage – being forced to work to pay off debts that realistically they never will be able to</li> <li>Signs of physical or emotional abuse</li> <li>Isolation from the community, seeming under the control or influence of others</li> </ul>	<ul style="list-style-type: none"> <li>Appearing to be malnourished, unkempt or withdrawn</li> <li>Living in dirty, cramped or overcrowded accommodation and or living and working at the same address</li> <li>Lack of personal effects or identification documents</li> <li>Always wearing the same clothes</li> <li>Avoidance of eye contact, appearing frightened or hesitant to talk to strangers</li> <li>Fear of law enforcers</li> </ul>
<b>Possible signs of being drawn into Terrorism</b>	
<p>There is no single profile that could highlight someone as vulnerable to being drawn into terrorist activity. We go through various stages in our lives that can make us potentially vulnerable to outside influences (including radical influences). Our age, sex, race, religion or nationality do not make us any less or any more susceptible to radicalisation. However, individual circumstances, experiences or state of mind could lead towards a terrorist ideology.</p>	



<ul style="list-style-type: none"> <li>• Following extremist material through social media</li> <li>• Resentment to authority figures, an 'us vs. them' mentality</li> <li>• Difficult and moody behaviour</li> <li>• Social withdrawal</li> <li>• Loss of interest in activities they used to enjoy</li> <li>• Ignoring views that are different to their own</li> <li>• Downloading extremist content and seeking likeminded individuals</li> </ul>	<ul style="list-style-type: none"> <li>• Susceptibility to indoctrination</li> <li>• A desire for status</li> <li>• Being increasingly secretive</li> <li>• A need to dominate and control others</li> <li>• Being influenced or controlled by a group</li> <li>• Feeling under threat, vulnerable or increasingly insecure</li> <li>• Feelings of grievance and injustice</li> <li>• A need for identity, meaning and belonging</li> <li>• Being exposed to extremist and terrorist ideology through family, friend and social networks</li> </ul>
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### Responding to disclosures or potential concerns

#### If someone discloses that they have been abused or neglected by someone else:

- respond in a calm manner
- allow them to talk without interruption, just accept what is said
- avoid physical contact with the under 18 or adults at risk unless absolutely necessary
- ensure that if any form of physical contact is required (e.g. to administer first aid or provide physical assistance) it is provided in view of others
- treat the comments seriously and provide reassurance that they were right to tell you
- take care not to ask them leading questions (i.e. avoid putting words into their mouth) but ensure that you have a clear understanding of what had been said
- explain that you will need to share what you have been told, but reassure them that it will only be disclosed to those that need to know
- don't say you will keep it a secret or confidential or promise any outcome that may not be feasible in light of subsequent developments
- make a full record of what you remember has been said, heard and seen and immediately contact a Lead Safeguarding Officer to arrange to discuss the matter

#### If you have a concern about an under 18 or adults at risk but abuse or neglect has not been explicitly disclosed:

- make a full record of what you remember has been said, heard and seen
- do not seek to investigate the concern yourself but report your concerns to a Lead Safeguarding Officer immediately (at most within 24 hours).

We acknowledge, with thanks, the work of Northumbria University whose safeguarding documentation forms the basis of this document. (Some of the above content has been sourced from the Care Act 2014, Assessment: financial crime against adults at risk (Social Care Institute for Excellence, Nov 2011), Working Together to Safeguard Children (2015) statutory guidance, and training materials produced by Newcastle City Council School Improvement Service and Newcastle Safeguarding Board).

## Safeguarding Procedures (4)- 'Prevent', 'Contest' and 'Channel'

King's College London's approach to meeting the requirements of the Prevent Duty is from the perspective of student wellbeing and safeguarding.

The UK government's anti-terrorism strategy, named 'Contest', consists of four work-streams, known as the 'four P's': *Prevent, Pursue, Protect, and Prepare.*

Prevent	Pursue	Protect	Prepare
Aim: To “prevent people from becoming terrorists or supporting terrorism. That will also require challenge to extremist ideologies which can be made to justify terrorism and intervention with some extremists who are moving into terrorism.” (Prevent: 6.7)	Aim: “To stop terrorist attacks by detecting, prosecuting and otherwise disrupting those who plot to carry out attacks against the UK or its interests overseas.”	Aim: “To strengthen protection against a terrorist attack in the UK or against its interests overseas and so reduce their vulnerability. The work focuses on border security, the transport system, national infrastructure and public places.”	Aim: “To mitigate the impact of a terrorist attack where that attack cannot be stopped. This includes work to bring a terrorist attack to an end and to increase the UK's resilience so we can recover from its aftermath.”

The evidence available suggests that there are four roots to the terrorist threat: Ideology, Theology, Grievance and Mental health problems. The objectives of 'Prevent' are related to these roots:

- a) Responding to the ideological challenge of terrorism and the threat faced from those who promote it. Looking at ways of challenging and counteracting messages of hate and negativity.
- b) Using a safeguarding approach to help those who are at risk from being drawn into terrorism. Preventing people from being drawn into terrorism and ensuring they are given appropriate advice and support
- c) Working with a wide range of sectors and institutions (including education, faith, health and criminal justice) where there are risks of being drawn into terrorism which need to be addressed.

The Prevent team works closely with communities and partner agencies such as Local Authorities, Education and Health, to safeguard vulnerable individuals who are at risk from being drawn into terrorist activity.

There are a variety of reasons why people are attracted to extremist and terrorist activity. Among these factors are the following:

- A perception / experience of discrimination
- Experience of racial or religious harassment
- Negative views of policing
- Lack of trust in democratic government

- A perception that specific communities are being unfairly treated
- An aspiration to defend specific communities when they are perceived to be under attack or unjustly treated
- A perception of biased media coverage
- UK foreign policy
- Personality-driven factors
- Family or local allegiances
- A sense of belonging and purpose, with like-minded people
- The promise of status, excitement and in some cases financial reward
- Socio- economic factors, e.g. communities with significant terrorist activity generally score highest on a range of social deprivation indicators.
- Supremacist ideology, which sanctions the use of extreme violence as a response to perceived social injustice and dysfunction.
- A perception that a specific identity is under threat from social change
- Rhetoric and language of apparently non-violent extremist groups
- Peer pressure
- Prospect of personal benefit

Supporting those at risk of being drawn into terrorism is often about diverting people away from potential harm at an early stage. The UK's 'Prevent' counter-terrorism strategy is focused on providing practical help to stop people from being drawn into terrorism. The strategy covers all forms of terrorism, including far right extremism and some aspects of non-violent extremism. People who are found to be at risk of being drawn into terrorism are then offered support through the 'Channel' process, which involves several agencies working together to give individuals access to services, such as, health, education, specialist mentoring and diversionary activities. Through the Channel process, the nature and extent of the vulnerability or risk is assessed and an appropriate support package; consisting of specific services is tailored to an individual's needs.

'Channel' is not about reporting or informing on individuals in order to prosecute them. It is about communities working together to support vulnerable people at an early stage, preventing them from being drawn into terrorism. Channel is based on the premise that people being drawn into terrorism and recruitment can be identified and then provided with appropriate support, which may dissuade them from engaging in terrorist-related activity. Participation in the programme is voluntary.

# Safeguarding Procedures (5) – Risk Assessment Template

RISK ASSESSMENT - SAFEGUARDING CHILDREN AND/OR ADULTS AT RISK

<b>PROJECT/INITIATIVE NAME:</b>	
<b>DETAILS/DESCRIPTIONS OF LOCATION(S) OF EVENTS/ACTIVITIES:</b>	
<b>DATES/TIMESCALES FOR THE PROJECT:</b>	
<b>NAME OF PERSON COMPLETING THIS RISK ASSESSMENT:</b>	
<b>JOB-TITLE:</b>	
<b>SIGNATURE AND DATE:</b>	

Number	Description of potential risk to children or young person/people (C/YP)	Outline of mitigations/ measures already in place to help manage this risk	Current Risk Rating (based on mitigations/ measures already in place)			Outline of planned mitigations / new measures to further manage the identified risk	Future Risk Rating (based on planned mitigations/ new measures, assuming these are in place)		
			Probability (P)	Impact (I)	Overall Risk Score (P x I) and Rating		Probability (P)	Impact (I)	Overall Risk Score (P x I) and Rating
<b>1. SAFEGUARDING</b>									

For the scoring columns, we use a scoring system based on the HSE template for assessing likelihood, impact and the overall risk score/colour rating – as described below:

Stage one of the risk rating process is to determine the **likelihood** of an event arising (from 1-5). The higher the likelihood score, the more urgent is the requirement for immediate action to be taken. For most activities, consider the scoring to reflect the following descriptions of likelihood:

- 1 – Rare/remote
- 2 – Unlikely
- 3 – Possible
- 4 – Likely
- 5 – Almost certain

For some projects/activities where clearer timeframes are required to help assess the likelihood, the following table may be helpful:

**LIKELIHOOD SCORING**

Rare/Remote (1)		Unlikely (2)		Possible (3)		Likely (4)		Almost Certain (5)	
Actual Frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability
Occurs every 5 years or more	1%	Occurs every 2-5 years	10%	Occurs every 1-2 years	50%	Bimonthly	75%	At least monthly	99%

*Figure 1: HSE Risk Likelihood Table*

Stage two of the risk rating process involves considering the **impact** that would result if the risk was to occur. In scoring impact, the anticipated outcome of the risk is graded on a scale of 1-5, 1 being negligible impact, 5 indicating a more serious Impact. The key descriptors below (e.g. “Not significant”, “Minor”, etc.) are to be borne in mind when scoring the impact.

1 – Not significant

2 – Minor

3 – Moderate

4 – Major

5 – Severe

Stage three involves plotting both the likelihood and impact scores on the Risk Matrix grid – this assigns a colour and numerical score rating. For example, a ‘moderate impact’ 3 and a ‘possible likelihood’ 3 will result in a rating of an amber 9).

- High risks are scored between 15 and 25 and are coloured red.
- Medium risk are scored between 6 and 12 and are coloured amber.
- Low risks are scored between 1 and 5 and are coloured green.

<b>RISK MATRIX</b>	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/Remote (1)	1	2	3	4	5

Figure 2: HSE Risk Scoring Matrix

(Acknowledgements: Health and Safety Executive [Best Practice Guidance](#)).

## Safeguarding Procedures 6 – Training Template

Training level	Definition of level	Which staff fall into this level?	What specific training is mandated (as a minimum) for staff at each level?	How does this level correspond with the British Council inspection criteria/ safeguarding document?
Baseline for all staff	All staff members who are not covered by levels below		Clear referral guidance provided online and access to advice/support on safeguarding matters	
Level 1	Staff more likely to need to identify and report a safeguarding concern – either because of their role and their level of contact with U18s or adults at risk or because their team, as a whole, regularly works with such groups		Awareness training, dedicated online module/session (for example, <a href="#">Safeguarding Children in Education</a> )	All staff at this level receive 'basic safeguarding awareness training (formerly level 1).'
Level 2	Staff who manage areas identified as having routinely higher levels of contact with under 18s or adults at risk		Advanced training, externally delivered (for example, <a href="#">Advanced Safeguarding for Designated Staff</a> )	All staff at this level receive 'advanced training for designated staff (formerly level 2).'
Level 3	Staff with specific designated roles in our Safeguarding Policy or a specific lead responsibility in their job description for the promotion of safeguarding awareness or handling of safeguarding issues (either locally or College-wide)		Specialist training, externally delivered (for example, <a href="#">Advanced Safeguarding for Designated Safeguarding Leads</a> )	All staff at this level receive 'specialist training for designated leads (formerly level 3).'



## **Safeguarding Procedures (7) – Reporting**

Reports can be received in a variety of ways. This can include formal written reports, informal methods such as texts or social media, community feedback, a verbal report, or rumours or gossip. In line with the responsibilities above, any report heard by team members must be escalated to the appropriate staff member.

Team members, partners or anyone who comes into contact with our programmes, who have a complaint or concern relating to safeguarding should report it immediately. This can be to any of the following people that they feel most comfortable reporting it to:

- Line manager
- Local safeguarding focal point
- Designated Safeguarding Officer
- Lead Safeguarding Officer
- Chief Safeguarding Officer

They may also report the issue to another member of staff who may report on their behalf.

### **1. What to do when receiving a report**

- 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 should report this to the appropriate staff member in their organisation.
- 1.2 If a safeguarding concern is disclosed directly to a team member, 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)
- 1.3 The person receiving the report should document the following information, using an Incident Report Form:
  - 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 relevant Safeguarding contact or another appropriate Safeguarding contact 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 If the reporting team 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 Chief Safeguarding Officer, or to an external statutory body. The team member will be protected against any negative repercussions as a result of this report. See the Information Disclosure (Whistleblowing) Policy.

## 2. How a report will be assessed and next steps decided

- 2.1 The Lead Safeguarding Officer, or a more senior safeguarding contact if they are implicated, will appoint a Decision Maker for handling this report
- 2.2 The Decision Maker will 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 KCL Safeguarding Policy or associated protocols 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), follow the procedures in 2.8 below.
- 2.5 There may be other KCL policies invoked depending on the type of concern the report relates to. For example, workplace sexual harassment is dealt with through the [Dignity at Work Policy](#).

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

- 2.6 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.
- 2.7 Clarify what, how and with whom information will be shared internally relating to this case in line with the confidentiality requirements of the case.

The Chief Safeguarding Officer should be informed of anonymised details of all reports and has responsibility for ensuring Council Members receive appropriate information. The Council Members will have the final decision on what further information they need to receive but should aim for confidentiality wherever possible.

The Chief Safeguarding Officer has responsibility for working with the Council to inform statutory bodies, as described within the protocol, and for advising the programme team on liaising with funding bodies.

- 2.8 If you have determined at this point to not take the report forward the report should be filed in case it can be of use in the future, and the responsible team look at any wider lesson learning to take forward.

### 3. What to do in managing a case: investigations and decisions

- 3.1 The Decision Maker should ensure that relevant expertise and capacity to manage a safeguarding case is in place. **If you do not have this expertise in-house, seek immediate assistance**, through external capacity if necessary.

- 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 designated safeguarding officer, or manager)
- HR manager
- Safeguarding adviser (or equivalent) if there is one
- Other staff if necessary

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

For reports relating to serious incidents the group should 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. The risk assessment should be continually updated.

- 3.3 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 (refer to 3.5 onwards)
- Immediate disciplinary action if no further information needed in line with the [Capability & Disciplinary Procedure](#) and the [Academic Staff Disciplinary Procedure](#)
- Referral to relevant authorities in line with authority risk assessments

If the report concerns associated personnel (for example contractors, consultants or suppliers), the decision-making process will be different, and may include terminating contracts or referring the report onwards.

If the decision results in the conclusion of the case, refer to 4. How to conclude the case

- 3.4 Provide appropriate support to survivor(s) of safeguarding incidents. Nb. this could be provided as a duty of care even if the report has not yet been investigated. Support could include (but is not limited to)

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

All decision making on support should be led by the survivor. Survivors should be made aware that support is available but support only provided on request.

- 3.5 If an investigation is required and internal capacity cannot be found, identify resources to conduct the investigation, including determining which budget this will be covered by. Projects should budget to fund investigations if they are to be required.

Refer to the KCL's procedures for investigating breaches of policy. If these do not sufficiently cover the required safeguarding investigation, use external guidelines for investigating safeguarding reports, such as the [CHS Alliance Guidelines for Investigations](#).

- 3.6 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 team member misconduct.

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 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.

#### 4. How to conclude the case

- 4.1 Document all decisions made resulting from the case clearly and confidentially.
- 4.2 Store all information relating to the case confidentially, and in accordance with KCL policy and GDPR.
- 4.3 Record anonymised data relating to the case to feed into organisational reporting requirements (e.g. serious incident reporting to College Council, safeguarding reporting to donors), and to feed into learning for dealing with future cases.

## Safeguarding Incident Report Form

Name of team member recording incident	
Role of team member reporting	
Date of reporting	
Survivor name (if different)	
Survivor e-mail address	
Survivor mobile number	
Alleged perpetrator name	
Has the incident been reported elsewhere yet (internally/externally)? Y/N	
If yes, to whom?	
Date of Incident	
Summary of Incident	
<ul style="list-style-type: none"> <li>• What did the incident involve? (Include all relevant details along with any background; prompt student for additional information if required) – NB. IF THIS IS A SAFEGUARDING CONCERN THEN YOU MUST NOT ASK THE REPORTEE ANY LEADING QUESTIONS – LET THEM TELL THE ACCOUNT. DO NOT PROMISE CONFIDENTIALITY.</li> <li>• Where did the incident take place?</li> <li>• Who else was involved?</li> </ul>	
Has the survivor done anything about the incident to date?	
<b>THE REST OF THIS FORM TO BE COMPLETED BY SAFEGUARDING CONTACT</b>	
Who needs to be informed about this event?	
<input type="checkbox"/> Designated Safeguarding Officer <input type="checkbox"/> Lead Safeguarding Officer <input type="checkbox"/> Chief Safeguarding Officer	

<input type="checkbox"/> Parent <input type="checkbox"/> Police <input type="checkbox"/> Social Services <input type="checkbox"/> Other (please state)	
Does the survivor need to be referred to further support? Y/N	
Indicate which support service(s) the survivor should be referred to	
Who needs to be involved in deciding next steps?	
Summary of any meetings relating to this incident	
Does there need to be a formal investigation into the incident?	
Investigator appointed and budget approved	
Attach any investigation report to this form	
Final resolution summary	
Date of Resolution (if applicable)	
Final Sign-off (Name, Position, Date)	

# **Safeguarding Procedures (8) – International Protocol for Projects and Partnerships in Low- and Middle-Income Countries**

## **Objective and Policy Statement**

In keeping with its vision and values, King's College London is committed to maintaining the highest degree of ethical conduct amongst all its staff, students, volunteers and associated personnel. In addition to the [KCL Safeguarding Policy](#), this international protocol provides additional information, guidelines, practical recommendations and procedures to guarantee the implementation of the KCL policy in line with internationally recognised standards of safeguarding.

The objective of this Protocol is to create a safe and trusted environment to support the protection of affected populations from harm, and where we as an organisation are accountable for our behaviour. This includes harm arising from:

- The conduct of team members associated with KCL
- The design and implementation of KCL's programmes and activities

The Protocol lays out the definitions and commitments agreed upon by KCL and informs team members of their responsibilities in relation to the prevention of safeguarding issues. It lays out how KCL's obligations for reporting in its international work and response mechanisms. This Protocol is referenced in all agreements with personnel regarding their international work.

This Protocol does not cover:

- Safeguarding concerns in the wider community not perpetrated by KCL or associated personnel
- Safeguarding concerns occurring in the UK not relating to international projects and programmes – this is dealt with directly under the core sections of KCL's Safeguarding Policy

## **Safeguarding Contacts**

As outlined in the KCL Safeguarding Policy, the Lead Safeguarding Officer (International) is:

Director at King's Global Health

In addition to the Lead Safeguarding Officer, each international project will have a safeguarding contact identified in its documentation. The project you are working with will inform you of this.

## **Our Safeguarding Definitions**

When we work in international setting, we use safeguarding to apply not only to children and adults at risk protected under UK legislation outlined in the KCL Safeguarding Policy, but also to the safety and welfare of all people involved in the delivery of, or receiving, or potentially to receive development assistance, through our programmes.

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, students, volunteers 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.

We define a beneficiary as anyone who directly receives goods or services from our international projects and programmes. Our international projects and programmes exist online and in person, and this Protocol applies equally to both of these.

Further definitions in addition to those in the KCL Safeguarding Policy are provided in the glossary in Appendix A

## **The Scope of this Protocol**

King's College London's international programmes and projects have a substantially wider scope of contact and interaction with safeguarding populations than KCL's normal activities. The scope of this document covers:

- All staff contracted by KCL or subsidiary organisations working on international projects
- All volunteers engaged on these international projects under the direction of KCL
- Associated personnel engaged on work or visits related to our international projects, including but not limited to: consultants; contractors; programme visitors including journalists, celebrities and politicians

The group will be collectively referred to as team members within this document

## **Our Approach to Prevention**

### KCL responsibilities

In addition to those responsibilities in the core Safeguarding Policy, KCL will:

- Design and undertake all its international programmes and activities in a way that protects people from harm that occurs from their coming into contact with KCL. This includes, but is not limited to, ensuring safeguarding risk assessments and mitigations are in place for all projects before commencement
- Take all reports of safeguarding concerns seriously, and follow up on them promptly and according to due process
- Make this policy publicly available to all affected communities, and commit to working with beneficiary populations to ensure they know about and how to access and use this protocol

### Team members

In addition to the responsibilities outlined in section 4.04 of the KCL Safeguarding Policy, all people involved with the project are expected to:



- Act in accordance with the codes of conduct within the KCL Safeguarding Policy and for International Safeguarding (Annex C)
- Disclose relevant personal relationships, the procedure for which is covered in Annex D

All team member agreements for working on international projects will reference this document and the code of conduct contained within it. By signing agreements, team members will be agreeing to this code of conduct.

## **Safeguarding Reporting**

### **How We Enable Reports**

In addition to the procedures laid out in section 11 of the KCL Safeguarding Policy, we will accept complaints from external sources, particularly beneficiaries, but also members of the public, partners and official bodies.

## Annex A – Further Definitions

<b>Affected Populations</b>	Affected populations are determined to be those who are not currently receiving a direct benefit from the project but could do in the future. For in-country (non-UK) operations, this should include national members of staff or other associated personnel.
<b>Adult at Risk</b>	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.
<b>Beneficiary of Assistance</b>	Someone who directly receives goods or services from [NGO]’s programme
<b>Child</b>	A person below the age of 18, as per the United Nations Convention on the Rights of the Child
<b>Harm</b>	Psychological, physical and any other infringement of an individual’s rights
<b>Psychological Harm</b>	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.
<b>Protection from Sexual Exploitation and Abuse (PESA)</b>	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).
<b>Sexual Exploitation</b>	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.
<b>Survivor</b>	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

## Annex B – Training Matrix for Safeguarding

Training level	Definition of level	In the context of the international work, which staff fall into this level?	For team members staff, what specific training is mandated (as a minimum) for staff at each level?
Baseline for all staff	All team members who are not covered by levels below	No team members fall into this category	Clear referral guidance provided online and access to advice/support on safeguarding matters
Level 1	Staff more likely to need to identify and report a safeguarding concern – either because they have contact with beneficiaries in an international setting, or because their team, as a whole, regularly works with such group	All international project team members not explicitly covered at levels 2 or 3 below. This includes, for example: <ul style="list-style-type: none"> <li>• All volunteers interacting with partners</li> <li>• All project staff</li> </ul>	Awareness training dedicated online module/session. Examples include: <ul style="list-style-type: none"> <li>• <a href="#">InterAction PSEA</a></li> <li>• <a href="#">Unicef Child Protection</a></li> </ul>
Level 2	Staff who manage areas identified as having routinely higher levels of contact with any affected population	All international project staff in management positions. This generally means anyone with a Manager or Director title.	All of the above training, plus advanced training externally delivered <ul style="list-style-type: none"> <li>• <a href="#">InterAction SEA investigations</a> (online)</li> <li>• <a href="#">InterAction Addressing SEA</a> (workshops)</li> </ul>
Level 3	Staff with specific designated roles in our Safeguarding Policy or a specific lead responsibility in their job description for the promotion of safeguarding awareness or handling of safeguarding issues (either locally or College-wide)	<ul style="list-style-type: none"> <li>• Partnerships Director</li> <li>• Any other team member as designated</li> </ul>	Specialist training externally delivered <ul style="list-style-type: none"> <li>• <a href="#">CHS Alliance PSEA &amp; Investigations for Managers</a> (workshop)</li> </ul>

## **Annex C – Overarching Safeguarding Code of Conduct**

This Code of Conduct is referenced in all international team member agreements. By signing those agreements, team members agree to this Code of Conduct in addition to other codes specific to individual projects.

As a member of personnel associated with a KCL international project I will:

### **Not engage in abusive or exploitative conduct**

- I will not engage in sexual activity with children (persons under the age of 18). Mistaken belief in the age of a child is not a defence
- I will not exchange money, employment, goods or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour. This includes any exchange of assistance that is due to beneficiaries of assistance
- I will consider the unequal power dynamics of sexual relationships with beneficiaries and disclose any relationships in accordance with the relevant procedures
- I will not engage in any commercially exploitative activities with children or adults at risk including child labour or trafficking
- I will not physically assault anyone we work with
- I will not emotionally or psychologically abuse a child or adult at risk

### **Be responsible for the use of information, assets and resources to which I have access by reason of my engagement with KCL**

- I will not use KCL IT equipment, software or e-mail and social media platforms to engage in activity that is illegal under local or international law or that encourages conduct that would constitute a criminal offence. This includes any material that intimidates or harasses any group based on protected characteristics, or encourages extremism
- I will not use KCL IT equipment to view, download, create, distribute or save in any format inappropriate or abusive material including but not limited to pornography or depictions of child abuse

## **Annex D – Relationship Disclosure Policy and Procedure**

### **Definition**

In the context of this policy, a personal relationship with safeguarding issues is defined as a romantic or sexual relationship with a beneficiary or other affected population. As a reminder, this does include national members of staff or other associated persons relating to in-country (non-UK) operations.

Team members must always maintain appropriate professional boundaries with beneficiaries and affected populations and should not pursue and/or develop close personal relationships with them. These are discouraged in line with our definition of safeguarding. KCL recognises that particularly for teams deployed internationally relationships may develop between consenting adults. This policy is designed to protect the organisation and team members in such situations.

These relationships intrinsically involve differentials of power, regardless of the person's relative social standing within their context. As such, their potential impact needs to be considered carefully. For the organisation, KCL needs to consider the range of safeguarding risks involved. Some of the questions both should consider include:

- Is a personal relationship seen to offer advantage to anyone in terms of the delivery of the programme?
- Is the relationship potentially interfering with the professional conduct of KCL business?
- Is the relationship potentially having a negative effect on the workings of a team?
- How would the relationship be perceived by other partners and organisations in the country you are in?
- How would the relationship be perceived by donors and in the press?

Relationships of this type can possibly affect the reputation and funding of KCL, and it is necessary to be aware of the risks in order to take the appropriate mitigation actions.

Any relationships with beneficiaries or affected populations must be disclosed to your line manager as soon as is practical. This can be done in confidence and in person. This will then be discussed with the relevant safeguarding lead and escalated if necessary.

All relationship disclosures of this type will be treated and documented as a safeguarding report as outlined in Annex D. The case will be reviewed and KCL reserves the right to make any decisions necessary in line with its safeguarding policy.