



Kamili Organisation

SAFEGUARDING POLICY

Programme Director: Melanie Blake

Audience: Board of Trustees, All employees and volunteers

Updated: January 2021

Review Date: September 2021

1. Introduction

Protecting people and upholding safeguarding responsibilities is a priority for Kamili Organisation.

The organisation supports and works with a wide range of people throughout Kenya and we recognise that some people we are in contact with may be at risk of harm.

- 1.1 The organisation supports the rights of people to live in safety, free from abuse and neglect. We aim to provide a safe and trusted environment that safeguards everyone, including beneficiaries, employees and volunteers.
- 1.2 The organisation has the responsibility that any concerns about the safety of vulnerable people within the communities in which we work, are dealt with and reported to the appropriate authorities.
- 1.3 Through our work, Kamili Organisation employees and volunteers may engage with children, young people and vulnerable adults either directly or indirectly. Kamili Organisation recognises it has an obligation to put in place all reasonable safeguarding measures to ensure, as far as possible, the safety and protection of children, young people and vulnerable adults, including those with whom we work and those in the communities where Kamili's work is undertaken.
- 1.4 Kamili Organisation recognises that an element of risk exists and while we may never be able to totally remove this, we need to do all we can to reduce it or limit its impact.

2. Aims

- 2.1 The aim of this policy is to set out how the organisation promotes a culture that prioritises safeguarding and manages reported incidents sensitively and properly. It demonstrates how safeguarding concerns and incidents are prevented, identified and handled, and the responsibilities of the Board of Trustees to ensure that risks are managed appropriately with a clear procedure of escalation.
- 2.2 This policy is written to provide clarity to all Kamili Organisation staff, volunteers and associate partners on how they should engage with individuals who may be at risk of harm. It is intended to help us to have a common understanding of safeguarding issues, develop good practice across the areas in which we operate and thereby increase accountability in this crucial aspect of our work.
- 2.3 This policy identifies our minimum standards and may exceed the requirements of local legislation.
- 2.4 Any breach of this policy will be treated as a disciplinary matter, which may result in immediate termination of employment or contract, withdrawal of volunteer status, and reporting to the relevant regulatory authority or other body.

3. Context

- 3.1 This policy is mandatory for all Kamili Organisation employees. For the purposes of this policy, 'employee' is defined as anyone who works for or on behalf of Kamili Organisation, either in a paid or unpaid capacity. This therefore includes directly employed staff, trustees, contractors, consultants, volunteers, interns and all visitors to the Kamili Organisation clinics and offices.
- 3.2 This policy demonstrates how Kamili Organisation will meet its obligations and reassures employees, partners and members of the public:
- on what they can expect Kamili Organisation to do to protect and safeguard vulnerable people;
 - that they can safely voice any concerns through an established procedure;
 - that all reports of abuse or potential abuse are dealt with in a serious and effective manner;
 - that there is an efficient recording and monitoring system in place;
 - that employees, sub contracted agencies and partners receive appropriate induction on safeguarding;
 - that a robust 'safe' recruitment procedure is in place.

4. Managing the risks

Protecting people and safeguarding responsibilities is a governance priority of Kamili Organisation, whereby reasonable steps are taken to protect people who come into contact with the organisation. These include patients who benefit from our work and staff.

- 4.1 Risks we are alert to include:
- sexual harassment, abuse and exploitation
 - negligent treatment
 - physical or emotional abuse
 - bullying or harassment
 - health and safety
 - commercial exploitation
 - extremism and radicalisation
 - forced marriage
 - child trafficking
 - female genital mutilation
 - discrimination
 - people who may target our organisation
 - our culture should never allow poor behaviour
 - people may abuse a position of trust they hold within our organisation
- 4.2 Those at risk: Kamili Organisation looks after patients and children with mental health issues. A person is defined as at risk (Care Act 2014 UK) as someone who:
- has needs for care and support
 - is experiencing, or at risk of, abuse or neglect
 - as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

A 'person at risk' could include:

- People with a disability/physical impairment
- Older people
- Children
- People with learning difficulties/disabilities
- People with mental health needs
- People with sensory impairments
- People who have suffered a head/brain injury
- People who misuse drugs and alcohol

4.3 Kamili Organisation aims to provide a safe, trusted environment for all employees, volunteers and beneficiaries and to respond promptly and appropriately to reports of persons who are actually or potentially at risk. We do this by:

- a. Safeguarding the welfare of all our beneficiaries, employees and volunteers, embedding it in everything that we do.
- b. Having recruitment, selection and training procedures for employees and volunteers.
- c. Requiring all external agencies that we work with to comply contractually with the policy.
- d. Having procedures to ensure that concerns of abuse or neglect are dealt with appropriately and that action is taken promptly (Appendix B).
- e. Providing all employees with access to a Designated Lead who will have the details of the appropriate local agencies to whom they can report concerns of abuse.
- f. Ensuring our fundraising activities are ethical. Fundraising activities are carried out in accordance with Kamili Organisation's values and we strive to meet the highest of ethical standards.

5. Designated Leads

5.1 All employees and volunteers have a responsibility to report concerns relating to abuse or neglect that arise in the course of their work.

5.2 The designated leads within Kamili Organisation to whom an employee should report such concerns are the Programme Director and a Member of the Board of Trustees.

5.3 The Board holds ultimate accountability for the governance of all safeguarding matters. Please see Appendix A for lines of accountability and responsibility within the organisation and the role of Trustees

5.4 Designated Safeguarding Lead responsibilities:

- a. refer suspected abuse to the relevant external agencies;
- b. develop and update safeguarding policies and ensure the staff are made aware of these;
- c. provide support and advice to staff regarding any safeguarding concerns;
- d. ensure all staff receive appropriate training and maintain training records;
- e. ensure victims of abuse have access to the correct support

6. Identifying those at risk

6.1 The following is a list of ways in which a safeguarding incident may occur. (It is noted that this list is not exhaustive):

- Meeting the patient and relatives for the first time

- During routine clinic visits
- Counselling sessions
- Public events and talks
- Employee / volunteer report or complaint
- Patient reporting an incident or complaint
- Community visits

6.2 What constitutes abuse?

A patient may be abused in a family, an institution, community or faith setting, or via social media/internet. In addition they may be harmed by an adult or adults or another child / children. There are also practices such as female genital mutilation (FGM), forced or early marriage that cause significant harm to children and vulnerable adults.

6.3 The following definitions are used as a guide:

- Physical abuse:** Physical abuse occurs when a person purposefully injures or threatens to injure a child or person. This may take the form of slapping, punching, shaking, burning, shoving or grabbing. The injury may take the form of bruises, cuts, burns or fractures.
- Emotional abuse:** Emotional abuse is a chronic attack on a child or vulnerable adult's self-esteem. It can take the form of name-calling, threatening, ridiculing, intimidating or isolating the child or vulnerable adult.
- Sexual abuse / exploitation:** Sexual abuse is any act that involves sexual molestation or exploitation of a child or vulnerable adult regardless of whether physical injuries are sustained. Sexual exploitation involves children/vulnerable adults being engaged in any sexual activity in exchange for money, gifts, food, accommodation, affection, status, or anything else that they or their family needs.
- Neglect:** Neglect is the persistent failure to meet a child or a vulnerable adult's basic needs, such as adequate nutrition, personal hygiene, shelter and appropriate supervision.
- Commercial Exploitation:** Commercial exploitation is the exploitation of a child or vulnerable person into work or other activities for the benefit of others and to the detriment of the person's physical or mental health, education, moral or social-emotional development. It includes, but is not limited to, child labour and child trafficking.
- Female Genital Mutilation (FGM):** FGM is, according to the WHO (1997), the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. The practice is often carried out by traditional circumcisers who play other central roles in communities, such as attending childbirths. In many settings, healthcare providers perform FGM because they believe the procedure is safer when delivered in a medical environment. FGM is recognised internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.
- Child on child sexual abuse:** Child-on-child sexual abuse is a form of child abuse in which a prepubescent child is sexually abused by one or more other children or adolescent youths, and in which no adult is directly involved.

6.4 Recognising Signs symptoms and effects of abuse and neglect

- 6.5 The signs of abuse aren't always obvious, and a child or vulnerable adult might not tell anyone what is happening to them. They might be scared that the abuser will find out and worried that the abuse might get worse. They might be worried that people won't believe them and sometimes might not be aware that what is happening to them is abuse.
- 6.6 The effects of abuse might be short term or may last a long time.
- 6.7 Some signs that emotional abuse might be / or have taken place:
- a. Excessively withdrawn, fearful or anxious about doing something wrong.
 - b. Doesn't appear to be attached to the caregiver. Shows extremes in behaviour (i.e. extremely compliant or extremely demanding / extremely passive or extremely aggressive).
 - c. Acts inappropriately adult (taking care of other children) or inappropriately infantile (rocking, thumb sucking, throwing tantrums).
- 6.8 Some signs that physical abuse might be / or have taken place:
- a. Frequent injuries or unexplained bruises welts or cuts.
 - b. Is always watchful and 'on alert' as if waiting for something bad to happen.
 - c. Injuries appear to have a pattern, such as swellings, a mark from a belt or hand.
 - d. Shies away from touch, flinches at sudden movement or seems afraid to go home.
- 6.9 Some signs that sexual abuse might be / or have taken place:
- a. Trouble sitting / walking.
 - b. Displays knowledge or interest in sexual acts inappropriate to his / her age, or seductive behaviour.
- 6.10 Some signs that commercial exploitation might be / or have taken place:
- a. Sudden disappearance of a person.
 - b. Financial ability i.e. found to have access to money that they cannot explain.
- 6.11 Some signs that Female Genital Mutilation (FGM). might be / or have taken place. A girl at immediate risk of FGM may not know what's going to happen. But she might talk about the following:
- a. Going away to visit family
 - b. A special occasion or ceremony to 'become a woman' or get ready for marriage
 - c. A female relative who has recently been cut.
 - d. A girl or woman who has been subjected to FGM may have difficulty walking, standing or sitting; may spend an unusual (longer) amount of time in the toilet; she may appear withdrawn, anxious or depressed; she may exhibit unusual behaviour after a period of absence from school; she may be reluctant to see a doctor (visit a healthcare clinic); she may ask for help for a non-specific problem / issue

7. Procedure for reporting, recording and managing safeguarding concern

- 7.1 The first priority is to ensure the safety and protection of the person at risk of harm. To this end, it is the responsibility of all employees and volunteers to act on any concerns of abuse, neglect or harm and pass these to the Designated lead within Kamili Organisation.
- 7.2 Please see Appendix B Procedure for employees, volunteers and trustee reporting concerns/incidents of suspected risk/abuse.
- 7.3 Time counts. Ensure timely, effective, confidential and appropriate responses to safeguarding issues.
- 7.4 It is not the responsibility of anyone working, either paid or unpaid, within the organisation, to decide whether abuse has taken place or to carry out an investigation as this is the role of the Designated Lead and outside agencies. These agencies hold the lead responsibility for

establishing and co-ordinating the local intra-agency framework for safeguarding people at risk.

- 7.5 All employees are required to act on any concerns raised and ensure that a decision is made on the appropriate action to be taken in each case.
- 7.6 If someone with whom the organisation is in contact with makes a disclosure of abuse or neglect, care should be taken to explain to them that a report will be made to the Designated Lead and/or appropriate agency.
- 7.7 If it is considered by an employee or volunteer that someone is in immediate danger, then the appropriate agencies should be contacted without delay.

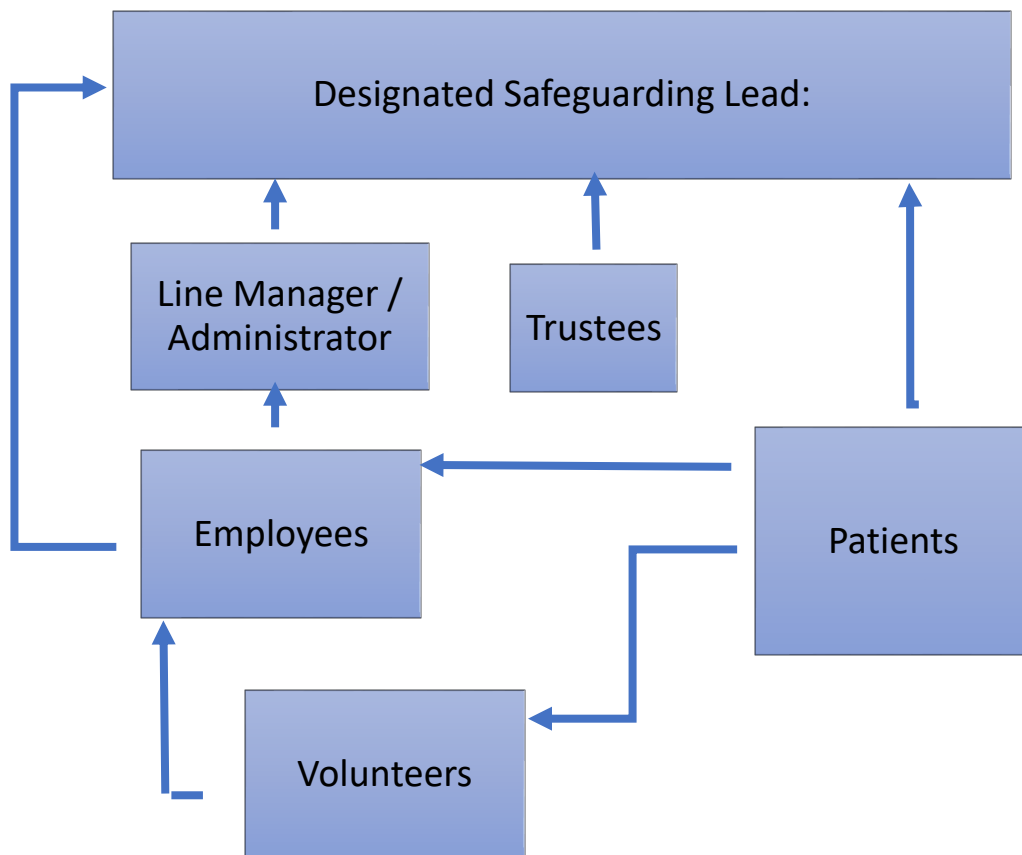
8. Code of Conduct and Safe Recruitment

- 8.1 In order to protect children, vulnerable adults and members of staff, we encourage staff to follow our professional code of conduct. This covers appropriate dress, professional boundaries, social contact outside work setting (including social networking sites), the receiving and giving of gifts and favouritism and the safe use of technology. This is outlined in more detail in our Human Resources policy.
- 8.2 Use of images and personal information. Kamili Organisation will never disclose any personal information without prior consent. This includes but is not limited to: name; address; date of birth; telephone number; ID number; email address; social media handle.
- 8.3 Kamili Organisation may, from time to time, wish to publish photographs and / or video footage, either in print, or on the internet, or on social media. Kamili Organisation will never publish any such images or video footage without the prior consent of those featured. A consent form must be completed and signed prior to publication. It is the responsibility of Kamili Organisation to ensure that this procedure is followed and that all parties are made aware of the nature of the publication. A failure to complete a consent form is not an indication that consent has been given.
- 8.4 Recruitment. Kamili Organisation will outline its commitment to safeguarding at the earliest opportunity in recruitment adverts, interviews and as part of contracts of employment. Staff should be recruited to defined job or role descriptions that include a statement on the position or role's responsibilities to meet the requirements of Kamili's safeguarding policy.
- 8.5 All interviews will include a discussion on safeguarding, the candidate's understanding of this and Kamili's commitment. All job offers will be dependent on suitable references and criminal record checks (See Recruitment Policy)

9. Implementation, dissemination and review

- 9.1 This policy will be reviewed annually by the Programme Director and approved by the Board of Trustees.
- 9.2 All members of staff should read, agree and sign the Safeguarding Policy within the first week of their employment.
- 9.3 A copy of the policy should be easily accessible in the following areas:
 - a. As a hard copy in the policy file – located in the Clinic.
 - b. As an executive summary on the website.
 - c. As a shared file in soft copy.

Process for reporting incidents

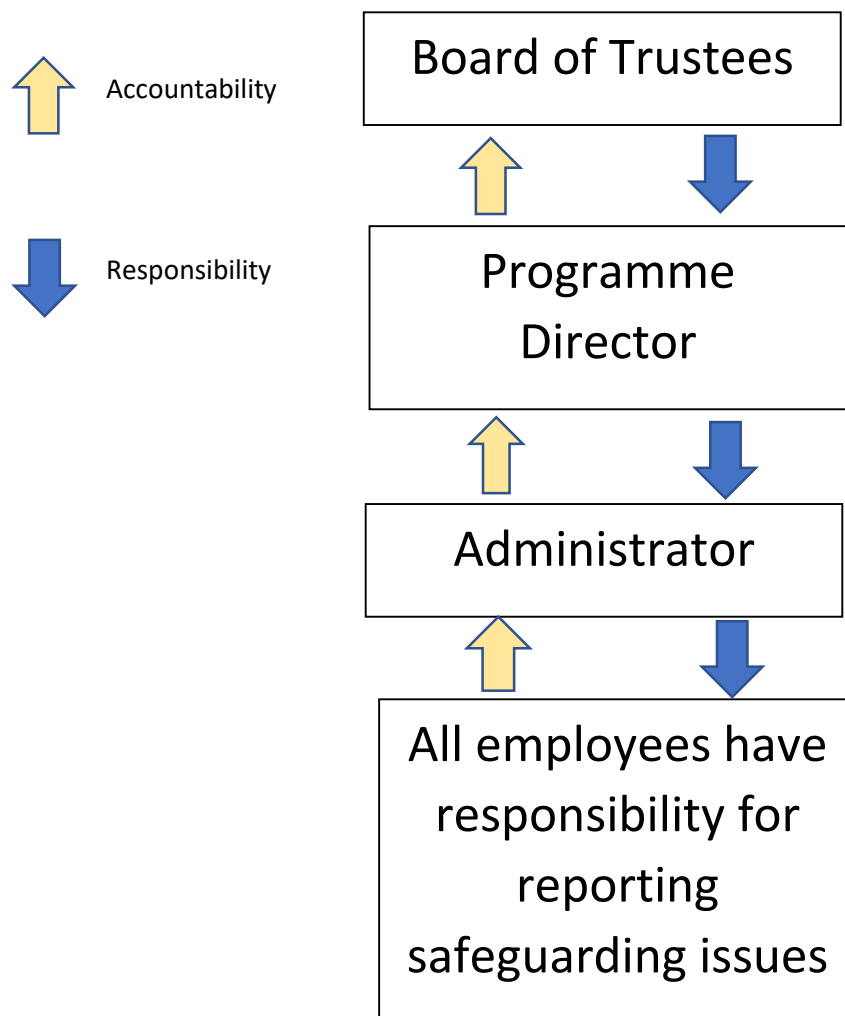


Appendix A

People at Risk

Safeguarding Roles

The Board of Trustees holds accountability for all safeguarding practices for Kamili Organisation – an accountability chart is provided below:



A nominated trustee will be appointed to be the Board of Trustees Safeguarding Lead. The role carries a shared corporate responsibility for the quality of care and professional standards provided by Kamili Organisation in relation to safeguarding.

The Trustee Safeguarding Lead will meet with the Designated Safeguarding Lead (Programme Director) on an annual basis to review the Safeguarding Policy and agree the contents of the Annual Safeguarding report to be presented to the Board of Trustees.

Role of the Trustee Safeguarding Lead:

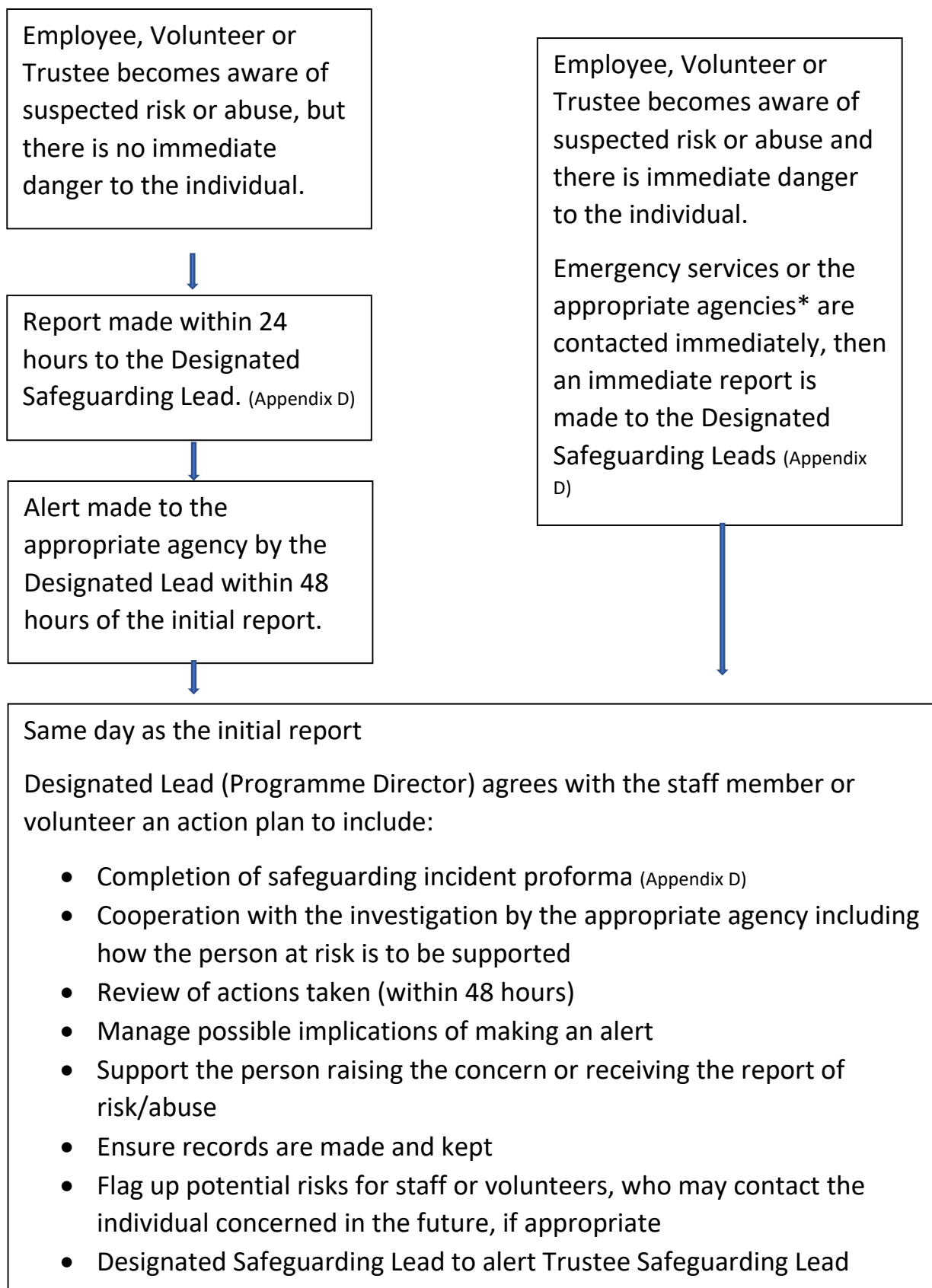
- Provide support to the Designated Safeguarding Lead (Programme Director) to ensure Kamili Organisation delivers a continuous high-quality approach to the safety and welfare of patients, health professionals and employees.

- Seek assurance that effective strategic, operational governance and control arrangements for safeguarding are in place.
- Bring an independent and external perspective knowledge, skills and experience to the safeguarding practices of the organisation.
- Constructively challenge the policies, plans and processes of the safeguarding practice within the organisation.
- Support the development of plans to improve safeguarding processes and practice.

Appendix B

Procedure for Reporting and Managing People at Risk

**a list of contacts of appropriate agencies to contact are to be found in Appendix C*



Appendix C

List of contacts in case of suspected risk or Abuse

Designated Safeguarding Lead: Programme Director:

Melanie Blake 0720 131583

Trustee Safeguarding Lead:

Levi Wataka 0721 791231

Appendix D

Safeguarding proforma

Safeguarding incident record

Check to make sure your report is clear to someone else reading it.

Incident date refers to the date of the recording of this incident (this should be the date you are made aware of the concern), if you have any information regarding a relevant past incident add into details of concern section.

This will be the main record of the safeguarding incident and will need updating until concern closed.

Form Completed By:		Date:		Role:	
Information about person you have safeguarding concerns for:					
Full Name:		D.O.B./Age:	Gender:	Additional Needs/Information:	
Contact Details (telephone) Physical Address:					
If concern was raised by a third party add their names and contact details:					
Significant Others if known (relatives, carers, friends, health/social care /other professionals etc.)					
Name:	Relationship to person:		Address:		Tel No:
Details of Concern:					
Date of Incident:					
What happened/ what is the concern?					

Has person involved expressed what they want to happen? Do they have mental capacity to make an informed decision?				
What needs to happen? Note actions, including names of anyone to whom your information was passed and when.				
Recommendation	Action	Who responsible	Completion date	Progress Update

Was information shared with an outside agency?	
Who? Name and contact details: <i>see list in Appendix C:</i>	
Children: are there children or other vulnerable adult who may be at risk? Y/N	
Details:	
Inform:	Date:
Line Manager	
Designated Safeguarding Lead	
Trustee Safeguarding Lead	
Record Keeping	
Referral to Outside Agency (if applicable)	