Endless Medical Advantage (EMA)
Safeguarding Policy

This safeguarding policy sets out Endless Medical Advantage's (EMA) commitments to protect patients, volunteers and the community we provide a service in from abuse, exploitation and organisational negligence. This is the procedural framework EMA will use to safeguard against, and respond to, incidents effectively.

Summary

Safeguarding is everyone's responsibility; EMA joins all other charities and NGOs in their moral standing of being committed to the overall and all encompassing health, safety and wellbeing of the people and communities we work in.

EMA is based primarily in the Al Marj and Saadnayel areas of the Bekaa valley providing and responding to the Syrian population's care needs; a complex and longstanding displaced community. It is our purpose to promote, restore and ensure that every human being should be given respect, dignity and have the right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs.

Purpose

EMA recognises that working within the refugee communities, these populations have higher risk factors than the general population and this applies to the welfare of children, young people and adults. As such comprehensive safeguarding procedures must be in place and safeguarding concerns must be reported, responded and handled sensitively and in a timely and effective manner. The aim of this policy is to address the safeguarding risks and provide a platform and support to those who have experienced, witnessed or suspect abuse, maltreatment or neglect with the means to address the matter.

Scope

This policy is applicable to all members of the charity: paid employees, workers (casual workers, freelance workers, contractors), medical and non medical volunteers, work/medical experience students in the field in Lebanon and in the UK and includes the trustees. Ultimately anyone carrying out a duty on behalf of EMA or who is perceived as representing EMA.

EMA expects all staff and volunteers recruited to share this commitment and this is emphasised and discussed in the recruitment phase. EMA also recognises the sensitive organisational risks and position volunteers may come across when participating in international work with children and adults; the risk of volunteers working outside of their normal environment and immersed in a different culture with language and communication barriers.

However, we recognise that anybody could cause harm (intentionally or unintentionally) in such a setting and people may seek to work for the organisation to exploit and abuse their position of trust. There is zero tolerance to such conduct as outlined in EMA's Code of Conduct.

This policy should be read in conjunction with related EMA policies and procedures:

- Code of Conduct
- Complaints Procedure
- Recruitment Policy
- Risk Assessment
- Volunteer Management
- Whistleblowing Policy

What are the roles and responsibilities within EMA?

To be alert, prevent and address safeguarding issues, EMA is committed to:

1. Recruiting responsibly and professionally volunteers who have enhanced DBS checks and registered and active professional registration and provide at least two references.
2. EMA will aim to foster and create a positive working environment in which sharing and feedback is welcomed and encouraged.
3. EMA Trustees and the Medical Lead will review the Safeguarding Policy annually.
4. A detailed Code of Conduct is in place and to be read and signed by each volunteer.
5. Training on the ground led by the Medical Lead and/or the Field Coordinator to familiarise and highlight the safeguarding concerns, an introduction into the communities and any concerns and cultural sensitivities to help volunteers orientate and work effectively within their remits.
6. EMA values an open, honest and transparent organisation, encouraging feedback at all times and a sharing, welcoming and sensitive approach to communication, debriefing and meetings.
7. Volunteers on ground will have regular meetings with the Medical Lead/Director to have the chance to express concerns, worries or observations in a safe and private manner.
8. A clear reporting pathway is in place so everyone knows what and how to do to raise a concern/raise an alert.
9. EMA will investigate and respond timely to all safeguarding concerns raised.
10. EMA, through the Medical Lead and Field Coordinator, will communicate and work with local NGOs/hospital/medical actors to ensure their overall insight and information is accurate and up-to-date with all relevant situations, concerns or scenarios.
11. EMA, in case of an investigation, will ensure the data is documented sensitively and will uphold the Data Protection Act.
12. Confidentiality of concerns or alerts raised will be discussed and dependent on the safeguarding concern, it will not be appropriate for all cases but upheld to a need to know basis and very sensitive when information is needed to be shared for the best interest of those/he/she involved.

13. EMA has an appointed and designated Safeguarding Leads who will be responsible for receiving safeguarding concerns and will make the decisions about what action needs to be taken, contacting and liaising with other agencies as necessary; will inform the UK and Lebanese Safeguarding Department of all safeguarding.
14. A Complaints Procedure and Whistleblowing Policy is in place to help improve best practices, to respond to dissatisfied outcomes and concerns and an opportunity to learn and adapt our policies and procedures in a very difficult field.

Contact details of Leads and Trustees

Position	**Name**	**Contact**	**Accessibility**
Field Safeguarding Lead	Feras Alghadban	contact@endlessmedicaladvantage.org	English, Arabic
Trustee Safeguarding Lead	Asma Patel	contact@endlessmedicaladvantage.org	English, French
Whistleblowing Officer	Razina Patel	contact@endlessmedicaladvantage.org	English, Arabic
Trustee	Louise Newman	contact@endlessmedicaladvantage.org	English

What is safeguarding?
https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf

Definitions of Abuse
We understand and are committed to comply with all UK Safeguard legislation and guidance including the Children Act of 1989 and 2004, Working Together to safeguard Children 2015 and Care Act 2014. We will define abuse as per the following guidance:

Children - Working Together to Safeguard Children (Department for Education 2018) *(A child is anyone who has not yet reached their 18th birthday)*	
Physical abuse	A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
Emotional abuse	The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse	Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
Child sexual exploitation	Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.
Neglect	The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: • provide adequate food, clothing and shelter (including exclusion from home or abandonment); • protect a child from physical and emotional harm or danger; • ensure adequate supervision (including the use of inadequate care-givers); or • ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
Adults - Care and Support Statutory Guidance (Department of Health, updated 2016)	
Physical abuse	Includes assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions

Domestic abuse	Includes psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence. A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015.
Sexual abuse	Includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault, sexual acts to which the adult has not consented or was pressured into consenting.
Psychological abuse	Includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, unreasonable and unjustified withdrawal of services or supportive networks
Financial or material abuse	Includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, the misuse or misappropriation of property, possessions or benefits
Modern slavery	Encompasses slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment
Discriminatory abuse	Includes harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation, religion
Organisational abuse	Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
Neglect and acts of omission	Includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

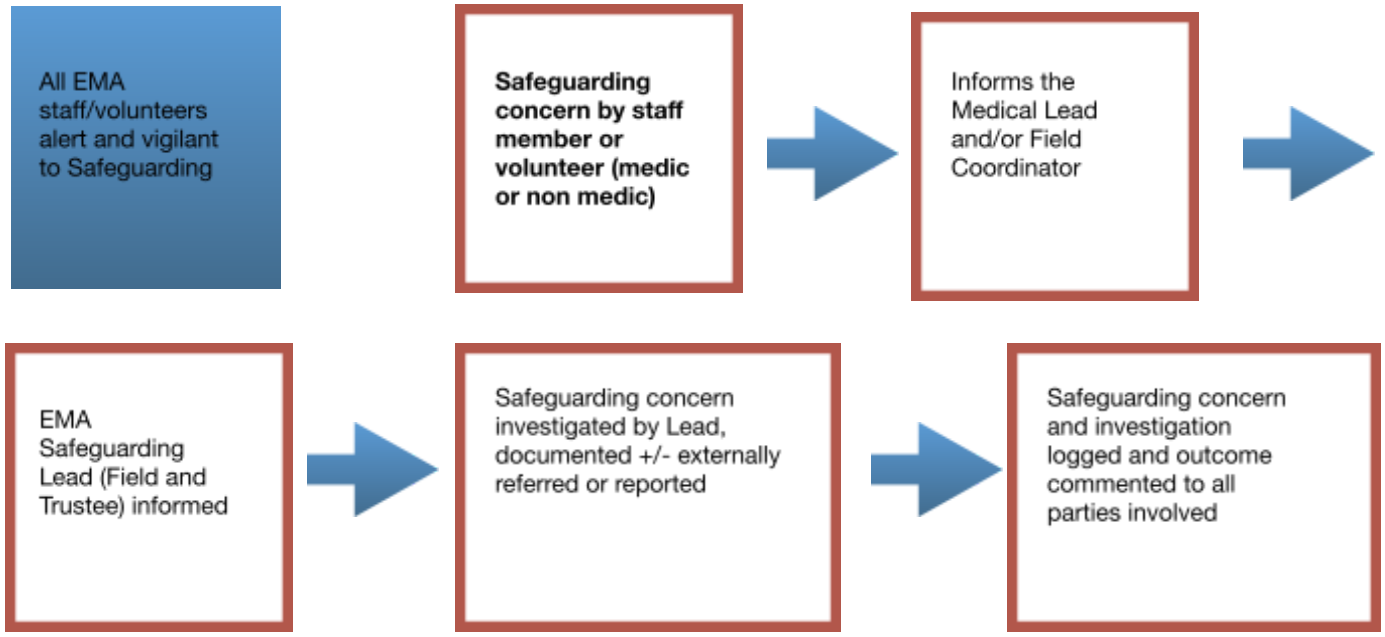
"Child abuse according to **WHO** is maltreatment that constitutes all forms of physical and or emotional mistreatment, sexual abuse, neglect, negligent treatment and or commercial or other form of exploitation resulting in actual or potential harm to the child's health, survival, development or dignity in the context of relationship of responsibility, trust or power."
Source: https://www.who.int/news-room/fact-sheets/detail/child-maltreatment

How to report a Safeguarding concern?
Safeguarding concerns should be reported **as soon as reasonably possible** after staff or volunteers become aware of a concern/issue. Information contained in a report should be kept strictly confidential and shared on a need to know only basis. **Staff or volunteers should not attempt to investigate the issue themselves.**

1. Volunteer/medic/employee is alerted to a concern, observes a concern or information is disclosed in person.
2. The person hearing or observing the concern as soon as possible communicates verbally (telephone or in person) to the Medical Lead on the ground and/or the Field Coordinator.
3. This information is then documented, guidance offered by the Medical Lead/Field Coordinator for support, and must contain date, time, people present if consent (names can be used or identifiable information), a factual account - not inferences and how it was raised.
4. A decision by the Medical Lead/Field Coordinator, and in discussion with the Safeguarding Lead in the UK if appropriate at the time, is considered.
5. If there are concerns of immediate danger for those involved and significant risk, then action must be taken and led by the Lead Medic/Field Coordinator in charge. Notifying local authorities or police will be considered. The safety of those involved, the sensitivity of such settings and the safety of the EMA team is a priority.
6. The Medical Lead/Field Coordinator will discuss the case with the Safeguarding Lead in Lebanon, it will be decided what is the most appropriate way to handle and respond to the concern.
7. The wishes, safety of the victim or person at risk, local laws, customs and culture will be considered. However, an assessment of the nature (extent, duration, context, age of parties, sensitivities, degree of harm or abuse) of the concern may mean that EMA has an obligation to inform the police (or equivalent) or other regulatory agencies (e.g. UNHCR).
8. The Safeguarding Lead in the UK and Trustees will be notified immediately if this is deemed as a serious, immediate or criminal concern, otherwise they will be notified and kept up to date when it is next possible to do so. In the case of non-referral, the Field Safeguarding

Lead must inform the Trustee Safeguarding Lead with the justification for which no action was taken.

9. The investigation will consider the following: is the allegation historical and is the risk ongoing? Is there sufficient information to follow up? Must a disclosure be made externally? Who may be implicated or otherwise unsuitable to be involved in the management of the case?
10. Confidentiality will be maintained at all stages of the process. Information relating to the concern and case management should be shared on a need-to-know only basis.
11. All safeguarding concerns or alerts at any level, by any sources or reporting will be kept securely stored by EMA in a log book/file.
12. Support, de-briefing and well-being check-in's with volunteers/medics involved and early signposting to relevant organisations for counselling will be identified.



Further guidance on how to handle a safeguarding concern in regards to children are recommended from the Islamic Relief Worldwide Child Safeguarding Policy (2008):

- *Ensure that there are two members of staff and /or a family member is present when dealing with a child.*
- *Make sure you are never in isolation or closed environment with a child alone.*
- *Ensure there is safe distance when sitting with a child.*
- *Ensure that any children who have been adversely affected are made safe, and are looked after and supported by you and colleagues from within your organisation.*

- *Staff should not promise any child that they will keep information secret until they know what the information is. If evidence of abuse or an exploitative relationship exists staff must disclose it.*
- *Make appropriate referral, as appropriate, to organisations/law enforcement agencies that can provide emergency and ongoing support to child abuse cases.*
- *If any child seems to be suggesting abuse, but it is not clear, staff should try to find a suitable time and place to talk to the child which will allow him/her to speak freely.*

What should staff or volunteers do if a safeguarding concern is raised with them?
Any concerns implicated to staff members or volunteers will be handled promptly, sensitively and professionally. EMA's priority is to protect the community and therefore to prevent harm. Immediate removal from the role and field will be implemented when a concern is alerted/raised. The Medical Lead and the Field Coordinator will discuss the concern with the Safeguarding Lead in Lebanon and in the UK and seek guidance from the Trustees if appropriate at the time.

A thorough investigation will be carried out fairly and documented and disciplinary action will be considered and enforced if applicable. External reporting to professional bodies in their home countries will also be made in light of the profession the accused is accountable too. If the concern is unstained and the volunteer/employee has not demonstrated any breaks in the code of conduct, then he/she will be able to return to the field and continue in their role. If the volunteer/employee feels dissatisfied by the procedure or the handling of the process, EMA Complaints Procedure is in place to encourage feedback to be formally communicated and addressed.

Where can staff or volunteers get further information or support?
Further guidance or support for Safeguarding concerns can be found via the UNHCR:

UNICEF Zahle, UNHCR Bekaa Sub-Office UNHCR building, Baalbek Highway, Zahle, Lebanon
Hotline phone numbers: (+961) 76611811, 81477248, 81477249, 81477250.
For information or appointments: 08-930468 (Monday to Friday 8:00 - 16:00).

UNHCR Lebanon, UNHCR S&K building Nicolas Ibrahim Sursock St.Nah Beirut, Lebanon
P.O. Box 11-7332, Riad El Solh, Beirut, Lebanon
Phone: (+961) 1 849 201 lebbe@unhcr.org

Additionally, Safeguarding concerns can be referred to HIMAYA in the Bekaa Valley: https://www.himaya.org/activities. HIMAYA take referrals of Sexual Exploitation, Abuse, Neglect, (General) Child Protection and Vulnerable Adults.
Phone: (+961) 03 414 964 Or Dial #HIMAYA (in Lebanon). Email: resilience@himaya.org