



**Kisiizi Partners' (Sponsor a Nurse's) Safeguarding Policy  
for Protecting Children and Vulnerable Adults**

**March 2018**

Kisiizi Partners is a working name for Sponsor a Nurse, a charity registered with The Charity Commission for England and Wales: registration number 1079118

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# Kisiizi Partners' (Sponsor a Nurse's) Safeguarding Policy

Date of adoption: March 2018 – to be reviewed before March 2019

## 1 Safeguarding Contacts

- 1.1 **Alan Smith** is the trustee with responsibility for safeguarding (the Safeguarding Officer) and is the first point of contact for all issues relating to safeguarding children and vulnerable adults. If he is not available, **Alison Candlin** will deputise. They can both be reached by email at [safeguarding@kisiizipartners.org.uk](mailto:safeguarding@kisiizipartners.org.uk).
- 1.2 The Safeguarding Officer will liaise with Mr. Moses Mugume (contact email supplied), the Principal Safeguarding Officer at Kisiizi Hospital to ensure that there are policies and procedures in place to provide all Kisiizi Partners' beneficiaries with protection from abuse and neglect.
- 1.3 If the charity wants to work with other partners, a principal safeguarding contact will be nominated by each prospective partner before Kisiizi Partners will start working with them.

## 2 Terms used in this document

- 2.1 **Sponsor a Nurse** is a charity registered with the Charity Commission for England and Wales (registration number 1079118). It commonly uses two working names (which are registered with the Charity Commission, and searchable on their website):
  - a. **Kisiizi Partners**: to refer to the charity in its entirety, and
  - b. **Kisiizi Orphans**: to refer to the work done with orphans, other children and young adults, through Kisiizi Hospital's Child Sponsorship Department.
- 2.2 **Kisiizi Hospital** is a private, not for profit, faith-based hospital in the south-west of Uganda. It is run by a local Board of Management and governed by the Church of Uganda, under the supervision of the Uganda Protestant Medical Bureau in Uganda.
- 2.3 **Charity Commission** refers to the Charity Commission for England and Wales.
- 2.4 **Trustees** means those who are recorded on the website of the Charity Commission as trustees of Sponsor a Nurse.
- 2.5 **Officers** are volunteers delegated by the trustees to help them carry out certain roles (e.g. the Treasurer is currently an officer but not a trustee).
- 2.6 **Child** refers to any individual under the age of 18.

- 2.7 **Vulnerable adult** refers to anyone over the age of 18 who might be open to being controlled by another person or persons due to poverty, physical or mental illness, physical or mental disability, dependency on support (e.g. those over the age of 18 who are receiving support for further education through Kisiizi Partners) or for any other reason where they could be manipulated by another person or persons.
- 2.8 **Abuse** can be subdivided into several categories:
- a. **Physical abuse:** Hitting, slapping, pushing, misuse of medication, giving alcohol or (non-prescription) drugs to a child, restraint or inappropriate physical sanctions.
  - b. **Sexual abuse:** Including rape and sexual assault or sexual acts involving a child or vulnerable adult, this can include them being made to watch sexual acts being performed on or by others and watching pornography, with or without their consent.
  - c. **Psychological abuse:** Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, including inappropriate shouting, or isolation.
  - d. **Exploitation:** Either opportunistically or premeditatedly, unfairly manipulating someone for profit or personal gain.
  - e. **Financial or material abuse:** Theft, fraud, or the misuse of property or possessions.
  - f. **Neglect and acts of omission:** Ignoring medical 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.
  - g. **Discriminatory abuse:** Discrimination on grounds of race, tribe, gender and gender identity, disability, sexual orientation, religion, and other forms of harassment, slurs or similar treatment.
  - h. **Institutional abuse:** Neglect and poor care practice within a hospital or school, ranging from isolated incidents to continuing ill-treatment.

### 3 The reason a safeguarding policy is required

- 3.1 Kisiizi Partners believes that everyone, at all times and in all situations, has the right to dignity and to feel safe and protected from any situation or practice that could result in them being physically or psychologically damaged, regardless of their race, tribe, skin colour, ethnicity, gender and gender identity, religion, beliefs, sexual orientation, disability or age.
- 3.2 Kisiizi Partners recognises that all trustees and officers are an integral part of the safeguarding process and that they have a responsibility to ensure that appropriate safeguarding policies and procedures are in place for the beneficiaries of the charity's funds, even though those beneficiaries are in another country and we support them indirectly by funding an institution in that country. Safeguarding will be on the Agenda for every Kisiizi Partners' Trustees Meeting, and for every formal meeting between the

trustees and the management of Kisiizi Hospital. It will be a standing item on Kisiizi Hospital Management Agendas.

- 3.3 Kisiizi Partners makes grants to Kisiizi Hospital to support its work, providing healthcare to the people of south-western Uganda. The hospital's patients include children and vulnerable adults, so Kisiizi Partners has a duty to ensure that those patients are adequately protected by the hospital's safeguarding policies.
- 3.4 Kisiizi Partners, through Kisiizi Orphans, supports the care of orphans, other children and young adults through Kisiizi Hospital's Child Sponsorship Department. Kisiizi Partners has a duty to ensure that a suitable safeguarding policy is in place to protect these children.
- 3.5 Some sponsors may wish to make contact with the children that they sponsor. Kisiizi Partners has a responsibility to ensure that the safety of the children is paramount and that suitable guidelines are drawn up by Kisiizi Orphans, in collaboration with Kisiizi Hospital, to protect the children during these contacts (see section 6 on page 5 of this document and page 6 of Kisiizi Hospital's *Child Sponsorship Programme Safeguarding Policy* document).

## 4 Trustees' responsibilities

- 4.1 As the beneficiaries of Kisiizi Partners' funds include children and vulnerable adults, the trustees have an obligation to have a safeguarding policy in place. That policy will be reviewed:
  - every time that the trustees become aware of changes in the rules about safeguarding that apply to UK charities;
  - every time that UK law, with respect to safeguarding and child protection, changes;
  - at any time that a gap in the policy becomes apparent;
  - at any time that it becomes apparent that the policy is not working as it should;
  - every time a safeguarding issue is reported to see if the policy could be improved to prevent any recurrences;
  - any time that Kisiizi Partners chooses to work through a new organisation;
  - at least once a year.
- 4.2 Most of the work of trustees and officers is carried out in the UK. This work does not involve contact with children and vulnerable adults, therefore trustees do not need to be checked by the Disclosure and Barring Service (DBS). No individual who has ever had an appointment blocked following a DBS check will be eligible to become a trustee, regardless of how much time has passed since that happened. (All current trustees have had Enhanced DBS checks related to their jobs. Any prospective future trustee will be asked whether they have had a DBS check and what it revealed.)
- 4.3 When trustees, officers, or representatives, are in Kisiizi, or elsewhere on the charity's business, they must be accompanied at all times by a member of hospital staff when they come into contact with patients and children. At no time should trustees, officers or representatives be on their own with vulnerable patients or children and it is each individual's responsibility to ensure that this does not happen. Any unsupervised contact

between trustees, officers, or representatives, and patients and children will be considered a breach of this policy and an investigation will be carried out, by the Safeguarding Officer alongside the Principal Safeguarding Officer for Kisiizi Hospital, to determine how such a breach occurred. If the investigation shows that there has been a procedural breakdown, both Kisiizi Partners and Kisiizi Hospital will take immediate steps to rectify this and ensure it does not happen again. If the investigation discovers that there was a serious and immediate threat to the safety of a child or vulnerable adult from a trustee, officer or person representing the charity, the offender will be reported to the authorities in Uganda and in their home countries, and a serious incident report will be filed with the Charity Commission for England and Wales.

- 4.4 The only exception to point 4.3 will be when a trustee, officer or representative is working at Kisiizi as a skilled volunteer. Once they have been through the hospital's recruitment procedure and safeguarding training they will be considered to be working under the hospital's rules and will be permitted to have unsupervised contact with children, if this is agreed by the hospital. (Even if they are working for the hospital, they are unlikely to be alone with a child or vulnerable adult because they will need a translator in order to communicate.)

## 5 Kisiizi Hospital

- 5.1 Kisiizi Partners supports Kisiizi Hospital by providing funds and equipment to help the hospital operate. Funds are used to: pay for staff training; provide patient services; buy drugs and equipment; provide accommodation for staff, patients and volunteers; supplement wages of key staff; provide essential items for staff, regardless of their grade; and meet other specific needs identified by the hospital's Management Committee.
- 5.2 Trustees have examined Kisiizi Hospital's *Safeguarding Children and Vulnerable Adults* policy document. This policy has been amended following comments from Kisiizi Partners and trustees have agreed that the current policy provides adequate protection for children and vulnerable adults who are treated by the hospital. Trustees will review this document annually, or whenever it is updated by the hospital, or if any of the circumstances identified in paragraph 4.1 occur, whichever happens first.
- 5.3 Trustees have observed the work in Kisiizi Hospital over a number of years and they have not observed any incidences of institutional abuse during that time. They have not identified any areas of the hospital's work where they consider patients could be vulnerable to abuse and they do not feel that they need to take any specific steps to further protect patients.

## 6 Kisiizi Orphans and Child Sponsorship

- 6.1 Kisiizi Orphans is responsible for running the child sponsorship programme for Kisiizi Partners. It was originally set up (as Sponsor an Orphan) to provide support for children whose parent(s) had died as a result of HIV/AIDS. If one parent had died they were known as “single orphans” and this designation was changed to “double orphans” when both parents had died.
- 6.2 The Child Sponsorship Department at Kisiizi Hospital was originally funded by the Dutch charity, Dorcas, but they had limited resources and so Sponsor a Nurse was asked by Kisiizi Hospital if we could find sponsors for the many children in the area that Dorcas could not help. Dorcas are in the process of withdrawing their support for the orphans in Kisiizi and Kisiizi Orphans is now the principal supporter of the hospital’s child sponsorship programme.
- 6.3 Since it was founded, Kisiizi Orphans has expanded to provide support for other vulnerable children who are identified by the hospital. These children are not orphans but they do need special support that their families cannot provide or they need to be educated away from their home villages. Children who may be considered for this support include those who: have physical and mental disabilities; have special educational needs; or have been physically or sexually abused.
- 6.4 Children on the scheme are supported until they are qualified to work and support themselves. This may involve training them to become tailors or brick-makers or other manual skills and trades. Those who have shown an aptitude for academic work may be put through the Kisiizi School of Nursing and Midwifery or helped through a suitable higher training or university course. This means that some of the people on the scheme are no longer children. Kisiizi Partners recognises that these young adults are dependent on Kisiizi Orphans for their training and living expenses. The trustees have decided that all young adults on the scheme should be considered to be vulnerable adults and protected by both Kisiizi Partners’ safeguarding policy and Kisiizi Hospital’s *Child Sponsorship Programme Safeguarding Policy*.
- 6.5 Trustees have examined Kisiizi Hospital’s *Child Sponsorship Programme Safeguarding Policy*. This has been amended following comments from Kisiizi Partners and trustees are satisfied that the current policy provides adequate protection for the children who benefit from funds supplied to the hospital by Kisiizi Orphans. Trustees will review this document annually, or whenever it is updated by the hospital, or if any of the circumstances identified in paragraph 4.1 occur, whichever happens first.
- 6.6 Limited contact between sponsors and the children they support is encouraged by the child sponsorship programme. Termly reports on the child’s progress are sent to Kisiizi Orphans for forwarding to their sponsors; these documents contain the child’s name and the school they attend. Sponsors wishing to communicate with their children are encouraged to do so through Kisiizi Orphans. This is usually in the form of Christmas and Birthday cards but sponsors may write letters to the children they support. These letters are checked by Kisiizi Orphans and the Child Sponsorship team at Kisiizi, to verify that their content is appropriate and culturally sensitive before they are passed on to the children. This process means that at no time should sponsors be able to directly contact the children they support, or their families.

- 6.7 Occasionally visitors to Kisiizi ask to see their orphans. The decision about whether to let such a visit happen, or not, lies with the Child Sponsorship Department at Kisiizi Hospital. If a visit is arranged, it is always in the presence of a member of the Child Sponsorship Team at Kisiizi. Trustees, together with the management at Kisiizi Hospital, have identified that this is a possible area where inappropriate contact between sponsors and children could be initiated. Phone numbers, email addresses and social media contacts could be shared during these visits. Sponsors will be informed by Kisiizi Orphans that such contacts are in breach of Kisiizi Partners safeguarding policy. It is contrary, also, to Kisiizi Hospital's safeguarding policy (page 6) and sponsors will be asked, by the hospital, to sign a form (*Kisiizi Child Sponsorship Programme: Visits by supporters / donors to children or young people on the scheme*) confirming that they are aware of the policy before they are allowed to visit any child. Kisiizi Partners expects the hospital's representatives to ensure that this form is signed and to prevent any personal contact information from being shared during visits.
- 6.8 If any sponsors breach Kisiizi Hospital's guidelines. Kisiizi Partners expects to be informed that such a breach has taken place. Kisiizi Partners will treat any such breach as a serious safeguarding issue. Anyone who has broken these rules will have their sponsorship of the child(ren) terminated with immediate effect. (If this happens the child will continue to be supported by Kisiizi Orphans and new sponsors will be found for the child(ren).) Kisiizi Partners will pass any information they have about the person, and how they have breached Kisiizi Hospital's safeguarding rules, to the police in Uganda and the UK. Kisiizi Partners will also inform the Charity Commission that there has been an incident and pass on the details of the action that has been taken to protect the child and to prevent any further breaches from happening.

## **7 Procedures for ensuring due diligence of our foreign partners' policies**

- 7.1 As the beneficiaries of the charity include children and vulnerable adults, trustees should review Kisiizi Hospital's Safeguarding Policies at least once a year and check that they are fit for purpose.
- 7.2 Kisiizi Partners expects Kisiizi Hospital to have a safeguarding policy in place for both its work as a hospital and for its work in the community, including the child sponsorship programme.
- 7.3 Kisiizi Partners expects Kisiizi Hospital to carry out due diligence with respect to the safeguarding policies in the schools that it enrolls children into from the sponsorship scheme. It expects the hospital to have a process for children to report any issues in their schools and for children to be aware of that process and who their point of contact is. As the child sponsorship programme relies on the extended family to look after the children, Kisiizi Partners expects there to be a process for reporting safeguarding issues within the community. Kisiizi Partners expects to see evidence that steps have been taken to ensure the safety of children in schools and the community.

- 7.4 Kisiizi Partners expects the hospital to publish its process for dealing with safeguarding issues, detailing how it will ensure that children and vulnerable adults know who to contact if they have issues. (We suggest laminated notices, written in Rukiga should be prominently displayed in all clinical areas and in all schools where sponsored children are enrolled.)
- 7.5 If trustees have concerns about the hospital's policy, the Safeguarding Officer will formally inform the management of Kisiizi Hospital about these concerns and provide a time frame for them to be addressed. Kisiizi Partners will determine the time frame for action depending on whether there is an imminent or ongoing risk to a child or vulnerable adult (that will require immediate action) or whether there are gaps in procedure (where two or three months may be an appropriate time for the remedy to be implemented). If the concerns are not addressed within that time frame, trustees must take action to protect the beneficiaries of the charity's funds. This action could include: escalating the concerns to the hospital's Board of Governors or to the authorities in Uganda (both regulatory and governmental) and reporting the concerns to the Charity Commission. The payment of funds to Kisiizi Hospital could be stopped, as a last resort, in order to protect the good name of the charity.
- 7.6 As part of our monitoring of safeguarding in Kisiizi, Kisiizi Partners requires Kisiizi Hospital to inform trustees, in confidence, of any child and vulnerable adult protection issues that arise within the hospital or in its work in the community (including in its child sponsorship programme). The hospital must inform the Safeguarding Officer immediately about any incident and then follow this up with a report about any action it has taken to deal with safeguarding issues and what steps it has taken to prevent those issues from recurring. Kisiizi Partners reserves the right to send a representative to the hospital to verify that the issues have been dealt with in an appropriate manner.
- 7.7 Although trustees may have a duty of confidence in considering these issues, they may decide that UK law requires them to report these issues to UK authorities, including the Charity Commission, and/or seek their advice about how to handle the issues and the trustees' future relationship with the hospital. Issues of law will always take precedence over the need to maintain confidences.
- 7.8 If a trustee becomes aware of any safeguarding issues, s/he must inform, in the first instance, the Safeguarding Officer or their deputy (named in paragraph 1.1) and then the other trustees as soon as possible. Kisiizi Partners' named safeguarding person must ensure that this information is passed on to the Principal Safeguarding Officer at Kisiizi. If urgent action is required then the trustee can bypass this procedure and go straight to the hospital's safeguarding team or its management. At all times the safety of patients and children is paramount.

## **8 Working with other organisations**

- 8.1 From time to time Kisiizi Partners chooses to work with other organisations and in other countries. It will apply the same safeguarding rules to all organisations that it works with that it applies to Kisiizi Hospital.

## 9 Whistleblowers

- 9.1 Kisiizi Partners encourages people to come forward to report any safeguarding issues. Whistleblowers will be treated with respect and their concerns will be addressed. Trustees, however, have a duty to ensure that the complaints are genuine and not malicious, and they will take steps to check the veracity of all allegations. The whistleblower will be assumed to be telling the truth until such times that there is evidence to the contrary.

## 10 Identifying abuse

- 10.1 Trustees, officers and their representatives are not expected to identify the specific category of abuse that a child may be experiencing but rather to highlight any causes for concern to the appropriate person at Kisiizi or to the Safeguarding Officer at Kisiizi Partners. The following list is provided to guide them about some of the signs and symptoms of abuse. It is not intended to be exhaustive. It should be noted that some people may display some of these signs in times of stress and this does not necessarily mean that they are being abused.

- a. Indicators of child abuse:
  - i. injuries that are not consistent with normal activities of a child, either in the body area affected or the type of injury sustained
  - ii. inconsistent or unreasonable explanation of an injury by a child, parent or carer
  - iii. inconsistent or inappropriate behaviour displayed by the child, such as sexually explicit remarks or actions, mood swings, role-play, uncharacteristically quiet/aggressive, severe tantrums
  - iv. the child becomes isolated socially
  - v. overeating, loss of appetite, weight loss or weight gain by the child
  - vi. the child is inappropriately dressed or ill-kept
  - vii. the child self harms
  - viii. the child displays an open distrust/discomfort with parent or carer
  - ix. the child displays delayed social development such as poor language and speech
  - x. the child displays excessively nervous behaviour, such as rocking or hair twisting
  - xi. the child displays low self-esteem
- b. General indicators of abuse (often typical of sexual abuse):
  - i. recurring abdominal pain
  - ii. recurring headaches
  - iii. reluctance to go home
  - iv. flinching when approached or touched
- c. Indicators of adult abuse:
  - i. verbal statement from the adult that s/he is being abused
  - ii. unusual /suspicious or repeated injuries

- iii. unusual or unexplained behaviour of carers, including a delay in seeking advice or dubious or inconsistent explanations of injuries or bruises
- iv. signs of misuse of medication:
  - a. not administered as prescribed
  - b. over-medication resulting in apathy, drowsiness, slurring of speech, unusual sleep patterns, continual pain etc.
  - c. under-medication resulting in unusual sleep patterns, continual pain etc.
- v. unexplained physical deterioration, e.g., loss of weight
- vi. sudden increases in confusion, e.g. a toxic confusional state could be as a result of dehydration
- vii. demonstration of fear by the adult of another person or place
- viii. difficulty in interviewing the adult, e.g. another person unreasonably insists on being present
- ix. anxious or disturbed behaviour on the part of the adult
- x. hostile or rejecting behaviour by the carer towards the adult
- xi. serious or persistent failure to meet the needs of the adult
- xii. carers and/or dependants showing apathy, depression, withdrawal, hopelessness and/or suspicion
- xiii. unnecessary delay in staff responses to residents' requests
- xiv. grooming – where a person targets an adult with a view to schooling, priming or training that adult in preparation to engage in sexual activity
- xv. inadequate completion of daily recording forms/incident forms in relation to unexplained incidents by formal care workers (record keeping)
- xvi. new, unexplained physical symptoms
- xvii. changes in behaviour from the usual pattern, e.g. someone who previously enjoyed an activity refusing to go, or reluctance of staff to accept change in rota/role

## **11 Actions to be taken if a trustee, officer or representative of Kisiizi Partners suspects abuse or receives a report of abuse**

- 11.1 When abuse is reported by (or about) a child or vulnerable adult
- a. Do not assure the child/vulnerable adult that you will keep the information secret.
  - b. Inform the child/vulnerable adult that you will have to tell others so that they can be helped and protected.
  - c. Reassure the child/vulnerable adult that they are doing the correct thing by telling you about the abuse.
  - d. Record what you are told (a form is provided in Appendix 1 that can be used for this).
  - e. Obtain the facts – who?, what?, where?, when?
  - f. Record exactly what you are told. Write down quotes rather than paraphrasing them.
  - g. Do not ask leading questions.
  - h. Take steps to ensure that the child/vulnerable adult is safe from further abuse by removing them from the unsafe environment, if possible.

- i. Inform Kisiizi Partners' Safeguarding Officer or the Principal Safeguarding Officer at Kisiizi Hospital (depending on where the reported abuse happened) as soon as possible.
- 11.2 The trustee, officer or representative suspects that abuse is happening
- a. Fill in details in the form in Appendix 1 and pass it on to Kisiizi Partners' Safeguarding Officer or the Principal Safeguarding Officer at Kisiizi Hospital (depending on where the reported abuse happened) as soon as possible.
- 11.3 If the alleged perpetrator of the abuse is the designated safeguarding officer then their deputies need to be contacted (it will not be appropriate to use a shared email address, such as [safeguarding@kisiizipartners.org.uk](mailto:safeguarding@kisiizipartners.org.uk) to do this).
- 11.4 If the trustee, officer or representative is not happy that their concerns have been taken seriously, or with the outcome of any subsequent investigation, they have a duty to report their concerns directly to the authorities in Uganda or the UK.

## 12 The process for dealing with safeguarding issues

- 12.1 **In Uganda (not involving a trustee, officer or one of Kisiizi Partners' representatives)**
- a. Kisiizi Hospital will handle this issue under the terms described in their safeguarding policies.
  - b. Kisiizi Partners will be informed that there has been an incident and will be kept up to date on the progress of the investigation, including what action has been taken against the offender and what action has been taken to support the victim.
  - c. If the incident involves a Kisiizi Orphans' sponsor or Kisiizi Partners' donor, Kisiizi Partners will be involved in the decision making process.
    - i. The authorities in the UK (including the Charity Commission) will be informed if a serious safeguarding incident (one involving an immediate real or potential threat to the safety of a child or vulnerable adult) is confirmed. Their advice may be sought even if the incident isn't categorised as serious.
    - ii. Information and any relevant documents, including a record of the investigation, may be passed to the police in Uganda and the UK.
- 12.2 **In Uganda (involving a trustee, officer or one of Kisiizi Partners' representatives)**
- a. Kisiizi Hospital will handle the issue under the terms described in their safeguarding policies.
  - b. Kisiizi Partners may send a representative to participate in the investigation, depending on how quickly the investigation needs to be carried out and how soon someone can get there. If a representative cannot attend, Kisiizi Partners still expects to be kept fully informed at all stages of the investigation.
  - c. The authorities in the UK (including the Charity Commission) will be informed if the incident is a serious breach (see 12.1.c.i.) of safeguarding policy. Their advice may be sought even if the incident isn't categorised as serious.

- d. Information and any relevant documents, including a record of the investigation, may be passed to the police in Uganda and the UK.

**12.3 In the UK** (we cannot envisage this happening but, if it did, this is how an incident in the UK would be handled)

- a. Kisiizi Partners would handle the investigation.
- b. At least three people will be involved in the investigation.
- c. The Safeguarding Officer will chair the investigation and may call upon expert help from outside the charity to ensure that it is carried out fairly and properly. If it is inappropriate for the Safeguarding Officer to be involved in the investigation, the trustees may appoint the Deputy Safeguarding Officer, or any other appropriate person, as the Chair. (Reasons why the Safeguarding Officer may not be an appropriate chair include, but are not limited to, when s/he, a family member or a close friend is a person material to the investigation – e.g. alleged victim, witness or alleged offender.)
  - i. People will be interviewed and statements will be taken: from the alleged victim; from any witnesses; from the alleged offender; from those that any of the aforementioned people may have spoken to immediately after the incident.
    - 1. Any interviews will be carried out impartially and objectively.
    - 2. Contemporaneous notes will be taken.
    - 3. The interview will be non-judgemental.
    - 4. It will be focussed on discovering the facts: who?, what?, where?, when?
  - ii. Having considered the evidence, the investigating committee will determine if:
    - 1. there has been a real and imminent threat to the safety and wellbeing of a child or vulnerable adult,
    - 2. there was a potential threat to the safety and wellbeing of a child or vulnerable adult,
    - 3. there was no threat but a policy weakness has been identified and there could be a potential threat in future,
    - 4. there was no threat and the systems that are in place worked well.

**12.4** If the committee's decision is as described in:

- a. 12.3.c.ii.1: the police will be informed and a serious incident report filed with the Charity Commission,
- b. 12.3.c.ii.2: if the threat was from a person or persons, the police will be informed and a serious incident report filed with the Charity Commission; if the threat was procedural, and no harm was intended by any individual, this will be reported to the trustees and immediate action will be taken to correct the procedure, a serious incident report may be filed with the Charity Commission for England and Wales, at the very least their advice would be sought,
- c. 12.3.c.ii.3: this will be reported to the trustees, who will ensure that policies are changed within a maximum three months (more serious weaknesses will be dealt with more quickly) and the threat removed,
- d. 12.3.c.ii.4: this will be reported to the trustees and no further action needs to be taken.

## Appendix A: Kisiizi Partners' Incident Report Form



### Confidential Report of a Safeguarding Incident or Concern

This form, and any associated documents, videos or photographs, should be forwarded to Kisiizi Partners' Safeguarding Officer ([safeguarding@kisiizipartners.org.uk](mailto:safeguarding@kisiizipartners.org.uk)) or Mr. Moses Mugume, Principal Safeguarding Officer, at Kisiizi Hospital (+256(0)772604838)

Incident or concern recorded by:

Date:

Description of the abuse/concern:

Who is reporting the abuse?:

Did they speak through an interpreter?: Yes / No (please circle)

Who was the interpreter?:

Who is the alleged victim of the abuse?:

Have you seen the alleged victim?: Yes / No (please circle)

Describe the apparent physical/emotional state of the alleged victim (do not examine the victim):

Who is the alleged perpetrator of the abuse?:

Where did it happen?:

When did it happen? (Date and time):

Who witnessed the abuse?:

Write down any information reported to you (verbatim quotes are preferred):