

Purpose and scope

This document sets out the approach to safeguarding and procedures to be followed by all research staff and fieldworkers participating in Positive Choices pilot RCT phase. The purpose of this Standard Operating Procedure (SOP) is to ensure that any disclosures of significant harm experienced by a young person or relating to another young person made during the fieldwork are dealt with appropriately.

Definition

By harm, we mean harms relating to abuse, neglect or child sexual exploitation defined as safeguarding or child protection issues within Working Together to Safeguard Children (2015 pp 92-92, the glossary of which is included as appendix 1 at the end of this document).

Named staff

Role	Named contact
Study manager	Ruth Ponsford (ruth.ponsford@lshtm.ac.uk)
Principal investigator (PI)	Chris Bonell (chris.bonell@lshtm.ac.uk)
School liaison staff members	

The PI, the study manager and the school liaison staff members will each designate a representative to engage in the above process when they expect to be away from work for 2 or more consecutive working days.

Responsibility and process

The primary responsibility for ensuring that these procedures are followed lies with the PI and study manager. The study manager is also responsible for ensuring that the safeguarding lead at the participating school has received a copy of this policy and has had the opportunity to review all data collection tools prior to their use. The PI has received a face-to-face briefing on safeguarding and child protection from Paul Anderson, Senior Consultant with the NSPCC, and has access to ongoing advice and support from the National Children's Bureau as and when required. The study manager and any fieldworkers will be briefed about safeguarding during their initial training and reminded of their responsibilities in this regard when they attend data collection sessions in schools. Only trained researchers will undertake data collection in the pilot RCT phase.

Interviews and focus groups

Young people who participate in interviews or focus groups conducted as part of the pilot RCT phase of Positive Choices will not be asked about their own personal experiences of any forms of abuse, neglect or other harm. But such reports may nonetheless occur. Young people in focus groups will be advised beforehand orally and in writing not to discuss personal experiences of harm, because the focus group is a social exchange where confidentiality cannot be guaranteed. Nonetheless, researchers will also ask participants to respect the confidentiality of the views expressed in the focus group and not to discuss these afterwards. We will also stress in our written and oral information for focus group and interviews that if participants wish to discuss any matter with researchers before or after the research session, we would be very happy to talk with them in private. Young people will be advised that they may approach the researchers after the data collection session with any concerns, and that the research team will remain available for enough time after data collection sessions so that young people may approach them without fear of observation by others.

If a young person within, before or after an interview or focus group gives any indication whatsoever that they or someone that they know may be at risk of harm, researchers will explore this further with them. The research team should not ignore any disclosures or assume that it is not their job to explore them. If a young person becomes distressed, the researcher will where possible pause the interview and explore the issue at the time it is mentioned. If the young person does not appear distressed, the researcher may continue with the interview and then discuss the issue afterwards. In focus groups, the researcher should where appropriate acknowledge what the young person has said and indicate that they are believed but sensitively remind them that because this relates to a personal experience it is best

not to continue to discuss it in the focus group and better to have a conversation about it when the focus group has finished. The researcher should attempt to discreetly talk to the young person as soon as the focus group is over, where necessary discreetly liaising with school staff so that there is time for a conversation with the young person rather than the young person needing to proceed to their next lesson.

Where necessary and appropriate in order to fully understand what participants are telling us, researchers should ask open questions to clarify what the young person has experienced. Researchers should aim to explain that they are asking these questions so that they can understand correctly what the young person has told them. Researchers should aim to give the young person the time to express themselves rather than leaping in to express their own views or to fill silences. Researchers should avoid using closed or leading questions. Researchers should not make promises that they cannot keep such as promising not to tell anyone else or promising the certain specific actions will definitely occur. If a young person reports harm but then tries to withdraw this disclosure, the researcher should explain that they cannot disregard what the young person has already told them and that the researcher will need to explore the matter further to determine how the research team can help. Researchers should not regard withdrawal as evidence that harm has not actually been experienced. Researchers need to be conscious of the young person's and their own verbal and non-verbal cues and where appropriate seek to mirror the young person's demeanour to make them feel comfortable and enable them to communicate. Researchers should be attentive to the terms young people use and where in doubt ask participants what they mean by these terms. Researchers should respect young people's personal space and interpersonal styles, for example in terms of body language and eye contact. Researchers should attempt to summarise what they understand the young person has told them to ensure that they understand correctly. In communicating with the young person, researchers should emphasise where appropriate that: any victimisation that a young person has experienced is not their fault; that the researchers believe them; and that the young person has done the right thing in telling a member of the project team. In their responses to what young people say the researchers will aim to express sympathy rather than make judgements.

In determining what actions might be necessary the researcher will encourage the young person who discloses experiences of harm to consider how we can help, discuss what options there are and ask them what they want to happen. Researchers will as far as possible seek young people's consent for further actions except in specific cases described below.

In some cases it will be clearly apparent to the researcher within the conversation with the young person that there are reasonable grounds for suspecting harm in terms of physical abuse, emotional abuse, child sexual exploitation or neglect as defined in Working Together to Safeguard Children. In line with General Medical Council guidance, cases of reported sexual activity will be regarded as abuse where they have occurred under the age of 13 years or, for young people ages 13-15 where there are associated factors of concern such as but not limited to disparities of age and power or where sex is with someone in a position of trust. In these circumstances, the researcher will tell the young person within that conversation that they need to take action to notify the school safeguarding lead. The researcher will explain that the lead will need to meet with the young person to make an assessment of what further action is required. They will stress that they will notify the school safeguarding lead but not inform other parties outside our team. The researcher will explain that the school safeguarding lead will also respect their confidentiality except where it is determined that other people need to be informed so that an appropriate response can be made. The research team will aim to build the young person's consent for this notification but if we do not receive this we will still have to make the notification and we will make this clear to the young person. In these cases the researcher will debrief with the study manager informing them of the actions taken and considering the need for any further actions. Where necessary the study manager will discuss the situation with the PI, calling on further advice from the National Children's Bureau where necessary.

There may be cases where it is clear to the researcher after a proper conversation that there are not reasonable grounds to suspect harm in terms of physical abuse, emotional abuse, child sexual exploitation or neglect as defined in Working Together to Safeguard Children, but where the researcher perceives that the young person has needs which might be well addressed by the young person themselves seeking further support. In such cases, the researcher will encourage the young person to seek support and offer them specific information about where such support might be found. This would include information about sources of support within or beyond the school, drawing on the list given in

the student information sheet. The researcher would ask the young person in such cases whether they would like us to refer them to the school safeguarding lead with their consent. The researcher will stress to the young person that these sources of support will respect their confidentiality but will inform other people with the young person's consent or where this was judged necessary by these agencies if these sources of support determined that this was needed to protect the young person from harm as defined in safeguarding guidance. The researchers will make clear to the young person that it is the young person's choice whether they seek support, that we would encourage them to do so but that we will not notify school safeguarding leads or take any other actions without their consent. In these cases, the researcher will debrief with the study manager informing them of the advice given to the young person and considering the need for any further actions. Where necessary the study manager will discuss the situation with the PI, calling on further advice from the National Children's Bureau where necessary.

Where the researcher is in any doubt within the conversation with the young person about whether there are reasonable grounds to suspect harm in terms of physical abuse, emotional abuse, child sexual exploitation or neglect as defined in Working Together to Safeguard Children, the researcher will discuss with the young person whether the young person would in fact consent to the researcher making a referral to the school safeguarding lead, irrespective of whether the harms experienced meet the threshold for mandatory notification as defined above. If the young person does not consent to this, the researcher will inform the young person in the conversation that the researcher needs to seek further advice from colleagues within the research team about whether the researcher needs to notify the school safeguarding lead. The researcher will inform the young person that if the researcher is advised that a notification is necessary then this will involve the research team contacting the school safeguarding lead and the safeguarding lead then meeting with the young person to make an assessment of what additional action is required. The researcher will advise that if the advice from colleagues is that a referral is not mandatory then the researcher will take no further action. However, the researcher will ensure that the young person has the contact details both of the research team and the school safeguarding lead so that if the young person wishes to seek further advice or support they know where they can go for this. Where the researcher does need advice about whether there are reasonable grounds for suspecting harm as defined above, the researcher will discuss the matter in a debriefing session with the study manager and the PI, and seek advice from the National Children's Bureau to determine whether a notification to the school safeguarding lead is required even though the young person has not consented to this notification.

As explained above we will in all cases seek the young person's consent and encourage them to seek support, providing information and support to facilitate this. However, where it is clear to the researcher either within the conversation with the young person or afterwards in discussion with research colleagues and the National Children's Bureau that there are reasonable grounds to suspect physical abuse, emotional abuse, child sexual exploitation or neglect as defined within Working Together to Safeguard Children, we will notify school safeguarding leads, if necessary without the consent of the young person.

Student questionnaire surveys

Should any survey participants disclose to researchers during survey sessions any evidence of experiencing harm, or should any participants appear significantly distressed while responding to the survey, the researcher or fieldworkers conducting the survey in that classroom will discreetly contact the study manager. The study manager will make an assessment about whether it is more appropriate in terms of supporting the needs of the young person and preserving their privacy to support the young person in the classroom and then communicate more fully with them afterwards, or to take the participant outside the classroom and discuss the matter with them using exactly the same procedures as set out above. In these cases the study manager will debrief with the PI informing them of the advice given to the young person and considering the need for any further actions. Where necessary the PI will seek further advice from the National Children's Bureau.

Student questionnaires will include questions on sexual activity as well as providing the opportunity for students to add free text. In line with General Medical Council guidance, cases of reported sexual activity will be regarded as abuse where they have occurred under the age of 13 years or, for young people ages 13-15 reporting sexual activity where young people provide free text indicating associated

factors of concern such as but not limited to disparities of age and power or where sex is with someone in a position of trust. Student and parent information materials will indicate this to be our policy.

The clinical trials unit will assess data for reports of abuse. Data inputters will notify the clinical trials unit of all free text so that trials unit staff may assess this for reporting of potential abuse. Where there is any possibility of reported abuse, clinical trials unit staff will discuss this with the study manager and the PI who will consider the need for any actions. Where necessary the PI will call on further advice from the National Children's Bureau. Where evidence of potential abuse as defined above is found, anonymity will be broken so that the school safeguarding lead is notified of the name of the student and the evidence of abuse.

Self-report and any linked administrative data on pregnancies will be stored in a password protected data file on a university network drive folder accessible only by the clinical trials unit team, where each individual is identified only by a code number for school and individual. A separate data file protected by a separate password will link each participant's code number to the name of their school and themselves. Two different individuals will know the password for each data set with no individual knowing both passwords. It will be possible for the two individuals to collaborate recombine records from the two data sets when the data indicate abuse.

Logging and reporting safeguarding concerns

Where any cases of abuse or other safeguarding concerns have been raised, and after debriefing within the research team and advice from the National Children's Bureau, the study manager will write a log (using the log form in appendix 2) as soon as possible afterwards, of what was reported and what actions were taken. This log form will be stored as a password protected document on a university network drive accessible only by the research team.

Anonymised summary details of any disclosures will be reported to the Study Steering Committee and LSHTM ethics committee annually. Where safeguarding concerns meet the criteria for a serious adverse event (SAE) or suspected unexpected serious adverse reaction (SUSAR) these will also be subject to the SAE and SUSAR reporting standard operating procedure, and in the case of SAE/SUSARs that might plausibly be linked to the intervention or research be reported to the above committees immediately.

Updating of the SOP

It is the responsibility of the Study Manager to keep this SOP under review and update it when necessary with advice from the PI.

Appendix 1: Glossary

Children	Anyone under the age of 18. A child of 16 years, living independently, in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.
Safeguarding and promoting the welfare of children	Defined as: <ul style="list-style-type: none">• protecting children from maltreatment;• preventing impairment of children's health or development;• ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and• taking action to enable all children to have the best life chances.
Child protection	Action undertaken to protect children who are suffering, or are likely to suffer, significant harm.
Abuse	Maltreatment of a child. Somebody may physically abuse, emotionally abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.
Physical abuse	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 causing severe and persistent adverse effects on their emotional state. This may involve conveying to a child that they are worthless or unloved, inadequate, or valued only as to meet the needs of another person. It may include not giving the child opportunities to express their views, silencing them or 'making fun' of what they say or how they communicate. It may involve age or developmentally inappropriate expectations being imposed on a child. 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 feature viewing or hearing the ill-treatment of another. It may involve bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
Sexual abuse	Forcing or enticing a child to take part in sexual activities, not always involving violence, whether or not the child is aware of what is happening. 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 underneath or outside of clothing. Sexual abuse may also include non-contact

activities, such as involving children in looking at, or in the production of, sexual imagery, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Child sexual exploitation

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 necessarily involve in person meeting or contact; it can also occur, for example, 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 mental development. Neglect may occur during pregnancy as a result of maternal substance use. 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.

Appendix 2: Log of safeguarding concerns

Concerns should be logged using the Safeguarding Concerns Log below.

Date concern identified	Initials of person noting the concern	Name, form and year group of the young person in question	School	Nature of concern	Actions taken (including all discussions)	Outcome of actions taken
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