

## Meningitis Research Foundation | Child safeguarding policy

### Introduction

Meningitis Research Foundation is committed to safeguarding children in line with national and international legislation and relevant national and local guidelines. This policy outlines our practices to protect all children in contact with us from the risk of harm or abuse. A child includes babies, children and young people from pre-birth up to 18 years.

Meningitis Research Foundation is committed to best safeguarding practice and to upholding the rights of all children to live a life free from harm.

### Purpose

This policy demonstrates the commitment of Meningitis Research Foundation to safeguarding children and to ensure that everyone involved in Meningitis Research Foundation is aware of:

- The legislation, policy and procedures for safeguarding children.
- Their role and responsibility for safeguarding children.
- What to do or who to speak to if they have a concern relating to the welfare or wellbeing of a child.

This policy also sets out our commitment to uphold relevant international and national standards which seek to protect children and vulnerable people, including the [United Nation's Convention of the Rights of the Child 1989](#), [Children Act 1989](#), [Children Act 2004](#), [Children and Social Work Act 2017](#), and the national and legal frameworks of the countries in which Meningitis Research Foundation operates.

This policy provides guidance and oversight to our child safeguarding procedures.

### Policy scope

This policy applies to everyone working and volunteering for Meningitis Research Foundation, or acting for or on our behalf. This includes all contracted staff, volunteers, Ambassadors and Trustees.

Safeguarding children applies to anyone who has not yet reached their 18<sup>th</sup> birthday: pre-birth, babies, children and young people. This policy relates to safeguarding children only. There is a separate adult safeguarding policy in place for adult safeguarding, which applies to anyone who has reached their 18<sup>th</sup> birthday or is older.

### Guiding principles and values

This policy has been created in line with Meningitis Research Foundation's organisation values:

- We are evidence led.
- We operate with integrity.
- We pursue our goals with determination.
- We are a passionate advocate.
- We collaborate to make progress.
- We act with compassion.

These span all areas of our work including:

- Research
- Health Insights and Policy
- Communications and Engagement, including Support Services
- Our central Confederation of Meningitis Organisations (CoMO) membership team
- Fundraising
- Operations activities that support all the above.

### Our principles

All children have:

- A right to protection from harm and abuse regardless of age, ability, gender, racial heritage, religious beliefs, sexual orientation, identity or additional vulnerabilities, including [protected characteristics](#) outlined in the UK's [Equality Act 2010](#).

Everyone has:

- A duty to support the protection of children. They should be aware of their obligations and respond appropriately to any concerns or potential breaches of the policy.

Some children are additionally vulnerable because of the impact of discrimination, previous experiences, their level of dependency, communication needs or other challenges.

### Key definitions

Key language used in and relevant to this policy has been defined. More definitions can be found in Appendix A.

**Child abuse:** child abuse happens when a person harms a child. It can be physical, sexual or emotional and can also involve neglect. Children may be abused by:

- Family members.
- Friends.
- People working or volunteering in organisational or community settings.
- People they know.
- Strangers.

There are different types of child abuse.

- Bullying and cyber bullying.

- Child sexual exploitation.
- Child trafficking.
- Modern slavery.
- Domestic abuse.
- Emotional.
- Female genital mutilation (FGM).
- Harmful sexual behaviour.
- Neglect.
- Physical.
- Sexual.

Please see Appendix A for a list of definitions of each type of abuse.

**Mental capacity:** the law states that in order to have the capacity to make a decision we need to be able to:

- Understand information.
- Remember it for long enough.
- Think about the information.
- Communicate our decision.

**Safeguarding:** safeguarding refers to measures designed to protect the health, wellbeing and human rights of individuals. These measures allow children, young people and adults at risk to live free from abuse, harm and neglect.

## Implementation

Meningitis Research Foundation makes commitments in a number of key areas to ensure the implementation of the policy.

### Governance and accountability

The Board of Trustees has a primary role in dealing appropriately with safeguarding issues and Trustees need to be clear about their responsibilities. They are required to report “incidents of a serious nature” to the Charity Commission; see: [How to report a serious incident in your charity - GOV.UK](#)

The Chief Executive, or the nominated Trustee if the Chief Executive is involved, will ensure appropriate follow-up and relevant external bodies are notified.

The safeguarding lead will update this policy, the child safeguarding procedures, and other linked policies and procedures at least once every two years, and whenever there are changes in relevant legislation and/or government guidance as required, or as a result of any other significant change or event. The Board will be responsible for reviewing and approving changes as they are made.

A progress report on safeguarding will be presented to the Board of Trustees via the Risk and Compliance Sub-Committee at least once each year.

Safeguarding will be incorporated into all risk registers.

Any financial costs related to safeguarding will be included in the annual budget for the Communications and Engagement team.

### Designated key staff

The safeguarding lead is responsible for monitoring our safeguarding practices and for managing any incidents that arise. Formal reports can be lodged and safeguarding concerns can be discussed with the safeguarding lead. The current safeguarding lead is:

<b>Contact</b>	Caroline Hughes
<b>Email</b>	<a href="mailto:carolineh@meningitis.org">carolineh@meningitis.org</a>
<b>Tel</b>	0333 405 6267
<b>Date</b>	October 2025

The safeguarding lead reports to the Director of Communications and Engagement, who then reports to the Chief Executive on safeguarding issues. The Chief Executive is accountable to the Board of Trustees.

The Trustees of Meningitis Research Foundation have overall responsibility for safeguarding. A Trustee will be nominated as safeguarding Trustee for the Board, who is responsible for any safeguarding issues relating to the Board itself and any necessary reporting of investigations and incidents to the appropriate authorities.

The current nominated Trustee is:

<b>Contact</b>	Sarah Jeffery
<b>Date</b>	October 2025

### Recruitment and selection

Meningitis Research Foundation is committed to safer recruitment practices and continually assesses the suitability of staff and volunteers to prevent the employment / deployment of unsuitable individuals in this organisation and the wider voluntary and community sector.

### Code of conduct

- Contracted staff, volunteers and trustees are required to read and sign a copy of the code of conduct.
- Ambassadors and CoMO members will also sign an agreement and code of conduct respectively, which has been created specifically for their role and responsibilities.
- Efforts will be made to make other associates (suppliers/service providers and fundraisers) aware of this safeguarding policy. They may be requested to sign the Code of conduct if the risk assessment deems this to be necessary.

- Reference to the code of conduct will be made in all relevant contracts and agreements.
- Breaches of the code of conduct or this policy may lead to disciplinary action including possible dismissal. For partners/contractors, breaches can lead to termination of relations including contractual and partnership agreements. Where relevant, the appropriate legal or other frameworks as per the national laws will be referred to.
- Meningitis Research Foundation will not tolerate retaliation against anyone who, in good faith, reports illegal acts or violations of the adult safeguarding policy, Child safeguarding policy, or code of conduct, or provides any information or other assistance in an investigation. Meningitis Research Foundation has a whistleblowing policy to support and protect those who are, or who wish to, go through the whistleblowing process.
- Meningitis Research Foundation will not tolerate deliberate false reporting of misconduct. This will be subject to disciplinary action.
- Meningitis Research Foundation will sever all relations with any staff proven to have committed abuse of an adult at risk or a child and will support any related criminal prosecution.

### Training and supervision

- Everyone involved with Meningitis Research Foundation must know the child safeguarding procedures and what to do and who to contact if they have a concern relating to the welfare or wellbeing of a child.
- We will promote and share the policy widely. Copies of the policy will be made available and accessible, both in hard copy and electronically.
- For this policy to be well understood and effectively implemented, staff and volunteers need to feel confident and competent in putting the policy into practice.
- All staff will receive induction training on the policy and procedures and annual refresher training. Further training will be provided for staff with specific safeguarding responsibilities.
- Further resources such as flow charts, training opportunities and safeguarding overviews will be made available to all staff in the safeguarding folder.
- Understanding of this policy will be reviewed during performance appraisals for staff.
- Exit interviews will be offered to leavers which they can use to raise any concerns on our safeguarding policies and procedures.

### Research

- Our research activities must adhere to ethical guidelines. We will ensure that ethics approval and/or other regulatory permissions are in place before undertaking any interventions that impact on the public, whether directly or indirectly, through our research programme.

### Events, project visits and communications

- For all events and projects, risk assessments will be completed, including safeguarding considerations and, where appropriate, defining who will act as safeguarding lead.
- Staff and volunteers working with children and / or adults at risk at events should be fully briefed beforehand of our adult and child safeguarding policies and procedures.
- Our current guidance on image consent should be adhered to for all photography and videography. This provides guidance to all staff and volunteers on how to apply consent

processes and ensure that images respect human dignity and the rights, safety and wellbeing of the person or people being portrayed.

- This safeguarding policy will be published on the Meningitis Research Foundation website. People undertaking fundraising on our behalf will be signposted to a [key document](#) which includes, among other things, safeguarding best-practice and links to our website.

## Partnership

- Where appropriate, this policy will be distributed to partners and other relevant parties to ensure that our commitments, principles and practices are clear. This is the responsibility of the person leading on the partnership.
- We will ensure, through due diligence processes, that any partner organisation has in place adequate safeguarding arrangements in line with Meningitis Research Foundation values.
- Meningitis Research Foundation shares information about anyone found to be a risk to adults with the appropriate bodies. For example: Disclosure and Barring Service, Police, Local Authority/Social Services.
- Meningitis Research Foundation will cooperate with all relevant authorities and services in taking action to safeguard an adult.

## Reporting and responding to concerns

- The child safeguarding procedure document outlines the full reporting and responding process for child safeguarding concerns. There are clear step-by-step flow charts; see Appendix C and Appendix D.
- The best interests of the child are central to all considerations about their welfare and their protection. Children have a right to participate in decisions about their lives. Their views, wishes, feeling and experiences contribute to all our work with them.
  - See child safeguarding overview for more information.
- Any actions taken will respect the rights and dignity of all those involved.
- Anyone made aware of any safeguarding concern affecting others must report this
  - Reports can be formally received by the safeguarding lead, Director of Communications and Engagement, Chief Executive or nominated Trustee.
  - Anyone using or participating in Meningitis Research Foundation activities will be made aware of their right to and process for reporting safeguarding concerns.
- Any allegations of abuse made against anyone working for Meningitis Research Foundation in any capacity will be thoroughly investigated as will any alleged breach of the adult safeguarding policy, Child safeguarding policy or the code of conduct
  - See Appendix C below
- If a safeguarding concern involves a crime, it will be referred to the relevant authorities; Meningitis Research Foundation can share information with the police and other authorities, regardless of adult's consent preferences, if the concern involves a serious crime and / or concerns about a child. If the safeguarding lead has concerns around consent, capacity and sharing of information, expert advice will be sought.
- Confidential and accurate records of all safeguarding concerns are maintained and securely stored in line with our data protection policy.

## Mental capacity and decision making

In most cases parents have a legal responsibility for their child up to the age of 18. UK law assumes that all people over the age of 16 have the ability to make their own decisions, unless it has been proved they can't. This includes 16- and 17-year-olds, who are presumed in

law to be competent. **This does not override safeguarding concerns for any child below the age of 18.**

In England, even if a child is:

- Living independently,
- In further education,
- A member of the armed forces,
- In hospital,
- Or in custody in the secure estate

they are still legally children and should be given the same protection and entitlements as any other child.

The law says that to make a decision we need to:

- Understand information.
- Remember it for long enough.
- Think about the information.
- Communicate our decision.

Mental capacity refers to the ability to make a decision at the time that decision is needed. A person's mental capacity can change. A person's ability to do this may be affected by things such as learning disability, dementia, mental health needs, acquired brain injury and physical ill health.

Meningitis Research Foundation understands that there are times and occasions when we can make decisions for people who are unable to make decisions for themselves:

- We can only make decisions for other people if they cannot do that for themselves at the time the decision is needed.
- If the decision can wait it should do so. For example, if we can get help so that the person can make their decision, or if the situation can wait until they can make it themselves.
- If we have to make a decision for someone else, then we must make the decision in their best interests (for their benefit) and take into account what we know about their preferences and wishes.
- If the action we are taking to keep people safe will restrict them, then we must think of the way to do that which restricts their freedom and rights as little as possible.

Article three of the [UN Convention on the Rights of the Child](#) establishes the best interests of a child as a primary consideration in all actions affecting children. Decisions that affect children should be made based on consideration of their physical, emotional and psychological wellbeing, and the need to prevent harm to them or other children. In assessing what is in a child's best interests, the child's views must be given due consideration in accordance with their age and understanding.

Our safeguarding lead has had training and will make any initial decisions on mental capacity if required. Professionals such as Child Social Care and the [NSPCC](#) will be consulted, as required, to help make best safeguarding decisions on behalf of children.

<b>Type:</b>	External Relations	<b>Reviewer:</b>	Director of Communications & Engagement (Elaine Devine)
<b>Owner:</b>	Support Services Manager (Caroline Hughes)	<b>Reviewer:</b>	Director of Finance & Administration (Carol Currie)
<b>Last updated:</b>	October 2025	<b>Next review:</b>	October 2026

## Appendices

### Appendix A: definitions

**Age of consent:** in each UK nation, the age at which people can legally consent to sexual activity (also known as the age of consent) is 16 years old. Sexual activity involving a child under the age of 16 should be considered a potential safeguarding concern. Sexual activity involving a child under the age of 13 should always result in a child protection referral.

**Age of majority:** the age when a child becomes an adult under the laws of that country. The age of majority may differ within a country for when a child becomes an adult e.g. regarding criminal charges, when a child can get married or obtain other rights of an adult.

**Associates:** includes consultants and fundraisers working on Meningitis Research Foundation projects as well as visitors to Meningitis Research Foundation activities.

**Beneficiary:** someone in receipt of assistance. Can also be referred to as a service-user.

**Child protection:** child protection is part of the safeguarding process. It focuses on protecting individual children identified as suffering, or likely to suffer, significant harm. This includes child protection procedures detailing how to respond to concerns about a child.

**Code of conduct:** a set of standards about behaviour that staff of an organisation are obliged to adhere to.

**Confidentiality:** an ethical principle that restricts access to and sharing of information. Confidentiality helps create an environment in which witnesses are more willing to recount their versions of events and builds trust in the system and in the organisation/s.

**Making safeguarding personal:** an approach adopted within the health and social care sector that focuses on making safeguarding processes more person-centred and outcome focused. The primary aim is to ensure that safeguarding practices are tailored to the specific needs and wishes of the individual involved, promoting their wellbeing and dignity. This is aligned with the statutory duties and responsibilities outlined in the [Care Act 2014](#), [Mental Capacity Act 2005](#) and other relevant legislation.

**Partner:** an organisation which is either implementing a programme, project or study funded by or through Meningitis Research Foundation or is in partnership with Meningitis Research Foundation on a non-financial basis.

**Protection from sexual exploitation and abuse:** used by the UN and NGO community to refer to measures taken to protect vulnerable people from sexual exploitation and abuse by their own staff and associated personnel.

**Sexual exploitation of a child:** the sexual exploitation of a child who is under the age of consent is child sexual abuse and a criminal offence. An underage child cannot legally give informed consent to sexual activity. Meningitis Research Foundation considers that consensual sexual activity with a child over the legal age of consent of the country in which

they live and / or in which the offence occurs, but below 18 years, although not a crime will be dealt with as a breach of this safeguarding policy and our [code of conduct](#).

**Volunteer:** a person who undertakes any activity that involves spending time, unpaid, doing something that aims to benefit Meningitis Research Foundation. This includes our Ambassadors.

## Types of abuse and definitions

**Bullying and cyber bullying:** bullying is when individuals or groups seek to harm, intimidate or coerce someone who is perceived to be vulnerable. Bullying can happen anywhere – at school, at home or online. When bullying happens online it can involve social networks, games and mobile devices. Online bullying can also be known as cyberbullying.

**Child sexual exploitation:** a type of sexual abuse. Young people may be coerced or groomed into exploitative situations and relationships. They may be given things such as gifts, money, drugs, alcohol, status or affection in exchange for taking part in sexual activities. Young people may be tricked into believing they're in a loving, consensual relationship; they often trust their abuser and don't understand that they're being abused.

**Child trafficking:** involves recruiting and moving children who are then exploited. Many children are trafficked into the UK from overseas, but children can also be trafficked from one part of the UK to another. Children who are trafficked experience many forms of abuse and neglect: physical, sexual and emotional abuse is often used to control them.

Modern slavery is another term which may be used in relation to child trafficking. Modern slavery encompasses slavery, servitude, forced and compulsory labour and human trafficking. The [Modern Slavery Act 2015](#) in England and Wales categorises offences of slavery, servitude, forced or compulsory labour and human trafficking.

**Domestic abuse:** any type of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can include physical, sexual, psychological, emotional or financial abuse. Exposure to domestic abuse is child abuse. Children can be directly involved in incidents of domestic abuse, or they may be harmed by seeing or hearing abuse happening.

**Emotional:** this includes humiliating, threatening, mocking, blaming or scapegoating a child; trying to control a child's life; not allowing a child to have friends or develop socially; manipulating a child; exposing a child to distressing events or interactions; persistently ignoring a child; being cold and emotionally unavailable during interactions with a child; or not being positive or encouraging to a child.

**Female genital mutilation (FGM):** is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. The age at which FGM is carried out varies. It may be carried out when a child is new-born, during childhood or adolescence, just before marriage, or during pregnancy.

**Harmful sexual behaviour:** developmentally inappropriate sexual behaviour which is displayed by children and young people, and which may be harmful or abusive. It may also be referred to as sexually harmful behaviour or sexualised behaviour. It is harmful to the

children and young people who display this behaviour, as well as the people it is directed towards.

**Neglect:** not meeting a child's basic physical and/or psychological needs. This can include providing adequate food, clothing or shelter; supervising a child or keeping them safe from harm or danger; making sure the child receives appropriate health care; meeting the child's basic emotional needs.

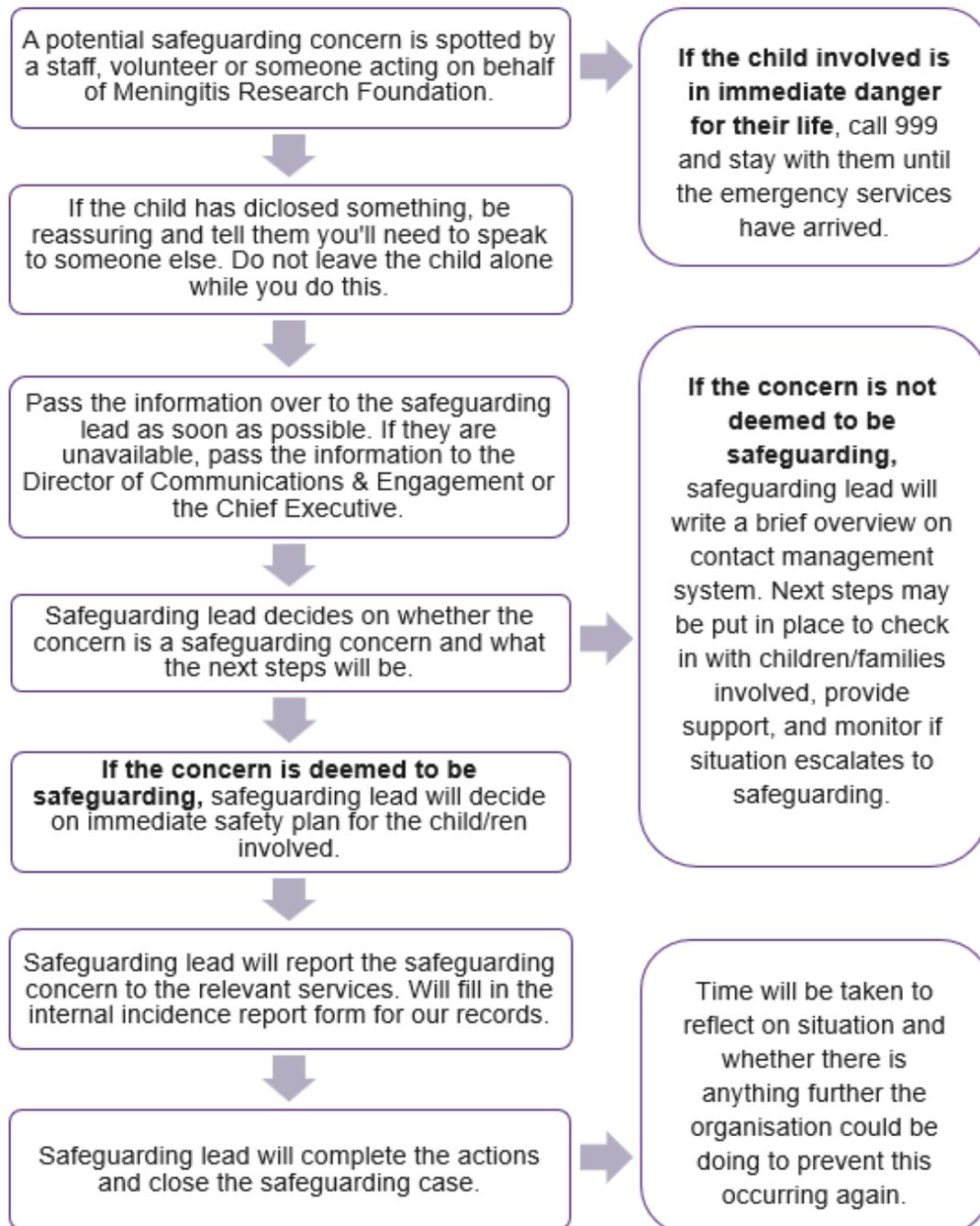
**Physical:** physical abuse happens when a child is deliberately hurt, causing physical harm. It can involve hitting, kicking, shaking, throwing, poisoning, burning or suffocating. It also includes a parent or carer making up or causing the symptoms of illness in children.

**Sexual:** sexual abuse is forcing or enticing a child to take part in sexual activities. It doesn't necessarily involve violence and the child may not be aware that what is happening is abuse. Child sexual abuse can involve contact abuse and non-contact abuse.

## Appendix B: child safeguarding flow chart

The following flow chart shows the actions to be taken by a staff member, volunteer, Ambassador, Trustee or other associate of Meningitis Research Foundation, should they spot a potential child safeguarding concern.

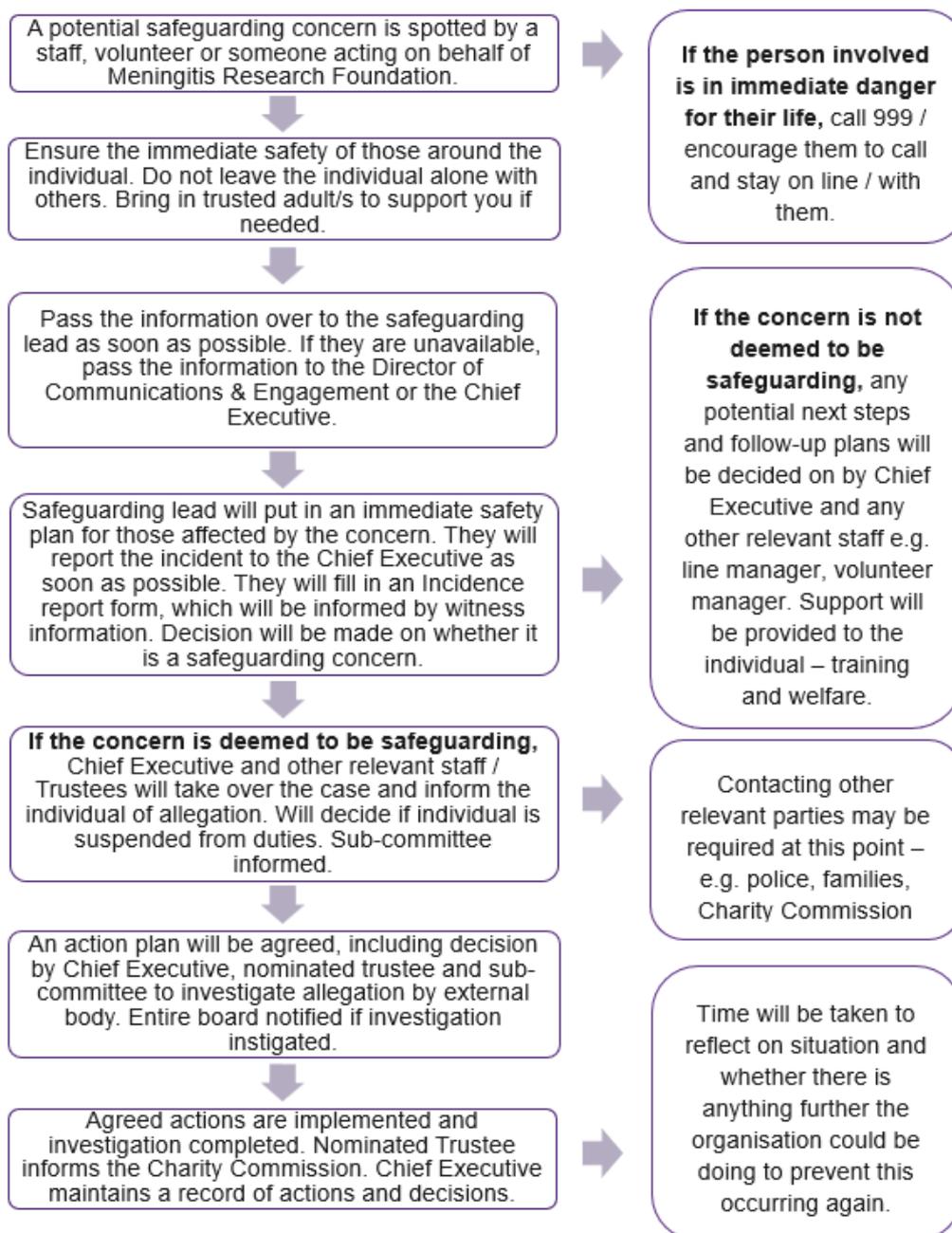
A version of this flow chart with additional information and instructions can be found [here](#).



## Appendix C: safeguarding internal concerns flow chart

The following flow chart shows the actions to be taken by a staff member, volunteer, Ambassador, Trustee or other associate of Meningitis Research Foundation, should they spot a potential safeguarding concern, that relates to an individual associated with Meningitis Research Foundation.

This chart can also be found in the safeguarding folder [here](#).



## Appendix D: related policies and documents

All staff and volunteers should ensure that they are familiar with relevant and appropriate Meningitis Research Foundation policies and procedures. Safeguarding considerations are included in the following:

- Anti-fraud, theft, bribery and money laundering policy
- Complaints
- Conflict of interests policy & declaration
- Data protection policy
- Disciplinary procedures
- Employment contracts
- Equality, inclusion and diversity policy
- Grievance policy
- Health and safety policy
- Personal harassment policy and procedure
- Privacy policy
- Volunteer policy
- Whistleblowing policy

## Appendix E: safeguarding children legislation in the UK

Children's rights are protected by law internationally and within the UK.

Some rights are recognised at international level through agreements between governments.

The UK has signed up to:

- [United Nations Convention on the Rights of the Child \(UNCRC\)](#)
- [European Convention on Human Rights \(ECHR\)](#)

Both of which set out a number of children's rights.

- The UNCRC defines a child as everyone under 18 unless 'under the law applicable to the child, majority is attained earlier'.
- **England:** a child is defined as anyone who has not yet reached their 18<sup>th</sup> birthday.
- **Northern Ireland:** a child is a person under the age of 18.
- **Wales:** a child is a person under the age of 18.

**Scotland:** the definition of a child varies in different legal contexts, but statutory guidance includes all children and young people up to the age of 18. When a young person between the age of 16 and 18 requires support and protection, services will consider which legal framework best fits each person's needs and circumstances.

The practices and procedures within this policy are based on [The Human Rights Act 1998](#) and [The Equality Act 2010](#).

Other relevant home nation legislation and government guidance:

- **Wales:** [Social Services and Well Being Act 2014](#); [Rights of Children and Young Persons \(Wales\) Measure 2011](#)
- **Scotland:** [Children and Young People \(Scotland\) Act 2014](#) ; [National Guidance for Child Protection in Scotland 2021](#); [United Nations Convention on the Rights of the Child \(Scotland\) Act 2024](#); [Age of Legal Capacity \(Scotland\) Act 1991](#)
- **Northern Ireland:** [The Children \(Northern Ireland\) Order 1995](#)

The UK nations have differences in their legislation and procedures and it is Meningitis Research Foundation responsibility to understand and comply with the correct laws, definitions and procedures depending on the nation in which they are operating.

## Appendix F: safeguarding children within the CoMO network

The Confederation of Meningitis Organisations (CoMO) is a volunteer membership network, bringing together international organisations and individuals to defeat meningitis globally.

Membership is voluntary and members are asked to sign CoMO's [code of conduct](#) when they join. Individual events, including our member conferences, may have specific 'expected behaviours' and other related documents that members may sign to participate.

Meningitis Research Foundation and CoMO understand that safeguarding, both in terms of understanding of the term and practice, varies considerably across different countries and nations, and therefore each member is responsible for responding appropriately to safeguarding concerns within their own countries and communities.

Meningitis Research Foundation and CoMO also acknowledge that the age of majority varies across countries, and within countries the age of majority may differ for when a child becomes an adult regarding criminal charges, when a child can get married, or obtains other rights of an adult.

Every CoMO member is responsible for responding appropriately to safeguarding concerns within the legal context and frameworks of their own country's age of majority.

Although Meningitis Research Foundation may be able to offer limited safeguarding guidance to members (if they reach out to us with queries), we understand our limits as an organisation whose safeguarding policies and knowledge aligns with UK expectations and standards.

For any queries we receive, we will make it clear that this is the framework we operate in. We are committed to working within a framework whereby children become adults on their 18<sup>th</sup> birthday: at ages 16 and 17 they are still legally children within the UK and should be given the same protection and entitlements as any other child.

When travelling to countries where CoMO members are based, including to any service provided by CoMO members, Meningitis Research Foundation staff will report and defer safeguarding concerns to the relevant CoMO member organisation or individual.

If concerns are raised about our staff, fundraisers or Ambassadors, Meningitis Research Foundation retains responsibility for investigating this further.