EXHALE
Health Foundation

Safeguarding Policy and Procedures

Policy reference EHF SG 01 | Version 1.0 | Policy owner: Executive Lead | Prepared 1 June 2026

Purpose and policy commitment

Exhale Health Foundation (EHF) will prevent and respond to harm associated with its people, research, training, events, partnerships and communications. Safeguarding will cover children and adults who may be at increased risk because of disability, illness, displacement, dependence, unequal power or other circumstances. It will include harm arising through direct contact and through access to non-public images, recordings or personal data.

We will not tolerate sexual exploitation, sexual abuse, harassment, neglect, bullying, discriminatory abuse or retaliation. We will prioritise the affected person's safety, dignity, wishes and access to support, subject to applicable law and the best interests of children. A report will be treated seriously without assuming that an allegation has already been proved.

Scope and key terms

This policy will apply to trustees, employees, project staff, consultants, volunteers, advisers and anyone representing EHF. Contracts and partnership agreements will require relevant safeguarding standards and prompt reporting. An adviser will have the same conduct and confidentiality duties whenever they access participants or protected information.

A **child** will mean anyone under 18. An **adult at risk** will mean an adult whose circumstances or support needs may limit their ability to protect themselves from harm. **Sexual exploitation** will include abuse of vulnerability, unequal power or trust for sexual purposes. **Sexual abuse** will include actual or threatened sexual intrusion, including through force or unequal or coercive conditions. **Safeguarding concerns** will include suspected harm, unsafe practice and patterns of behaviour that may create a risk.

Responsibilities and reporting routes

The Board of Trustees will oversee safeguarding, appoint an operational focal point and an independent trustee or alternate, and ensure that serious cases receive suitably independent oversight. The Executive Lead will resource prevention and ensure that project plans include safeguarding arrangements. Project leads will complete risk assessments and brief staff before activities begin.

The focal point will receive concerns, arrange immediate protection, maintain secure records and coordinate appropriate referrals. They will not investigate a complaint about themselves or someone whose relationship with them creates a conflict. EHF will use an appropriately trained independent investigator where needed; a small team will not be a reason to allow self-investigation.

Reports may be made verbally, in writing or anonymously to the focal point, the Executive Lead, or an unconflicted trustee. The general contact will be exhalehealthfoundation@gmail.com or +234 815 546 5671. This is not a 24-hour emergency service. Before an activity begins, EHF will provide participants with the named focal point and an independent direct contact in

accessible language and formats. Anyone concerned about management may bypass management and report directly to an unconflicted trustee, the relevant client or the competent authority.

Conduct that will be required

- Sexual activity with anyone under 18 will be prohibited, regardless of local age-of-consent rules. Mistaken belief about age will not excuse a breach.
- No one will exchange money, employment, assistance, opportunities, goods or services for sex or sexual favours. Sexual relationships that exploit a participant's dependence or the authority of an EHF role will be prohibited.
- Staff will not use threats, humiliation, corporal punishment, discriminatory language, intimidation, unwanted sexual attention or degrading treatment. They will not use personal contact information to pursue participants socially or sexually.
- Contact with children or adults at risk will take place through approved activities, with appropriate supervision and transparent communication. Unnecessary private meetings, isolated transport or unapproved visits will not take place. Any unavoidable emergency exception will be documented and reported.
- Staff will use organisational communication channels where available. They will not request sexual content, create sexualised images of children, share abusive content or circulate identifiable safeguarding information through informal groups.
- Assistance, employment and participation will never depend on agreeing to photographs, recordings or publicity. Consent alone will not justify publishing an image or account that creates a foreseeable risk of harm.

Prevention before recruitment and activities

Assess the activity. The project lead will identify who may be affected, power relationships, travel and venue risks, online contact, data access, language and accessibility needs. The assessment will specify supervision, referral arrangements, safe complaints routes and the person authorised to stop an activity.

Check people before access. Recruitment will include identity and qualification checks, role-specific safeguarding questions, suitable references and checks on relevant employment gaps. For roles involving direct or indirect work with vulnerable groups, or access to non-public images or data about them, EHF will document the checks required by the role, jurisdiction and client. Criminal-record or barred-list checks will be obtained where lawful, available and relevant. A UK DBS check will only be requested where the role and applicant are eligible. Missing information will not be recorded as a successful clearance.

Required checks will be completed before unsupervised access or access to protected material. Where a check cannot be obtained, the Executive Lead and independent trustee will assess alternative evidence, restrictions and client requirements in writing. Work will not proceed if a mandatory check or an acceptable level of protection cannot be achieved.

Prepare participants and staff. Everyone involved will receive a briefing on conduct, reporting and confidentiality. The project lead will map local health, psychosocial, child-protection and

other referral services before higher-risk work. Participants will be told who EHF is, what participation involves, how to decline and how to complain without losing services or opportunities.

Obtain appropriate permission. Research involving people will follow the Code of Ethics and relevant ethics approvals. Consent and, for children, appropriate assent and parent or guardian permission will be obtained unless a lawful, ethics-approved alternative applies. A caregiver's permission will not replace the child's best interests. Staff will seek specialist advice where involving a caregiver could create danger.

Procedure when a concern is raised

Protect first. Anyone receiving a disclosure will listen calmly, avoid leading questions, explain the limits of confidentiality and record the person's own words as accurately as possible. They will not promise secrecy, confront an alleged perpetrator or attempt mediation of sexual exploitation or abuse. Immediate danger will be referred to the appropriate local emergency or protection service without waiting for an internal meeting.

Report promptly. Staff will report concerns immediately and no later than 24 hours after becoming aware of them. They will use a direct telephone or in-person route if email may not be seen promptly. Proof will not be required. The receiver will record when the concern arose, immediate safety needs, a safe contact method and actions already taken, collecting only information needed for protection and response.

Triage and support. The focal point or independent alternate will make an immediate risk assessment, restrict unsafe contact where necessary and arrange support or referral. Acknowledgement will normally be provided within one working day where a safe contact route is available. Interim restrictions will protect people and evidence without prejudging the outcome.

Decide referrals and notifications. EHF will consider the survivor's wishes, the child's best interests, mandatory reporting rules and risks created by disclosure. Information will be shared on a need-to-know basis. Adult survivors will normally be involved in referral decisions; mandatory legal duties or an overriding immediate safety risk may require action without their agreement, with reasons recorded. Client notification will not wait for a completed investigation where the contract requires prompt reporting. For Elrha-funded work, relevant incidents will be reported immediately to incidentreporting@elrha.org, using the minimum necessary information and an agreed secure route.

Investigate fairly. An unconflicted decision maker will approve a written investigation plan, appoint a competent investigator and protect confidentiality. The process will include fair opportunities to respond, evidence preservation, support for affected people and separation of investigation from decisions on sanctions. EHF will not undertake a criminal investigation or interfere with competent authorities.

Close and learn. The authorised decision maker will document findings, protective action, any disciplinary or contractual action and a review of controls. Outcomes will be communicated to the extent lawful and appropriate. An unconflicted trustee not responsible for the original decision will consider requests for review of the process.

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Records monitoring and review

EHF will maintain a restricted safeguarding case register, recruitment-check records, risk assessments and training acknowledgements. Case material will be kept separate from routine project files. Access will be limited to authorised case personnel; decisions on disclosure and retention will be recorded. Each case will have a justified retention period, considering legal duties, the age of affected children and preservation of evidence. Cases will not be deleted during a lawful investigation or legal hold.

The focal point will review outstanding actions at least quarterly and provide trustees with anonymised information on concerns, response times, training and overdue checks. An absence of reports will not be treated as proof that no harm has occurred. The policy will be reviewed annually and after a serious incident or material change in law or activities.

Practical records to maintain

- Activity risk assessment: project and location; affected groups; contact or data access; foreseeable harms; checks and mitigations; referral routes; responsible person; approval and review date.
- Concern record: reference number; date and time received; immediate danger; essential account in the reporter's words; safe contact preferences; consent and disclosure considerations; action taken; responsible person and next review.
- Appointment and briefing register: focal point and independent alternate; direct contact details; staff acknowledgement; checks completed and restrictions; briefing dates; review due.

Standards informing this policy

IASC Six Core Principles Relating to Sexual Exploitation and Abuse 2019

Keeping Children Safe International Child Safeguarding Standards

Approval and implementation

This policy will take effect on the approval date recorded below. The Board of Trustees, or a trustee with documented delegated authority, will approve the policy and record the operational appointments. An implicated person will not approve or oversee a case concerning themselves.

Approved by: Dr Kelly Elimian **Position**: President/Executive Director

Signature:  **Approval and effective date**: 1st July 2026

Operational focal point: Dr Florence Amiewalan **Direct contact:** +2348035090922

Independent trustee or alternate: Prof. Nosa Eghafona **Direct contact:** +2348034468560

Next review due: 1st June 2027 **Adoption record reference**: Board resolution dated 1st July 2026

Before implementation, the Executive Lead will confirm named contacts and access permissions, brief the people covered by this policy, establish the required records and communicate relevant reporting routes. No activity requiring prior safeguards or approval will begin until those controls are in place. Staff will acknowledge the policy at induction and after material revisions.