

## Childlight Quality Assurance and Improvement Policy: Metadata

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Childlight Global Child Safety Institute

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## 1 Purpose and Scope

Childlight is committed to building and sustaining a culture of quality in all areas of our work. This policy sets out how we uphold that culture through compliance with relevant standards, the use of proportionate auditing, and a commitment to continuous improvement. It provides a framework to ensure that Childlight operates in line with internal policies, ethical and legal requirements, and funder obligations, safeguarding the integrity of our research and operations, while also encouraging learning, openness, and innovation.

The policy applies to everyone working under the Childlight name, including staff, associates, and students, and extends to projects and collaborations where Childlight has responsibility for governance or oversight. Where responsibilities are shared with partners, this policy should be read alongside contractual agreements and joint governance frameworks to ensure coherence and shared accountability.

The scope of this policy includes both research and operational activities. It covers the systems and processes by which Childlight ensures compliance with legal, ethical, contractual, and institutional requirements. It also sets out how auditing is undertaken to provide assurance, and how the findings from audits, reviews, and feedback are used to drive improvement. By doing so, the policy underpins Childlight's wider commitment to excellence, integrity, and impact in everything we do.

## 2 Definitions

<b>Compliance</b>	Adherence to relevant laws, regulations, funder requirements, and internal Childlight policies and procedures.
<b>Audit</b>	A systematic, evidence-based review of compliance with established standards, policies, and procedures.
<b>Continuous Improvement</b>	Ongoing efforts to learn from audits, feedback, and evaluation in order to enhance Childlight's processes, outputs, and impact.
<b>Quality Assurance</b>	The overall system of compliance, monitoring, and improvement activities that safeguard standards and integrity.

## 3 Roles and Responsibilities

<b>Senior Leadership Team (SLT):</b>	Provides oversight, ensures adequate resources, and receives audit/compliance reports.
<b>Quality and Compliance Manager (QCM):</b>	Leads implementation of this policy, develops audit schedules, monitors compliance, and coordinates continuous improvement activities.
<b>Project Leads:</b>	Ensure compliance within their projects, maintain required documentation, and engage with audits.
<b>All Staff and Associates:</b>	Follow relevant Childlight policies and report any compliance concerns.
<b>External Auditors:</b>	e.g., funders, University of Edinburgh internal audit, external consultants.

## 4 Compliance Procedures

Childlight views compliance as an integral part of maintaining a culture of quality. It is not only about meeting external requirements, but about safeguarding the integrity, credibility, and impact of our work. Compliance is embedded in daily practice and supported through accessible policies, training, and active oversight.

### 4.1 Expectations

All staff, associates, global data fellows, and students are expected to act in accordance with the legal, ethical, and contractual obligations relevant to their role. In addition, anyone working on behalf of or under the Childlight name is required to follow the organisation's suite of policies and procedures. These obligations are documented across individual policy areas, but together they form a coherent framework that underpins Childlight's culture of quality.

Compliance is supported through structured induction and training, tracked through individual training logs, which are reviewed biannually by Line Managers and the QCM to ensure completion. Ongoing awareness is maintained through accessible policy guidance, regular communication, "open-door" sessions with the QCM, and the active oversight of project leads and line managers. This approach ensures that expectations are clear, standards are consistently applied, and responsibilities are understood at every level.

While obligations will vary depending on the nature of the work, broadly they encompass three areas:

- Adherence to Childlight's internal policies and procedures;
- Compliance with legal and ethical standards in research and operations; and
- Meeting funder and University of Edinburgh contractual requirements.

## 4.2 Identifying and Reporting Non-Compliance

Non-compliance may arise in different forms, and the reporting mechanism depends on the type and seriousness of the issue.

Type of Non-Compliance	Examples	Primary Reporting Channel	Escalation / Oversight
Failure to complete mandatory training	Not completing mandatory induction modules, delayed refresher training.	Line manager (responsible for follow-up); if unclear, QCM.	Line manager checks for barriers (e.g., workload, accessibility). QCM reviews patterns to assess if training content/process needs improvement.
Not following internal policies and procedures	Data not stored on approved platforms.	Relevant Policy Owner (as identified in the policy metadata table) and QCM for review and corrective action (e.g. refresher training, targeted support).	QCM reviews for trends; QCM in collaboration with SLT considers if policy clarity/implementation needs strengthening.
Safeguarding concerns	Inappropriate behaviour, failure to follow safeguarding protocols, child/vulnerable adult at risk.	Designated Safeguarding Lead (DSL). (See Safeguarding and Disclosures Policy).	DSL escalates immediately to statutory authorities if required and informs SLT as per the Safeguarding Policy.
Breach of legal or ethical obligations	Breach of research ethics approval, data protection breach, misuse of confidential information.	QCM and/or DSL. Escalated through University channels. (For further details see Ethics Policy, Data Management Policy).	Where required, escalated externally (e.g., ICO, funders, regulators). QCM and SLT maintain oversight.
Funder or contractual non-compliance		Project Lead and QCM.	Escalated to the Senior Leadership Team via the Chief Operating Officer.
General concerns or uncertainty	Practices that seem inconsistent with our quality culture but do not fit the above categories.	Line manager or QCM. Anonymous reporting available through <a href="#">Childlight's internal feedback mechanism</a> . University and/or Human Dignity Foundation Whistleblowing Policy may be used if needed.	

		Escalation and oversight determined case-by-case.
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If there is uncertainty about which route to follow, the QCM should be consulted in the first instance.

All reports of non-compliance will be recorded, investigated, and addressed in a fair and transparent manner that promotes accountability while also encouraging learning and improvement. To reinforce Childlight’s learning culture, all reports of non-compliance are reviewed not only for individual resolution but also for underlying systemic issues – such as the clarity, accessibility, or practicality of policies and training. This ensures that compliance monitoring contributes to continuous improvement. Corrective actions will be documented and followed up to ensure they are effective and sustainable.

### 4.3 Approach

Childlight’s approach is primarily focused on learning and improvement. Most issues of non-compliance will be addressed through corrective and preventive actions such as training, process changes, or additional support. Where necessary, serious or deliberate breaches may be added to the “Issues” section of the Childlight Risk Register, and escalation may be made through formal University procedures or disciplinary routes in line with contractual or employment obligations. This ensures that compliance activity strengthens Childlight’s culture of quality, where accountability and learning go hand in hand.

## 5 Audit Procedures

Auditing is a central mechanism through which Childlight assures itself, its partners, and its funders that standards are upheld and that its culture of quality is actively maintained. Audits provide both accountability and opportunities for learning, and their findings feed directly into continuous improvement measures.

### 5.1 Internal Audits

#### Quality and Compliance

Internal audits are conducted by the QCM to verify compliance with Childlight’s internal policies and procedures. These audits provide a structured review of whether standards are being applied consistently and effectively, and highlight areas where further training, guidance, or corrective action may be required.

Typical areas for internal audit include (but are not limited to):

- Completion and accuracy of Childlight Project Management System (CPMS) records;
- Completion and accuracy of Data Management Plans (DMPs);
- Documentation of ethical approvals;
- Tracking and completion of mandatory training requirements;
- Adherence to data grading and storage requirements (see Data Management Policy);
- Correct use of governance templates and checklists, such as project initiation and closure documentation.

Internal audits are conducted according to an annual audit plan, approved by the Chief Operating Officer and reviewed by the Senior Leadership Team. Findings are documented, reported to the Senior Leadership Team, and tracked where corrective actions are required.

### **University of Edinburgh**

As Childlight's host institution, the university may conduct audits or reviews as part of its assurance framework. These are broader in scope than Childlight's internal audits, and may cover areas such as governance and management, financial stewardship, staffing, risk management, and strategic direction. Where relevant, Childlight participates fully and ensures findings are shared with the Senior Leadership Team for response and implementation.

## **5.2 External Audits**

Childlight is subject to external review and oversight by its primary funder, the Human Dignity Foundation, who may conduct audits at their discretion. The scope and frequency of these reviews are set by the funder, not by Childlight. While these audits fall outside the organisation's control, Childlight will ensure full cooperation and timely response to any recommendations or requirements arising.

In addition, Childlight is pursuing external certification under the EQIPD Quality System. This process includes a formal assessment of Childlight's quality management framework, which serves as an external audit of the organisation's systems and practices. Certification will demonstrate Childlight's commitment to continuous quality improvement and its alignment with international best practice.

## **5.3 Audit Reporting and Follow-Up**

All audit findings, whether internal, University-led, or external, are recorded and reported through established governance channels. Reporting includes:

- A formal audit report issued to the Senior Leadership Team;
- Identification of corrective and preventive actions (CAPAs), with responsibility and timelines assigned;
- Monitoring of CAPA implementation through the QCM, with progress updates to the Senior Leadership Team;



- Escalation of significant findings to the Childlight Steering Board, where appropriate.

Audit findings are also integrated into Childlight's continuous improvement processes, ensuring that lessons learned are captured and embedded into practice.

## 6 Continuous Improvement Process

Continuous improvement is at the core of Childlight's culture of quality. It ensures that lessons learned are systematically captured, reflected upon, and translated into practical changes that enhance our research, operations, and impact. Continuous improvement is not an occasional activity but an ongoing process that is embedded across projects, events, and organisational practices.



### Continuous Improvement Log

Childlight maintains a Continuous Improvement Log as the central record of improvement activities. This log documents:

- Issues identified through audits, retrospectives, risk registers, or feedback mechanisms;
- Opportunities for improvement raised by staff, associates, students, or partners;
- Actions agreed, including responsibilities and timelines;
- Status updates and evidence of completion.

The QCM oversees the maintenance of the log, but all staff are encouraged to contribute. The log is reviewed biannually by the SLT to monitor progress, identify cross-cutting themes, and ensure accountability.

### Project Retrospectives

A key process feeding into the Continuous Improvement Log is the project retrospective. Retrospectives are conducted at the conclusion of every project and major event, providing a structured opportunity for reflection on:

- What worked well and should be continued;
- What challenges or gaps were encountered;
- What could be improved in future projects.

The outcomes of each retrospective are documented and entered into the Continuous Improvement Log. Where relevant, they inform updates to policies, processes, or training programmes, ensuring that Childlight continually builds on experience and strengthens its practices.

### **Other Inputs to Continuous Improvement**

In addition to project retrospectives, the following mechanisms contribute to the Continuous Improvement Log:

- Findings from internal, university, and external audits;
- Risk register entries and issue escalations;
- Staff, student, and associate feedback (including anonymous submissions);
- Policy reviews and updates;
- External developments, such as changes to university or funder requirements, ethical standards, or best practice guidance.

### **Action and Communication**

For each improvement identified, corrective and preventive actions are agreed with clear responsibilities, timelines, and measures of success. Actions are tracked through the Continuous Improvement Log until complete.

Improvements that have a wider organisational impact are communicated to all staff through either Research Team Meetings, or Full Team Meetings, ensuring transparency and embedding lessons learned across Childlight. Where relevant, improvements are also highlighted in annual reporting to the Steering Board and funders, demonstrating accountability and commitment to excellence.

### **Embedding the Culture of Quality**

Continuous improvement is more than a compliance exercise: it is a deliberate effort to embed learning and quality into every aspect of Childlight's work. By systematically capturing insights, acting on them, and communicating changes, Childlight ensures that its processes evolve in line with experience, emerging challenges, and international best practice.

## **7 Reporting and Review**

Reporting on compliance, audit outcomes, and continuous improvement activities is built into each process, ensuring transparency and accountability at every stage. To provide an overarching view, the following governance structure applies across all quality processes:

### **Staff and Associates**

Report issues, engage in audit procedures and findings, and contribute to improvement activities.

### **Quality and Compliance Manager (QCM)**

Receives reports, maintains logs and records, and ensures that issues are investigated and acted upon. The QCM prepares summary reports that highlight trends, risks, and corrective actions.

### **Senior Leadership Team (SLT)**

Reviews reports from the QCM, monitors the implementation of corrective and preventive actions, tracks progress against KPIs (or delegates this duty to the relevant individuals), and provides strategic direction where systemic improvements are required.

### **Steering Board**

Receives periodic quality and compliance reports from the SLT, providing independent oversight and assurance.

### **External Oversight**

Where applicable, external bodies (such as the University of Edinburgh, funders, or external certification assessors) receive reports or audit outcomes relevant to their remit.

This layered reporting structure ensures that quality information flows upwards from staff and associates through to organisational leadership and governance, while also feeding back into improvement processes.

## **8 Policy Review**

The Quality Assurance and Improvement Policy is subject to regular review. Amendments are made to reflect changes in local practices, national and international policies, and professional guidelines. This policy will also be reviewed and updated as necessary by the QCM, based on findings from internal audits and feedback from stakeholders. Any such amendments require the approval of the Childlight Senior Leadership Team.

This policy must be reviewed every two years. The review may result in one of three outcomes:

- Approved The policy has undergone changes which have been accepted by the Childlight SLT. Results in a change of version number.
- Renewed The policy was reviewed with no necessary changes identified. Does not result in a change of version number.

Discontinued The policy was found to no longer hold relevance for the organisation, either as a result of content integration with other policy documents, or a change in operational need.

This policy was approved on 22<sup>nd</sup> September 2025

This policy is due for review on 21<sup>st</sup> September 2027