

# CHILDREN AND ADULTS-AT-RISK

Safeguarding Policy

November 2018

## DEFINITIONS

<b>Safeguarding of children or adults</b>	A set of organisational policies, procedures and practices designed to ensure that no harm comes to people as a result of contact with an organisation's programmes, operations or people.
<b>Child</b>	A person under the age of 18 years.
<b>Adult</b>	A person aged 18 years and older. Note that an adult with or without disabilities has the same legal capacity.
<b>Adult-at-risk (vulnerable adult)<sup>1</sup></b>	<p>1. Any person aged 18 years and older who may be at risk of abuse or exploitation due to their dependence or reliance on others for services, basic needs or protection, and according to context, for example, in humanitarian situations.</p> <p>2. An adult may also be at risk/ vulnerable when in a relationship (social or work) with another who seeks to misuse their position of authority or trust to control, coerce, manipulate or dominate them.</p> <p>3. An adult may also be at risk if their decision-making capacity is impaired and/or they do not have the support to make a decision.</p>
<b>Assent</b>	Assent is the agreement of someone not able to give legal consent to participate in the activity. For example, work with children not capable of giving consent requires the consent of the parent or legal guardian and the assent of the child.
<b>Assisted Decision making</b>	<p>This is assisting or supporting an individual to make a decision on their own by giving them the tools they need, rather than making the decision for them<sup>2</sup>.</p> <p>This is also where when a person whose capacity to make a decision is in question, they appoint a person to assist or co-decide. It is also when somebody has appointed another to represent them for the purpose of making a decision.<sup>3</sup></p>

<b>Child Abuse</b>	Child abuse consists of anything that individuals, institutions or processes do or fail to do that directly or indirectly harms children or reduces their prospect of safe and healthy development into adulthood.
<b>Child Protection</b>	Child programmes, projects and advocacy measures designed to protection is a programming approach involving prevent and respond to abuse, exploitation, neglect and violence against children. It generally focuses on risks and issues caused externally to the organisation, while safeguarding focuses on those caused internally.
<b>Confidentiality</b>	For the purposes of this policy, confidentiality means that information about each incident will only be shared on a need-to-know basis.
<b>Free and Informed Consent</b>	The voluntary agreement of an individual who has the capacity to give consent, and who exercises free and informed choice.
<b>Note on Legal capacity</b>	In accordance with Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), CBM recognises that persons with disabilities have the right to recognition as persons before the law and to enjoy legal capacity on an equal basis with others in all aspects of life.
<b>Risk</b>	Risk means the potential for something to go wrong (an incident or an accident), or the likelihood of a negative consequence to an action.
<b>Risk Assessment</b>	Risk assessment is a means of identifying potential risks.
<b>Risk Management</b>	Risk management is identifying potential risks and putting measures in place to prevent, minimise and/or mitigate those risks.

1. Adapted from Tear Fund's working definition, May 2018, and St. John's Children and Vulnerable Persons Member Handbook, July 2016.

2. Inclusion Ireland, 'Assisted Decision Making – What does it Mean?' January 2016.

3. Inclusion Ireland, 'Assisted Decision Making – What does it Mean?' January 2016.

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# INTRODUCTION

**CBM is an international Christian development organisation, committed to improving the quality of life of people with disabilities in the poorest communities of the world. CBM envisages an inclusive world in which all persons enjoy their human rights and achieve their full potential.**

## Risk background

CBM works in a range of development and humanitarian contexts in which women, men, girls and boys with disability can be at higher risk than the general population. It notes with concern that children with disabilities are more than three times more likely to be abused than children without disabilities<sup>4</sup>. Adults with disabilities – especially women – are also highly vulnerable to experiencing abuse if safeguards are not in place.

CBM believes that every child and adult have the right to protection and to live in ‘safe environments’, regardless of gender, ethnicity, political association, religion, sexual orientation and whether or not they have a disability.

It is CBM’s responsibility to make sure that all children and adults who come into contact with CBM’s development and humanitarian programming are safeguarded to the greatest extent possible.

## Purpose of policy

The purpose of this safeguarding policy and procedures is to regulate how CBM’s programmes, operations and representatives work so that the children and adults it comes into contact with are not abused, neglected or harmed in any way.

## Who this policy applies to

This safeguarding policy is a mandatory policy that applies to all CBM staff (including International Office, liaison offices, regional hubs, country offices) and others like consultants, contractors, board members, project visitors, interns and volunteers (hereafter referred to as CBM Representatives). This policy is also applicable to CBM Member Association<sup>5</sup> representatives in their dealings with CBM International.

CBM works very closely with and via partners and expects partners to uphold high standards of safeguarding based on the UN Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities<sup>6</sup>.

## Adaptation

While this is a global policy, where necessary, the policy and its appendices can be contextualised by CBM entities to fit the local legal and cultural context, without diluting it. Any adaptations besides language translations will be in consultation with the global Safeguarding Manager, who will facilitate internal mechanisms for approval of the adaptations.

4. Hughes *et al.* ‘Prevalence and Risk of Violence against Adults with Disabilities: A systematic review and meta-analysis of observational studies’, *Lancet*, 28 April 2012, doi:10.1016/S0410-6736(11)61851-5.

5. Because they are independently registered, CBM Member Associations will have their own policies that are aligned to this one.

6. Also important are the International Convention of Economic, Social and Cultural Rights and the Convention on the Elimination of All Forms of Discrimination against Women. The full web link for the International Convention of Economic, Social and Cultural Rights is: <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>. The full web link for the Convention on the Elimination of All Forms of Discrimination against Women is: <http://www.un.org/womenwatch/daw/cedaw/cedaw.htm>











# PREVENTATIVE ACTION

**Safeguarding systems and procedures work to protect against risks of or actual abuse, neglect, violence and exploitation. This section of the Safeguarding Policy therefore details measures CBM should take to reduce such harm to children and adults.**

## Safer programming and risk assessments

In order to enhance access to services and reduce the risks of abuse, neglect, violence and exploitation towards the people CBM works with, it is necessary for CBM staff and representatives to understand safeguarding risks that may sometimes be inherent in programme work so that incidents are prevented before they happen.

Programme and organisational risk assessments will consider the specific safeguarding risks of girls, boys, women and men with disabilities.

Programme managers will ensure that safeguarding risk assessments are conducted in a participatory and comprehensive way when designing and implementing projects and activities that involve (contact, work with or impact on) children and adults-at-risk. The assessment must identify risks and barriers and document steps being taken to reduce or remove them. For example, fast track mechanisms can enhance access to services by the elderly.

Note that the safeguarding risks can differ based on the type of activity, contexts and persons involved among other factors. Find a sample safeguarding risk assessment in appendix 5.

## Working with partners

Safeguarding is an integral part of CBM's partnership commitment and CBM expects its partners to either have or to develop within an agreed timeframe a safeguarding policy or have similar arrangements, which are in line with the UN Convention on the Rights of the Child<sup>7</sup> and the UN Convention on the Rights of Persons with Disabilities.

CBM also expects the following from partners:

1. All partners and sub-partners should develop inclusive and child-friendly (if working with children) approaches to programming for all stakeholders. This includes development of feedback mechanisms that are child-friendly (if working with children) and accessible.

2. Women, men, girls and boys should be actively and meaningfully encouraged to participate in the design, monitoring and evaluation of activities that affect them.
3. Inform girls, boys, women and men involved in their programmes and operations how they can report safeguarding concerns and the follow-up actions that will be taken.
4. Partners' program managers should ensure safeguarding risks of programs are assessed and managed.
5. If a serious safeguarding incident (abuse, neglect or exploitation) occurs within a partner organisation,
  - CBM expects to be informed at the earliest possible time via the Safeguarding Focal Person or Country Director, about the non-confidential details of the incident, and the partner's response. Responses may include medical, psychological and legal measures taken in the interest of the concerned child (ren) or adults; investigation of the incident; preventive measures or measures taken by/with the family and community.
  - CBM will offer advice or refer to local expertise if requested by the partner to do so.
  - Should the partner not take appropriate and timely action or ignore the incident, CBM will offer recommendations. As a last resort, CBM reserves the right to withhold funds from the partner until appropriate measures are taken or to end the partnership contract.

## Safeguarding in humanitarian action

Humanitarian situations pose some of the highest risk for abuse, neglect and exploitation. These risks are higher for girls, boys and women with disabilities<sup>8</sup> and the elderly.

Article 11 of the Convention of the Rights of Persons with Disabilities highlights the obligation to ensure the protection and safety of persons with disabilities in

7. The full web link for the UN Convention on the Rights of the Child is: <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

8. UNICEF. (2017). 'Including children with Disabilities in Humanitarian Action'.

situations of risk, including armed conflict, humanitarian emergencies and natural disasters. Therefore, it is important to mainstream safeguarding in all stages of CBM's humanitarian action – in disaster preparedness phase, response and early recovery, in order to fulfil its duty of care.

CBM requires this policy and the behaviour code to be adhered to in development and humanitarian programmes.

It is also important that this policy's provisions are implemented by country programmes as a means of institutional readiness to respond to humanitarian crises, building a solid foundation and frameworks within which the humanitarian staff of CBM and its partners works.

In combination with other provisions of this policy, below are some specific ways CBM will reduce safeguarding risks in humanitarian action:

- 1.** Country Director or Representative or ERU (Emergency Response Unit) Programme Manager will appoint a Safeguarding Focal Person and incident management team among the humanitarian response team for all L 3 (Level 3) engagements. This team will report to Emergency Management Team set up for all L 3 response, providing strategic oversight and overall management support. For all L 1 and 2 responses, under the direct leadership of Country Director/ Representative, the locally existing safeguarding focal person and incident management team will ensure this role.
- 2.** For L3 responses, the ERU Program Manager (and Country Director for L1 and L2 responses) will ensure (and transfer these expectations to partners' leadership):
  - Safeguarding risk assessments are incorporated into humanitarian programme design<sup>9</sup>, budgeting and operational processes like surge capacity recruitment and selection of new partners.
  - All new CBM and partner representatives involved in humanitarian response receive a safeguarding briefing as early as possible in the response phase and existing staff involved in response receive a refresher briefing at the beginning of response.
  - Opportunities are sought for more detailed safeguarding training/refreshers as part of the humanitarian training programmes and tailored to different levels; for example, for partners, coordination teams/managers, field work teams, volunteers, community representatives, Partners, Disabled Persons Organisations.
  - Child and adult safeguarding obligations are included in contracts of new partners, sub-partners, staff and representatives.

- The available feedback and accountability mechanisms are documented and publicised, that they are as accessible as possible, and any complaints are responded to in a timely manner.
- Safeguarding actions during humanitarian action are documented and reported.
- CBM's established incident management procedures are followed when incidents occur.

## Research, media and communications<sup>10</sup>

It is important that ethical and protective principles in research, media and communications are followed to ensure that children and adults are represented in a dignified way, that their participation is not exploitative, and that people and organisations do not use photographs and related information beyond the agreed purposes and consent.

The following safeguarding measures should be put in place before commencing research, media or communications activities:

- 1.** Methodologies of research should be reviewed by the project lead and any other stakeholder(s) for safeguarding risks and compliance with other CBM policies and procedures.
- 2.** The contract and terms of reference of consultants, journalists, photographers, researchers, volunteers or other parties involved should be based on the latest versions of approved CBM templates, policies and principles. It should also detail how the information collected will be used and shared. This should be in line with the consent forms used to indicate willingness to participate.
- 3.** All those involved in gathering the stories should be briefed on CBM's Safeguarding Policy and sign/commit to adhere to the Code of Conduct and Safeguarding Behaviour Code.
- 4.** All people being asked to provide consent will be informed that participation in any media or research activity is voluntary<sup>11</sup> and that they are allowed to decline participation at any time without negative consequences.
- 5.** The 'two adult rule' should be adhered to when interviewing children. For adults, the option to have a support person of choice should always be open.

While cultural sensitivities vary from country to country, photographs may be used outside of the country in which they were taken. Therefore, the following directives apply in regard to pictures of children:

9. Refer to CBM document detailing common safeguarding risk by humanitarian activity

10. For more detailed guidance please refer to CBM's 'Child-Safe Communication Guidelines'.

11. Find consent forms in appendices 6 and 7.





1. Show children and adults in their true social context and reality.
2. Images, stories and messages about boys, girls, women and men will present them in a dignified, respectful manner, portraying them as equal partners in the development process.
3. In some communities that CBM and partners serve, it is normal that young children are not fully clothed all the time. In view of this, the following standards should be followed during filming and photography:
  - young children should at least have their bottom half covered.<sup>12</sup>
  - All other children must be clothed top and bottom.
  - Clothing must also be appropriate with consideration given to the child's local context and the international context in which their image will be used.
4. Consent forms will be properly stored, preferably also in soft copy.
5. Pictures, materials and personal information regarding children will be held in a secure access-restricted database and applicable data protection laws will be followed.
6. When publishing the materials, the identity and traceability of the children will be protected, for example, use only the first name and general location like country or state.
7. If a third-party requests to use the picture, for example, a cluster or a sub-partner, they must sign an agreement to adhere to the same conditions of use for which the consent was given.

### Safer recruitment and contracting

In order to reduce safeguarding risks caused by CBM staff, the following recruitment procedures will apply. Although not 100% sufficient in themselves, taken together they help provide reasonable assurance that attempts have been made to recruit suitable persons and hence reduce risks to children and adults who come into contact with CBM.

1. All CBM job advertisements state that 'CBM is committed to safeguarding children and adults-at-risk'.
2. Candidates will have their identity checked against original documents.

12. E.g. toddlers. It is acceptable to use age estimates for this purpose.

3. Candidates will have their employment history checked, including an inquiry of any gaps between jobs.
4. Candidates will be asked specific safeguarding related questions during their interview.
5. CBM will ask for references from a previous employer. If this is not possible, an academic reference or appropriate, respectable community contact<sup>13</sup> can provide a reference. Where staff will be working directly with children or adults-at-risk or if recruitment is done within the European Union, verbal references must be sought.
6. CBM will require applicants to provide evidence of good conduct through a 'Police Record Check', sometimes called a 'Certificate of Good Conduct'. If this is not available in the candidate's country of residence, CBM will ask them to sign a written self-declaration of good conduct.

*Note that a criminal record is not an automatic disqualification to work for CBM. The Human Resources Manager in consultation with a senior*

*manager can decide whether to proceed with the candidate's appointment, depending on the nature of crime. When in doubt, do not appoint the candidate.*

7. All candidates must sign CBM's Code of Conduct and Safeguarding Behaviour Code upon appointment.
8. Respective Human Resource managers will ensure that the new recruit receives an induction in safeguarding within one (1) month and no later than three (3) months after appointment.

### Consultants, suppliers and contractors

1. Before contracting, the project manager must ensure that all consultants, suppliers, contractors and sub-partners receive information or briefings on the Safeguarding Policy and their obligations under it.
2. All contracts should include a clause stating that the party being hired will adhere to CBM safeguarding policies and procedures and to CBM's Code of Conduct<sup>14</sup>.



13. For example: community leader, religious leader, doctor, lawyer.

14. This Safeguarding Policy should be considered as complementary to CBM's Code of Conduct, which has a broader scope.



# RESPONSIVE ACTION

**Incident management processes will be as accessible as possible and specific to the needs of those concerned<sup>15</sup>. Safeguarding Focal Persons shall ensure that each country office has a local safeguarding resource and referral list that is updated at least annually.**

## Managing disclosures by children or adults

It is likely that a CBM staff member or representative may witness or become aware of abuse, neglect and or exploitation. Below is some guidance on how to handle this.

1. Always take the allegation seriously and pay attention to the details reported.
2. Do not promise to keep the information they provide secret because you will need to inform the safeguarding focal person and those involved with investigating the incident if an investigation is instigated.
3. Under no circumstances should you try to investigate the allegation yourself. Instead, pass this information on to the Safeguarding Focal Person or Global Safeguarding Manager as soon as possible.

## Reporting concerns and incidents of abuse

Below are the options by which safeguarding related notifications can reach CBM's incident response system. This does not negate the duty to report incidents to local authorities where needed.

1. Notify the nearest Safeguarding Focal Person.
2. Notify the Global Safeguarding Manager (the email for the Global Safeguarding Manager is [safeguarding@cbm.org](mailto:safeguarding@cbm.org))
3. Report via the programme feedback mechanism<sup>16</sup>
4. Report via the anonymous whistle-blower<sup>17</sup> mechanism on CBM's website
5. Use CBM's dispute resolution process, which is an internal mechanism only for CBM staff in country offices and regional hub offices.

If you are emailing a safeguarding incident to a Safeguarding Focal Person or the Global Safeguarding Manager, follow these procedures:

1. Mark the email as 'Urgent' and set it as 'High Importance'.
2. The subject line should read: **ATTENTION! Confidential!**

There will be no action taken against anyone who reports a concern in good faith that, following investigation, proves unfounded. However, if a CBM representative knowingly and wilfully reports information with malicious intent, this will lead to disciplinary action.

All safeguarding notifications will be treated and managed with confidentiality to protect the identity of those concerned, in accordance with European Union data protection and national laws as applicable.

## Incident management duties of Safeguarding Committee

Below are steps to facilitate timely and appropriate incident management once a safeguarding notification has reached CBM.

1. On receiving an incident notification, the Safeguarding Focal Person (or whichever safeguarding committee member gets this information first) will convene a meeting of the Safeguarding Committee<sup>18</sup> within 24 to 48 hours. Note that sexual and physical abuse incidents need immediate action due to specific medical and legal procedures needed.
2. The Safeguarding Committee (accompanied by the Global Safeguarding Manager where needed) will consider the following questions:

15. For example, sign language interpretation for an interview with a deaf person or use of large print for a person with low vision.

16. The full web link for CBM's programme feedback mechanism is: [https://www.cbm.org/article/downloads/54741/Feedback-Complaints\\_Handling\\_Position\\_Paper\\_PD.pdf](https://www.cbm.org/article/downloads/54741/Feedback-Complaints_Handling_Position_Paper_PD.pdf)

17. The full web link for the anonymous whistle-blower mechanism on CBM's website is: <https://www.bkms-system.net/bkwebanon/report/clientInfo?cin=3cbm16&language=eng>

18. The Safeguarding Committee consists of 3 to 4 people: The Safeguarding Focal Person, the Country Representative or Regional Hub Director or an equivalent person and a third person, preferably HR. Also, where needed, additional resource persons can be included.







- Does the matter breach organisational policy or local laws?
  - Does it require further enquiry? If yes, appoint and delegate an administrative investigation<sup>19</sup> team with clear terms of reference<sup>20</sup>.
    - With more information, complaints or allegations may be substantiated, refuted or unsubstantiated. The resulting relevant outcomes may include retraining and/or disciplinary action for substantiated complaints depending on the seriousness of the offence.
  - Does this require reporting to the police or any other authority?
  - What 'victim support services' do the survivor(s) and their family need? Can these services be provided directly or through referral?
  - Is this incident management process accessible for those involved to participate?
  - What lessons does our organisation learnt from this incident?
- 3.** Note that the the safeguarding focal person keeps written records of the incidents management and shares this information with the Global Safeguarding Manager, who then keeps the corresponding CBM Member Association and the International Leadership Team informed.
  - 4.** In cases of very serious or complex incidents, CBM's multi-disciplinary Crisis Management Team will be called upon by the Safeguarding Manager.
  - 5.** At resolution of the incident, key stakeholders are informed of the outcomes as appropriate.

## Survivor support

It is acknowledged that individuals or groups of survivors of safeguarding violations may need specific interventions to facilitate their wellbeing.

CBM will take the necessary steps within the resources available to promote their welfare and safety. This may include facilitation of or referrals to competent service providers in the area of medical, psychosocial, legal or other support services required by the survivor(s) and, if needed, their caregiver(s). They will also receive appropriate information regarding the outcomes of any incident management procedures.

## Care for incident managers

CBM provides confidential telephone-based care support services for staff in case of psychological or emotional issues such as stress, anxiety and depression, pressure, work performance or any other challenges. In case of high stress incidents, CBM staff involved are encouraged to utilise this service, which is also available for staff with hearing impairment. For serious incidents, regular debriefs by the incident management team is also encouraged.

If the above mentioned services are insufficient, please notify your local Human Resources official.



19. CBM uses CHS alliance's investigation guidelines: [https://www.chsalliance.org/files/files/Investigation-Guidelines-2015\\_English.pdf](https://www.chsalliance.org/files/files/Investigation-Guidelines-2015_English.pdf)

20. This team's only task is to collect further information for the internal use of CBM if needed. It can consist of the Safeguarding Focal Person and another member of the committee itself. This team has no decision-making authority. Note that such an administrative investigation/enquiry can be outsourced.

# GOVERNANCE AND ACCOUNTABILITY

**The following actions are intended to support the effective implementation of this policy in order to deliver tangible outcomes for the boys, girls, women and men who come into contact with the CBM federation. They are divided into two main sections – governance and general. In addition, this section sets out the duties of the Safeguarding Focal Person and information about reviewing the policy.**

## **Governance and management policy implementation actions:**

- 1.** CBM (via initiative, programme and department heads) will integrate safeguarding measures into relevant core internal processes such as: planning and programme design, partner agreements, risk management, monitoring and accountability mechanisms and recruitment processes.
- 2.** While safeguarding is everyone's responsibility, managers are accountable to ensure that this safeguarding policy and its provisions are implemented in their respective work domains in both operations and programme departments and that safeguarding risks are identified and reduced.
- 3.** Safeguarding trainings are compulsory and should be made accessible to all CBM federation staff annually.
- 4.** Country Directors (and equivalent leaders) will ensure local implementation of the provisions of this policy in the following ways:
  - Ensure that a Safeguarding Focal Person and Safeguarding Committee are appointed.
    - Note that the country representative, not the focal person, remains accountable for safeguarding policy implementation and follow up at country level.
  - Ensure that all staff, representatives and partners are informed about this policy and their obligations towards it. This may involve translated formats and sensitisation sessions in local languages in order to make this information more accessible.
  - Ensure that their office has a valid 1 to 3 (one to three) year safeguarding action plan that is reviewed at least annually. Where needed, safeguarding action plans should factor in collaboration with partners with regard to strengthening safeguarding systems and practices.

## **General policy implementation actions:**

- 1.** The Global Safeguarding Manager will collaborate with Regional Hubs and Country Offices to monitor practice (through country office safeguarding assessments).
- 2.** All CBM representatives will be required to sign an acknowledgement and consent to the behaviour code in this policy prior to their appointment.
- 3.** The [www.cbm.org](http://www.cbm.org) homepage and every workplace will display information stating that 'CBM is committed to the safeguarding of children and adults' and display contact details of the local Safeguarding Focal Person and the Global Safeguarding Manager.
- 4.** The Global Safeguarding Manager will submit an annual report of registered safeguarding concerns and development to CBM's International Leadership Team and Supervisory Assembly.

## **Policy review**

This version of the Safeguarding Policy replaces the 2014 policy and is based on previous CBM policies, sector lessons learned and consultation with staff and partners globally. This policy will be reviewed and, if necessary, revised every three years, or earlier if needed.

This policy has been developed with the widest scope to ensure safeguarding and do-not-harm principles are upheld – but CBM recognises its responsibility to be ever vigilant and responsive to ensure effective, robust safeguarding practices are in place.





## APPENDIX 1: CBM SAFEGUARDING BEHAVIOUR CODE

**The safeguarding behaviour code described below is designed primarily to protect children and adults who come into contact with CBM's representatives. However, it also serves to safeguard CBM and CBM representatives from false accusations or committing safeguarding violations. The adherence to this behaviour code is mandatory for all CBM representatives. Any violation of this will result in disciplinary procedures that may include legal action or termination of contracts, where the severity warrants it.**

### CBM Safeguarding Behaviour Code

I, (please insert name)

acknowledge that I have read and understand CBM's Child and Adults-at-risk Safeguarding Policy 2018. By signing this document, I agree:

- to comply with the Child and Adults-at-risk Safeguarding Policy of CBM.
- to be responsible for observing the Safeguarding Behaviour Code in my work environment.

#### In this respect I will:

- Be committed to creating a culture of openness and mutual accountability at the work place.
- Adhere to the general principles of the UNCRPD<sup>21</sup> by respecting the inherent dignity, individual autonomy and independence of persons; non-discrimination, promoting full and effective participation and inclusion of persons in society; respect for differences and acceptance of persons with disabilities as part of human diversity and humanity, promoting equality of opportunity and equality between men and women, promoting accessibility and respect for the evolving capacities of children with disabilities.
- Apply the 'two adult rule' when conducting any activity with children. This means that another adult (a colleague or child's caregiver) should be present or easily reachable/nearby. In cases when this is not possible, I will inform my Supervisor in the interests of transparency and accountability. Adults should also have the option of having an adult support person if they request.

- Ensure physical contact is at all times appropriate. (It is the responsibility of CBM representatives to understand the cultural contexts in which they work, and to know what culturally appropriate behaviour is).
- Use positive, non-violent methods to communicate and role-model good behaviour to children.
- Adhere to children and adults' consent decisions for taking photographs, filming or writing reports for reporting or public relations work.
- Protect and handle personal data of children and adults with care and ensure that this is also respected by third parties who receive information about children from CBM or its partner organisations.
- Notify<sup>22</sup> my Safeguarding Focal Person<sup>23</sup> or the Global Safeguarding Manager (the email for the Global Safeguarding Manager is [safeguarding@cbm.org](mailto:safeguarding@cbm.org)) as soon as possible (no later than 48 hours after receiving a complaint/witnessing an incident) about any concerns, allegations and incidents of abuse, neglect and exploitation regarding CBM staff, representatives, programmes and operations.
- Comply with any safeguarding investigation (including interviews) and make available any necessary information.

#### I will never:

- Hold, fondle, kiss, cuddle or touch children or adults in an inappropriate and/or culturally insensitive way or engage in activities involving close body contact with children or adults beyond the professional requirements.
- Act in ways that may be abusive or place an adult or child at risk of abuse.
- Spend excessive time alone with a child, away from others, behind closed doors or in a secluded area (see 'two adult rule' above). This does not apply to children to whom one has legal or cultural care responsibility.

21. United Nations Convention on the Rights of Persons with Disabilities. The full web link for the UN Convention on the Rights of Persons with Disabilities is: <https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx#3>

22. Please see Reporting Protocol in Appendix 3 of CBM's 2018 Safeguarding Policy.

23. All CBM Offices should have at least one Safeguarding Focal Person.

- Develop relationships with children or adults-at-risk that could in any way be deemed exploitative or abusive.
- Marry a person below the age of 18, regardless of consent and local custom.
- Make sexually suggestive comments or actions to a child even as a joke.
- Engage in sexual activity or have a sexual relationship with a child, regardless of consent or local custom. Mistaken belief in the age of a child is not a defence.
- Engage in sexual activity or have a sexual relationship with an adult beneficiary of CBM or CBM's partner programmes because of the inherently unequal power dynamics.
- Assist a child in intimate tasks that he or she can do unaided, unless requested (such as taking them to the toilet, bathing or changing clothes).
- Hit or otherwise physically assault or physically abuse children or adults.
- Act in ways intended to shame, humiliate, harass, belittle or degrade children or adults (perpetrate any form of emotional abuse).
- Discriminate against or favour particular children or adults to the exclusion of others with whom I am working.
- Take a child engaged with CBM programmes alone in a vehicle or other means of transportation unless it is absolutely necessary and with parent/guardian and managerial consent.
- Invite adults with whom I am in a professional relationship or unaccompanied children into private residences, unless they are at immediate risk of injury or in physical danger.
- Sleep in same room or bed with children unless absolutely necessary (for example, in crisis situations or emergency shelter situations), in which case I must inform my supervisor, and it should be ensured that

another adult is present if possible. Note that this does not apply to an individual's own children or children for whom they have legal or cultural care responsibility.

- Condone, or participate in behaviour with children or adults that is illegal, unsafe or abusive, including being part of harmful traditional practices (like female genital cutting).
- Exploit children or adults for their labour (for example, domestic servants, casual labourers) or for sexual purposes (for example, prostitution)<sup>24</sup> or trafficking. Note that the definition of child domestic work (house help) does not include **occasional** babysitting, gardening, help with house chores during out of school time.
- Use any computers, mobile phones, video cameras, cameras or social media to exploit or harass children or adults, or access child exploitation material through any medium.
- Give or allow children to use illegal drugs, alcohol or restricted substances or encourage their use.

#### Location and date:

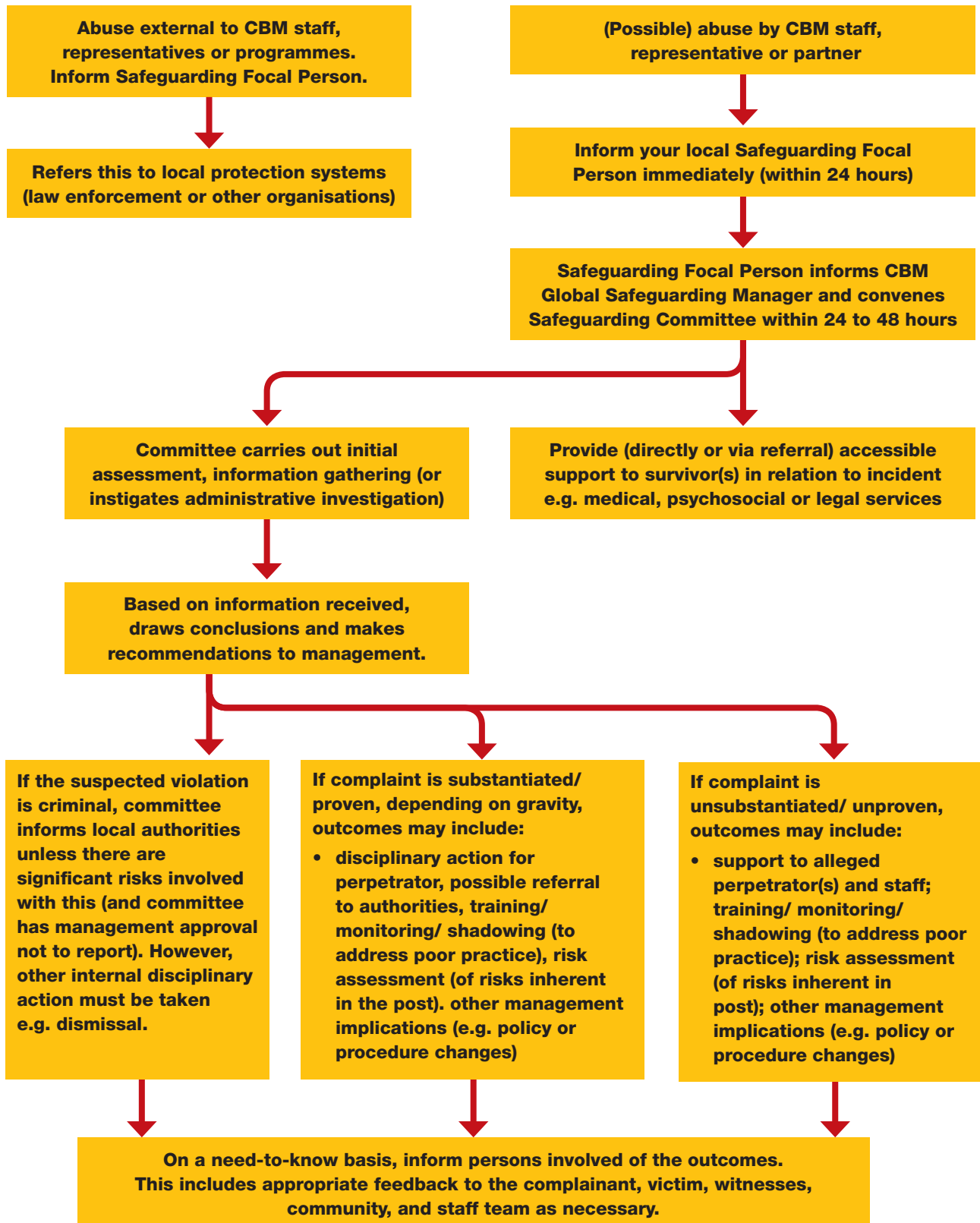
#### Signature:

Note: If you are unsure whether an action, activity or behaviour may violate the Safeguarding Policy or Code of Conduct please seek guidance from your local Safeguarding Focal Person or CBM's Global Safeguarding Manager, who can be contacted by email at [safeguarding@cbm.org](mailto:safeguarding@cbm.org)

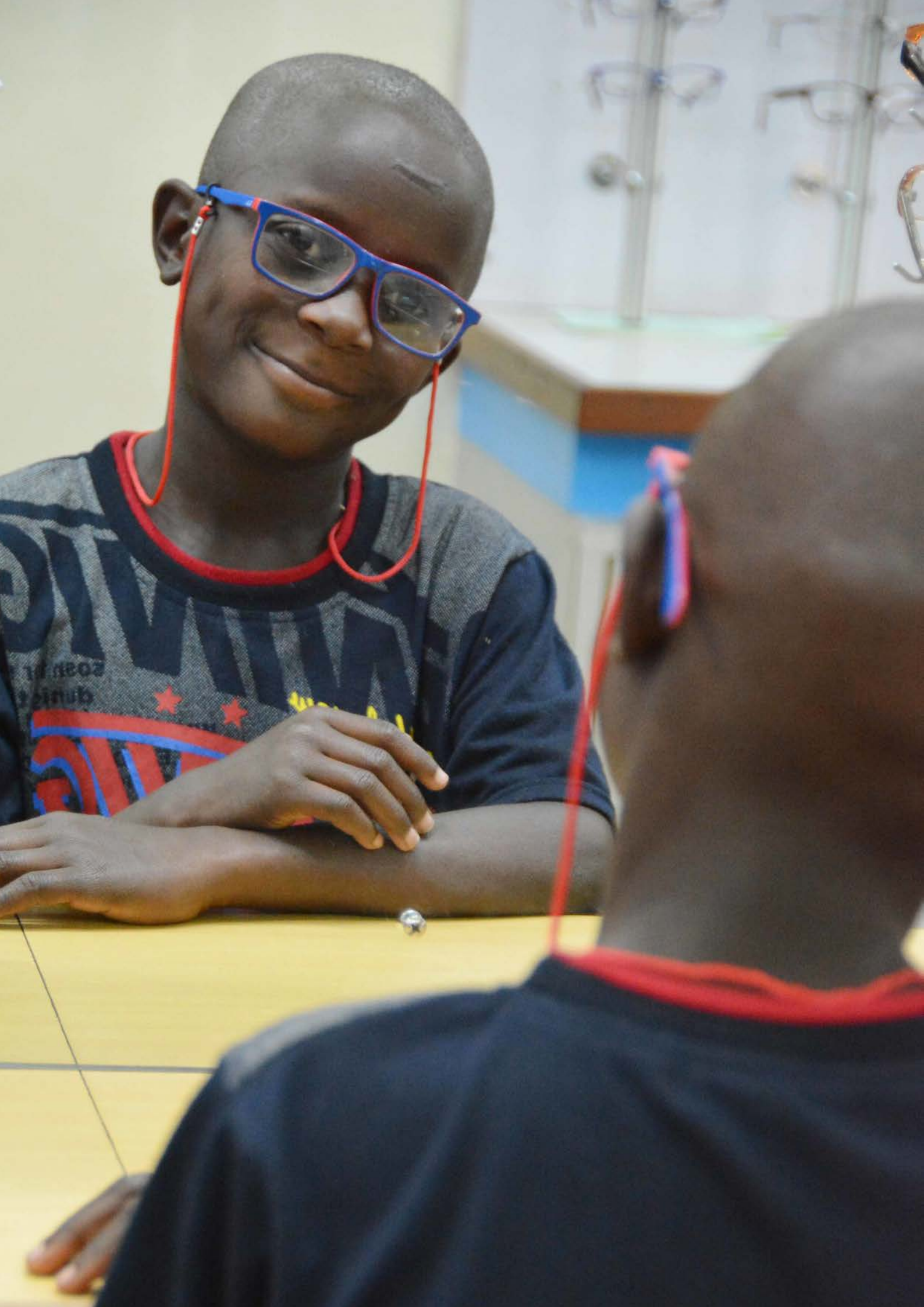
24. The unawareness of a child's age does not count as an excuse.



## APPENDIX 2: INCIDENT MANAGEMENT FLOW CHART<sup>25</sup>



25. This is based on Plan International's 'Case Management Model Critical Steps'.



## APPENDIX 3: SAFEGUARDING INCIDENT REPORTING FORM

**Send your email to:** your Safeguarding Focal Person or the CBM Global Safeguarding Manager (safeguarding@cbm.org)

**E-mail Subject:** 'ATTENTION: Confidential!'  
**Note: The information contained in this form is confidential.**

This form is for reporting concerns about potential violations of CBM's Child and Adults-at-risk Safeguarding Policy and Code of Conduct.

It should only be sent to your local Safeguarding Focal Person or CBM's Global Safeguarding Manager. Please try to provide as much information as possible in the form. Areas where you have nothing to report can be left blank.

### Details of person reporting concern (unless they want to remain anonymous)

Name:

Location:

Contact telephone:

Relationship to child(ren) or adult(s)-at-risk:

### Administrative information related to the incident

Applicable CBM Office:

Partner name if applicable:

Project Number:

Funding MA(s):

### Type of safeguarding concern or abuse (Please check appropriate boxe(s))

Physical ☐

Sexual ☐

Emotional ☐

Neglect/Negligence ☐

Economic and other exploitation ☐

Breach of CBM policy and Code of Conduct ☐

### Victim's details

Name<sup>26</sup> (no need for victim's name if the case is at a CBM partner):

Age range if known:

Gender:

Health issue or impairment if known and applicable:

### Location of incident

26. If there are multiple victims, please note that there are multiple victims. Use a separate form for each victim where the incidents are different.



**Further details of concern or incident:  
(including victim's direct words if possible):**

Who, what, where, when?

**If emergency medical<sup>27</sup> care is required,  
has it been accessed?**

Yes/No

**Have any referrals or external entities/stakeholders  
been informed of this incident?****What action (if any) has already been taken  
and by who?****Report written by:**

Name:

Position and location:

Signature (on hard copy):

Date:

**Submitted to:****Date submitted:**

27. Sexual abuse like rape requires urgent immediate medical attention.

## APPENDIX 4: SAFEGUARDING INCIDENT CLASSIFICATION AND MANAGEMENT AT CBM

### Minor Incidents

#### **Resolution by local safeguarding committee + inform Global Safeguarding Manager**

Minor incidents are incidents or allegations that are not criminal but breach CBM's Safeguarding policy e.g violation of the 'two adult rule', deliberately missing safeguarding trainings.

All such incidents are handled at the most local level and should be recorded by the Safeguarding Focal Person who then notifies the Global Safeguarding Manager.

If committed by a CBM partner's representative, the partner is expected to manage this and is not obligated to inform CBM unless there are specific contractual requirements (e.g DFAT-funded partners).



### Serious Incidents

#### **Local resolution in collaboration with Global Safeguarding Manager + CBM's Crisis Management Team if needed.**

Serious incidents or allegations are usually (but not always) criminal and pose high levels of risk and impact to vulnerable groups, CBM and its partner organisations. Serious incidents not only pose harm to individuals but are usually coupled with high reputational, media, security and existential threats for an organisation.

Serious incidents include any form of sexual abuse like rape, molestation, child pornography, child marriage, sexual harassment; Serious incidents also include negligence, professional malpractice in CBM's programme service delivery; corporal punishment to the extent of hospitalisation or bleeding; causing severe bodily harm; harmful traditional practices; human trafficking; labour exploitation; financial exploitation like extortion; exposing children to illegal substances among other offences. Note that minor incidents can become classified as serious if systemically perpetrated or recurring.

Incident management of serious incidents is usually locally-led (by CBM's local Safeguarding Committee) but is overseen by the Global Safeguarding Manager who can call upon the multi-disciplinary CBM Crisis Management Team if needed. CBM may transfer incident management away from the local Safeguarding Committee, in order to protect from reprisal or conflict of interests. When required and in the best interests of vulnerable groups, CBM will report to/liase with local authorities.

If a serious incident occurs at a partner organisation, CBM expects to be informed by the partner at the earliest possible time (via CBM's Safeguarding Focal Person or Country Director). CBM also expects the partner to appropriately manage the incident and may make recommendations if requested or where necessary. If appropriate and timely action is not taken by a partner, as a last resort, CBM may withhold funds.



## APPENDIX 5: SAFEGUARDING RISK ASSESSMENT TABLE EXAMPLE

<b>Activity (Risk Event)</b>	Physiotherapy for children that is administered by briefly trained caretakers
<b>Effect on Objectives</b> How would the risk impact project, people and objectives?	Children may get injured (e.g limbs break) if the therapy techniques were not well understood or implemented.
<b>Impact</b>	High
<b>Likelihood</b>	Low
<b>Risk Rating</b> Impact x Likelihood	Medium
<b>Mitigation Strategies</b> List the measures already in place (p) and that you are developing (d) that would prevent or reduce this risk from occurring.	Increase the frequency of therapy trainings for the caretakers.  Encourage caretakers to only perform simple technics and monitor their performance before introducing them to the more complex ones.
<b>Acceptable risk?</b> Yes/No	Yes
<b>Risk Owner</b> Individual responsible for the risk event.	Project Manager at implementing partner
<b>Timeline</b> Expected completion date for item.	Ongoing
<b>Monitoring/Reporting</b> Reporting timeframes and method.	Bi-annual feedback meetings with caretakers and persons receiving physiotherapy.  Inclusion in reports to CBM and other donors.

		Impact		
Likelihood		Low	Medium	High
	High	Medium	High	High
	Medium	Low	Medium	High
	Low	Low	Low	Medium

## APPENDIX 6: CONSENT FORM FOR USING PICTURES, IMAGES OR STORIES OF CHILDREN AND ADULTS

### Guidelines on obtaining consent

Age of person	Consent of parents/guardians	Some Details of Person	
Child age 0 - 16	Consent of Parents/guardians needed. Observe for children's willingness to participate.	Name of person	
Child above age 16 but below age 18	Both child and parents/guardians can consent.	Age	
Adult (any person 18 years and above)	Adults can consent on their own. However, in some cases, assisted decision making may be needed.	Country / Location	
		CBM Project/Partner	
		Date	

#### 1. I agree to a CBM Representative:

☐ Speaking to me and recording my words



☐ Making a video of me



☐ Taking photographs of me



#### 2. I agree for CBM to:

☐ Mention my name



☐ Mention what country I come from



☐ Use photographs and/or videos of me





- ☐ Use information about myself, family, and community to form stories



- ☐ Use information about my potential disease/medical treatment, my impairment or disability



**3. I understand that the information, photos and/or videos as mentioned above will be used on a voluntary basis (no payment will be received) for the purposes of fundraising, awareness raising, advocacy and other communications with our sponsors, media or the public.**

They will be used in printed products, electronically as well as online (CBM websites, social media, e-mail etc) or for broadcast.



I understand that I can revoke my consent at any time with future effect. After revocation, the information will be deleted from the data base, but might continue to be accessible if the data has been used by other parties.

Name of person giving consenting:

Relationship to child if consenting on behalf of a child:

Location:

Date:

Signature/thumb-print:

**Declaration of translator or person helping with assisted decision making:**

- ☐ I have translated and or explained the contents of this form into a language understood to the persons concerned.
- ☐ I didn't notice any signs that the contents of the forms may not have been fully understood by the person I am assisting.
- ☐ I collected the consent with respect to the CBM Code of Conduct.

Name:

Organisation (if applicable):

Date:

Signature/thumb-print:

**Declaration of person collecting consent:**

I collected the consent with respect to the CBM Safeguarding Policy requirements.

Name:

Organisation:

Date:

Signature/thumb-print:

## APPENDIX 7: MORE DEFINITIONS

<b>Types of Abuse</b>	<p><b>Physical abuse</b> involves the use of violent physical force to cause actual or likely physical injury or suffering, (e.g. hitting, shaking, burning, female genital mutilation, torture.)</p> <p><b>Emotional or psychological abuse</b> includes humiliating and degrading treatment such as name calling, constant criticism, belittling, persistent shaming, solitary confinement and isolation.</p> <p><b>Sexual abuse</b> includes all forms of sexual violence including incest, early and forced marriage, rape, involvement in pornography, and sexual slavery. Child sexual abuse may also include indecent touching or exposure, using sexually explicit language towards a child and showing children pornographic material.</p> <p><b>Neglect:</b> a child or adult can be neglected when there is failure to protect them from harm when in a position to do so. <b>Child neglect</b> is deliberately not meeting the child's basic needs.</p>	<b>Harmful Traditional Practices</b>	<p>Practices that are accepted, and often expected, by certain cultures and communities but are harmful to children or adults. Examples include: Physical and humiliating punishment; female genital mutilation / cutting, early and forced marriage, and child/forced labour among others.</p>
<b>Grooming/online grooming</b>	<p>When someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking. Children and young people can be groomed online or face-to-face, by a stranger or by someone they know - for example a family member, friend or professional.<sup>28</sup></p>	<b>Child Labour</b>	<p>Child labour is work that is likely to be hazardous; interferes with the child's education; is harmful to the child's health or physical, mental, spiritual, moral or social development, is mentally, physically, socially or morally dangerous and harmful to children, and interferes with their schooling by:</p> <ul style="list-style-type: none"> <li>• depriving them of the opportunity to attend school;</li> <li>• obliging them to leave school prematurely; or</li> <li>• requiring them to attempt to combine school attendance with excessively long and heavy work<sup>29</sup>.</li> </ul>
<b>Sexual Exploitation</b>	<p>Any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.</p>	<b>Female Genital Mutilation / Cutting</b>	<p>Female Genital Mutilation (FGM) is internationally recognized as gender-specific abuse. It may involve:</p> <ul style="list-style-type: none"> <li>• partial or total removal of the external female genitalia</li> <li>• stitching of the vaginal opening</li> <li>• non-cutting procedures such as pricking, piercing and burning</li> </ul> <p>The procedure carries very serious physical and mental health risks for girls and women and can lead to complications in pregnancy and childbirth.</p>
<b>Sexual Exploitation of a Child</b>	<p>CBM believes that:</p> <ol style="list-style-type: none"> <li>a. sexual activity with a child with or without their consent is child abuse e.g. rape, indecent assault;</li> <li>b. consensual sexual activity with a child over the legal age of consent of the country in which she/he lives and/or in which the offence occurs, but below 18 years (although not a crime) will be dealt with as a breach of CBM's Safeguarding Policy and the Code of Conduct.</li> </ol>	<b>Early and Child Marriage</b>	<p>Early and child marriage is commonly understood to mean marriage under the age of 18 years. Early and child marriage often deprives girls in particular of their education and options in life and leaves them vulnerable to abuse, sexually transmitted infections and problems associated with early pregnancy.</p>

28. Definition from NSPCC.

29. ILO definition of Child Labour





