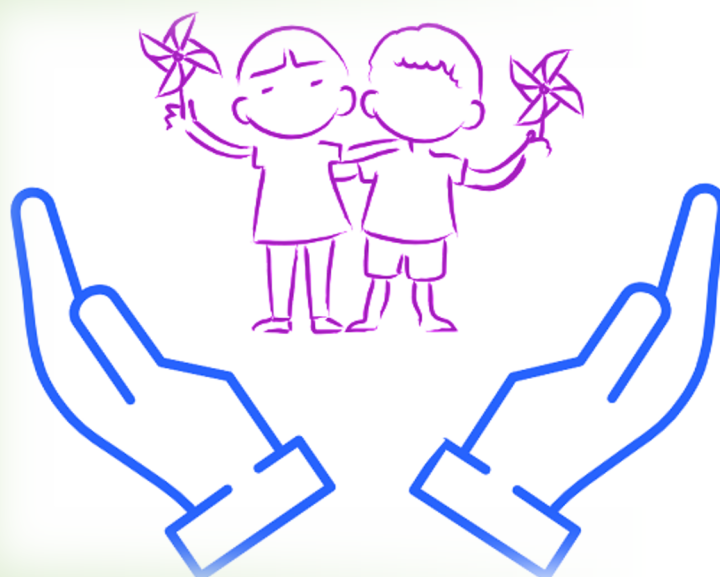# Changing
THE WAY WE
care

Safeguarding Toolbox

For organizations to develop & implement effective, relevant safeguarding policies and practices

Acknowledgement

This **Safeguarding Toolbox** was produced by *Changing the Way We Care*^{SM} (CTWWC), an initiative designed to promote safe, nurturing family care for children. We thank the following people and organizations for their significant contributions: Siân Long, Leonora Borg and Severine Chevrel, Jasmine Bates and Andrea Rogers. Appreciation to the CTWWC teams in Kenya, Guatemala and Moldova for their input, feedback and pilot testing.

CTWWC commits to keeping children safe, **always, first and foremost.** This means that CTWWC moves beyond internationally recognized minimum standards in child protection and safeguarding (prevention, reporting, responding and awareness raising), putting in place robust "gold standard" policies, procedures, tools, training and capacity building for ourselves and our partners. Making sure that CTWWC does all it can to prevent harm to children, we will:

- ✓ Understand what protection and safeguarding means in the variety of contexts where we work;
- ✓ Assess the risks and take stock of protection and safeguarding regularly not just as a one-off activity;
- ✓ Supplement policies and procedures of the CTWWC coalition organizations to better align with shared CTWWC standards;
- ✓ Implement and live the policies; and
- ✓ Build capacity and raise awareness around safeguarding and integrate an understanding of underlying causes of exclusion, discrimination, violence, abuse and exploitation in program strategies

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Background

Changing the Way We Care^{SM} (CTWWC) is a global initiative designed to promote safe, nurturing family care for children, including reforming national systems of care for children, strengthening families, family reunification and preventing child-family separation, which can have harmful, long-term consequences, development of alternative family-based care, and influencing others toward family care.

CTWWC is committed to bold and highest quality child protection and safeguarding in all of its work. This began with an initiative-wide donor compliance required review of the Consortium members' current protection and safeguarding policies. It is imperative to ensure that children and young people at risk of or outside of family care are safeguarded consistently across the initiative requiring an overview of how the three founding organizations could harmonize their approaches, and including their work with implementing partners. Furthermore, a regular review of safeguarding policies was required by the Global Development Alliance (made up of the consortium partners and initiative donors), to ensure that policies are fit for purpose and are being effectively and consistently implemented. CTWWC wants to uphold the highest standards in safeguarding, outlining best practice globally, nationally and locally, and supporting their partners in best practice.

The materials in this toolbox include additional job aids and guidance identified as useful for work with and for vulnerable children and adults, particularly those at risk of or living in alternative care, to support CTWWC's commitment to developing gold standard safeguarding practices in all CTWWC activities and sharing learning and resources within the wider child protection and care sector.

The Basics

Who is the toolbox is for?

This toolbox can be used by organizations working with and for vulnerable children and adults, particularly those at risk of separation or living in alternative care. It can support those in the organization who are responsible for:

- Developing and implementing safeguarding policy and procedures
- Assessing safeguarding risk
- Safeguarding in program development and implementation

What is in the toolbox?

This toolbox has three sections:

Section 1: Assessing Risk
This section supports your organization to assess risk in relation to safeguarding, including policies, procedures, personnel and programs.

Section 2: Guidance documents, templates and examples – including standards, policies, reporting procedures and a job description.

This section provides templates and examples that your organization can use as a starting point for developing effective policies and procedures that are tailored to your organizational requirements.

Section 3: Job Aids – from specialist organizations across the globe

This section covers key topics including anti-bullying, case management, child-friendly policies, disability, informed consent, internet safety, safeguarding girls and specialized interventions.

Suggested steps for using the toolbox

This toolbox is intended as a box of various tools, job aids, resources that can be taken out and used at any time. For example, when developing safer recruitment procedures; looking at roles and responsibilities for safeguarding; or developing or reviewing programs.

In order to make the best use of the available tools, start with **Tool 1: Organizational Risk Assessment.**[1]

The risk assessment tool is a way to identify the safeguarding gaps and challenges faced in your own organization. The risk assessment identifies safeguarding aspects that are 'in place' (green), 'in development' (orange) and 'not in place' (red). You can use the relevant parts of the toolbox to help your organization address the red and orange aspects of your safeguarding work as identified in the risk assessment.

If you chose not to start with a risk assessment, be encouraged to review the **sample risk assessment templates** and best practices to identify any safeguarding aspects that are of immediate concern for your organization. This will help you to identify which tools will be helpful.

You can also use the resources in the toolbox to provide **training and support** for your own teams and for partners. This toolbox is a "living" resources; that is to say training materials and new resources will also be added to the toolbox as they are developed and identified.

We hope to add and modify tools based on the collective safeguarding experience of organizations working in alternative care. Please feel free to suggest the addition of any tools or provide feedback on the tools. To do so, email info@ctwwc.org

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[1] Note that the CTTWC safeguarding focal points in CRS Kenya, CRS Guatemala, CRS global safeguarding working group, Lumos HQ safeguarding focal point and Lumos Moldova, Maestral International all completed a risk assessment in April-May 2019.

Step 1: Identify your Safeguarding Designated Lead and others who will be supporting safeguarding.

Step 2: Assess Risk using the **Section 1: Risk Assessment in the toolbox**. We recommend the Safeguarding Designated Lead be in charge on this, with support from other staff such as a Senior Manager, the CEO, Human Resources

Step 3: Use the relevant parts of the toolkit to **address 'red' and 'orange' safeguarding risks:**

- **Section 2:** templates and examples
- **Section 3:** guidance and job aid

Step 4: Monitor your progress. This should be done by the Safeguarding Lead and senior management team regularly to ensure a complete picture of your organization and its programs (see Section 2: monitoring and evaluation in safeguarding)

Step 5: Regularly review and update your safeguarding policies and procedures based on your monitoring and evaluation (at least every two years or sooner if there are relevant legislative or organizational changes). Your Safeguarding Lead should update these; they must be reviewed and signed off by your trustees who have ultimate responsibility for safeguarding.

Review and update → Assess risk → Address risks → Monitor progress → Review and update

Where to get additional support

An important part of safeguarding is identifying local information and support services. It can be helpful to talk to other organizations that are doing similar work to you; you can also share safeguarding knowledge and resources with others.

For further questions or comments on the CTWWC Toolbox, email info@ctwwc.org

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✔ Section 1: Assessment

This section supports your organization to assess risk in relation to safeguarding, including policies, procedures, personnel and programs. The assessment tool is an excel spreadsheet – starting with an overview and directions for use on tab 1. The risk assessment should take between 1.5 to 3 hours to complete, assuming that the people completing the risk assessment are familiar with the operational and programmatic aspects of the organization. Ideally, the information is completed by the person named Designated Safeguarding Lead with support from other staff such as a Senior Manager, the CEO, Human Resources. A consultative process with children, families and/or vulnerable adults will enrich the findings of the self-audit.

The information collected in the risk assessment can be used as a baseline for monitoring progress towards best practice safeguarding. The responses can be used for organizational planning and monitoring purposes and to work towards improvements, if and where these are needed. The risk assessment covers the following areas:

a) **Policy:** Assessing how the safeguarding policy is committed to preventing and responding appropriately to, harm to children;

b) **People:** Assessing the safeguarding responsibilities and expectations on the organization's representatives* and how they are supported to understand and act in line with these;

c) **Procedures:** Assessing the safeguarding procedures that are applied across the organization;

d) **Accountability:** Assessing how the organization monitors and reviews its safeguarding measures; and

e) **Programming:** A set of questions that map out the services / program interventions in order to have a clear picture of the programmatic context, potential safeguarding risks faced by children and young people, and vulnerable adults, and how best to integrate safeguards throughout program design and delivery.

A stop light system helps the organization to see areas of strength and areas for improvement.

Green (in place)   Orange (partial)   Red (not in place)

The risk assessment tool accompanies this toolkit.

Section 2: Guidance, templates and examples

Guidance at-a-glance

Nr	Title	Description
1	Safeguarding Standards for Organizations	These Standards are grounded in USAID's Safeguarding Principles and Standards. They outline safeguarding standards in line with USAID'S standards, which are global best practice. Use them to review the standards against your own organization's safeguarding policy and safeguarding risk mapping; review against national legal requirements on safeguarding.
2	How to Use the Safeguarding Policy Templates	This guidance sets out steps for developing a safeguarding policy from scratch or reviewing an existing policy. This guidance suggests key components when developing / adapting a safeguarding policy to meet your organization's requirements. It is in line with international best practice and national legislation. Supports organizations to plan, develop, implement and monitor their safeguarding policies. Use with the policy templates.
3	Developing a Robust Local Reporting Procedure	A template and examples to support your organization to develop a clear, easily implementable and effective reporting procedure. Enables easy reporting of safeguarding concerns and disclosures to be in place.
4	Safeguarding Designated Lead Responsibilities	A role description for the person responsible at office level for implementation of the safeguarding policy

Guidance #1: Safeguarding Standards for organizations

What this document is for: these Standards are grounded in USAID's Safeguarding Principles and Standards.[1] We recommend they are shared with partner organisations

Why it is important: They outline safeguarding standards in line with USAID'S standards, which are global best practice

How it is used: Alongside your organization's mapping of safeguarding risks and gaps (see Section 1 of the toolbox)

How to adapt for local use: Review the standards against your own organization's safeguarding policy and safeguarding risk mapping; review against national legal requirements on safeguarding.

1. Our policy and Code of Conduct prohibit all personnel from engaging in child abuse, exploitation, or neglect

2. We comply with host country and local child welfare and protection legislation and international standards, whichever gives greater protection, prioritising the best interests of the child

3. We apply measures to reduce the risk of child abuse, exploitation, or neglect, including, but not limited to, limiting unsupervised interactions with children; prohibiting exposure to pornography; and complying with applicable laws, regulations, or customs regarding the photographing, filming, or other image-generating activities of children. We do this through:

   o Ensuring all personnel read and sign our policy and Code of Conduct on joining the organisation

   o Having clear definitions in our policy, including child; child abuse, exploitation and neglect

   o Referencing national legislation, international standards and the contact details of local child safeguarding agencies in our policy

   o Ensuring an effective recognition of safeguarding needs, identification of children with safeguarding concerns and comprehensive and safe support and response until needs are met and case is closed

   o Having a named Safeguarding Designated Lead and named trustee (or equivalent) responsible for safeguarding

   o Regular safeguarding training and capacity building for all personnel

   o Having clear safeguarding procedures for all projects and personnel, including visitors and contractors

   o Making use of computers and the internet safer, for example by monitoring use; password protecting devices; and educating children on how to keep themselves safe online

   o Empowering children to help keep themselves and others safe and respond to concerns

   o Having tailored interventions and care plans that meet children's individual needs

   o Having clear safeguarding procedures that enable us to put policy into practice, including photography, communication and safe recruitment.

4. We promote child-safe screening procedures when hiring personnel, particularly personnel whose work brings them into direct contact with children

5. We require personnel to report suspected allegations of child abuse, exploitation, or neglect and ensure that we respond to them in line with our policy and best practice

6. We accurately record and safely store all confidential information about children

7. We consider child safeguarding in project planning and implementation to

   determine potential risks to children that are associated with project activities and operations

8. We regularly monitor and update our safeguarding policy and procedures in line with changes to our organisation and/or programmes, national and international legislation and best practice

9. We support everyone to be safeguarding champions, proactively keeping children safe and responding to concerns and disclosures

10. We require that all contactors, sub-contractors, recipients, and sub-recipients abide by these standards.

Guidance #2: How to use the safeguarding policy templates

What this document is for: it sets out steps for developing a safeguarding policy from scratch or reviewing an existing policy. This guidance suggests key components when developing / adapting a safeguarding policy to meet your organization's requirements. It is in line with international best practice and national legislation.

Why it is important: Supports organizations to plan, develop, implement and monitor their safeguarding policies

How it is used: Alongside the safeguarding policy templates in this toolbox

How to adapt for local use: Your organization can use and adapt some or all of the suggested steps below to best meet your organization's safeguarding needs. Review against national legal requirements on safeguarding.

1. Conduct mapping exercises[2] with the following to help shape the content of your policy and procedures:

- Staff and volunteers
- Children
- Young people
- Parents and carers
- Other key stakeholders.

A mapping exercise helps your organisation to better understand where its strengths and weaknesses are. It can include surveys, information-gathering workshops, interviews or a combination of them all. A safeguarding mapping exercise needs to be done by people who the stakeholders know and who have safeguarding experience, as well as excellent listening skills, because your organization will be asking sensitive questions. Some respondents may find it difficult to discuss concerns and disclosures in particular; or they may make a disclosure without realising it and it is your role to implement your organisation's safeguarding policy if this occurs. It is recommended that you get informed written consent from all participants in mapping exercises and that you clearly explain you may need to take action if someone makes a safeguarding disclosure. It is also recommended that you highlight participants only share what they feel comfortable with during the mapping exercises.

Some example questions are:

- ✓ What does safeguarding mean to you?
- ✓ Where and when do you feel safe and unsafe in the organisation? Outside it?
- ✓ What do you think are the biggest safeguarding risks to children? Vulnerable adults?
- ✓ What do/can we do to address those risks?
- ✓ What are our biggest challenges and areas of weakness?
- ✓ What are we doing well and should keep doing/do more of?
- ✓ What services / support exist for children if safeguarding issue is reported? Are they child-friendly? What services/ support are missing?

Some example mapping tools can be found in:

- Keeping Children Safe Coalition standards
- ChildHope Child Safeguarding Toolkit

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[2] Ref ChildHope Child Protection policy toolkit

- [NSPCC resources and guidance](#)
- [Girl Hub Girl Safety Toolkit](#)

2. Use the template and tailor it to your organisation's needs. Think about:

- The physical spaces where children are
- Your programmes, projects and events that involve children
- The workforce (paid, volunteer, etc) in contact with the children across your programmes, projects and events
- Any sensitive information on children you have (for example, photos, documents)
- Key issues and challenges facing the children you work with
- What safeguarding risks there may be to children and how you mitigate them
- Services / support available for children and vulnerable adults. Whether they are child-friendly (whether they meet children's needs, such as a simple, easy-to-access reporting system). Referral pathways that exist (how a concern is reported). Whether these are clear and understood by all with clear contact information.
- What national safeguarding legislation is
- What child protection services there are and how children can access them.

3. Write a first draft of your policy. Make sure your policy has:

- ✓ Introduction: what your organisation means by 'safeguarding'; why safeguarding is important for your organisation; that everyone has a duty to safeguard
- ✓ Who the policy applies to and when (both in and outside of work)
- ✓ Definitions: child (under 18); vulnerable adult; safeguarding; abuse and neglect etc
- ✓ Policy statement: what your organisation commits to including proactively keeping children safe and responding to concerns and disclosures; prioritising the best interests of the child; upholding national legislation and international protocols especially the United Nations Convention on the Rights of the Child
- ✓ Minimum standards your organisation commits to including safe recruitment, supervision, training and capacity building, and open communication on safeguarding internally and with external safeguarding bodies such as children's social workforce
- ✓ Code of Conduct
- ✓ Roles and responsibilities
- ✓ How your organisation responds to concerns and disclosures (services and support provided, clear referral pathways with contact information to ensure children and vulnerable adults access and receive safe and appropriate services and support in a timely manner; follow up and monitoring of services and support provided until the needs of the child/ vulnerable adult are met/ case closed; who to report concerns and disclosures; the time frame; what to do if someone is in immediate danger; how to record and store information safely; how to communicate to child/ vulnerable adult disclose, what to do and what not to do); reporting flowchart
- ✓ Whistleblowing
- ✓ Non-recent (historical) safeguarding concerns
- ✓ What happens if someone breaches the policy or Code of Conduct
- ✓ A list of related policies and procedures
- ✓ When the policy will be reviewed
- ✓ Signed and dated by the Safeguarding Designated Lead, CEO and Trustee (or equivalents) leading on safeguarding.

Your policy should include links to:

- ✓ A form that everyone signs acknowledging they have read the policy and Code of Conduct and agree to uphold them at all times

- ✓ A Reporting a Concern form
- ✓ An Informed Consent form
- ✓ A clear referral pathway to provide timely, appropriate and child-friendly services and support and follow up/ monitoring until the needs of the child/ vulnerable adult are meet / case closed
- ✓ How to communicate when a child / vulnerable adult discloses and dos and don'ts

4. Make sure you are able to do what you commit to in the policy. For example, make sure you have a Safeguarding Designated Lead who has a clear job description and capacity to perform their role

5. Have a policy review group that includes the stakeholders initially consulted, including children

6. Finalise and share the policy as widely as possible. Make sure it is easily available, for example, on your organisation's website

7. Display the Code of Conduct clearly in your organisation

8. Regularly monitor, review and update your policy

9. Develop procedures that help put the policy into practice

10. Make sure all staff, volunteers, consultants, trustees and visitors read and sign the Safeguarding policy. It should be a 'living' document

11. Develop and deliver safeguarding training to bring the policy to life and enable everyone to become safeguarding champions

Guidance #3: Developing a robust local reporting procedure

What this guidance document is for: A template and examples to support your organization to develop a clear, easily implementable and effective reporting procedure.

Why it is important: Enables easy reporting of safeguarding concerns and disclosures to be in place.

How it is used: Added to the Safeguarding policies; printed and displayed clearly

How to adapt for local use: Review the examples below in line with national legislation and best practice. Always prioritize the best interests of children.

What you will need:

- A named Safeguarding Designated Lead in your organization
- Roles and responsibilities throughout your organization for safeguarding including a senior member of staff and a named trustee or equivalent
- Completed mapping of existing child-friendly services (those that prioritize the safety and well-being of children) when issues arise, with contact details for each service and clear referral pathways. Mapping should be updated on a regular basis (at minimum every year)
- A Reporting a Concern form
- You should also securely store an up-to-date record of the contact details of all parents/caregivers. This is a good opportunity to review what information you have and how it is stored and accessed, and by whom.

Safeguarding Designated Officer
The Safeguarding Designated Officer is:
Their phone number is:
Their email is:
The Safeguarding Designated Lead is responsible for: *[use the responsibilities outlined in the Safeguarding policy and/or SDL job description]. For example:*

- Listening to concerns and disclosures about (potential) harm to a child or vulnerable adult
- Responding to concerns and disclosures in line with the safeguarding policy and national legislation
- Reporting concerns and disclosures within the organisation and outside, as outlined in the Safeguarding policy
- Recording concerns and disclosures accurately; storing them safely; and only sharing them on a need-to-know basis
- Following up: making sure the victim(s) have access to and receive child friendly services in a timely manner and each case is followed up until closure
- Following up: making sure alleged perpetrator(s) are given the support they need. For example, counselling; signposting to legal advice.

If the Safeguarding Designated Lead is not available, or your concern is about them, contact *[insert name and contact details of a senior member of staff and a named trustee].*

If someone is in immediate danger, contact the police or other organization[s] responsible for handling concerns if a child is in immediate danger: *[insert contact details].*

Reporting flowchart for Safeguarding Policy *(for external use. It is recommended that a more complex reporting flowchart is available to guide the Safeguarding Team (see below)).*
The Reporting flowchart should be developed by the Safeguarding Designated Lead with support from those within the organization that have responsibility for safeguarding, including senior management and trustees (or equivalent).

For the following steps add a time frame:

- When the report to the Safeguarding Designated Lead is made (for example, as soon as possible and definitely on the same day)
- When (if) the concern needs to be reported externally (for example within 24 hours).
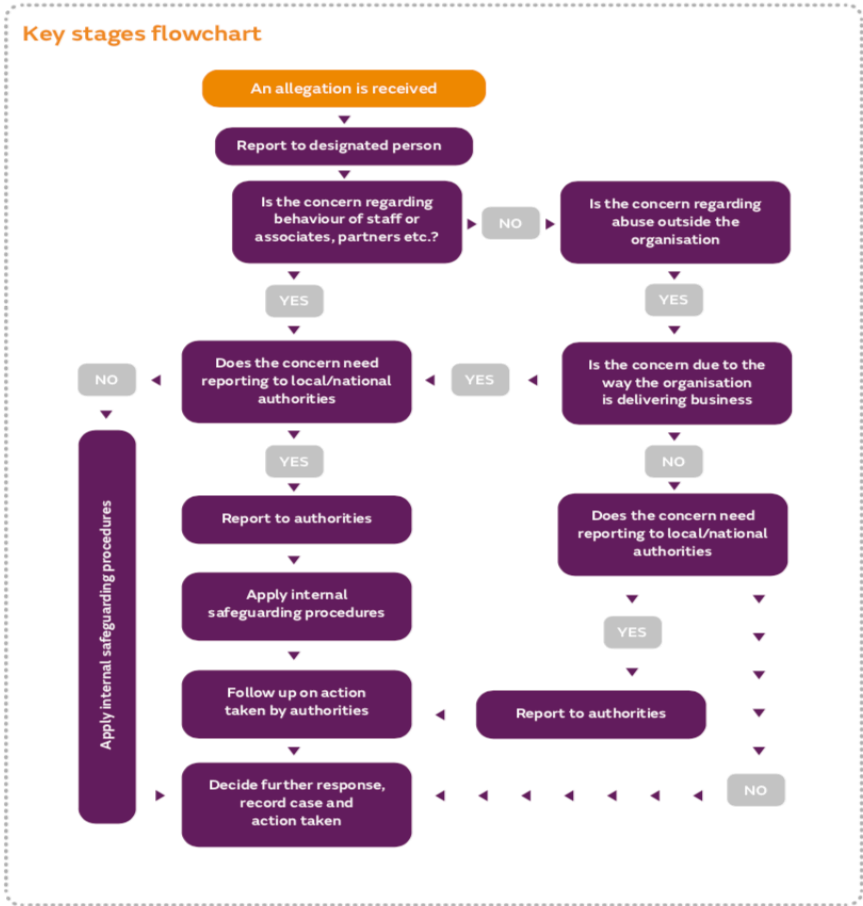
Also remember to highlight who does which action in relation to reporting to local authorities (*see CTWWC toolbox, section 2 - safeguarding policy template, which covers roles and responsibilities including who reports, follows up and decides to close the case*).

Key stages flowchart

An allegation is received

Report to designated person

Is the concern regarding behaviour of staff or associates, partners etc.? → NO → Is the concern regarding abuse outside the organisation

YES

Does the concern need reporting to local/national authorities ← YES ← Is the concern due to the way the organisation is delivering business

NO

YES

Report to authorities

NO

Apply internal safeguarding procedures

Does the concern need reporting to local/national authorities

Follow up on action taken by authorities ← Report to authorities

YES

Apply internal safeguarding procedures

Decide further response, record case and action taken ← ← ← ← ← ← ← ← NO

Reporting flowchart for Safeguarding Team *(for internal use. It is recommended that a simpler reporting flowchart that is applicable to everyone is in the Safeguarding policy (see above)). The following is an example:*
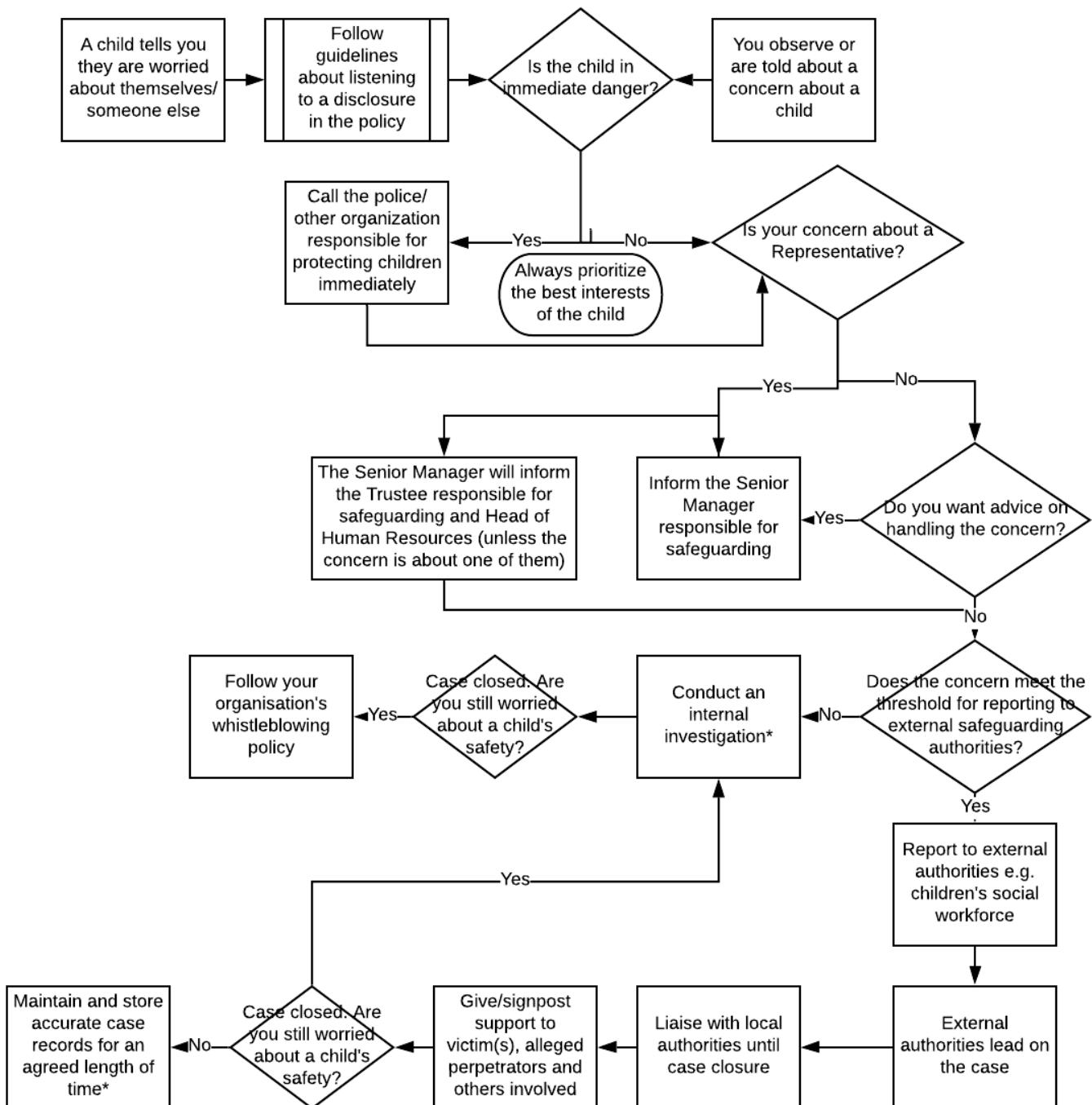
*An internal investigation can be as simple as contacting those involved in the allegation (ideally face-to-face), to contracting a professional to conduct an in-depth investigation. See Guidance in Section 3 of the toolbox on how to manage a basic investigation.

** See Guidance on the retention of safeguarding information in section 3 of the toolbox.

What this template is for: A role description for the person responsible at office level for implementation of the safeguarding policy

Why it is important: Ensures accountability by the organization

How it is used: Added to the designated lead's job description; used in regular performance reviews

How to adapt for local use: Review the tasks below against your own organization's requirements; add additional requirements, if necessary; ideally review with children and vulnerable adults who participate in your safeguarding committee or equivalent; review against national legal requirements on safeguarding.

The Safeguarding Designated Lead (SDL)[3] is responsible for promoting a proactive approach to safeguarding within their organization and working with others to develop and maintain a safe and inclusive environment.

The SDL should be over the age of 18.

[Insert name of organization] prioritizes safeguarding and ensures our SDL has sufficient capacity and skills to proactively keep children safe and respond to concerns and disclosures in line with best practice.

Main duties:

- Lead on the development and implementation of safeguarding policies, procedures and guidance that proactively keep children and vulnerable adults? safe and respond to concerns and disclosures
- Stay up-to-date with local safeguarding legislation and procedures, and best practice in safeguarding
- Ensure mapping takes place of safe, timely and child friendly services with clear referral pathways
- Be visible: make sure everyone knows you are the SDL and how to contact you with questions or concerns
- Promote awareness of good safeguarding practices amongst colleagues including regularly at meetings. Including on recruitment, risk assessments, induction and supervision, capacity building, creating safe and inclusive environments that empower children to meet their full potential. Make the Code of Conduct visible to everyone
- Lead on safeguarding concerns and disclosures in line with the organization's safeguarding policy; make sure all cases are followed up until children's needs are met and the case closed
- In line with the safeguarding policy, notify the CEO *[or another named senior manager with responsibility for safeguarding]* immediately or as soon as possible thereafter, after learning of: a) any allegations requiring reporting to external child protection agencies or; b) any allegations relating to staff, volunteers, trustees, visitors or contractors; and/or c) any other issue likely to impact reputationally on the organization. The CEO is responsible for reporting concerns to the Safeguarding Designated Lead
- Maintain contact details for key statutory agencies.

Key skills:

- Great listener
- Supportive and trustworthy
- Friendly and approachable
- Great communicator
- Lots of common sense
- Tactful and discrete.

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[3] Based on the Role Descriptions from Lumos, CIFF and British Tennis

Required:

- Basic safeguarding training (minimum)
- At least five years' experience working with children
- Safeguarding and case management experience
- Two references and a criminal records check.

Preferred:

- Experience working with children with:
    - Disabilities (physical; learning)
    - Trauma including abuse
    - Mental health concerns
    - Addiction
    - Behavioral issues
- Experience working with young people (18 to 25 years).

Templates at-a-glance

Nr	Title	Description
1	Child Safeguarding Policy	An example safeguarding policy that is intended to be tailored by each organization so they safeguard across all personnel, projects, programmes and locations, in line with international best practice and national legislation. Use alongside your organization's mapping of safeguarding risks and to support safeguarding policy reviews every two years or earlier if there are legislative/organizational changes that impact safeguarding.
2	Safeguarding Vulnerable Adults Statement of Commitment	Template for a safeguarding statement of commitment that is intended to be tailored by each organization so they safeguard adults across all personnel, projects, programmes and locations, in line with international best practice and national legislation. It enables organizations to develop a policy/statement of commitment that helps your organization to effectively recognize and support vulnerable adults.
3	Visitor Agreement	Template for a visitor's agreement to ensure visitors have read, understood and agreed to uphold your organization's safeguarding requirements. It can be shared with partner organizations on this understanding.

Template #1: Child safeguarding policy

What this template is for: An example safeguarding policy that is intended to be tailored by each organization so they safeguard across all personnel, projects, programmes and locations, in line with international best practice and national legislation.

Why it is important: Enables organizations to review and develop their own and partners' policies

How it is used: Alongside your organization's mapping of safeguarding risks *(see CTWWC toolbox, Section 2 - How to Use the Safeguarding Template)*. Supporting safeguarding policy reviews every two years or earlier if there are legislative/organizational changes that impact safeguarding.

How to adapt for local use: Review the template against your own organization's safeguarding policy and safeguarding risk mapping; add additional requirements, if necessary; review with children and vulnerable adults who participate in your safeguarding committee or equivalent; review against national legal requirements on safeguarding.

This template policy is based on the policies of Plan International; Save the Children; Anti-Slavery International; British Rowing; and Lumos.

Policy statement

A policy statement outlines your organization's commitment to safeguarding. *When drafting a policy statement, consider what your organization can commit to, taking into consideration international and national best practice, legislation and capacity. For example:*

[Name of organization] commits to always prioritizing the best interests of all children who we come into contact with by proactively keeping children safe and responding to concerns and disclosures.

[Name of organization] recognizes that child abuse can take place anywhere; it can be face-to-face and online; historical or current. We recognize that perpetrators can be other children or adults, including those in positions of trust. We have policies, procedures, training and support that enable *[name of organization]* to prevent, recognize, report and respond to complex safeguarding challenges.

It is everyone's responsibility to make sure that all children who we come into contact with are safe and have their rights upheld, as outlined in the UNCRC.

Our organization commits to empowering all our Representatives to Recognize, Respond, Report and Record concerns and disclosures from, or about a child. All concerns about a child must be acted upon in line with our safeguarding reporting procedure *[see page 6]*.

Where concerns and disclosures of abuse against a child occur, we prioritize the well-being of children and act in accordance with national legislation and guidance. Poor practice will be taken extremely seriously and viewed as a breach of our safeguarding policies and procedures *[see below: Breaches of this policy – page 8]*. We are committed to ensuring that Representatives are kept up to date so that they know how to respond to a concern/disclosure in line with this policy.

[Name of organization] recognizes that some adults may also need safeguarding. For CTWWC, this particularly applies to young people (aged 18 to 24). Our Vulnerable Adults statement outlines how we safeguard them.

The four core principles of the United Nations Convention on the Rights of the Child (UNCRC) are: non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child. These four principles underpin *[name of organization]*'s child safeguarding and protection policy and procedures.

Changing the Way We Care (CTWWC) recognizes that children who are in institutions and those who have recently left them are particularly vulnerable to abuse and neglect and may have experienced additional vulnerabilities such as physical and/or mental disabilities; a lack of access to education; sex; religion; socio-economic background; limited or no family support; and/or addiction to drugs or alcohol (themselves and/or family members). This policy and related procedures outlines how *[name of organization]* proactively recognizes and safeguards children with additional vulnerabilities. This policy applies equally to all children and must be applied without discrimination.

Who this policy applies to

This outlines who the policy applies to and when. *When drafting this, consider individuals and organizations who may impact on safeguarding beyond your organization's staff (for example, volunteers, visitors, consultants). Also consider whether it should be upheld outside of work hours. For example:*

This policy applies to every person who is engaged with *[name of organization]* whether or not they are working directly with children. It includes trustees, permanent, temporary and agency staff, grantees, volunteers, contractors, consultants and visitors. For the purpose of this policy, these individuals will be collectively referred to as [*name of organization*] **Representatives.**

Failure to uphold this policy could result in disciplinary action and/or termination of contract or other remedies and could create criminal liability.

Key definitions

This outlines key definitions and highlights where further definitions can be found. *When drafting this, consider international and national legislation and best practice. Also remember that shorter policies are more likely to be read in full so a full list of definitions can be annexed. For example:*

Child: any person under the age of 18 years, in line with the UN Convention on the Rights of the Child.

Child safeguarding: the responsibility that organizations have to make sure their staff, operations, and programmes do no harm to children, that is that they do not expose children to the risk of harm and abuse, and that any concerns the organization has about children's safety within the communities in which they work, are reported to the appropriate authorities *(Keeping Children Safe Coalition[4])*

Child abuse: the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Exposure to intimate partner violence is also sometimes included as a form of child maltreatment.' *(World Health Organization[5])*

See Appendix A for a full list of definitions.

Safeguarding: a proactive approach[6]

Safeguarding: a proactive approach outlines how your organization proactively keeps children safe. *When drafting this, consider what your organization can commit to, taking into consideration international and national best practice, legislation and capacity. For example:*

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[4] Keeping Children Safe Coalition (2013), Keeping Children Safe: a Toolkit for Child Protection
[5] World Health Organization (WHO) (2016), https://www.who.int/news-room/fact-sheets/detail/child-maltreatment
[6] Adapted from Keeping Children Safe standards; Maestral, Lumos and CRS Safeguarding policies and Consortium for Street Children, British Tennis, Plan International, Save the Children

[Name of organization] commits to:
- Listening to and empowering children to safeguard themselves and others, including online *(See CTWWC Toolbox, Section 3 - children's participation)*;
- Tailored interventions that strengthen families and meet children's individual needs *(See CTWWC Toolbox, Section 3, – anti-bullying; safeguarding girls; disability; specialized interventions)*;
- Creating and maintaining an open and non-defensive attitude and an open culture in which to discuss any ideas, risks, issues or concerns;
- Having effective and child friendly responses as soon as a safeguarding concern or disclosure is identified *(See CTWWC Toolbox, Section 3 – child friendly policy and guidance)*
- Child-centred communication, including using images and language that empower children face-to-face, online and on social media *(See CTWWC Toolbox, Section 3 - children's participation)*;
- Risk assessing and monitoring the implementation of our safeguarding policies and procedures including those for our projects, programmes, excursions, overnight stays and visitors *(See CTWWC Toolbox, Section 1 – risk assessment)*;
- Safe recruitment, including criminal records checks and references for all Representatives; induction, supervision and support;
- Accurately recording and safely storing confidential information *(See CTWWC Toolbox, Section 3 – informed consent)*;
- Creating, maintaining and monitoring safe, inclusive environments for all children, including in all projects, programmes and events *(See CTWWC Toolbox, Section 3 – KCS Standards)*;
- Supporting everyone to be safeguarding champions, proactively keeping children safe and responding to concerns and disclosures *(See CTWWC Toolbox, Section 2 – example Safeguarding Designated Lead role description)*.

Safeguarding personnel – roles and responsibilities

Safeguarding personnel – roles and responsibilities outlines who is responsible for safeguarding in your organization. *When drafting this, consider who has the what your organization can commit to, taking into consideration international and national best practice, legislation and capacity. For example:*

Everyone has a responsibility to safeguard children – taking proactive steps to keeping them safe and responding to concerns and disclosures. Not responding is not an option. The best interests of the child must always be prioritised.

In the organization:
- The Trustee board (or equivalent) has ultimate responsibility for the updating and implementation of this safeguarding policy and related procedures. The named trustee responsible for updating the board and working with the safeguarding Designated Lead is *[insert name and contact email of trustee]*
- The CEO (or equivalent) is responsible for supporting the safeguarding Designated Lead to proactively safeguard and respond to concerns and disclosures, making sure the well-being of children is prioritised from the point of a concern being raised until the case is closed (and beyond if the child requires additional support such as counselling after case closure) *[insert name and contact email of CEO]*
- The safeguarding Designated Lead is responsible for proactively promoting safeguarding across the organization and receiving, assessing and responding to concerns and disclosures in line with national legislation and prioritising the best interests of the child *[insert name and contact email of CEO]*. The Lead will refer cases to external child protection agencies if they meet the threshold for doing so. The Lead is also responsible for mapping

Outside the organization:
Prioritising the best interests of the child, the Safeguarding Designated Lead, CEO and/or Trustee (or equivalent) responsible for safeguarding may refer concerns and disclosures to the following organizations:

- The police and/or other organizations responsible for responding to concerns where a child is in immediate danger *[insert police/other organization(s) emergency contact number and non-emergency contact details]*
- Child protection workforce *[insert contact details]*
- *[Insert other child protection agencies that your organization may refer to].*

Code of Conduct

A Code of Conduct outlines clear dos and don'ts for everyone in your organization that help safeguard children. *When drafting this, consider what contact individuals have with children, for example, online, face-to-face; overnight stays; trips away. For example:*

All *[insert name of organization]* Representatives are expected to uphold the Code of Conduct at all times:
1. Place child rights, the best interests of the child, in particular child protection, at the centre of everything
2. Respect each other and work together; always use clear and effective communication
3. Be a positive role model and act with integrity. Help to create a safe, inclusive environment for all children, free from poor practice, discrimination and/or bullying
4. Never initiate physical contact with a child; if the child does, make sure it is always appropriate
5. Do not show preferential treatment of one child over others, for example, do not give individual children gifts
6. Be sensitive to social and cultural differences, but never permit cultural 'norms' to be used to justify behaviours that harm children
7. Always obtain consent from parents/carers and children before taking or publishing any photos, videos or personal information about a child
8. Keep your personal and professional life separate, including on social media. Avoid face-to-face and online private one-to-one communication with a child and where possible, do not be alone with a child
9. Do not abuse, neglect, discriminate against or otherwise harm a child or act in a way that may be interpreted as such, including doing things for a child that they can do for themselves
10. Doing nothing is NOT an option: report all concerns and disclosures as soon as possible, as outlined in this policy. If someone is in immediate danger, call the police
11. When in doubt, seek advice: contact your Safeguarding Designated Lead.

Where there is a child safeguarding concern or disclosure

This section outlines how your organization responds to a safeguarding concern or disclosure. When drafting this, remember to keep your procedures clear and easy to implement; and always prioritise the best interests of the child.

Everyone. Concerns should be reported as soon as possible. If someone is in immediate danger, contact *[insert organization to contact]*

Everyone MUST report all concerns and disclosures about a child. All actions MUST prioritise the best interests of the child.

- Make sure the child/children are immediately safe
- If a child is in immediate danger *[insert contact details for organization that individuals should contact e.g. police/childline)*

- Otherwise, report your concern to the Safeguarding Designated Lead as soon as possible (maximum 48 hours) *[insert contact details].* You will be asked to complete, sign and date our *Report a Concern* form as objectively as possible *[insert link]*
- If you need advice outside of working hours (Monday to Friday, 9am to 5pm), contact *[insert contact details e.g. of an external 24-hour advice line]*; inform the Safeguarding Designated Lead as soon as possible
- If your concern is about the Safeguarding Designated Lead, contact the CEO or named trustee responsible for safeguarding *[insert contact details].*

Confidentiality is key: only share information about the concern or disclosure on a need-to-know basis.

Safeguarding Designated Lead (alongside other senior individuals responsible for safeguarding) *[insert contact details for SDL and hours e.g. 9-5pm].*

The Designated Safeguarding Lead, CEO and/or Trustee (or equivalent) responsible for safeguarding may:
- Internally investigate the concern or;
- Report the concern to external safeguarding authorities.

They are responsible for making sure the child has access to services and/or support as soon as the incident is reported.

Keeping Children Safe Coalition, 2014

[Insert name of organization] always prioritises the best interests of the child and adheres to national legislation when deciding on next steps. As an organization, we commit to supporting children until the case is closed and where required, afterwards. Representatives affected by the case may also be given support such as access to counselling, on a case-by-case basis. For more information contact Human Resources *[insert contact details].*

Key stages flowchart
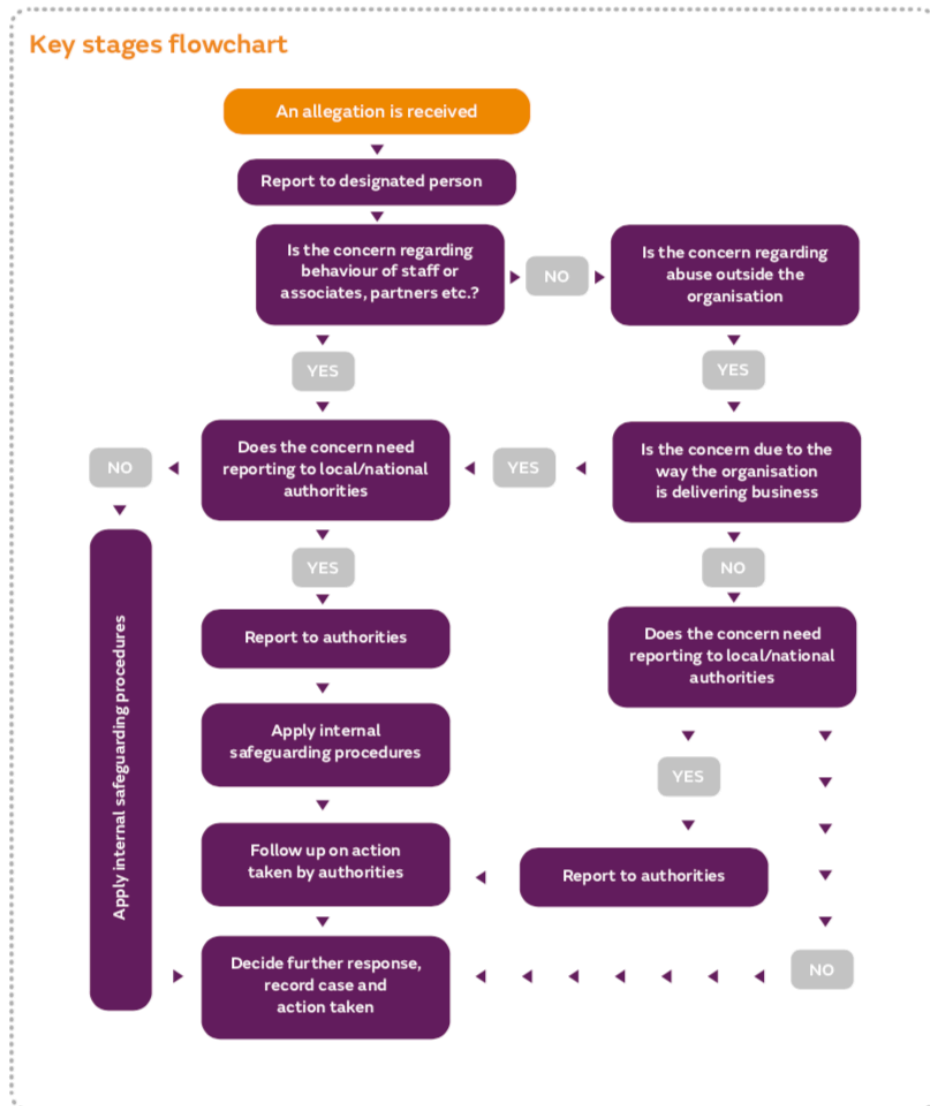
If a child tells you that they or someone else is being harmed, or at risk of harm[7]:

- Listen carefully
- Let the child set the pace. Try not to ask questions except for clarification of what is being said. Don't interrupt or jump in to fill pauses.
- Don't ask leading questions or ask the child to repeat what they've told you
- Make sure the child knows that you are taking what they are saying seriously and that you will be getting help from someone who knows what to do in this type of situation
- Answer the child's questions as honestly as you can
- Don't investigate and don't confront. Your responsibility is to pass on the information not to investigate. Don't confront the alleged abuser. This may cause difficulties for the police in a subsequent investigation.
- Never promise confidentiality if you are told about abuse. You are almost certain to have to share the information to keep the child safe

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[7] Adapted from Lumos' safeguarding policy

- If a child offers to show you injuries record the location later on a body map diagram. Discourage the child from showing you injuries in intimate areas of his/her body.
- Let the child know what you are going to do next and who will support them through the process and keep them informed of what is happening.
- After the child has finished telling you that they or someone else is, or may be harmed, make sure the child is immediately safe. Don't leave them on their own.

Non-recent allegations

If a child or adult discloses non-recent allegations, the same reporting procedures apply. If the individual alleged to have harmed a child is a Representative of *[insert name of organization]* the organization may choose to suspend without prejudice, particularly where the individual has contact with children or access to their sensitive information. As with current abuse allegations, all historical abuse should be treated seriously and the best interests of children prioritised.

Even if the individual is no longer a Representative of *[insert name of organization], [insert name of organization]* still has an obligation to follow the reporting procedures outlined in this policy.

Whistleblowing

Whistleblowing outlines what individuals should do if their concern is not responded to in ways that prioritize the best interests of children. *When drafting this, consider who has the what your organization can commit to, taking into consideration international and national best practice, legislation and capacity. For example:*

[Insert name of organization] takes all safeguarding concerns and disclosures extremely seriously, prioritising the well-being of children. Our whistleblowing policy highlights our stance on protecting and supporting anyone who whistle-blows in good faith. Where an individual or organization believes that good practice has not been adhered to:
- Contact *[insert contact details of team/person in your organization]*
- Our Complaints and Disciplinary policy outlines alternative processes for whistleblowing
- If you continue to worry about a child and the organization is not taking appropriate action, contact external child protection services *[insert contact details].*

Breaches of this policy and/or safeguarding procedures

This section outlines the consequences of not adhering to the organization's safeguarding policy and/or procedures. *When drafting this, consider liaising with Human Resources and a legal advisor to develop best practice that adheres to both national employment legislation and safeguarding legislation. For example:*
Any breaches of this policy will be taken extremely seriously and may result in dismissal and/or legal action. For more information see the Safeguarding Complaints and Disciplinary Policy.

Reference to other policies and procedures
This section lists related policies and procedures. *When drafting this, consider liaising with Human Resources. For example:*

- Safeguarding Vulnerable Adults policy/statement
- Whistleblowing policy
- Complaints and Disciplinary policy
- Diversity and Inclusion policy
- Guidance documents:
  - X
  - Y
  - Z

Monitoring and reviewing the policy

This section outlines how your organization checks that the policy is being implemented; and is comprehensive, fit for purpose and effective. When drafting this, consider whether monitoring the effectiveness of the policy can be included in existing monitoring, such as an annual staff survey; project monitoring and evaluation. For example:

The nominated Trustee for safeguarding, Chief Executive and Safeguarding Designated Lead are responsible for monitoring the effectiveness and reviewing the implementation of this policy, considering its ongoing suitability, adequacy and effectiveness. This policy will be reviewed every two years or earlier if there is a relevant change in the organization or national legislation.

Name *[nominated trustee responsible for safeguarding]*
Signed
Dated

Name *[CEO]*
Signed
Dated

Appendix A: Statement of commitment to safeguarding[8]

A Statement of Commitment requires everyone in your organization (both permanent and temporary) to sign that they have read and agree to uphold the safeguarding policy. When drafting this, consider what time and support individuals have had to enable them to read, digest, ask questions about and develop their understanding of both the policy and more widely, safeguarding in practice in your organization. For example:

Self-Disclosure – *if legally permitted to ask this in the country your organization works*

All information you provide will be treated as confidential, kept securely and managed in line with relevant data protection legislation and guidance. All information declared on this form will be carefully assessed to decide whether it is relevant to the *[insert name of organization]* role and will only be used for the purpose of safeguarding children.

Have you ever been known to any children's services department or police or court as being a risk or potential risk to children?	YES NO
Have you ever been the subject of any investigation by any organization, employer or body due to concerns about your behaviour towards children?	YES NO
Have you ever been the subject of disciplinary procedures or been asked to leave employment or voluntary activity due to inappropriate behaviour towards children or due to being a risk to children?	YES NO
Please provide further information for any questions where you answered yes.	
Confirmation of declaration (please tick box)	Tick box
Whilst working / volunteering for *[insert name of organization]*, I agree to inform *[insert name of organization]* within 24 hours if I am subsequently investigated by any agency or organization in relation to concerns about my behaviour towards children.	
I understand that the information contained on this form and any information supplied by third parties may be supplied by *[insert name of organization]* to other persons or organizations in circumstances where this is necessary to safeguard children.	
In accordance with the organizations procedures if required, I agree to *[insert name of organization]* clarifying any information provided on the disclosure with the agencies, authorities or organizations able to provide this information	

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[8] Lumos safeguarding policy

Commitment to Safeguarding

"I, _____[name]_____ , have read and understood the standards and guidelines outlined in *[insert name of organization]*'s Safeguarding Policy. I agree with the principles contained therein and agree to implement and promote the procedures and practices contained within this document while working or associated with *[insert name of organization]*. I understand that any actions undertaken solely by, or participated in by me, which materially contravene the principles of this policy either in the course of employment or in my private life, may be considered to be gross misconduct. I confirm that I will immediately disclose any charges, convictions and other outcomes of an offence that relates to child exploitation and/or abuse, which occurred before or occurs during my association with *[insert name of organization]*. I also confirm that I will immediately report any concerns or allegations relating to child safeguarding in accordance with *[insert name of organization]* procedures as outlined in this policy. I declare that the above information is accurate and complete to the best of my knowledge. _____ (Print name) _____(Job title /role) _____ (Signature) _____ (Date)_____

Please return completed form to *[insert which department to return the form to]*.

Appendix B: What is abuse[9]

What is abuse gives a description of safeguarding terminology. *When drafting this, consider what definitions your organization will use, taking into consideration international and national definitions. For example:*

Child abuse, exploitation, or neglect: Constitutes any form of physical abuse; emotional ill-treatment; sexual abuse; neglect or insufficient supervision; trafficking; or commercial, transactional, labor, or other exploitation resulting in actual or potential harm to the child's health, well-being, survival, development, or dignity. It includes, but is not limited to: any act or failure to act which results in death, serious physical or emotional harm to a child, or an act or failure to act which presents an imminent risk of serious harm to a child.

Physical abuse: Constitutes acts or failures to act resulting in injury (not necessarily visible), unnecessary or unjustified pain or suffering without causing injury, harm or risk of harm to a child's health or welfare, or death. Such acts may include, but are not limited to: punching, beating, kicking, biting, shaking, throwing, stabbing, choking, or hitting (regardless of object used), or burning. These acts are considered abuse regardless of whether they were intended to hurt the child.

Sexual Abuse: Constitutes fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials.

Emotional abuse or ill treatment: Constitutes injury to the psychological capacity or emotional stability of the child caused by acts, threats of acts, or coercive tactics. Emotional abuse may include, but is not limited to: humiliation, control, isolation, withholding of information, or any other deliberate activity that makes the child feel diminished or embarrassed.

Exploitation: Constitutes the abuse of a child where some form of remuneration is involved or whereby the perpetrators benefit in some manner. Exploitation represents a form of coercion and violence that is detrimental to the child's physical or mental health, development, education, or well-being.

Neglect: Constitutes failure to provide for a child's basic needs within USAID-funded activities that are responsible for the care of a child in the absence of the child's parent or guardian.

(Lumos definitions below; USAID above)

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[9] Lumos safeguarding policy and USAID definitions

Non-recent abuse: It is not unusual for people to disclose experiences of physical, sexual and / or emotional abuse and / or neglect, only when they reach adulthood or when they are in a safe situation. Non-recent abuse is defined as a situation where as a child the person suffered a degree of physical, sexual and/or emotional harm (through abuse or neglect), which was so harmful that there should have been compulsory intervention by child protection agencies into the life of the child and their family.

Online abuse is any form of abuse that occurs online – including through web browsing, social media, online games, mobile phones and apps. Children may be at risk from strangers, or people they know. Children may suffer sexual abuse, grooming, sexual exploitation, cyberbullying and emotional abuse. Abuse may be solely online, or part of abuse that is taking place in the real world.

Institutional abuse can be defined as abuse or mistreatment by a regime as well as individuals within any building which exists to provide care. Neglect and poor professional practice need to be taken into account. This may be in the form of isolated incidents at one end of the spectrum to pervasive ill-treatment at the other. Abusive actions include unacceptably poor standards of care; lack of response to pressing needs; rigid routines; inadequate staffing and poorly trained staff. It should be noted that children in institutions are at a considerably higher risk of all forms of abuse compared with their peers raised in families.

Discriminatory abuse is unwanted conduct based on a person's social identity which affects the dignity of the victim. It may be persistent conduct or an isolated incident. The key issue is that the actions or comments are perceived as demeaning and unacceptable to the recipient when motivated by discriminatory attitudes, feelings or behaviour. Abusive actions include racism, sexism and harassment on the basis of disability or sexual orientation.

Child trafficking under international law is "the recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploiting the child." A child has been trafficked if he or she has been moved within a country, or across borders, whether by force or not, with the purpose of exploiting the child. In many countries, children in institutions are at a considerably higher risk of trafficking than their peers raised in families. In some countries, the pervasive model of orphanage care is a form of trafficking in itself, where orphanages are established and children are recruited purely to make an income from donations.

Child labour "is often defined as work that deprives children of their childhood, their potential and their dignity, and that is harmful to physical and mental development. It refers to work that: is mentally, physically, socially or morally dangerous and harmful to children; and interferes with their schooling by depriving them of the opportunity to attend school, obliging them to leave school prematurely, or requiring them to attempt to combine school attendance with excessively long and heavy work. In its most extreme forms, child labour involves children being enslaved, separated from their families, exposed to serious hazards and illnesses and/or left to fend for themselves on the streets of large cities – often at a very early age."

Harmful traditional practices: these may be linked to a child's faith or culture. Harmful practices include FGM (female genital mutilation), forced marriage, witchcraft, inter alia. Such practices may place children at risk of significant harm and abuse.

Template #2: Safeguarding vulnerable/at risk adults: example statement of commitment

What this template is for: Recognising that in many countries, there is little recognition or support for vulnerable/at risk adults, this is an example safeguarding statement of commitment that is intended to be tailored by each organization so they safeguard adults across all personnel, projects, programmes and locations, in line with international best practice and national legislation. Note that this template statement of commitment uses 'vulnerable adult' as the more commonly used term in the sector; however, your organization may choose to use either 'vulnerable' or 'at risk'.

Why it is important: It enables organizations to develop a policy/statement of commitment that helps your organization to effectively recognize and support vulnerable adults.

How it is used: Alongside your organization's mapping of safeguarding risks *(see CTWWC Toolbox, section 1 – risk assessment)*. It enables your organization to highlight differences and similarities in how your organization keeps adults safe (as supposed to children. This is particularly important for organizations working with young people (over 18) and staff, volunteers and others who may define themselves as vulnerable or at risk. For organizations to tailor to local support services in place for vulnerable adults.

How to adapt for local use: Review the template against your own organization's safeguarding policy and safeguarding risk mapping; add additional requirements, if necessary; review with vulnerable adults who participate in your safeguarding committee or equivalent; review against national legal requirements on safeguarding. Depending on where your organization is with safeguarding vulnerable adults, you may choose to start with a statement and refer to the Child Safeguarding policy for roles and responsibilities; reporting procedures; whistleblowing; and breaches of the statement. You may also choose to use the same Code of Conduct for children and vulnerable adults.

Policy statement

A policy statement outlines your organization's commitment to safeguarding. When drafting a policy statement, consider what your organization can commit to, taking into consideration international and national best practice, legislation and capacity. For example:

We *[insert name of organization]* commit to prioritizing the best interests of all vulnerable adults who we come into contact with by proactively keeping them safe and responding to concerns and disclosures at all times.

Changing the Way We Care (CTWWC) recognizes that when a child turns 18 years old, they may still need additional support to thrive; and they may continue to have additional vulnerabilities that make them more at risk of harm, such as a physical disability, mental health concerns, addiction or trauma. Young people who have been in institutions and those who have recently left them are particularly vulnerable to abuse and neglect. Additionally, Representatives can be vulnerable adults and need additional support to fulfil their roles.

We recognize that we have a moral responsibility to protect vulnerable adults; this statement applies equally to all vulnerable adults and must be applied without discrimination.

All Representatives need to know how to Recognize, Respond, Report and Record concerns and disclosures from, or about a vulnerable adult. All concerns about a vulnerable adult must be acted upon in line with our safeguarding reporting procedure.

Who this policy applies to

This outlines who the policy applies to and when. *When drafting this, consider individuals and organizations who may impact on safeguarding beyond your organization's staff (for example, volunteers, visitors, consultants). Also consider whether it should be upheld outside of work hours. For example:*

This statement applies to every person who is engaged with *[name of organization]* whether or not they are working directly with vulnerable adults. It includes trustees, permanent, temporary and agency staff, grantees, volunteers, contractors, consultants and visitors. For the purpose of this statement, these individuals will be collectively referred to as [*name of organization*] **Representatives.**

Failure to uphold this statement could result in disciplinary action and/or termination of contract or other remedies and could create criminal liability.

Key definitions

This outlines key definitions and highlights where further definitions can be found. *When drafting this, consider international and national legislation and best practice. Also remember that shorter policies are more likely to be read in full so a full list of definitions can be annexed. For example:*

Safeguarding: protecting the wellbeing and human rights of children and vulnerable adults enabling them to live free from harm, abuse and neglect. *[Lumos]*

Vulnerable adult: anyone over the age of 18 who is in need of care and protection and unable to protect themselves *[based on UK govt definition]*

See Appendix A for a full list of definitions.

Safeguarding: a proactive approach

Safeguarding: a proactive approach outlines how your organization proactively keeps vulnerable adults safe. *When drafting this, consider what your organization can commit to, taking into consideration international and national best practice, legislation and capacity. For example:*

[Name of organization] outlines our commitment to safeguarding in our Child Safeguarding Policy. We strive to also proactively safeguard vulnerable adults by upholding our Commitment to Safeguarding and our Code of Conduct in regard to vulnerable adults.

As outlined in our Child Safeguarding policy, our Safeguarding personnel take concerns and disclosures about a vulnerable adult extremely seriously and have a responsibility to respond to them, prioritizing the well-being of children and vulnerable adults.

Safeguarding personnel – roles and responsibilities

Safeguarding personnel – roles and responsibilities outlines who is responsible for safeguarding in your organization. *Remember: safeguarding vulnerable adults may be new to your organization and there may be a lot of work to do in order to build knowledge and capacity. When drafting this, consider who has the what your organization can commit to, taking into consideration international and national best practice, legislation and capacity. You may choose instead to refer to your Child Safeguarding policy for details. For example:*

Everyone has a responsibility to safeguard vulnerable adults – taking proactive steps to keeping them safe and responding to concerns and disclosures. Not responding is not an option.

Outside the organization:

The Safeguarding Designated Lead, CEO and/or Trustee responsible for safeguarding may refer concerns and disclosures to the following organizations:

- The police and/or other organizations responsible for responding to concerns where a child is in immediate danger *[insert police/other organization(s) emergency contact number and non-emergency contact details]*

- Adult protection workforce *[insert contact details if they exist]*
- *[Insert other adult protection agencies that your organization may refer to if they exist; or INGOs your organization might approach for advice and support].*

Code of Conduct

***A Code of Conduct outlines clear dos and don'ts for everyone in your organization that help safeguard children and vulnerable adults.** When drafting this, consider what contact individuals have with vulnerable adults, such as young people (aged 18 to 24); staff with disabilities. See Child Safeguarding policy template for example Code of Conduct.*

Where there is a safeguarding concern or disclosure about a vulnerable adult

***This section outlines how your organization responds to a safeguarding concern or disclosure about or from a vulnerable adult.** When drafting this, remember there may be minimal legislation and/or support services for vulnerable adults. Keep your procedures clear and easy to implement. For example:*

Whilst some actions may not be illegal, they may not adhere to our Code of Conduct and our organization will take action.

Everyone MUST report all concerns and disclosures about a vulnerable adult to the Safeguarding Designated Lead UNLESS the vulnerable adult asks you not to AND no one else is at risk of harm.

- If an adult is in immediate danger call the police and/or other organizations responsible for responding to concerns where a vulnerable adult is in immediate danger *[insert police/other organization(s) emergency contact number and non-emergency contact details]*
- Otherwise, report your concern to the Safeguarding Designated Lead as soon as possible (maximum 48 hours) *[insert contact details].* You will be asked to complete, sign and date our *Report a Concern* form as objectively as possible *[insert link]*
- If your concern is about the Safeguarding Designated Lead, contact the CEO or named trustee responsible for safeguarding *[insert contact details].*

Confidentiality is key: only share information about the concern or disclosure on a need to know basis.

The Designated Safeguarding Lead, CEO and/or Trustee responsible for safeguarding may:

- Internally investigate the concern or;
- Report the concern to external safeguarding authorities.

[Insert name of organization] always prioritizes the best interests of the vulnerable adult and adheres to national legislation when deciding on next steps. As an organization, we commit to supporting children until the case is closed and where required, afterwards. Vulnerable adults who disclose allegations (recent or non-recent) and Representatives affected by the case may also be given support such as access to counseling, on a case-by-case basis. For more information contact Human Resources *[insert contact details].*

Whistleblowing

***Whistleblowing outlines what individuals should do if their concern is not responded to in ways that prioritise the best interests of a vulnerable adult.** When drafting this, consider who has the what your organization can commit to, taking into consideration international and national best practice, legislation and capacity. For example:*

[Insert name of organization] takes all safeguarding concerns and disclosures extremely seriously, whether concerning a child or vulnerable adult. See our Child Safeguarding policy and Whistleblowing policy for more details.

Breaches of this safeguarding statement and/or safeguarding procedures

***This section outlines the consequences of not adhering to the organization's safeguarding policy and/or procedures.** When drafting this, consider liaising with Human Resources and a legal advisor to develop best*

practice that adheres to both national employment legislation and vulnerable adult safeguarding legislation. For example:

Any breaches of this policy will be taken extremely seriously and may result in dismissal and/or legal action. For more information see the Safeguarding Complaints and Disciplinary Policy.

Reference to other policies and procedures

***This section lists related policies and procedures.** When drafting this, consider liaising with Human Resources. For example:*

- Child safeguarding policy
- Whistleblowing policy
- Complaints and Disciplinary policy
- Diversity and Inclusion policy
- Guidance documents:
    - X
    - Y
    - Z

Monitoring and reviewing the statement

***This section outlines how your organization checks that the statement of commitment is being implemented; and is comprehensive, fit for purpose and effective.** When drafting this, consider whether monitoring the effectiveness of the statement can be included in existing monitoring, such as an annual staff survey; project monitoring and evaluation. For example:*

[Insert name of organization] recognizes that safeguarding vulnerable adults is a new focus area in safeguarding locally and globally. We commit to monitoring and reviewing the implementation of this safeguarding statement and working in line with national and international legislation and best practice to develop effective safeguarding for vulnerable adults. This statement will be reviewed every two years or earlier if there is a relevant change in the organization or national legislation.

Name *[nominated trustee responsible for safeguarding]*

Signed

Dated

Name *[CEO]*

Signed

Dated

Appendix A: What is abuse of vulnerable adults[10]

See Child Safeguarding policy for definitions of child abuse.

Physical abuse

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing

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[10] Based on UK legislation as outlined by Social Care Institute for Excellence
https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse

- Rough handling

- Scalding and burning

- Physical punishments

- Inappropriate or unlawful use of restraint

- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)

- Involuntary isolation or confinement

- Misuse of medication (e.g. over-sedation)

- Forcible feeding or withholding food

- Unauthorised restraint, restricting movement (e.g. tying someone to a chair).

Domestic violence or abuse

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:

- psychological

- physical

- sexual

- financial

- emotional.

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- acts of assault, threats, humiliation and intimidation

- harming, punishing, or frightening the person

- isolating the person from sources of support

- exploitation of resources or money

- preventing the person from escaping abuse

- regulating everyday behaviour.

Sexual abuse

- Rape, attempted rape or sexual assault

- Inappropriate touch anywhere

- Non- consensual masturbation of either or both persons

- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth

- Any sexual activity that the person lacks the capacity to consent to

- Inappropriate looking, sexual teasing or innuendo or sexual harassment

- Sexual photography or forced use of pornography or witnessing of sexual acts

- Indecent exposure.

Psychological or emotional abuse

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends

- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance

- Preventing someone from meeting their religious and cultural needs

- Preventing the expression of choice and opinion

- Failure to respect privacy

- Preventing stimulation, meaningful occupation or activities

- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse

- Addressing a person in a patronising or infantilising way

- Threats of harm or abandonment

- Cyber bullying.

Financial or material abuse

- Theft of money or possessions

- Fraud, scamming

- Preventing a person from accessing their own money, benefits or assets

- Employees taking a loan from a person using the service

- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions

- Arranging less care than is needed to save money to maximise inheritance

- Denying assistance to manage/monitor financial affairs

- Denying assistance to access benefits

- Misuse of personal allowance in a care home

- Misuse of benefits or direct payments in a family home

- Someone moving into a person's home and living rent free without agreement or under duress

- False representation, using another person's bank account, cards or documents

- Exploitation of a person's money or assets, e.g. unauthorised use of a car

- Misuse of a power of attorney, deputy, appointeeship or other legal authority

- Rogue trading – eg. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship.

Modern slavery

- Human trafficking

- Forced labour

- Domestic servitude

- Sexual exploitation, such as escort work, prostitution and pornography

- Debt bondage – being forced to work to pay off debts that realistically they never will be able to.

Discriminatory abuse

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation

- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic

- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader

- Harassment or deliberate exclusion on the grounds of a protected characteristic

- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic

- Substandard service provision relating to a protected characteristic.

Organisational or institutional abuse

- Discouraging visits or the involvement of relatives or friends

- Run-down or overcrowded establishment

- Authoritarian management or rigid regimes

- Lack of leadership and supervision

- Insufficient staff or high turnover resulting in poor quality care

- Abusive and disrespectful attitudes towards people using the service

- Inappropriate use of restraints

- Lack of respect for dignity and privacy

- Failure to manage residents with abusive behaviour

- Not providing adequate food and drink, or assistance with eating

- Not offering choice or promoting independence

- Misuse of medication

- Failure to provide care with dentures, spectacles or hearing aids

- Not taking account of individuals' cultural, religious or ethnic needs

- Failure to respond to abuse appropriately

- Interference with personal correspondence or communication

- Failure to respond to complaints.

Neglect and acts of omission

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care

- Providing care in a way that the person dislikes

- Failure to administer medication as prescribed

- Refusal of access to visitors

- Not taking account of individuals' cultural, religious or ethnic needs

- Not taking account of educational, social and recreational needs

- Ignoring or isolating the person

- Preventing the person from making their own decisions

- Preventing access to glasses, hearing aids, dentures, etc.

- Failure to ensure privacy and dignity.

Self-neglect

- Lack of self-care to an extent that it threatens personal health and safety

- Neglecting to care for one's personal hygiene, health or surroundings

- Inability to avoid self-harm

- Failure to seek help or access services to meet health and social care needs

- Inability or unwillingness to manage one's personal

Template #3: Visitor Agreement

What this template is for: An example visitor's agreement to ensure visitors have read, understood and agreed to uphold your organization's safeguarding requirements. It can be shared with partner organizations on this understanding.

Why it is important: Enables organizations to reduce the risk of visitors failing to uphold your organization's safeguarding policy and/or procedures through lack of knowledge. Enables organizations to take action where visitors fail to uphold the policy, procedures or Code of Conduct.

How it is used: A signed copy is required from all visitors before they visit a project/programme/location where they have direct contact with children and/or access to sensitive information about children, whether the visitor is supervised or not.

How to adapt for local use: Specific visitor requirements can be added dependent on your organization's policies and procedures; and the nature of the visit. For example, a journalist may also require a briefing from your organization's Communications personnel.

Visitor Agreement

I *[name]* have read, understood and agree to uphold the *[insert name of organization]*'s safeguarding policies and procedures and Code of Conduct. I understand that if I breach of the policies, procedures or Code of Conduct may lead to immediate dismissal and potentially to child protection services.

Signed

Print name

Dated

Examples at-a-glance

Nr	Title	Description
1	Reporting a Concern Form	To enable your organization to develop a clear, simple form for those with a concern or disclosure of potential or actual abuse of a child/vulnerable adult to record it in writing, and to have a written report of concerns so that information can be clarified and shared with relevant safeguarding individuals both within and (where necessary) external to your organization (for example, child protection workforce, the police. This is an example from Lumos Foundation.
2	Safeguarding Designated Lead Job Description	A job description for the person responsible at office level for implementation of the safeguarding policy. This is an example from Lumos Foundation.
3	Field Visit Safeguarding Agreement	An example of a field visit agreement used by the Department of Children's Services Kenya – used to ensure accountability of any visitors to children's programs.

Example #1: Reporting a Concern form

What this example is for: To enable your organization to develop a clear, simple form for those with a concern or disclosure of potential or actual abuse of a child/vulnerable adult to record it in writing.

Why it is important: It enables your organization to have a written report of concerns so that information can be clarified and shared with relevant safeguarding individuals both within and (where necessary) external to your organization (for example, child protection workforce, the police)

How it is used: Added to the Safeguarding policies; easily available (for example, on your organization's website)

How to adapt for local use: Review the examples below in line with national legislation and best practice. Always prioritize the best interests of children.

This form should be completed by the person receiving the referral or disclosure. As much information and detail should be provided as possible, however, the referrer should not be contacted to gather additional information, and only the information already available should be included. Please write as much or as little as you can and don't be concerned about leaving some sections blank if no information is available.

Please email the form to _____

Your Name:
Your Position:
Your Knowledge of and relationship to the child/young person/vulnerable adult:
Child/Young Person/Vulnerable Adult's Name:
Child/Young Person/Vulnerable Adult's Current Address (including institution if appropriate)
Alternative Address eg parents or other relatives:
Child/Young Person/Vulnerable Adult's Date of Birth:
Nature of the concern/allegation (include reports of historic abuse):
Date, Time and Location of any incident observed or reported:

Observations made by you or to you (e.g. description of visible bruising, other injuries, child's or young person's or vulnerable adult's emotional state etc): NB Make a clear distinction between what is fact, opinion or hearsay
Exactly what the child/young person/vulnerable adult said and what you said (Remember, do not lead the child or young person; record actual details. Continue on a separate sheet if necessary):
Actions taken so far:
Who has the incident been reported to: • Designated safeguarding lead/safeguarding adviser • Social services • Police • Other
Print name: Date:
Comments of Country Designated Safeguarding Lead or Safeguarding Adviser
Action recommended:

Has the case been referred to the appropriate child protection agencies? If not please provide the reasons for this decision and complete the risk assessment below.

Risk assessment if case is NOT to be referred to local child protection agencies:

What is the risk of referring the case to the child protection agency?

What is the risk if you don't refer the case to the child protection agency?

How serious is the risk if you do refer the case to the child protection agency?

How serious is the risk if you don't refer the case to the child protection agency?

Summary of Risk and Protective Factors:

Risk Factors	Protective Factors:

Other Comments:

Date and Time of referral and discussion with the safeguarding adviser

Print Name: Date:

Safeguarding Adviser's Comments:

Print Name: Date:

Safeguarding Manager's Comments:

Print Name: Date:

What this template is for: A job description for the person responsible at office level for implementation of the safeguarding policy.

Why it is important: Ensures accountability by the organization.

How it is used: Added to the Designated Lead's job description; used in regular performance reviews and in line with the above checklist.

How to adapt for local use: Review the tasks below against your own organization's requirements; add additional requirements, if necessary; ideally review with children and vulnerable adults who participate in your safeguarding committee or equivalent; review against national legal requirements on safeguarding.

JOB DESCRIPTION

Job title: **Child Safeguarding Advisor**
Unit: **Demonstration and Field Building**
Reporting to: **Child Safeguarding Manager**
Usual office base: **UK**

Job purpose
The Child Safeguarding Advisor is responsible for supporting the Child Safeguarding Manager in ensuring a consistent, effective and coordinated organisational approach to child safeguarding for Lumos to protect children from exploitation, abuse and neglect. The role is responsible for the technical and operational support and for supporting country offices on complex cases.

Job objectives
- Contribute to mapping local / in-country child protection structures and programmes, to identify current gaps and needs;

- Contribute to identifying country specific child safeguarding issues and methods to manage and mitigate risks. Alongside the Child Safeguarding Manager, update and amend the child safeguarding policy as necessary;

- Support the identification and training of child safeguarding leads and focal points at the regional and local level;

- Oversee training and advice to a network of child safeguarding leads and relevant (org name) teams;

- Ensure all new staff receive safeguarding training, including quarterly induction safeguarding training, and annual advanced safeguarding training for designated child protection leads;

- Support designated child protection leads to provide updated child protection training to their country teams;

- Facilitate training and workshops on child safeguarding with the aim of raising awareness, seeking engagement and buy-in from staff

- Provide technical support and advice to (org name) country offices, staff and partners around safeguarding, with particular in-depth support to challenging cases

- Act as the first point of contact to child safeguarding focal points, safeguarding leads and staff when responding to safeguarding and child protection concerns within the organisation. Track, respond and lead on internal child safeguarding investigations with input/oversight by the Child Safeguarding Manager in line with agreed framework, legislation and emerging best practice. Work alongside the Child Safeguarding Manager in the management of all complex safeguarding cases and issues

- Develop and monitor child self-reporting mechanisms and coordinate with Child Safeguarding Manager on any recommended enhancements to the child safeguarding reporting system for staff

- Work alongside the child participation co-ordinator to ensure that safeguarding issues are considered and prioritised in all chid participation events

- Develop and chair a central child safeguarding panel with whom to deliberate the outcomes and follow up actions from child safeguarding investigations and incorporate investigations lessons learned into Lumos program enhancements, as appropriate

- Complete prompt and appropriate documentation of all child safeguarding concerns, investigations and follow up. Maintain a system for the safe and appropriate recording and storage of all referrals

- Provide monthly supportive supervision and other ad hoc support to the designated safeguarding leads. Support any individual staff members affected by a child protection or safeguarding concern

- Provide quarterly safeguarding reports to the Child Safeguarding Manager which contribute to high quality monitoring and evaluation reporting on (org name) strategy, policies, processes and responses to safeguarding for senior management. Quarterly safeguarding reports should capture challenges, emerging trends, resolutions of issues and implications for programme design and advocacy

- Participate in global and regional networks which coordinate and set child safeguarding standards to ensure that (org name) country programmes and projects incorporates current and international best practices; participate in industry roundtables on child safeguarding issues.

Person Specification

Skills
- Able to demonstrate sound judgement based on evidence, knowledge and understanding

- Proven project management skills involving multiple stakeholders on cross-organisational projects

- Ability to work under pressure and willingness to work flexible hours in the event of emergencies

- Ability to develop and maintain positive working relationships and to work in an inclusive and collaborative manner with internal and external stakeholders

- Creative, with an ability to develop and implement innovative solutions and ideas to resolve issues

- Ability to think and plan strategically work collaboratively

- Capacity building and change management skillset

- Excellent communication skills, with competency in the development and delivery of training

- Excellent spoken and written is English essential. Proficiency in one other language relevant to (org name) country programmes is desirable.

Knowledge
- Strong knowledge of child safeguarding and care transformation
- knowledge of international protection frameworks and mechanisms;

Experience
- Experience in the field of safeguarding, with demonstrable experience in working to prevent exploitation and abuse of children and vulnerable adults;

- Experience conducting child safeguarding investigations

- Experience of delivering safeguarding training in different settings for varied audiences, with the ability to adapt complex information according to the audience;

- An understanding of how to carry out safeguarding investigations and managing the process of resolving complex safeguarding issues, ensuring confidentiality and professional boundaries are maintained;

- Experience of monitoring and evaluation safeguarding mechanisms;

- Experience implementing child safeguarding policies and with child protection best practice in low, middle and/or high-income countries;

- Experience working with vulnerable children in multi-cultural environments;

- Excellent interpersonal skills including the ability and credibility to interact effectively with colleagues at all levels and build relationships with relevant external organisations;

The successful candidate must understand and adhere to (org name) global security and safety protocols.

(org name) is committed to safeguarding and promoting the welfare of children, and applicants must be willing to undergo child protection screening appropriate to the post, including checks with past employers and criminal records checks.

Section 3: Job Aids

This section covers key topics including anti-bullying, case management, child-friendly policies, disability, informed consent, internet safety, safeguarding girls and specialized interventions.

Job Aids at-a-glance

Theme	Description
General	Keeping Children Safe Safeguarding Standards
Antibullying	Bullying is the use of physical and/or emotional aggression with the intention of hurting or upsetting another person. It can be face-to-face or online. Children, young people and adults can be bullied and carry out bullying. Guidance suggests ways to combat and address bullying.
	Peer-on-peer abuse is any form of physical, sexual, emotional and financial abuse, and coercive control exercised between children, and within children's relationships (both intimate and non-intimate), friendships, and wider peer associations.
Case Management	Interagency Guidelines for Case Management & Child Protection
	NSPCC Child Protection Records Retention and Storage Guidelines
	IRC Caring for Survivors of Sexual Abuse
	Keeping Children Safe: Management of Child Safeguarding Allegations
Child-Friendly Policies	Save the Children's Playful and Safe
	UNCRC in Child-Friendly Language
Child Participation	International Bureau for Children's Rights Guidelines for the Participation of Children in Project Management and Programmes
	Save the Children Toolkit for Monitoring and Evaluating Children's Participation
Disability and Safeguarding	Disability and Safeguarding
	Practice Guide: Supporting professionals to meet the needs of young people with learning disabilities who experience, or are at risk of child sexual exploitation
Informed Consent	Anti-Slavery International Communications Guidelines and Informed Consent
	Informed consent – what does it mean and how do I obtain it?
	Best practice: taking and sharing photos and videos of children
Internet Safety	Childnet International – The Going Viral Spiral
	Childnet International – DigiDuck Says
	Keeping Children Safe Online Guidance
	Childnet International Be Smart Online
	Childnet International Supporting Young People Online – Information and advice for parents and carers
	Childnet International Who am I Really Chatting to Online?
Safeguarding Girls	Girl Safety Handbook: A resource for practitioners
	Nothing About us Without us: A toolkit for organizations working or wanting to work with adolescent street-connected girls
Special Topics - Addiction	Feeling pressured to take drugs? Here are 10 ways to deal with it
	What is harm reduction?
	Young people and drug use – information for parents and caregivers
	Step by Step: Preparing for work with children and young people who inject drugs
Special Topics – Mental Health	Ways to feel calmer – ideas for young people
	What is mental health? Guide for young people
	Young Minds 360: Hope Clouds
	Young Minds 360: Talking About Self Harm

Job Aid 1: Keeping Children Safe Safeguarding Standards

Standards
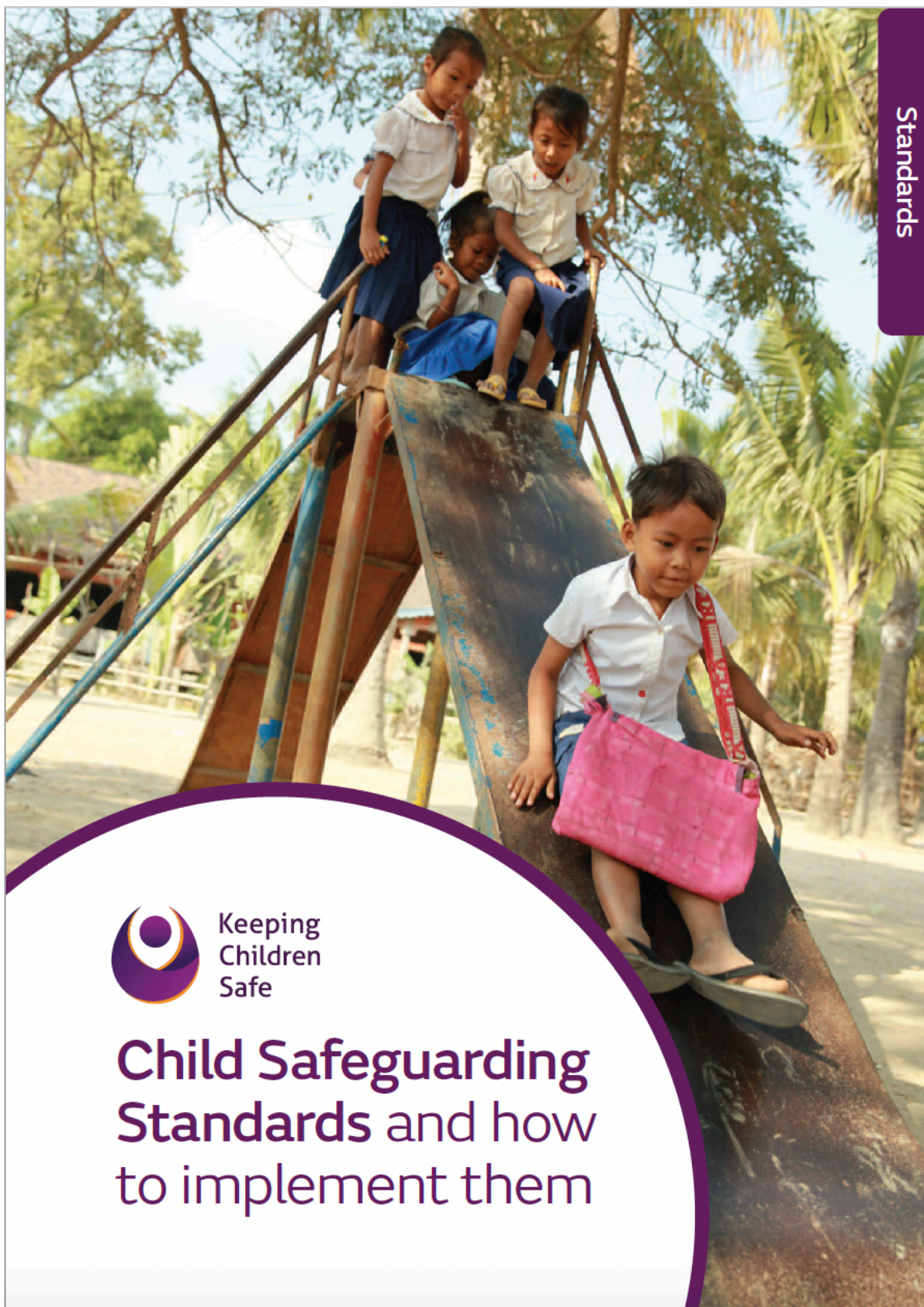
Keeping Children Safe

Child Safeguarding Standards and how to implement them

Access at: https://www.keepingchildrensafe.global/accountability/

Job Aid 2: Bullying: what is it and how your organization can tackle it[11]

Bullying: what is it?

Bullying is the use of physical and/or emotional aggression with the intention of hurting or upsetting another person. It can be face-to-face or online. Children, young people and adults can be bullied and carry out bullying.

All forms of bullying can be upsetting, frightening and hard to know how to handle. No one deserves to be a victim of bullying and everybody has the right to be treated with respect. Children who are the victims of online bullying have said they feel they can never escape it, because even if they turn their mobile off, the bullying is there when they turn it back on again[12].

"A kid at my school calls me hurtful names every day and today he repeatedly hit me really hard in my face. It happened outside of school and another kid took a video of me being hit and has posted it on Instagram. I want it removed because now other people are being nasty to me online. I have reported it but they haven't taken it off yet. I don't want to involve the police or my family. I just want to deal with this on my own." **(Boy, aged 14, UK)[13]**

Bullying can be:

Physical: including pushing or hitting someone; unkind comments about someone's differences, such as their race, religion, sexuality or gender; or making threats of physical harm including sexual; taking their money or possessions.

Emotional: including being unfriendly; excluding someone; sending hurtful text messages; posting hurtful information to or about someone online; tormenting someone, such as hiding their possessions; name-calling, sarcasm, spreading rumors and/or teasing.

Signs and indicators

Many signs of bullying are similar to those of abuse. A child may appear withdrawn, fearful, or overly confident or aggressive – or show no changes in behavior. They may have bruises, torn clothes, or missing possessions. The clearest sign that bullying is taking place is if you or someone else witnesses it, or someone reports a bullying concern or disclosure to you.

Some examples of bullying:

- *A teacher taunts or makes jokes about a child being a slow learner*
- *A child steals or hides another child's possessions such as a valuable item or item that means a lot to them*
- *A group of children deliberately exclude a child in play or social activities.*
- *A young person posts hurtful messages about another young person living in foster care on social media*
- *Someone is excluded from a game because they are HIV positive.*

Model Anti-Bullying Statement[14]

[Insert name of organization] is committed to creating and upholding a welcoming, inclusive and safe environment for all children, young people and adults, so that they can have fun, develop and meet their full potential.

Bullying of any kind is not tolerated at *[insert name of organization]*. We take a proactive approach to prevent bullying from occurring, and respond to all concerns and disclosures of bullying, prioritizing the well-being of all children. We believe that in most cases, addressed early on, bullying can be effectively stopped.

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[11] Adapted from the British Rowing Anti-Bullying policy:
https://www.britishrowing.org/upload/files/Association/Welfare/BritishRowingWG1.1.pdf

[12] NSPCC (2016) What children are telling us about bullying. London: NSPCC https://learning.nspcc.org.uk/research-resources/2016/what-children-telling-childline-about-bullying/

[13] Ibid.

[14] Adapted from British Rowing Anti-Bullying Statement
https://www.britishrowing.org/upload/files/Association/Welfare/BritishRowingWG1.1.pdf

Everyone has a responsibility to create a bully-free environment. We strongly encourage everyone to report bullying to the Safeguarding Designated Lead to enable us all to work together to address it.

Preventing bullying

- Our organization makes this Anti-Bullying Statement visible to everyone
- All children, young people and adults are made aware of our anti-bullying stance
- We raise awareness of bullying regularly, for example, through posters and workshops
- *[Insert name of Designated Safeguarding Lead]* is responsible for raising awareness of our anti-bullying statement and following our procedures *(see 'if bullying occurs').*

Our Safeguarding Designated Lead has a responsibility to:

1. Clearly communicate that bullying is not tolerated
2. Be a contact point for children and adults to speak to about bullying concerns and disclosures
3. Talk to the child to ask them what is happening and what they can do to help
4. If bullying is taking place, to follow our organization's anti-bullying procedures
5. Talk to *[Insert name of individual and their role in the organization]* if there is a concern but it is unclear whether bullying and/or abuse is taking place, or where advice or support is required.

If bullying occurs:

- Talk to our Safeguarding Designated Lead. We cannot promise to keep the bullying secret if we are concerned about someone's safety and well-being, but we will do our best to handle all concerns and disclosures sensitively, working with you to find practical solutions that keep everyone safe
- Our Safeguarding Designated Lead will meet with the young person being bullied and their parents/carers (where applicable) to agree how to address the bullying. We will make written notes after the meeting to summarize what has been said and agreed; these will be seen and signed off by those present at the meeting. This makes sure everyone involved is aware of the actions being agreed
- If the young person chooses to handle the bullying themselves, ideas for doing so will be discussed with the parents and young person unless there are concerns that this puts them or someone else at risk of (further) harm
- If the young person being bullied agrees, or there is a concern that others may be at risk of harm, those bullying (and their parents/carers where applicable) will be asked to meet with the Safeguarding Designated Lead. Meeting notes will be taken
- If both parties agree, a meeting between the young person bullying and young person being bullied; their parents/carers and the Safeguarding Designated Lead will be held to agree how to prevent further bullying and an agreement made and put in writing
- Follow-up meetings will be scheduled (where feasible) to check in on everyone involved and ensure the bullying has ceased. If it has not, further steps will be agreed to tackle the bullying in a way that prioritizes the best interests of all children involved.

It is important to remember that the person bullying may be experiencing, or have experienced bullying, other harm and/or challenging personal situations themselves. We work with the person bullying and the person being bullied, with the aim of ending the bullying where both parties can learn from the incident and become advocates for preventing and responding to bullying.

If the person bullying is an adult:

- The concern will be referred to the Safeguarding Designated Lead and/or *[insert name of another responsible person such as the CEO]*
- The CTWWC team will always be informed
- Where someone is employed by an outside organization, CTWWC will also inform the person's employer.

Job Aid 3: Peer-on-peer abuse[15]

What is peer-on-peer abuse?

Peer-on-peer abuse is any form of physical, sexual, emotional and financial abuse, and coercive control exercised between children, and within children's relationships (both intimate and non-intimate), friendships, and wider peer associations.

Peer-on-peer abuse can take various forms, including (but not limited to): serious bullying (including cyber-bullying), relationship abuse, domestic violence and abuse, child sexual exploitation, youth and serious youth violence, harmful sexual behaviour and/or prejudice-based violence including, but not limited to, gender-based violence.

Online peer-on-peer abuse is any form of peer-on-peer abuse with a digital element, for example, sexting, online abuse, coercion and exploitation, peer-on-peer grooming, threatening language delivered via online means, the distribution of sexualised content, and harassment.

Holistic account of peer-on-peer abuse [45]
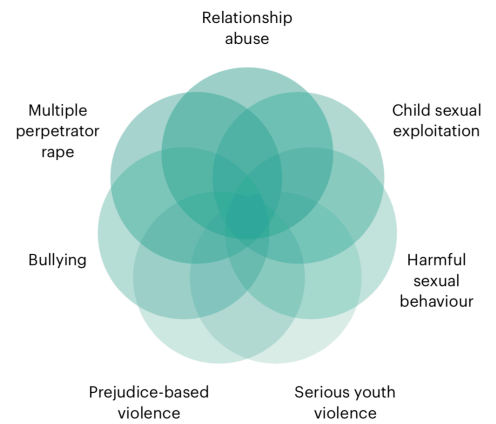
Contextual circles of adolescent vulnerability [46]
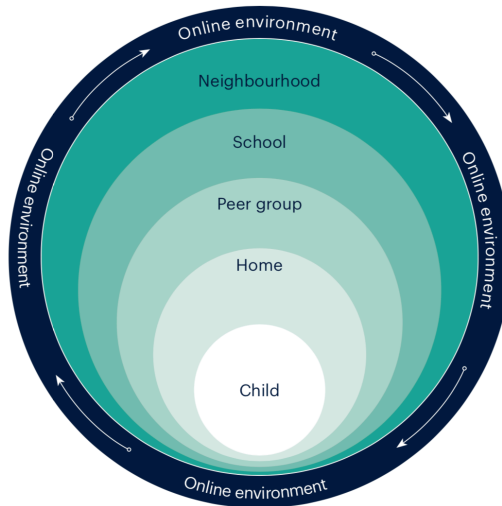
Responding to concerns or allegations of peer-on-peer abuse: general principles

It is essential that all concerns and allegations of peer-on-peer abuse are handled sensitively, appropriately and promptly. The way in which they are responded to can have a significant impact.

Any response should:

include a thorough investigation of the concern(s) or allegation(s), and the wider context in which it/they may have occurred (as appropriate)

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[15] Extract from Peer on peer abuse toolkit, Farrer and Co, 2019. https://www.farrer.co.uk/globalassets/clients-and-sectors/safeguarding/farrer--co-safeguarding-peer-on-peer-abuse-toolkit-2019.pdf

treat all children involved as being at potential risk – while the child allegedly responsible for the abuse may pose a significant risk of harm to other children, s/he may also have considerable unmet needs and be at risk of harm themselves. The organization[16] should ensure that a safeguarding response is in place for both the child who has experienced the abuse, and the child who has allegedly been responsible for it, and additional sanctioning work may be required for the latter,

• take into account:

– that the abuse may indicate wider safeguarding concerns for any of the children involved, and consider and address the effect of wider sociocultural contexts – such as the child's/ children's peer group (both within and outside the organization); family; the school environment; their experience(s) of crime and victimisation in the local community; and the child/children's online presence. Consider what changes may need to be made to these contexts to address the child/ children's needs and to mitigate risk, and

– the potential complexity of peer-on-peer abuse and of children's experiences, and consider the interplay between power, choice and consent. While children may appear to be making choices, if those choices are limited they are not consenting,

– the views of the child/children affected. Unless it is considered unsafe to do so (for example, where a referral needs to be made immediately), the Safeguarding Designated Lead should discuss the proposed action with the child/ children and their parents/carers, and obtain consent to any referral before it is made. The organization should manage the child/children's expectations about information sharing, and keep them and their parents informed of developments, where appropriate and safe to do so. **It is particularly important to take into account the wishes of any child who has allegedly been abused, and to give that child as much control as is reasonably possible over decisions regarding how any investigation will be progressed and how they will be supported.**

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[16] Note that 'school' has been replaced by 'organization' in this extract

Job Aid 4: Case management resources

Child protection records retention and storage guidelines

Guidance to help organisations understand the principles of keeping and managing records about child protection concerns.

July 2021

INTER AGENCY GUIDELINES FOR CASE MANAGEMENT & CHILD PROTECTION

THE ROLE OF CASE MANAGEMENT IN THE PROTECTION OF CHILDREN: A GUIDE FOR POLICY & PROGRAMME MANAGERS AND CASEWORKERS JANUARY 2014

https://learning.nspcc.org.uk/media/1442/child-protection-records-retention-and-storage-guidelines.pdf

http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf

https://www.keepingchildrensafe.global/wp-content/uploads/2021/04/KCS_GUIDANCE_ManagementCSAllegations_EN-2016_2020.pdf

https://www.unicef.org/documents/caring-child-survivors-sexual-abuse

Management of Child Safeguarding Allegations

Caring for Child Survivors of Sexual Abuse

Guidelines for health and psychosocial service providers in humanitarian settings

First Edition

Job Aid 5: Child-friendly policies

https://resourcecentre.savethechildren.net/document/playful-and-safe-safeguarding-children-preventing-abuse/

https://www.unicef.org/sop/convention-rights-child-child-friendly-version

Job Aid 6: Child participation
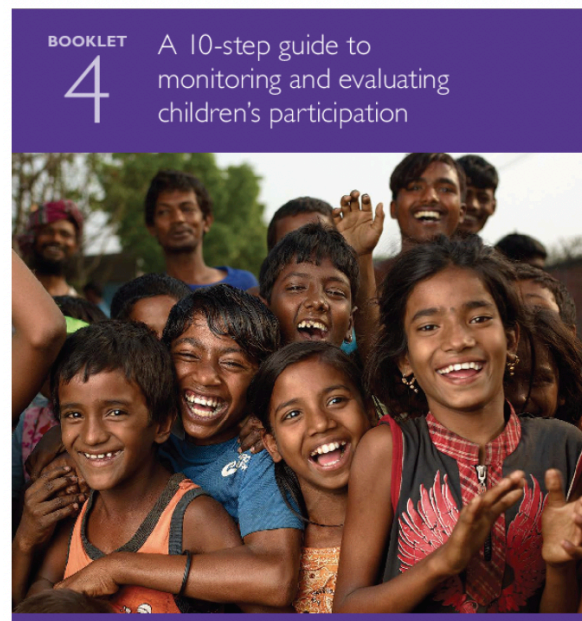
http://www.ibcr.org/wp-content/uploads/2018/06/Lignes-directrices-participation-AN_WEB.pdf

https://resourcecentre.savethechildren.net/document/toolkit-monitoring-and-evaluating-childrens-participation-10-step-guide-monitoring-and/

Job Aid 7: Children with disabilities[17]

1.1   Any child with a disability is by definition a 'child in need' [with reference to UK legislation]. It remains unlawful to discriminate against a disabled person in relation to the provision of services. This includes making a service more difficult for a disabled person to access or providing them with a different standard of service. The Disability Discrimination Act 2005 (DDA) and the Equality Act 2010 define a disabled person as someone who has:

> "a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities"

This means that the needs of children and young people with long term illnesses such as leukaemia, diabetes, cystic fibrosis, or sickle cell are addressed. They may not usually be thought of as disabled, but their vulnerabilities may be similar. The key issue is the impact of abuse or neglect on a child or young person's health and development and how best to support them and safeguard their welfare.

1.2   Research suggests that children with a disability may be generally more vulnerable to significant harm through physical, sexual, emotional abuse and / or neglect than children who do not have a disability.

Significant harm is defined as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

1.3   The national guidance Safeguarding Disabled Children - Practice Guidance (DCSF 2009) provides a framework collaborative multi-agency responses to safeguard disabled children.

1.4   The available UK evidence on the extent of abuse among disabled children suggests that disabled children are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect. Disabled children may be especially vulnerable to abuse for a number of reasons:

- Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children;
- Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour;
- They have an impaired capacity to resist or avoid abuse;
- They may have speech, language and communication needs which may make it difficult to tell others what is happening;
- They often do not have access to someone they can trust to disclose that they have been abused; and/or
- They are especially vulnerable to bullying and intimidation.

1.5   Looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home, but are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day to day physical care needs.

- Force feeding;
- Unjustified or excessive physical restraint;
- Rough handling;
- Extreme behaviour modification, including the deprivation of liquid, medication, food or clothing;
- Misuse of medication, sedation, heavy tranquillisation;

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[17] https://www.londoncp.co.uk/chapters/disabled_ch.html . References that are specific to UK law have been modified to reflect generic legal reference

- Invasive procedures against the child's will;
- Deliberate failure to follow medically recommended regimes;
- Misapplication of programmes or regimes;
- Ill fitting equipment (e.g. callipers, sleep board that may cause injury or pain, inappropriate splinting);
- Undignified age or culturally inappropriate intimate care practices.

1.6   Safeguards for disabled children are essentially the same as for non-disabled children. Particular attention should be paid to promoting a high level of awareness of the risks of harm and high standards of practice, and strengthening the capacity of children and families to help themselves. Measures should include:

- Making it common practice to help disabled children make their wishes and feelings known in respect of their care and treatment;
- Ensuring that disabled children receive appropriate personal, health, and social education (including sex education);
- Making sure that all disabled children know how to raise concerns, and giving them access to a range of adults with whom they can communicate. Those disabled children with communication impairments should have available to them at all times a means of being heard;
- An explicit commitment to, and understanding of disabled children's safety; and
- Welfare among providers of services used by disabled children;
- Close contact with families, and a culture of openness on the part of services;
- Guidelines and training for staff on good practice in intimate care; working with children of the opposite sex; handling difficult behaviour; consent to treatment;
- Anti-bullying strategies; and sexuality and sexual behaviour among young people, especially those living away from home.

1.7   Where there are concerns about the welfare of a disabled child, they should be acted upon in accordance with the [safeguarding guidance], in the same way as with any other child. Expertise in both safeguarding and promoting the welfare of child and disability has to be brought together to ensure that disabled children receive the same levels of protection from harm as other children.

1.8   Where a disabled child has communication impairments or learning disabilities, special attention should be paid to communication needs, and to ascertain the child's perception of events, and his or her wishes and feelings. In every area, children's social care and the police should be aware of non-verbal communication systems, when they might be useful and how to access them, and should know how to contact suitable interpreters or facilitators. Agencies should not make assumptions about the inability of a disabled child to give credible evidence, or to withstand the rigours of the court process. Each child should be assessed carefully, and helped and supported to participate in the criminal justice process when this is in the child's best interest and the interests of justice.

Practice guide
Supporting professionals to meet the needs of young people with learning disabilities who experience, or are at risk of, child sexual exploitation

Anita Franklin, Phil Raws and Emilie Smeaton

https://www.barnardos.org.uk/sites/default/files/uploads/Unprotected%2C%20overprotected%20%20meeting%20the%20needs%20of%20young%20people%20with%20learning%20disabilities%20who%20experience%2Cor%20are%20at%20risk%20of%2C%20sexual%20exploitation%202015.pdf

Job Aid 8: Informed consent

Informed consent – what does it mean and how do I obtain it?

What is informed consent?

Informed consent is the voluntary agreement of an individual who has the capacity to give consent, and who exercises free and informed choice. In all circumstances, consent should be sought from children and their families or caregivers prior to providing services. To ensure informed consent, caseworkers must ensure that children and their families fully understand: the services and options available (i.e. the case management process), potential risks and benefits to receiving services, information that will be collected and how it will be used, and confidentiality and its limits. Caseworkers are responsible for communicating in a child-friendly manner and should encourage the child and their family to ask questions that will help them to make a decision regarding their own situation. (See annex 14, the sample of guidance note for informed consent).

Informed assent is the expressed willingness to participate in services. It requires the same child-friendly communication of information outlined above. However, for younger children who are by nature or law too young to give informed consent, but old enough to understand and agree to participate in services, the child's "informed assent" is sought. Even for very young children (those under 5 years old) efforts should be made to explain in language appropriate to their age, what information is being sought, what it will be used for, and how it will be shared. [18]

Those gathering information or getting permission for sensitive information or images to be shared must obtain informed consent from the child (and/ or their parent/ caregiver), preferably in written form. When children are too young (usually under 15 years) to consent, their informed assent should be sought (i.e. willingness to participate in services) while a parent or caregiver gives consent. The informed assent/ consent process must include explaining to the child (and their parent/ caregiver, where appropriate) exactly why they are gathering information, how it will be used and by whom. Information should be shared in language and formats appropriate to the child's age and capacity to understand, and the child (and parent/ caregiver) should be given opportunities to ask questions. In situations where mandatory reporting laws exist and are functioning, service providers must explain these limits on confidentiality when obtaining consent. Even with very young children (i.e. under 5 years old), efforts should be made to share and explain information in an appropriate format[19].

For example:

- Decisions about where a child lives
- Decisions about who a child has contact with, when, where and how often
- Therapeutic and other support services the child receives
- Other life choices, such as which school a child attends
- Whether photographs, videos and/or case studies can be taken; where, when and for how long they can be used.

All consent should be in writing where possible, signed by both the parent/caregiver and the child. These are some considerations to take into account:

What should I get consent for?

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[18] Inter Agency Child Protection Working Group, 2014. Inter Agency Guidelines for Case Management and Child Protection, p 13. http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf
[19] Ibid., p109

Any decision that affects a child's life – their health, safety, well-being and/or development – should be made with the child – and parent and/or caregiver (where applicable). Giving a child age-appropriate choices empowers them and teaches them key life skills.

How do I determine at what age a child can give informed consent?[20]

Even very young children can make basic decisions – they know what they like and dislike; what and who makes them feel safe and unsafe. This is informed assent and is important to obtain with younger children. However, there are some decisions have to make on behalf of the child, in the best interests of that child. The appropriate age a child can make a decision depends on their decision-making capacity.

It is important to assess their:

- Ability to understand the options
- Ability to understand the consequences of choosing each of the options
- Ability to evaluate the personal cost and benefit of each of the consequences and relate them to your own set of values and priorities[21].

Children can give consent if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved[22].

For example:

- a five-year-old can give informed assent – they can decide what or who they want to play with that day but they cannot decide if they attend school or a medical appointment – that's the decision of adults, whose role it is to prioritize the child's safety and well-being

- a ten-year-old may be able to decide if they want to attend school X or school y

- a thirteen-year-old may be able to decide which medical treatment they have or not. However, it depends on whether there are any mitigating factors that enable or prevent the child from giving informed consent, such as life experience, education, learning disabilities.

How do I capture informed consent?

- Can the parent/caregiver and/or child read?
- If so, in what language?
- If not, how else can I obtain informed consent (such as video recording)?
- Does the form use simple, clear language?
- Does it enable the individuals to give permission (or not) for:
    - How information will be used and for how long?
    - Where will it be used and for how long?
    - Who will it be seen by?
    - How will it be stored and for how long?

When do I not need consent?

In some situations, informed consent may not be possible or may be refused, and yet intervention may still be necessary to protect the child. For example, if a 12-year-old girl is being sexually abused by her father, she may feel loyalty to him and her family and not want to take any action. That does not mean that agencies can ignore what is happening. Where consent is not given, and where the agencies involved have a legal mandate to take actions to protect a child, the reasons for this should be explained and the participation of children and non-offending family members continually encouraged[23].

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[20] https://learning.nspcc.org.uk/media/1541/gillick-competency-factsheet.pdf
[21] https://www.emedicinehealth.com/informed_consent/article_em.htm#decision-making_capacity
[22] https://www.nhs.uk/conditions/consent-to-treatment/children/

Explaining informed consent to children[24]

SAMPLE SCRIPT
INFORMED CONSENT/ASSENT AND CLIENT RIGHTS STATEMENT

The script below should accompany an informed consent/assent form used in your practice setting.

Hello [name of client].

My name is [name of staff] and I am here to help you. I am a caseworker with [name of agency] and my role is to help children and families who have experienced difficulties. Many children benefit from receiving our services. The first thing we will do is talk about what has happened to you. The purpose of doing this is for me to learn about your situation so we can provide you with information about the services available and help you connect with these service providers. The benefits for receiving case management services include helping you access [insert description of services available such as medical, psychosocial, legal/justice, and safety opportunities in your community]. There are limited risks to receiving case management services [insert risks based on your local settings/program].

It is important for you to know that I will keep what you tell me confidential, including any notes that I write down during case management. This means that I will not tell anyone what you tell me or any other information about your case, unless you ask me to, or it is information that I need to share because you are in danger. I may not be able to keep all the information to myself, and I will explain why. The times I would need to share the information you have given me is if:

» I find out that you are in very serious danger, I would have to tell [insert appropriate agency here] about it.
» Or, you tell me you have made plans to seriously hurt yourself, I would have to tell your parents or another trusted adult. If you tell me you have made a plan to seriously hurt someone else, I would have to report that. I would not be able to keep these problems just between you and me.
» [Explain mandatory reporting requirements as they apply in your local setting].
» [Add any other exceptions to confidentiality. For example, in cases of UN or NGO workers perpetrating sexual abuse and exploitation].

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[23] Inter Agency Child Protection Working Group, 2014. Inter Agency Guidelines for Case Management and Child Protection, p 18. http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf
[24] International Rescue Committee & UNICEF. Caring for Child Survivors of Sexual Abuse guidelines, 2012, p18. https://www.unicef.org/IRC_CCSGuide_FullGuide_lowres.pdf

> » There is another person or agency that can provide you with the support you need, and I have your permission to share your case with them. We will talk more about this later in our discussion.
>
> Therefore, we will not take any action in relation to your matter without your agreement, unless we need to in order to protect your safety and comply with the law.
>
> Before we begin, I would also like to share with you your rights as we work together. I share this same information with everyone I speak with:
>
> » You have the right to refuse to have your whole story—or parts of your story—documented on case forms. It's okay if there is something you want to tell me, but you'd rather I not write it down while we talk.
> » You have the right not to answer any question that I ask you. You have the right to ask me to stop or slow down if you are feeling upset or scared.
> » You have the right to be interviewed alone or with a caregiver/trusted person with you. This is your decision.
> » You have the right to ask me any questions you want to, or to let me know if you do not understand something I say.
> » You have the right to refuse case management services and I will share with you other options for services in the community.
>
> Do you have any questions about my role and the services that we can offer you?
>
> [Allow for time to answer any questions the child and caregiver may have before moving forward to obtain their informed consent/assent to proceed].
>
> May I have your permission to proceed with case management services at this time?
>
> » If **YES**, ask the child and caregiver to sign the informed consent/assent form for engaging in case management and proceed with case management services.
> » If **NO,** provide information about other case management, safety, health and legal/justice services in the community.

Template informed consent form for children[25]

Someone has explained to me that *[insert name of organization]* is an organization that *[insert what organization does]*. Someone has explained to me **why** *[insert name of organization]* they would like to use photos/video/a case study *[delete as appropriate]* about me, **where** the image will be used and for **how long.**

I understand that this photo/video/story will be seen by people in different countries *[change if this is different]* but that my name will be changed and that no-one will be told where I live, go to school or any other information that might identify me.

I give/do not give *[delete as appropriate]* permission for my photo/video/case study *[delete as appropriate]* to be used in *[delete as appropriate]*:

- ✓ Annual reports
- ✓ On the website
- ✓ Newsletters
- ✓ Other marketing material
- ✓ Other *[state where]*

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[25] Adapted from Anti-Slavery International's child consent form, http://www.antislavery.org/wp-content/uploads/2018/02/Anti-Slavery-Child-Safeguarding-Policy-2017.pdf

For:

- ✓ A specified report/event/time *[state what]*
- ✓ One year
- ✓ Two years
- ✓ Five years.

I know I can change my mind at any time and ask them to stop and not use my photos or any information about me.

I know *[insert name of organization]* will keep my photo/video/case study *[delete as appropriate]* safely and not reuse it without me saying that's ok.

Signed:.. Date:........................

Parent/caregiver consent

If a parent/care giver available to provide consent Yes / No

Where a parent/care giver is available to provide consent please complete the section below:

If no please provide an explanation:

I give/do not give *[delete as appropriate]* permission for the above named child's photo/video/case study *[delete as appropriate]* to be used in *[delete as appropriate]*:

- ✓ Annual reports
- ✓ On the website
- ✓ Newsletters
- ✓ Other marketing material
- ✓ Other *[state where]*

For:

- ✓ A specified report/event/time *[state what]*
- ✓ One year
- ✓ Two years
- ✓ Five years.

I understand that I can withdraw permission at any time.

I understand that the images/videos/case studies *[delete as appropriate]* will be deleted or stored safely and not re-used without permission by *[insert name of organization]* after the agreed period.

Anti-Slavery International Communications Guidelines and Informed Consent[26]

Case studies and photos are essential for raising awareness and combatting all forms of modern slavery. It must be recognised, however, that harm may be caused to children through the use of words, images and stories, although unintentionally. This section of the policy provides detailed guidance on both obtaining and selecting images and case studies for use in external communications. *If you are unclear about whether photos or case studies are compliant with this policy, always consult with the DSO prior to use.*

In communicating our work, Anti-Slavery International will adhere to the following principles:

Best Interests of the Child

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[26] Anti-Slavery International section 6 of Child Safeguarding Policy https://www.antislavery.org/wp-content/uploads/2018/02/Anti-Slavery-Child-Safeguarding-Policy-2017.pdf

Due to the nature of our work, many children that we work with will either be subject to or recently withdrawn from some form of slavery. The use of images and case studies is an essential tool in exposing and ending slavery. Achieving this end, however, should never expose individual children to risk of greater harm or reprisal from their 'employers' or slave masters and the best interest of the child must always be the primary consideration.

In balancing these considerations, Anti-Slavery International will:

a) Photos
- Wherever possible, images of children will not show the child's face or any other detail which may serve to identify them (e.g. signs, landmarks).
- Where images contain identifying details, these should be edited out prior to use
- Where images show a child's face and can be linked to a specific location (e.g. a factory using child labour) additional safeguards will be put in place:
  - The partner organisation will be asked to complete a brief risk assessment and approve the use of the photo
  - A consent form will be completed and signed by the child (see below)
  - Final approval will be sought from the DSO prior to use in external communications

b) Case Studies
- Anti-Slavery International will only use first names and this name will be changed to protect the identity of the child. The only exception to this safeguard would be where the story is already in the public domain (e.g. a child nominated for an award)
- The exact location of the child will not be given. Information will be restricted to giving the country or region in which the child is living or working
- No additional factors will be included which could be used to identify the child (e.g. names of schools, details of their family or 'employer')
- Where is it considered necessary to include identifying details in order to expose slavery in a specific location, additional safeguards will be put in place:
  - The partner organisation will be asked to complete a brief risk assessment and approve the use of the case study
  - A consent form will be completed and signed by the child (see below)
  - Final approval will be sought from the DSO prior to use in external communications

Informed Consent

Informed consent means that the people included in images and stories are aware of:

- How their photo/information will be used
- Who will see the photo/information
- How long the images will be used for
- How their privacy will be protected

Obtaining consent is viewed as a process rather than a one-off event. To achieve consent the following steps will be followed:

In all cases, preliminary consent will be obtained in the following way:

1. When meeting children and other beneficiaries for the first time, all Anti-Slavery International representatives will explain who they are and why they are visiting
2. Prior to taking any photo or case study information, all representatives will ask verbal permission from the child/beneficiary.
3. All representatives of Anti-Slavery International must respect the child/beneficiary's wishes and if they decline to be interviewed or photographed no attempt should be made to change their mind

All photos/case studies will be shared with the Communications Manager who will select photos/case

studies to be used in media and communications. Where images or case studies identify a specific child, additional written consent must be obtained.

Consent from the Child

Formal consent must always be obtained from children who are identifiable in stories and images. However, Anti-Slavery International recognises that children's ability to understand the implications of providing consent will vary. The child's age must be considered but other factors such as the child's living situation, any past experience of abuse and trauma, their education level as well as any disability will also impact their understanding. In recognition of this, Anti-Slavery International requires the child or young person's consent to be supported by consent from a responsible adult.

In addition, the child's level of literacy may mean they cannot read or understand the written consent. In such circumstance, a videotape of consent may be obtained using a smart phone or other device. This must include a recording of:

- The child's name and age
- The explanation given to the child of how the image/case study may be used and who may see it
- Their right to refuse or withdraw consent
- Confirmation of the child's understanding and consent
- Details of the date, location and the person obtaining the consent

Verbal consent must be recorded and saved alongside the written consent form as this will contain approval for usage from the partner organisation.

Consent from a Responsible Adult

Whilst many organisations seek consent from parents or care givers, many of the children we work with are in a situation of slavery and the primary adult in their lives is also responsible for their exploitation. It would be inappropriate and potentially dangerous to seek consent from such an individual. In recognition of this reality, the additional consent will be provided by a representative of the partner organisation who has a duty of care towards that child.

Consent from the partner will actually be obtained **prior** to obtaining consent from the child as the partner must also complete a risk assessment which approves use of the image/case study. If the partner assesses that usage would place the child at risk, the image/case study will not be used and the child will not be asked for their consent.

The steps that must be followed are:

1. The Programme Manager will share the selected images/case studies with the partner organisation and ask them to complete some basic risk assessment information and approve the use of the image/case study
2. Where the partner approves usage, they will be asked to obtain written consent from the child
The risk assessment and consent form are included on the same form (Appendix E: Consent for Use of Images and Personal Information)
3. Copies of consent forms will be saved with the selected images/case studies on the shared drive at Anti-Slavery International

Consent from the Child's Parent

Many of the children we work with are either in a situation of slavery or have left their family home and have no direct contact with their parents or primary care givers (e.g. extended family). In these circumstances, it will not be possible to obtain parental consent and the reasons for omitting parental consent will be noted on the consent form. Where a parent or care-giver is available, their consent will also be obtained. Parents should also be provided with an explanation of how the image/case study may be used, who may see it and their right to refuse consent.

Selection of Images

In selecting images and case studies for use in communications, Anti-Slavery International will adhere to the following principles.

- **Dignity**
  - The child's dignity must be preserved at all times.
  - Language must not degrade, victimise or shame the child.

  - Images should not be used which could shame, embarrass or humiliate the child, either now or in the future.

  - In images, children should always be dressed appropriately and should not show children in pain or distress
  - Where images which contravene these standards are deemed necessary to expose a specific form of child slavery, the child's face should not be shown and approval must be sought from the DSO before use
- **Accuracy**
  - The portrayal of children must not be manipulated or sensationalised in any way.
  - Images and stories should provide a balanced depiction of the child´s life and should avoid reinforcing negative stereo-types or victimising the child
  - After 5 years, photos and case studies will be archived, in order to maintain a realistic view of our work and the children we support
  - Photographs may be used that are more than 5 years old (e.g. to show historical impact of Anti-Slavery International or to show the importance of long term interventions), but dates will be attached[27] to the photos to show when they were obtained
- **Privacy**
  - All photos/case studies which are selected for use will be stored on the shared drive and permission restricted to employed staff.
  - Access to other individuals will be kept to an absolute minimum and will require access permission
  - All photos/case studies which are not of publishable quality and are not selected for use will be deleted.
  - Photos or case studies which are of publishable quality but are not selected for use will be saved in an archive folder and permission restricted to employed staff. ***Consent must be obtained before use of these photos or case studies***

Case Studies & Photos as Evidence

Ensuring prosecutions is a key to ending slavery. On rare occasions, Anti-Slavery International may be asked to share information and images obtained in the course of our work as evidence in criminal prosecutions. Prior to sharing information or images of children to the police, a meeting will be held between the Director, DSO and a Senior Representative of the partner organisation to ensure that disclosing information will not put the child at additional risk. In circumstances where disclosure is likely to place the child, Anti-Slavery International and the partner organisation will endeavour to put additional safeguards in place prior to disclosing the material. Where there are significant risks that cannot be mitigated, Anti-Slavery International may decline the request. Legal advice will be sought where necessary.

Implementation of Communication Guidelines

The above guidelines were developed as part of the policy review in January 2017. They must be applied in all communications from this date.

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[27] Anti-Slavery International was founded in 1839 and records exist dating back over 100 years. When sharing archived records or images, Anti-Slavery International may not always be able to provide an exact date on which the information was obtained. In such cases, an indication of the approximate date will be provided.

We recognise that images and case studies obtained prior to this date may not have the required consent stored on file. Anti-Slavery International will gradually review all external communications materials to ensure that they are compliant with the above guidelines.

Best practice: taking and sharing photos and videos of children

When taking and sharing photos and videos of children, it is important to take into account how the photos and videos empower them as much as possible. Informed consent is really important for all photos and videos taken, and particularly those that will be in the public domain, such as on a website, in an annual report or on social media.

Research with children conducted by Save the Children outlines five recommendations that provide practical ways to achieving this:

1. Invest in collaborative and creative approaches to image making

2. Uphold contributors' rights and fulfil the duty of care

3. Informed consent to be understood as an essential, multi-stage, process

4. Commit to sensitive and effective communication with contributors before, during and after image gathering

5. Ensure that human dignity is upheld in the image-making process, not just in the image itself[28]

For more information, https://resourcecentre.savethechildren.net/document/people-pictures-vital-perspectives-save-childrens-image-making/

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[28] The People in the Pictures: Vital perspectives on Save the Children's image making, Save the Children, 2017. https://resourcecentre.savethechildren.net/node/12425/pdf/the_people_in_the_pictures_summary_0.pdf

Job Aid 9: Internet safety

Access at: https://www.keepingchildrensafe.global/blog/2020/02/26/keeping-children-safe-online/

Online safety posters:

BE SMART ONLINE

Childnet International

S — **SAFE** Keep your personal information safe. When chatting or posting online don't give away things like your full name, password or home address. Remember personal information can be seen in images and videos you share too. Keep them safe to keep yourself safe.

M — **MEET** Meeting up with someone you only know online, even a friend of a friend, can be dangerous as this person is still a stranger. If someone you only know online ever asks you to meet up, for personal information or for photos/videos of you then tell an adult straight away and report them together on www.thinkuknow.co.uk

THINK U KNOW .CO.UK

A — **ACCEPTING** Think carefully before you click on or open something online (e.g. links, adverts, friend requests, photos) as you never know where they may lead to or they may contain viruses. Do not accept something if you are unsure of who the person is or what they've sent you.

R — **RELIABLE** You cannot trust everything you see online as some things can be out of date, inaccurate or not entirely true. To find reliable information compare at least three different websites, check in books and talk to someone about what you have found.

T — **TELL** Tell a trusted adult if something or someone ever makes you feel upset, worried or confused. This could be if you or someone you know is being bullied online. There are lots of people who will be able to help you like your teachers, parents, carers or contact Childline – 0800 11 11 or www.childline.org.uk

♥ — **BE SMART WITH A HEART** Remember to always be smart with a heart by being kind and respectful to others online. Make the internet a better place by helping your friends if they are worried or upset by anything that happens online.

WWW.CHILDNET.COM

Supporting young people online

Information and advice for parents and carers

The internet – an inspiring and positive place

The internet is an amazing resource which enables children and young people to connect, communicate and be creative in a number of different ways, on a range of devices. However, the internet is always changing, and being able to keep up to date with your children's use of technology can be a challenge. You may sometimes feel that your child has better technical skills than you do, however children and young people still need advice and protection when it comes to managing their lives online. Issues that your child may encounter on the internet will vary depending on their age and online activities. We have grouped potential online risks into these 4 categories.

Conduct:
Children need to be aware of the impact that their online activity can have on both themselves and other people, and the digital footprint that they create on the internet. It's easy to feel anonymous online and it's important that children are aware of who is able to view, and potentially share, the information that they may have posted. When using the internet, it's important to keep personal information safe and not share it with strangers. Encourage your child to be respectful and responsible when communicating with others online, and to consider how what they share may reflect on them. Discuss with your child the importance of reporting inappropriate conversations, messages, images and behaviours and how this can be done.

Content:
Some online content is not suitable for children and may be hurtful or harmful. This is true for content accessed and viewed via social networks, online games, blogs and websites. It's important for children to consider the reliability of online material and be aware that it might not be true or written with a bias. Children may need your help as they begin to assess content in this way. There can be legal consequences for using or downloading copyrighted content, without seeking the author's permission.

Contact:
It is important for children to realise that new friends made online may not be who they say they are and that once a friend is added to an online account, you may be sharing your personal information with them. Regularly reviewing friends lists and removing unwanted contacts is a useful step. Privacy settings online may also allow you to customise the information that each friend is able to access. If you have concerns that your child is, or has been, the subject of inappropriate sexual contact or approach by another person, it's vital that you report it to the police via the Child Exploitation and Online Protection Centre (**www.ceop.police.uk**). If your child is bullied online, this can also be reported online and offline. Reinforce with your child the importance of telling a trusted adult straight away if someone is bullying them or making them feel uncomfortable, or if one of their friends is being bullied online.

Commercialism:
Young people's privacy and enjoyment online can sometimes be affected by advertising and marketing schemes, which can also mean inadvertently spending money online, for example within apps. Encourage your child to keep their personal information private, learn how to block both pop ups and spam emails, turn off in-app purchasing on devices where possible, and use a family email address when filling in online forms. Make your child aware of scams that may seek to gain access to their accounts, and advise them to be wary in following links or opening attachments in emails that appear to be from organisations such as banks and service providers.

There are real advantages in maintaining an open dialogue with your child about their internet use.
Not sure where to begin? These conversation starter suggestions can help.

1 Ask your children to tell you about the sites they like to visit and what they enjoy doing online.

2 Ask them about how they stay safe online. What tips do they have for you, and where did they learn them? What is OK and not OK to share?

3 Ask them if they know where to go for help, where to find the safety advice, privacy settings and how to report or block on the services they use.

4 Encourage them to help someone! Perhaps they can show you how to do something better online or they might have a friend who would benefit from their help and support.

5 Think about how you each use the internet. What more could you do to use the internet together? Are there activities that you could enjoy as a family?

Find out more ways of starting a conversation about online safety at www.childnet.com/have-a-conversation

What can I do right now?

☐ Maintain an open dialogue with your child and encourage them to talk to you about their internet use: for example who they're talking to, services they're using, and any issues they may be experiencing.

☐ Create a family agreement to establish your children's boundaries, and your expectations, when on the internet. A template agreement can be found at www.childnet.com/have-a-conversation

☐ Give your child strategies to deal with any online content that they are not comfortable with – such as turning off the screen, telling an adult they trust and using online reporting facilities.

☐ Consider using filtering software to block unwanted content. In addition to filtering, remember that discussion with your child, and involvement in their internet use, are both effective ways to educate them about the internet.

☐ Encourage your child to 'think before you post.' Online actions can impact not only yourself but the lives of others. Content posted privately online can be publicly shared by others, and may remain online forever.

☐ Understand the law. Some online behaviour may break the law, for example when downloading or sharing content with others. Be able to recommend legal services.

☐ Familiarise yourself with the privacy settings and reporting features available on popular sites, services and apps.

☐ If your child is being bullied online, save all available evidence and know where to report the incident, for example to the school, service provider, or the police if the law has been broken.

☐ Familiarise yourself with the age ratings for games and apps which can help to indicate the level and suitability of the content. Also see if online reviews are available from other parents as these may be helpful.

☐ Set up a family email address that your children can use when signing up to new games and websites online.

☐ Encourage your child to use nicknames (where possible) instead of their full name online, to protect their personal information, and create strong passwords for every account.

Sign up to our Childnet newsletter at www.childnet.com.

Help make sure that your children know how to stay safe online, by using our SMART Rules for primary aged children, or 6 Tips for Teens.

SMART Rules for primary aged children:

S **Safe:** Keep your personal information safe. When chatting or posting online don't give away things like your full name, password or home address. Remember personal information can be seen in images and videos you share too.

M **Meet:** Do not meet up with someone you only know online, even a friend of a friend, as they are still a stranger. If someone you only know online ever asks you to meet up, for personal information or for photos/ videos of you then tell an adult straight away and report them together on www.thinkuknow.co.uk

A **Accepting:** Think carefully before you click on or open something online (e.g. links, adverts, friend requests, photos) and do not accept something if you are unsure who the person is or what they've sent you.

R **Reliable:** You cannot trust everything you see online as some things can be out of date, inaccurate or not entirely true. Always compare 3 websites, check in books and talk to someone about what you find online.

T **Tell:** Tell a trusted adult if something or someone ever makes you feel upset, worried or confused. You could talk to a teacher, parent, carer or a helpline like Childline 0800 11 11.

♡ **Heart:** Remember to always be smart with a heart by being kind and respectful to others online. Make the internet a better place by helping your friends if they are worried or upset by anything that happens online.

6 Tips for Teens:

1 **Protect your online reputation:** use the tools provided by online services to manage your digital footprints and 'think before you post.' Content posted online can last forever and could be shared publicly by anyone.

2 **Know where to find help:** understand how to report to service providers and use blocking and deleting tools. If something happens that upsets you online, it's never too late to tell someone.

3 **Don't give in to pressure:** if you lose your inhibitions you've lost control; once you've pressed send you can't take it back.

4 **Respect the law:** use reliable services and know how to legally access the music, film and TV you want.

5 **Acknowledge your sources:** use trustworthy content and remember to give credit when using other people's work/ ideas.

6 **Be a critical thinker:** not everything or everyone is trustworthy; think carefully about what you see and experience on sites, social media and apps.

UK Safer Internet Centre

Co-financed by the European Union Connecting Europe Facility

Further advice and resources: www.childnet.com www.saferinternet.org.uk Copyright ©2018 Childnet International

Job Aid 10: Safeguarding girls

https://www.streetchildren.org/resources/nothing-about-us-without-us-for-organisations-who-work-or-want-to-work-with-adolescent-street-connected-girls/

https://resourcecentre.savethechildren.net/document/girl-safety-toolkit-resource-practitioners/
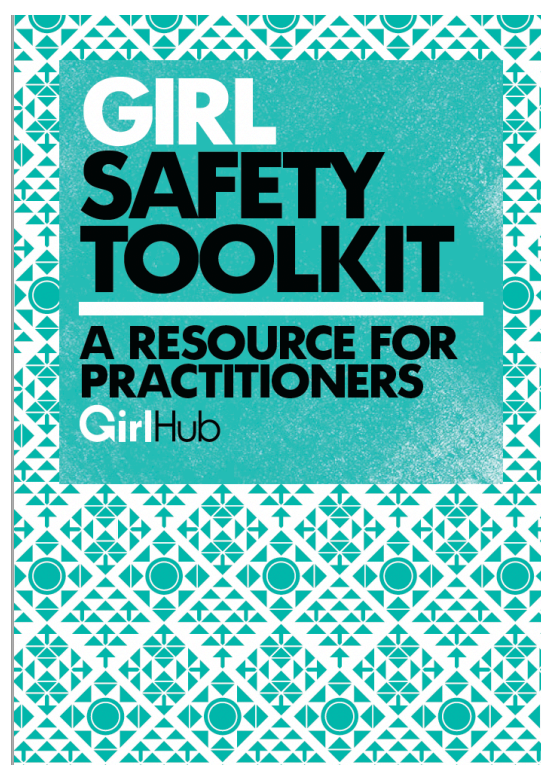
Job Aid 11: Drug use and addiction

Feeling pressured to take drugs? Here are 10 ways to deal with it – information for young people[29]

1. Remember that you're not alone. It's easy to think you're the only one who's not tried drugs but, actually, most young people don't take drugs.

2. Work out where you stand on issues like sex, drugs and alcohol. Knowing your own mind makes it easier to stay true to yourself.

3. Prepare yourself. Think about how you'd like to respond when someone offers you drugs so you know what to say.

4. Try to understand who's offering you the drugs and why. Friends should understand if you say no, people you don't know you very well may expect something in return.

5. Say no firmly but clearly and without making a big deal about it. If they try to persuade you, don't feel like you have to change your mind.

6. Remember that, although they may not show it, your mates will respect you more if you're assertive and clear about what you do and don't want to do.

7. Take a look around. You'll soon see that you're not the only one worrying about what other people think of you. Try to focus on your own opinion of yourself - in the end, that's all that matters.

8. Worried about your friends being pressured? Don't keep it to yourself, talk to them, or someone you trust.

9. If you're finding it hard to be yourself within your group, take a step back, and think about whether it's time to find a new crowd to hang out with.

10. Before trying anything new it makes sense to know what's what. You can find out more about different drugs on the Drugs A to Z

What is harm reduction?[30]

There is no universally accepted definition of harm reduction. The below lays out Harm Reduction International's position on this issue based on our years of work on drug use, public health and human rights, and incorporates views shared by partner organisations.

Harm reduction refers to policies, programmes and practices that aim to minimise negative health, social and legal impacts associated with drug use, drug policies and drug laws. Harm reduction is grounded in justice and human rights - it focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support.

Harm reduction encompasses a range of health and social services and practices that apply to illicit and licit drugs. These include, but are not limited to, drug consumption rooms, needle and syringe programmes, non-abstinence-based housing and employment initiatives, drug checking, overdose prevention and reversal, psychosocial support, and the provision of information on safer drug use. Approaches such as these are cost-effective, evidence-based and have a positive impact on individual and community health.

Principles of harm reduction

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[29] Talk to Frank https://www.talktofrank.com/get-help/dealing-with-peer-pressure
[30] Harm Reduction International: https://www.hri.global/what-is-harm-reduction

Respecting the rights of people who use drugs - Harm reduction is fundamentally grounded in principles that aim to protect human rights and improve public health. Treating people who use drugs—along with their families and communities—with compassion and dignity is integral to harm reduction. The use of drugs does not mean people forfeit their human rights - they remain entitled to the right to life, to the highest attainable standard of health, to social services, to privacy, to freedom from arbitrary detention and to freedom from cruel, inhuman and degrading treatment, among others.

A commitment to evidence - Harm reduction policies and practices are informed by a strong body of evidence that shows interventions to be practical, feasible, effective, safe and cost-effective in diverse social, cultural and economic settings. Most harm reduction interventions are easy to implement and inexpensive, and all have a strong positive impact on individual and community health.

A commitment to social justice and collaborating with networks of people who use drugs - Harm reduction is rooted in a commitment to addressing discrimination and ensuring that nobody is excluded from the health and social services they may need because of their drug use, their race, their gender, their gender identity, their sexual orientation, their choice of work, or their economic status. People should be able to access services without having to overcome unnecessary barriers, including burdensome, discriminatory regulations. Further, the meaningful involvement of people who use drugs in designing, implementing and evaluating programmes and policies that serve them is central to harm reduction.

The avoidance of stigma - Harm reduction practitioners accept people who use drugs as they are and are committed to meeting them "where they are" in their lives without judgement. Terminology and language should always convey respect and avoid stigmatising terms[31] or divisions between "good" and "bad" drugs. Stigmatising language perpetuates harmful stereotypes, and creates barriers to health and social services.

Goals of harm reduction

Harm reduction is grounded in the recognition that many people throughout the world are unable or unwilling to stop using illicit drugs. It therefore aims to:

Keep people alive and encourage positive change in their lives - Keeping people who use drugs alive and protecting their health[32] are the most urgent priorities. Harm reduction approaches are facilitative rather than coercive, and aim to reinforce positive change in a person's life, no matter how small or incremental that change may be. Recognising that only a small percentage of people who use drugs experience problematic use, harm reduction may also help people maximise any potential benefits that they gain from using drugs.

Reduce the harms of drug laws and policy - Harm reduction seeks to improve drug laws, policies and law enforcement practices, so that they are not detrimental to the health and wellbeing of people who use drugs and their communities. Many policies around the world create and exacerbate the potential risk and harms of drug use. These include: the criminalisation of people who use drugs; abusive and corrupt policing practices; the denial of life-saving medical care and harm reduction services; restrictions on possession of injecting paraphernalia; forced urine testing and detention in the name of rehabilitation; and, discrimination based on drug use, class, race, and gender. Harm reduction challenges international and national laws, and policies that contribute to drug-related harms.

Offer alternatives to approaches that seek to prevent or end drug use - Access to high quality, evidence-based prevention, care and treatment programs, including approaches that involve cessation of drug use, are important for some people. Entry into treatment should be on the terms of the individual and must never be forced. Many people who use drugs do not need treatment, and those experiencing problems associated with drug use may be unwilling or unable to enter abstinence-only treatment for myriad reasons.

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[31] *Stigmatising language includes, but is not limited to, referring to people who use drugs as 'drug abusers,' 'addicts,' 'a scourge,' 'junkies,' or a 'social evil.'*

[32] *Harm reduction is well-evidenced to prevent diseases such as HIV, viral hepatitis and tuberculosis, among others.*

While abstinence from drug use may be the goal for some people who use drugs this is an individual choice and should not be imposed, or regarded as the only option.

Young people and drug use – information for parents and caregivers[33]

What do we mean by drugs?
- Illegal substances – like heroin, cannabis and ketamine (see the drugs A-Z)
- misused household products – like gases, glues and aerosols
- some medicinal drugs – like gabapentin and codeine (which can be misused)
- alcohol and tobacco
- Psychoactive substances.

The effects of drugs
It's hard to tell what the effects of taking drugs are. Most people who try drugs don't keep on using – and some people take drugs regularly without developing a problem. It all depends on who's taking them, the person's state of mind, what the drug is mixed with and where it's being taken.

Physical health effects

Taking drugs can lead to users getting more spots, colds and feeling run down generally. In the long-term, it can lead to organ damage and other health problems.

Mental health effects

Drug use has been linked to depression and mood swings, as well as more serious mental health illnesses. Anybody with a history of mental health issues in their family should be especially careful when taking drugs.

Overdose

Anyone can overdose from taking drugs. Even fit young people can overdose and die from taking drugs, although the risk depends on the type of drug, how much is taken and whether it is mixed with other drugs.

School work

Because drugs like cannabis impact the part of the brain we use for learning and remembering things, regular use by young people (whose brains are still developing) can contribute to poor exam results.

Acting out of character & personal safety

Some people take drugs because it makes them less inhibited – but this can have negative effects too. They might do things they wouldn't normally do that they later regret, like having unprotected sex. If your child is out of it or having a bad experience on drugs, they're more vulnerable.

A criminal record

If the police find a child in possession of illegal drugs they could take some action.

Getting into debt

Some drugs aren't necessarily expensive, but frequent use can still get people into debt and financial trouble. If you're worried about the effects of a specific drug, take a look at the drugs A-Z

Signs a child might be doing drugs
Adolescence can be a tough time for young people – and your child might behave differently as a result. Remember that just because a child is acting differently, doesn't mean they're on drugs. If you're worried a

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[33] FRANK https://www.talktofrank.com/get-help/worried-about-a-child#helping-them-open-up-about-drugs-and-alcohol

child is using drugs, the best thing to do is sit down and have a calm and honest conversation with them. The following signs don't necessarily mean your child is taking drugs, but could be worth looking out for.

Is a child:

- mixing with new friends who may use drugs?
- experiencing moods swings?
- behaving badly or showing a bad attitude?
- not sleeping properly and getting up very late?
- being secretive or evasive about where they're going and what they're doing?
- having problems in school, like poor performance or absences?

Other potential signs of drug use are:

- poor hygiene or appearance
- staying out late
- falling out with old friends, hanging out with a new crowd
- loss of appetite
- drowsiness
- red-rimmed eyes and/or a runny nose
- an uncharacteristic loss of interest in school, hobbies and friends
- money going missing regularly for no apparent reason
- unusual equipment found in the house, such as burnt foil or torn cigarette packets.

Starting a conversation about drugs

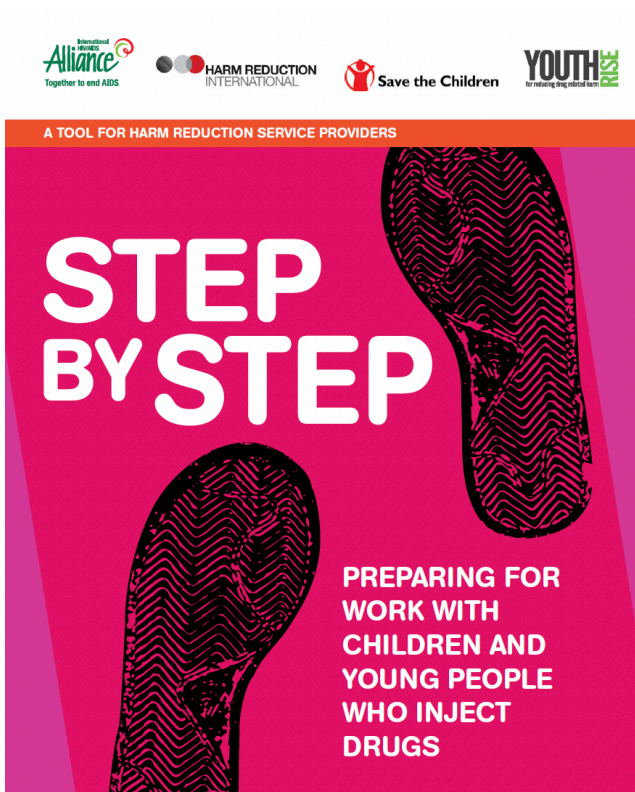It's important to stay calm and open-minded when you talk to a child about drugs. Remember to get information about drugs, for example, look at the FRANK A-Z of drugs to make sure your knowledge is up-to-date and accurate, and think about how you'll react if a child says he/she has tried drugs. You don't want to react in a way that shuts down the conversation.

Once you're ready to chat, make sure you:

- Keep the subject broad to begin with, ask open-ended questions about a child's friends and school. An open-ended question is one where the person can't answer with a 'yes' or a 'no'. For example, "What was today like at school?" or "Why do you think people take drugs?"
- Allow plenty of time, don't rush the conversation
- Listen carefully and keep the chat as two-way as possible
- Be understanding – not judgmental or critical
- Respect what they have to say – don't lose your temper if you disagree with a child's opinions, it might make them rebel more
- Don't make assumptions about what they know or do, and don't accuse a child of taking drugs (even if you think they have)
- Let them know you're there for them – that they can talk to you about drugs
- Set boundaries, make it clear what your house rules are so they know what you will and won't accept

- Be realistic: while there are some serious risks involved in drug use, most people who try drugs don't suffer any long-term harm to their health
- And if they are using, don't confront them when they're high.

If a child refuses to talk to you, try not to panic. Remember that people who try drugs often don't carry on using them. Support them to talk to another adult such as a youth worker or a specialist service.

https://www.socialserviceworkforce.org/resources/step-step-preparing-work-children-and-young-people-who-inject-drugs?lang=es

Job Aid 12: Mental health

What is mental health? Guide for young people[34]

Mental health is all about:

- how you feel about yourself

- how happy you are

- how much you believe you can overcome challenges in your life

- whether you feel able to interact with other people.

Sometimes you might feel stressed or anxious. Other times you might feel positive and full of confidence. Feeling up and down like this is normal.

But it might start to be a problem if negative or stressful thoughts happen all the time. Or if these thoughts start to affect your daily life.

Things you can do NOW to help:

- Do some exercise
  Find something you like, whether it's running, dancing or going for a walk

- Talk
  Finding time to talk to friends or family is a great way of making things feel better

- Help someone else
  You could give a present or compliment to a friend – it often puts you in a better mood

- Eat good food
  There's a link between food and mental health, and eating well can help you feel well

- Try something new
  You might feel like you can't do it – but then you find you can do it. And that can make you feel pretty good about yourself.

Different mental health issues

The following information is for information only. It is not intended to replace medical advice nor is it intended to be used to diagnose mental health issues[35].

Anorexia and bulimia

People with anorexia try to reduce their calorie intake. They might also try to lose weight to work off any food they have eaten. Anorexia leaves people feeling they look fat, even if they're very thin.

People with bulimia binge (eat lots of food at once) and then get rid of the food (usually by making themselves sick).

Both conditions leave people worrying about their weight or body shape. They will also be anxious about gaining any weight.

Anorexia and bulimia are types of eating disorders and can affect both girls and boys.

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[34] ChildLine What is Mental Health? https://www.childline.org.uk/info-advice/your-feelings/mental-health/types-mental-health-issues/
[35] Added text by CTWWC

Anxiety and panic attacks

Anxiety is an uncomfortable tense feeling that can make you feel tired, upset, worried, shaky or light-headed. For most people, it's normal to feel anxious from time to time. But regularly feeling this way can make some people struggle to enjoy their life. If that's happening, it's important to get support.

Anxiety can also cause panic attacks. A panic attack is when you get a sudden rush of fear and feel less in control. It can make you feel like your heart is beating really fast, give you shortness of breath and feeling faint. A panic attack can be scary but it won't physically hurt you.

Attention Deficit Hyperactivity Disorder (ADHD)

Someone with ADHD has a lot of energy and might find it hard to concentrate on something for a long time. They'll also find it difficult to control their behaviour. ADHD affects around 1 in 100 young people and is more common in boys than girls.

Bipolar Disorder

Bipolar disorder (which used to be called manic depression) is a mental health condition which leads to somebody changing from being really hyper (or manic) to feeling very low and depressed. You could feel extremely happy or extremely down for days or even weeks.

It's normal for your mood to change each day as well as a few times during the day. But if the changes are causing problems in day-to-day life, then you might need to talk to a mental health specialist or adult you trust for some help.

It affects roughly 5 in 100 people but is rare in young people. Some people might have these symptoms but not have bipolar disorder.

Borderline Personality Disorder

A personality disorder is a mental health condition that makes it hard to manage thoughts about how you see yourself, and how you deal with or act in relationships with others.

Borderline Personality Disorder (BPD) is one of the most common personality disorders. It affects your mood and how you communicate with other people. It has a lot of different symptoms, and lots of people without BPD might have some of those symptoms. Whether someone has all of these symptoms or just a few of them, there are ways to cope.

Living with Borderline Personality Disorder:
Whether you've been diagnosed with Borderline Personality Disorder or you think you might have it, there are things you can do to cope:

- Focus on something you enjoy. This can help distract you from difficult feelings.

- Find somewhere you feel calm. If you're struggling to manage your feelings, taking some time to relax can make a big difference

- Make a plan for when things get too much. It could be having somewhere to go, someone to talk to or doing something that calms you down.

- Talk to an adult you trust. This can help make sense of confusing feelings you may be having.

Depression

When someone talks about feeling depressed they might mean lots of different things. Some people might say it when they're feeling down or sad, other people will have a diagnosis of depression.

Depression is a mental health condition which only a doctor can diagnose. No matter what's happening, there are ways to get support.

It's normal to feel sad or down sometimes. But if your sad thoughts and feelings are stopping you from enjoying things in your life that you used to, or you feel that life isn't worth living, it's important to speak to an adult you trust.

People might be depressed after something happens, like someone close to you dying. Sometimes it's hard to see any reason why you're depressed.

Speaking to someone about how you feel is the first step in getting help with depression. You could ask an adult you trust for help.

Obsessive Compulsive Disorder (OCD)

OCD is a mental health condition that makes someone think about things over and over and repeat an action or behaviour again and again. This can cause a lot of anxiety.
Someone with OCD might feel they need to carry out a "ritual" to help manage the feelings they are getting.

An example would be if someone is worrying about packing the right books for school and checking their bag lots of times to make sure the books are still there.

Post Traumatic Stress Disorder (PTSD)

It's normal to have experiences that are difficult to cope with. When someone feels like their life is in danger this can be traumatic and make it hard to cope in the future. People who have similar difficult experiences might have similar feelings.

PTSD can make someone:

- have flashbacks, problems sleeping and nightmares

- become depressed

- struggle with other mental health issues.

There are ways to cope and get help when you've experienced trauma. If you think you might have PTSD, it's important to speak to an adult you trust.

Psychosis and hearing voices

Psychosis is a mental health condition that causes people to have very different experiences of reality from other people. Someone with psychosis might:

- hear, see or sense things which other people don't

- have jumbled or paranoid thoughts, including worries about what other people may be thinking about them

- experience muddled speech

Lots of people might have these symptoms but not suffer from a form of psychosis.

Hearing, seeing or sensing things that other people don't doesn't necessarily mean you have psychosis or a disorder like schizophrenia. Talking to yourself or listening to your thoughts is different to hearing voices which are out of your control. Most young people who hear voices don't have these conditions as the symptoms can be triggered by lots of different things.

Having the first conversation

The sooner we encourage a young person to disclose their self-harm, the sooner we are able to provide or seek appropriate support to help them break the cycle. We can do so by passing our concerns on to a safeguarding officer or by providing a safe space for the young person to talk to us.

The most supportive first conversation is one where:

- you are realistic and upfront about confidentiality

- the young person is the sole focus of your attention

- you spend most of your time listening, not talking

- the young person tells their story, you never guess or assume

- there is a feeling of acceptance and support, not judgement

- self-harm is not dismissed as attention seeking

- this is recognised as the first step of a difficult journey

- clear next steps are identified and followed up promptly

- you recognise how hard this conversation must be for the young person

- you respond calmly – even if you don't feel calm

See below for tips on what can help when having a conversation with a young person and what to try and avoid.

YOUNGMiNDS

Ways to feel calmer – ideas for young people[36]

Try one of these things every day:

- Be kind to yourself.
  Think about what you'd say to a friend if they were in your position.

- Check your basic needs.
  Think about whether you're hungry, thirsty or tired - and eat, drink or rest if you need to.

- Focus on things right now.
  If you're feeling overwhelmed or angry, take yourself out of the situation by pausing for 30 seconds and feeling your feet firmly on the ground or your back against a chair.

- Take a break.
  Make time to listen to music, go for a walk or have a chat with family or friends.

- Take deep breaths.
  Take 5 deep breaths in through your nose and out through your mouth.

- Be kind to other people.
  Help yourself to feel proud or good by doing a random act of kindness like offering to wash up, make someone a cup of tea or get involved in volunteering.

- Learn to say no.
  Think about yourself before others – if someone is taking up a lot of your time and it's making you stressed or upset, let them know when you need a break.

THINGS TO TRY RIGHT NOW

If you're struggling with your thoughts or feelings, it can help to focus on things around you.

Try naming:

- 5 things you can see

- 4 things you can touch or feel

- 3 things you can hear

- 2 things you can smell

- 1 thing you can taste.

https://www.youngminds.org.uk/media/qtlpw144/hope-clouds.pdf

Hope Clouds

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[36] ChildLine – Ways to Feel Calmer https://www.childline.org.uk/info-advice/your-feelings/mental-health/taking-care-of-yourself/

Notes: