CBM Ireland

Children and Adults-at-Risk
Safeguarding Policy

2019
To be reviewed in 2022
Contents
INTRODUCTION ........................................................................................................... 3
  Risk background .................................................................................................... 3
  Purpose of policy .................................................................................................. 3
  Who this policy applies to .................................................................................... 3
  Adaptation ............................................................................................................ 3
PREVENTATIVE ACTION ............................................................................................ 4
  Safer programming and risk assessments ............................................................ 4
  Working with partners .......................................................................................... 4
  Safeguarding in Humanitarian Action .................................................................... 5
  Research, Media and Communications ................................................................... 6
  Safer recruitment and contracting ........................................................................ 9
    Consultants, suppliers and contractors ............................................................... 9
RESPONSIVE ACTION ............................................................................................... 11
  Managing disclosures by children or adults ........................................................ 11
  Reporting concerns and incidents of abuse ......................................................... 11
  Incident management duties of Safeguarding Committee ................................... 12
    Survivor Support .............................................................................................. 12
    Care for incident managers .............................................................................. 12
GOVERNANCE AND ACCOUNTABILITY .................................................................. 13
  Governance and management policy implementation actions ........................... 13
  General policy implementation actions ............................................................... 13
Annex 1: Definitions ............................................................................................... 14
Annex 2: CBM Safeguarding Behaviour Code ....................................................... 17
Annex 3: Incident Management Flow chart .......................................................... 20
Annex 4: Safeguarding Incident Reporting Form .................................................... 21
Annex 5: Safeguarding Incident Classification and Management at CBM ............ 23
Annex 6: Consent form for using pictures, images or stories of children and adults ..................................................................................................................... 24
Annex 7: Terms of Reference for Safeguarding Committee .................................... 26
Annex 8: Safeguarding Focal Person Role Description .......................................... 30
INTRODUCTION

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

Risk background
CBM works in a range of development and humanitarian contexts in which women, men, girls and boys with disability can be at higher risk than the general population. It notes with concern that children with disabilities are more than three times more likely to be abused than children without disabilities. Adults with disabilities – especially women – are also highly vulnerable to experiencing abuse if safeguards are not in place. CBM believes that every child and adult have the right to protection and to live in ‘safe environments’, regardless of gender, ethnicity, political association, religion, sexual orientation and whether or not they have a disability. It is CBM’s responsibility to make sure that all children and adults who come into contact with CBM’s development and humanitarian programming are safeguarded to the greatest extent possible.

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

Who this policy applies to
This safeguarding policy is a mandatory policy that applies to all CBM Ireland staff (including non-programme staff such as fundraising and admin) and others like consultants, contractors, board members, project visitors, interns and volunteers (hereafter referred to as CBM Representatives). CBM works very closely with and via partners and expects partners to uphold high standards of safeguarding based on the UN Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities.

Adaptation
This policy has been adapted from the CBM International Global policy and has been contextualised to fit the local legal and cultural context, without dilution.

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2 CBM International has their own policy, with which this is aligned.
3 Also important are the International Convention of Economic, Social and Cultural Rights and the Convention on the Elimination of All Forms of Discrimination against Women. The full web link for the International Convention of Economic, Social and Cultural Rights is: https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx.
PREVENTATIVE ACTION

Safer programming and risk assessments
In order to enhance access to services and reduce the risks of abuse, neglect, violence and exploitation towards the people CBM works with, it is necessary for CBM staff and representatives to understand safeguarding risks that may sometimes be inherent in programme work so that incidents are prevented before they happen.
Programme and organisational risk assessments will consider the specific safeguarding risks of girls, boys, women and men with disabilities. Programme managers will ensure that safeguarding risk assessments are conducted in a participatory and comprehensive way when designing and implementing projects and activities that involve (contact, work with or impact on) children and adults-at-risk. The assessment must identify risks and barriers and document steps being taken to reduce or remove them. For example, fast track mechanisms can enhance access to services by the elderly.
Note that the safeguarding risks can differ based on the type of activity, contexts and persons involved among other factors. Find a sample safeguarding risk assessment in appendix 5.

Working with partners
Safeguarding is an integral part of CBM’s partnership commitment and CBM expects its partners to either have or to develop within an agreed timeframe a safeguarding policy or have similar arrangements, which are in line with the UN Convention on the Rights of the Child4 and the UN Convention on the Rights of Persons with Disabilities.

CBM also expects the following from partners:
1. All partners and sub-partners should develop inclusive and child-friendly (if working with children) approaches to programming for all stakeholders. This includes development of feedback mechanisms that are child-friendly (if working with children) and accessible.
2. Women, men, girls and boys should be actively and meaningfully encouraged to participate in the design, monitoring and evaluation of activities that affect them.
3. Inform girls, boys, women and men involved in their programmes and operations how they can report safeguarding concerns and the follow-up actions that will be taken.
4. Partners’ program managers should ensure safeguarding risks of programs are assessed and managed.
5. If a serious safeguarding incident (abuse, neglect or exploitation) occurs within a partner organisation,

4 The full web link for the UN Convention on the Rights of the Child is: https://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx
CBM expects to be informed at the earliest possible time via the Safeguarding Focal Person about the non-confidential details of the incident, and the partner’s response. Responses may include medical, psychological and legal measures taken in the interest of the concerned child (ren) or adults; investigation of the incident; preventive measures or measures taken by/with the family and community.

• CBM will offer advice or refer to local expertise if requested by the partner to do so.

• Should the partner not take appropriate and timely action or ignore the incident, CBM will offer recommendations. As a last resort, CBM reserves the right to withhold funds from the partner until appropriate measures are taken or to end the partnership contract.

Safeguarding in Humanitarian Action

Humanitarian situations pose some of the highest risk for abuse, neglect and exploitation. These risks are higher for girls, boys and women with disabilities and the elderly. Article 11 of the Convention of the Rights of Persons with Disabilities highlights the obligation to ensure the protection and safety of persons with disabilities in situations of risk, including armed conflict, humanitarian emergencies and natural disasters. Therefore, it is important to mainstream safeguarding in all stages of CBM’s humanitarian action – in disaster preparedness phase, response and early recovery, in order to fulfil its duty of care.

CBM requires the Safeguarding Policy and the behaviour code to be adhered to in development and humanitarian programmes. It is also important that the policy provisions of CBM International are implemented by country programmes as a means of institutional readiness to respond to humanitarian crises, building a solid foundation and frameworks within which the humanitarian staff of CBM and its partners works. In combination with other provisions of this policy, below are some specific ways CBM Ireland expects CBM International to reduce safeguarding risks in humanitarian action:

1. Country Director or Representative or ERU (Emergency Response Unit) Programme Manager will appoint a Safeguarding Focal Person and incident management team among the humanitarian response team for all L 3 (Level 3) engagements. This team will report to Emergency Management Team set up for all L 3 response, providing strategic oversight and overall management support. For all L 1 and 2 responses, under the direct leadership of Country Director/ Representative, the locally existing safeguarding focal person and incident management team will ensure this role.

2. For L3 responses, the ERU Program Manager (and Country Director for L1 and L2 responses) will ensure (and transfer these expectations to partners’ leadership):

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• Safeguarding risk assessments are incorporated into humanitarian programme design\(^6\), budgeting and operational processes like surge capacity recruitment and selection of new partners.
• All new CBM and partner representatives involved in humanitarian response receive a safeguarding briefing as early as possible in the response phase and existing staff involved in response receive a refresher briefing at the beginning of response.
• Opportunities are sought for more detailed safeguarding training/refreshers as part of the humanitarian training programmes and tailored to different levels; for example, for partners, coordination teams/managers, field work teams, volunteers, community representatives, Partners, Disabled Persons Organisations.
• Child and adult safeguarding obligations are included in contracts of new partners, sub-partners, staff and representatives.
• The available feedback and accountability mechanisms are documented and publicised, that they are as accessible as possible, and any complaints are responded to in a timely manner.
• Safeguarding actions during humanitarian action are documented and reported.
• CBM International’s established incident management procedures are followed when incidents occur.

Research, Media and Communications
It is important that ethical and protective principles in research, media and communications are followed to ensure that children and adults are represented in a dignified way, that their participation is not exploitative, and that people and organisations do not use photographs and related information beyond the agreed purposes and consent.
CBM Ireland is a signatory of the Dóchas Code of Conduct on Images and Messages\(^7\) and commits to applying the Code’s principles to ensure sound and fair communications.

The Code is founded on a framework of three core values:
Respect for the dignity of the people concerned;
Belief in the equality of all people;
Acceptance of the need to promote fairness, solidarity and justice.

The following safeguarding measures should be followed for all research, media or communications activities:
1. Conform to the highest standards in relation to human rights and the protection of vulnerable people.
2. Choose images and related messages based on values of respect, equality, solidarity and justice;

\(^{6}\) Refer to CBM document detailing common safeguarding risk by humanitarian activity
\(^{7}\) https://dochas.ie/images-and-messages
3. Truthfully represent any image or depicted situation both in its immediate and wider context so as to improve public understanding of the realities and complexities of development;

4. Avoid images and messages that potentially stereotype, sensationalise, or discriminate against people, situations or places;

5. Use images, messages, and case studies with the full understanding, participation and permission of the subjects (or the subjects’ parents/guardians);

6. Ensure those whose situation is being represented have the opportunity to communicate their stories themselves;

7. Methodologies of research should be reviewed by the project lead and any other stakeholder(s) for safeguarding risks and compliance with other CBM policies and procedures.

8. The contract and terms of reference of consultants, journalists, photographers, researchers, volunteers or other parties involved should be based on the latest versions of approved CBM templates, policies and principles. It should also detail how the information collected will be used and shared. This should be in line with the consent forms used to indicate willingness to participate.

9. All those involved in gathering the stories should be briefed on CBM’s Safeguarding Policy and sign/commit to adhere to the Code of Conduct and Safeguarding Behaviour Code.

10. All people being asked to provide consent will be informed that participation in any media or research activity is voluntary and that they are allowed to decline participation at any time without negative consequences.

11. The ‘two adult rule’ should be adhered to when interviewing children. For adults, the option to have a support person of choice should always be open. While cultural sensitivities vary from country to country, photographs may be used outside of the country in which they were taken. Therefore, the following directives apply in regard to pictures of children:

   a. In some communities that CBM and partners serve, it is normal that young children are not fully clothed all the time. In view of this, the following standards should be followed during filming and photography:

      i. young children should at least have their bottom half covered.8

      ii. All other children must be clothed top and bottom.

      iii. Clothing must also be appropriate with consideration given to the child’s local context and the international context in which their image will be used.

   b. Consent forms will be properly stored, preferably also in soft copy.

   c. Pictures, materials and personal information regarding children will be held in a secure access-restricted database and applicable data protection laws will be followed.

12. Establish and record whether the subjects wish to be named or identified and always act accordingly; When publishing the materials, the identity

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8 E.g. toddlers. It is acceptable to use age estimates for this purpose.
and traceability of the children will be protected, for example, use only the first name and general location like country or state.

13. If a third-party requests to use the picture, for example, a cluster or a sub-partner, they must sign an agreement to adhere to the same conditions of use for which the consent was given.
Safer recruitment and contracting

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

- All CBM job advertisements state that ‘CBM is committed to safeguarding children and adults-at-risk’.
- Candidates will have their identity checked against original documents.
- Candidates will have their employment history checked, including an inquiry of any gaps between jobs.
- Candidates will be asked specific safeguarding related questions during their interview.
- CBM will ask for references from a previous employer. References should be taken verbally and should note tone and manner of responses as well as wording. If this is not possible, an academic reference or appropriate, respectable community contact\(^9\) can provide a reference.
- All CBM representatives who will travel to project countries must be Garda vetted, and this vetting must be updated every two years. If CBM representatives have not been regularly resident in Ireland they must provide evidence of good conduct through a ‘Police Record Check’, sometimes called a ‘Certificate of Good Conduct’. If this is not available in the candidate’s country of residence, CBM will ask them to sign a written self-declaration of good conduct.
  \(^{\text{Note that a criminal record is not an automatic disqualification to work for CBM. The CEO in consultation with a senior manager or board member can decide whether to proceed with the candidate’s appointment, depending on the nature of crime. When in doubt, do not appoint the candidate.}}\)
- All CBM representatives must sign CBM’s Code of Conduct and Safeguarding Behaviour Code upon appointment.
- The Safeguarding Focal Person will ensure that the new recruit receives an induction in safeguarding within one (1) month and no later than three (3) months after appointment.

Consultants, suppliers and contractors

- Before contracting, the project manager must ensure that all consultants, suppliers, contractors and sub-partners receive information or briefings on the Safeguarding Policy and their obligations under it.
- All contracts should include a clause stating that the party being hired will adhere to CBM safeguarding policies and procedures and to CBM’s Code of Conduct.\(^10\)

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\(^9\) For example: community leader, religious leader, doctor, lawyer.

\(^10\) This Safeguarding Policy should be considered as complementary to CBM’s Code of Conduct, which has a broader scope.
RESPONSIVE ACTION

Incident management processes will be as accessible as possible and specific to the needs of those concerned\(^\text{11}\). Safeguarding Focal Persons shall ensure that each country office has a local safeguarding resource and referral list that is updated at least annually.

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

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

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

- Notify the Safeguarding Focal Person.
- Notify the Global Safeguarding Manager (the email for the Global Safeguarding Manager is safeguarding@cbm.org)
- Report via the anonymous whistle-blower mechanism on CBM International’s website \(^\text{12}\)

If you are emailing a disclosure to your safeguarding focal person or the Global Safeguarding Manager:

- Mark the email as ‘Urgent’ and set it as ‘High Importance’.
- The subject line should read: “\textbf{ATTENTION! Confidential!}”

There will be no action taken against anyone who reports a concern in good faith which, following investigation, proves unfounded. However, if a CBM representative knowingly and wilfully reports information with malicious intent, this will lead to disciplinary action. All safeguarding notifications will be treated and managed with confidentiality to protect the identity of those concerned, in accordance with European Union data protection and national laws as applicable.

\(^1\text{1 For example, sign language interpretation for an interview with a deaf person or use of large print for a person with low vision.}
\(^1\text{2 https://www.cbm.org/Accountability-and-Reporting-385020.php}
Incident management duties of Safeguarding Committee

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

1. On receiving an incident notification, the Safeguarding Focal Person (or whichever safeguarding committee member gets this information first) will convene a meeting of the Safeguarding Committee within 24 to 48 hours. Note that sexual and physical abuse incidents need immediate action due to specific medical and legal procedures needed.

2. The Safeguarding Committee (accompanied by the Global Safeguarding Manager where needed) will meet and follow the procedures in their Terms of Reference.

3. In cases of very serious or complex incidents, CBM’s multi-disciplinary Crisis Management Team may be called upon by the Safeguarding Manager or Safeguarding Committee.

4. At resolution of the incident, key stakeholders are informed of the outcomes as appropriate.

Survivor Support

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

CBM will take the necessary steps within the resources available, to promote their welfare and safety. This may include but not be limited to facilitation of or referrals to competent service providers in the area of medical, psychosocial, legal or other support services required by the survivor(s) and if needed, their caregiver(s). They will also receive appropriate information regarding the outcomes of any incident management procedures.

Care for incident managers

CBM provides confidential care support services for staff in case of psychological or emotional issues such as stress, anxiety and depression, pressure, work performance or any other challenges. In case of high stress incidents, CBM staff involved are encouraged to utilise this service, which is also available for staff with hearing impairments.

For serious incidents, regular debriefs by the safeguarding committee is also encouraged. If the above-mentioned services are insufficient, please notify the CEO.

13 Annex 7
14 Annex 7
GOVERNANCE AND ACCOUNTABILITY

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

Governance and management policy implementation actions

- CBM (via department heads) will integrate safeguarding measures into relevant core internal processes such as: planning and programme design, partner agreements, risk management, monitoring and accountability mechanisms and recruitment processes.
- While safeguarding is everyone’s responsibility, managers are accountable to ensure that this safeguarding policy and its provisions are implemented in their respective work domains in both operations and programme departments and that safeguarding risks are identified and reduced.
- Safeguarding trainings are compulsory and should be made accessible to all CBM staff annually. All staff and representatives must be informed about this policy and their obligations towards it. This may involve translated formats in order to make this information more accessible.
- It is important to ensure that CBM has a 1 to 3 (one to three) year safeguarding action plan that is reviewed at least annually.

General policy implementation actions

- All CBM representatives will be required to sign an acknowledgement and consent to the behaviour code in this policy prior to their appointment.
- The www.cbm.ie homepage and every workplace will display information stating that ‘CBM is committed to the safeguarding of children and adults’ and display contact details of the local Safeguarding Focal Person.
- The Safeguarding Focal Person will submit an annual report of registered safeguarding concerns and development to CBM’s Senior Management Team, Governance & Policy Committee and Board of Directors.

Policy review

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

This policy has been developed with the widest scope to ensure safeguarding and do-not-harm principles are upheld – but CBM recognises its responsibility to be ever vigilant and responsive to ensure effective, robust safeguarding practices are in place.
## Annex 1: Definitions

<table>
<thead>
<tr>
<th>Word / Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td><strong>Safeguarding of children or adults</strong></td>
<td>A set of organisational policies, procedures and practices designed to ensure that no harm comes to people as a result of contact with an organisation’s programmes, operations or people.</td>
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<tr>
<td><strong>Child</strong></td>
<td>A person under the age of 18 years.</td>
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<tr>
<td><strong>Adult</strong></td>
<td>A person aged 18 years and older. Note that an adult with or without disabilities has the same legal capacity.</td>
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| **Adult-At-Risk (vulnerable adult)**    | 1. Any person aged 18 years and older who may be at risk of abuse or exploitation due to their dependence or reliance on others for services, basic needs or protection, and according to context, for example, in humanitarian situations.  
2. An adult may also be at risk/vulnerable when in a relationship (social or work) with another who seeks to misuse their position of authority or trust to control, coerce, manipulate or dominate them.  
3. An adult may also be at risk if their decision-making capacity is impaired and/or they do not have the support to make a decision. |
| **Assent**                               | Assent is the agreement of someone not able to give legal consent to participate in the activity. For example, work with children not capable of giving consent requires the consent of the parent or legal guardian and the assent of the child. |
| **Assisted Decision making**             | 16 This is assisting or supporting an individual to make a decision on their own by giving them the tools they need, rather than making the decision for them. This is also where when a person whose capacity to make a decision is in question, they appoint a person to assist or co-decide. It is also when somebody has appointed another to represent them for the purpose of making a decision. |
| **Child Abuse**                          | Child abuse consists of anything that individuals, institutions or processes do or fail to do that directly or indirectly harms children or reduces their prospect of safe and healthy development into adulthood. |
| **Child Protection**                     | Child programmes, projects and advocacy measures designed to protection is a programming approach involving prevent and respond to abuse, exploitation, neglect and violence against children. It generally focuses on risks and issues caused |

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15 Adapted from Tear Fund’s working definition May 2018 and St. John’s Children and Vulnerable Persons Member Handbook – July 2016

| **Confidentiality** | For the purposes of this policy, confidentiality means that information about each incident will only be shared on a need-to-know basis. |
| **Free and Informed Consent** | The voluntary agreement of an individual who has the capacity to give consent, and who exercises free and informed choice. |
| **Note on Legal Capacity** | In accordance with Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), CBM recognises that persons with disabilities have the right to recognition as persons before the law and to enjoy legal capacity on an equal basis with others in all aspects of life. |
| **Risk** | Risk means the potential for something to go wrong (and incident or an accident), or the likelihood of a negative consequence to an action. |
| **Risk Assessment** | Risk assessment is a means of identifying potential risks. |
| **Risk Management** | Risk management is identifying potential risks and putting measures in place to prevent, minimise and/or mitigate those risks. |
| **Types of Abuse** | **Physical abuse** involves the use of violent physical force to cause actual or likely physical injury or suffering, (e.g. hitting, shaking, burning, female genital mutilation, torture.)  
**Emotional or psychological abuse** includes humiliating and degrading treatment such as name calling, constant criticism, belittling, persistent shaming, solitary confinement and isolation.  
**Sexual abuse** includes all forms of sexual violence including incest, early and forced marriage, rape, involvement in pornography, and sexual slavery.  
Child sexual abuse may also include indecent touching or exposure, using sexually explicit language towards a child and showing children pornographic material.  
**Neglect:** a child or adult can be neglected when there is failure to protect them from harm when in a position to do so. **Child neglect** is deliberately not meeting the child’s basic needs. |
| **Grooming/online grooming** | When someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking. Children and young people can be groomed online or face-to-face, by a stranger or by someone they know - for example a family member, friend or professional.  
17 Definition from NSPCC. |
| **Sexual Exploitation** | Any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but |
not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.

<table>
<thead>
<tr>
<th>Sexual Exploitation of a Child</th>
<th>CBM believes that:</th>
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<tr>
<td>a. sexual activity with a child with or without their consent is child abuse</td>
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<td>e.g. rape, indecent assault;</td>
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<tr>
<td>b. consensual sexual activity with a child over the legal age of consent of the country in which she/he lives and/or in which the offence occurs, but below 18 years (although not a crime) will be dealt with as a breach of CBM’s Safeguarding Policy and the Code of Conduct.</td>
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<tr>
<th>Harmful Traditional Practices</th>
<th>Practices that are accepted, and often expected, by certain cultures and communities but are harmful to children or adults. Examples include: Physical and humiliating punishment; female genital mutilation / cutting, early and forced marriage, and child/forced labour among others.</th>
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<tr>
<th>Child Labour</th>
<th>Child labour is work that is likely to be hazardous; interferes with the child’s education; is harmful to the child’s health or physical, mental, spiritual, moral or social development, is mentally, physically, socially or morally dangerous and harmful to children, and interferes with their schooling by:</th>
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<tr>
<td>• depriving them of the opportunity to attend school;</td>
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<td>• obliging them to leave school prematurely; or</td>
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<tr>
<td>• requiring them to attempt to combine school attendance with excessively long and heavy work.</td>
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<tr>
<th>Female Genital Mutilation/Cutting</th>
<th>Female Genital Mutilation (FGM) is internationally recognized as gender-specific abuse. It may involve:</th>
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<tr>
<td>• partial or total removal of the external female genitalia</td>
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<tr>
<td>• stitching of the vaginal opening</td>
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<tr>
<td>• non-cutting procedures such as pricking, piercing and burning</td>
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<tr>
<td>The procedure carries very serious physical and mental health risks for girls and women and can lead to complications in pregnancy and childbirth.</td>
<td></td>
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</tbody>
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| Early and Child Marriage | Early and child marriage is commonly understood to mean marriage under the age of 18 years. Early and child marriage often deprives girls in particular of their education and options in life and leaves them vulnerable to abuse, sexually transmitted infections and problems associated with early pregnancy. |

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18 ILO definition of Child Labour

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

I, acknowledge that I have read and understand CBM’s Child and Adults-at-risk Safeguarding Policy 2019. By signing this document, I agree:

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

In this respect I will:

- Be committed to creating a culture of openness and mutual accountability at the work place.
- Adhere to the general principles of the UNCRPD21 by respecting the inherent dignity, individual autonomy and independence of persons; non-discrimination, promoting full and effective participation and inclusion of persons in society; respect for differences and acceptance of persons with disabilities as part of human diversity and humanity, promoting equality of opportunity and equality between men and women, promoting accessibility and respect for the evolving capacities of children with disabilities.
- Apply the ‘two adult rule’ when conducting any activity with children. This means that another adult (a colleague or child’s caregiver) should be present or easily reachable/nearby. In cases when this is not possible, I will inform my Supervisor in the interests of transparency and accountability. Adults should also have the option of having an adult support person if they request.
- Ensure physical contact is always appropriate. (It is the responsibility of CBM representatives to understand the cultural contexts in which they work, and to know what culturally appropriate behaviour is).
- Use positive, non-violent methods to communicate and role-model good behaviour to children.
- Adhere to children and adults’ consent decisions for taking photographs, filming or writing reports for reporting or public relations work.
- Protect and handle personal data of children and adults with care and ensure that this is also respected by third parties who receive information about children from CBM or its partner organisations.
• Notify my Safeguarding Focal Person as soon as possible (no later than 48 hours after receiving a complaint/witnessing an incident) about any concerns, allegations and incidents of abuse, neglect and exploitation regarding CBM staff, representatives, programmes and operations.

• Comply with any safeguarding investigation (including interviews) and make available any necessary information.

• Adhere to the Dóchas Code of Conduct on Images and Messages19 by:
  o Choosing images and related messages based on values of respect equality, solidarity and justice;
  o Truthfully representing any image or depicted situation both in its immediate and in its wider context so as to improve public understanding of the realities and complexities of development;
  o Avoiding images and messages that potentially stereotype, sensationalise or discriminate against people, situations or places;
  o Using images, messages and case studies with the full understanding, participation and permission of the subjects (or subjects’ parents/guardian);
  o Ensuring those whose situation is being represented have the opportunity to communicate their stories themselves;
  o Establishing and recording whether the subjects wish to be named or identifiable and always act accordingly;
  o Conforming to the highest standards in relation to human rights and protection of the vulnerable people.

I will never:

• Hold, fondle, kiss, cuddle or touch children or adults in an inappropriate and/or culturally insensitive way or engage in activities involving close body contact with children or adults beyond the professional requirements.

• Act in ways that may be abusive or place an adult or child at risk of abuse.

• Spend excessive time alone with a child, away from others, behind closed doors or in a secluded area (see ‘two adult rule’ above). This does not apply to children to whom one has legal or cultural care responsibility.

• Develop relationships with children or adults-at-risk that could in any way be deemed exploitative or abusive.

• Marry a person below the age of 18, regardless of consent and local custom.

• Make sexually suggestive comments or actions to a child even as a joke.

• Engage in sexual activity or have a sexual relationship with a child, regardless of consent or local custom. Mistaken belief in the age of a child is not a defence.

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19 https://dochas.ie/images-and-messages
• Engage in sexual activity or have a sexual relationship with an adult beneficiary of CBM or CBM’s partner programmes because of the inherently unequal power dynamics.
• Assist a child in intimate tasks that he or she can do unaided, unless requested (such as taking them to the toilet, bathing or changing clothes).
• Hit or otherwise physically assault or physically abuse children or adults.
• Act in ways intended to shame, humiliate, harass, belittle or degrade children or adults (perpetrate any form of emotional abuse).
• Discriminate against or favour particular children or adults to the exclusion of others with whom I am working.
• Take a child engaged with CBM programmes alone in a vehicle or other means of transportation unless it is absolutely necessary and with parent/guardian and managerial consent.
• Invite adults with whom I am in a professional relationship or unaccompanied children into private residences, unless they are at immediate risk of injury or in physical danger.
• Sleep in same room or bed with children unless absolutely necessary (for example, in crisis situations or emergency shelter situations), in which case I must inform my supervisor, and it should be ensured that another adult is present if possible. Note that this does not apply to an individual’s own children or children for whom they have legal or cultural care responsibility.
• Condone or participate in behaviour with children or adults that is illegal, unsafe or abusive, including being part of harmful traditional practices (like female genital cutting).
• Exploit children or adults for their labour (for example, domestic servants, casual labourers) or for sexual purposes (for example, prostitution) or trafficking. Note that the definition of child domestic work (house help) does not include occasional babysitting, gardening, help with house chores during out of school time.
• Use any computers, mobile phones, video cameras, cameras or social media to exploit or harass children or adults, or access child exploitation material through any medium.
• Give or allow children to use illegal drugs, alcohol or restricted substances or encourage their use.

Location and date:

Signature:

Note: If you are unsure whether an action, activity or behaviour may violate the Safeguarding Policy or Code of Conduct please seek guidance from your local Safeguarding Focal Person or CBM’s Global Safeguarding Manager, who can be contacted by email at safeguarding@cbm.org
Annex 3: Incident Management Flow chart

- Abuse external to CBM staff, representatives or programmes. Inform Safeguarding Focal Person.

- Refers this to local protection systems (law enforcement or other organisations)

- (Possible) abuse by CBM staff, representative or partner

- Inform your local Safeguarding Focal Person immediately (within 24 hours)

- Safeguarding Focal Person informs CBM Global Safeguarding Manager and convenes Safeguarding Committee within 24 to 48 hours

- Committee carries out initial assessment, information gathering (or instigates administrative investigation)

- Provide (directly or via referral) accessible support to survivor(s) in relation to incident e.g. medical, psychosocial or legal services

- Based on information received, draws conclusions and makes recommendations to management.

- If the suspected violation is criminal, committee informs local authorities unless there are significant risks involved with this (and committee has management approval not to report). However, other internal disciplinary action must be taken e.g. dismissal.

- If complaint is substantiated/proven, depending on gravity, outcomes may include:
  - disciplinary action for perpetrator, possible referral to authorities, training/monitoring/shadowing (to address poor practice), risk assessment (of risks inherent in the post), other management implications (e.g. policy or procedure changes)

- If complaint is unsubstantiated/unproven, outcomes may include:
  - support to alleged perpetrator(s) and staff; training/monitoring/shadowing (to address poor practice); risk assessment (of risks inherent in post); other management implications (e.g. policy or procedure changes)

- On a need-to-know basis, inform persons involved of the outcomes. This includes appropriate feedback to the complainant, victim, witnesses, community, and staff team as necessary.

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20 This is based on Plan International’s ‘Case Management Model Critical Steps’.
Annex 4: Safeguarding Incident Reporting Form

Send your email to: your Safeguarding Focal Person: lousetabolbeime@cbm.ie

E-mail Subject: ‘ATTENTION: Confidential!’

Note: The information contained in this form is confidential.

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

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

Type of safeguarding concern or abuse
(Please check appropriate box(es))

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

Victim’s details

Administrative information related to the incident

Location of incident

26. If there are multiple victims, please note that there are multiple victims. Use a separate form for each victim where the incidents are different.
Further details of concern or incident: (including victim's direct words if possible):

If emergency medical care is required, has it been accessed:

Have any referrals or external entities/stakeholders been informed of this incident:

What action (if any) has already been taken and by who:

Report written by:

Submitted to:

Date submitted:

27. Sexual abuse like rape requires urgent immediate medical attention.
Annex 5: Safeguarding Incident Classification and Management at CBM

Minor Incidents
Resolution by local safeguarding committee + inform Global Safeguarding Manager

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

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

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

Serious Incidents
Local resolution in collaboration with Global Safeguarding Manager + CBM’s Crisis Management Team if needed.

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

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

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

If a serious incident occurs at a partner organisation, CBM expects to be informed by the partner at the earliest possible time (via CBM’s Safeguarding Focal Person or Country Director), CBM also expects the partner to appropriately manage the incident and may make recommendations if requested or where necessary. If appropriate and timely action is not taken by a partner, as a last resort, CBM may withhold funds.
Annex 6: Consent form for using pictures, images or stories of children and adults

**Guidelines on obtaining consent**

<table>
<thead>
<tr>
<th>Age of person</th>
<th>Consent of parents/guardians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child age 0 - 16</td>
<td>Consent of Parents/guardians needed. Observe for children’s willingness to participate.</td>
</tr>
<tr>
<td>Child above age 16 but below age 18</td>
<td>Both child and parents/guardians can consent.</td>
</tr>
<tr>
<td>Adult (any person 18 years and above)</td>
<td>Adults can consent on their own. However, in some cases, assisted decision making may be needed.</td>
</tr>
</tbody>
</table>

**Some Details of Person**

<table>
<thead>
<tr>
<th>Name of person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
</tr>
<tr>
<td>Country/Location</td>
</tr>
<tr>
<td>CBM Project/Partner</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

1. I agree to a CBM Representative:

- [ ] Speaking to me and recording my words
- [ ] Making a video of me
- [ ] Taking photographs of me

2. I agree for CBM to:

- [ ] Mention my name
- [ ] Mention what country I come from
- [ ] Use photographs and/or videos of me
3. I understand that the information, photos and/or videos as mentioned above will be used on a voluntary basis (no payment will be received) for the purposes of fundraising, awareness raising, advocacy and other communications with our sponsors, media or the public.

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

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

Declaration of translator or person helping with assisted decision making:

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

Name:

Organisation (if applicable):

Date:

Signature/thumb-print:

Name of person giving consenting:

Relationship to child if consenting on behalf of a child:

Location:

Date:

Signature/thumb-print:

Declaration of person collecting consent:

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

Name:

Organisation:

Date:

Signature/thumb-print:

CBM Christoffel-Blindenmission Christian Blind Mission e.V.,
Stubenraad-Allee 5, 64623 Bersheim, Germany collects information on persons involved in its work.
Annex 7: Terms of Reference for Safeguarding Committee

The Committee is not a regular sitting committee, it is called on by the Safeguarding Focal Person within 24-48 hours of a report being made which requires review and action by the organisation.

Committee membership

- CEO
- Board Safeguarding Lead
- Safeguarding Focal Person
- External resource person if needed

Besides the resource person who may change, the other members of the committee remain the same for each incident management unless there is conflict of interest or absence from office. In cases where the CEO is excluded for this reason, the Chairperson of the Board of Directors takes on the duty or nominates a substitute for the CEO. This could be another Director or member of the Senior Management Team.

In instances where the CEO is the focal person, the CEO may nominate an additional person to the Child Safeguarding Committee to have the required three-member team. However, the CEO cannot be part of any investigation team because the CEO would need to later exercise decision making power concerning the results of the investigation.

Procedure for managing a safeguarding report

1. After receiving a report, conduct an initial assessment, considering the following points:
   - Source of the complaint
   - Nature and context of allegations e.g. is it a case of traditional cultural practice?
   - Time span and when incident/s are alleged to have taken place
   - How many survivors?
   - How many perpetrators?
   - Who else might be involved or have relevant information?
   - What risks need to be considered when taking further action? e.g. Could a child/children be put at further risk by informing the alleged perpetrator of the allegation?
   - Does it involve a partner organisation, associate or NGO?
   - Does the matter breach organisational policy or local laws?
• Does it require significant further enquiry? If yes, appoint and delegate an investigation\textsuperscript{21} team with clear terms of reference following the CHS Alliance Investigation Guidelines \textsuperscript{22}.

• Does this require reporting to the police or any other authority?

• What ‘victim support services’ do the survivor(s) and their family need?

• Is this incident management process accessible for those involved to participate?

• What lessons does our organisation learnt from this incident?

With more information, complaints or allegations may be substantiated, refuted or unsubstantiated. The resulting relevant outcomes may include retraining and/or disciplinary action for substantiated complaints depending on the seriousness of the offence.

2. Inform relevant CBM staff member/s that a concern has been raised/allegation has been made and recommend action(s) that may need to be taken in order to ensure the safety of children or adults at risk.

3. Make discrete enquiries to identify the present and previous appointments of the person involved in order to establish whether there are any previous concerns about his/her practice, or any current grounds for concern in relation to the safety and well-being of children.

4. Organise an initial interview with the person against who the allegation was made as soon as possible. The purpose of the interview is to inform the respondent of the existence of the allegation and of the process being followed. The respondent shall be given information about his or her entitlement to seek legal advice and about the incident management process. The respondent should be informed that he/she is not obliged to respond or to give evidence, but that any statement provided will be taken into account. The respondent should be informed of the nature and detail of the allegation/concern, protecting the privacy of the complainant. The respondent needs to be given enough detail about the disclosure/allegation/concern to be able to offer a response. A written record of the interview must be prepared, agreed with the respondent, signed and dated.

   a. It is essential that any such interview should be conducted in cooperation with any statutory investigation. The timing of this interview should not impede any external enquiries.

\textsuperscript{21}‘Investigation’ is a case management term that refers to a process of information gathering for CBM use. It should not be confused with police investigation. Basic investigation training will be available for Child Safeguarding focal persons.

5. Follow the advice of Child and Family Services / Police where a child protection concern has been referred to them. Allow the Child and Family Services / Police to conduct their enquiries unimpeded. Do not visit the family or contact family members without prior discussion with investigators.

6. Maintain a dialogue with the Investigating Officer or Social Worker to monitor the progress of the case and act on any advice given. Details of contacts made should be recorded chronologically on the Safeguarding Case File.

7. Request for a written account of the outcome of investigation from the Child and Family Services / Gardai.

8. In cases where the Safeguarding Committee does not recommend reporting concerns to the National Children and Family Services or the Police, the individual staff, volunteer or member of the public who raised the concern should be given a clear written statement of the reasons why it is not being reported. They should be advised that if they remain concerned about the situation, they are free to contact the National Children and Family Services or the Police themselves.

9. In cases where there is a delay, and particularly where a volunteer or staff is suspended from duties, it is important to keep everyone informed of the progress of the investigation and to maintain records of such communications.

Note that written notes from all meetings should be kept in a secure, confidential location.

**Procedure if an allegation is made against a CBM representative**

The allegation should be assessed promptly and carefully by the Safeguarding Committee as soon as possible after it is received. It is important that confidentiality is maintained.

1. The first priority is to ensure that no person is exposed to unnecessary risk. CBM will take any protective measures necessary as soon as possible. It will be necessary to decide if a formal report should be made to the National Children and Family Services.

2. The CBM CEO should be informed about the allegation as soon as possible. If an allegation from outside Ireland is made against a CBM Ireland representative while visiting a partner organisation, the Partner
Designated Officer must inform the CBM Safeguarding Manager or the CBM Ireland Safeguarding Focal Person, who will then inform the CEO.

3. The CBM Focal Person should inform the CBM staff member, volunteer etc. that an allegation has been made against them and the nature of the allegation. Note: It is essential that such contact should be conducted in cooperation with any statutory investigation and should not impede any external enquiries.

4. The CBM staff member, volunteer etc. should be given the opportunity to respond. This response should be noted and passed to the National Children and Family Services if a report is made.

5. The named individual may be suspended pending the outcome of the investigation by Children and Family Services and the police.
Annex 8: Safeguarding Focal Person Role Description

**Background & Objectives**

Child Safeguarding focal persons are designated by the CEO to support their office in implementation of CBM's Safeguarding Policy. However, policy implementation responsibility still rests with all staff, especially managers, and should not be assumed by the focal person alone.

In consultation with CBM’s Safeguarding Policy as well as practice in other organisations, the general duties of CS focal persons are elaborated below. This takes into consideration the fact that focal persons (with exception of those who are 100% child safeguarding officers), have other primary roles and responsibilities.

**Key competencies of Designated Safeguarding Focal Persons**

Focal persons should be contextually aware and have the following key competences:

- Developing others
- Attention to Communication
- Influencing Others
- Diagnostic Information Gathering
- Analytical Thinking
- Technical Expertise
- Result Orientation
- Self Confidence
- Personal Credibility

**Duties of Child Safeguarding Focal Persons**

**Source of Safeguarding technical support to colleagues**

Although all staff are expected to understand and implement CBM’s Safeguarding Policy in their various domains, the Safeguarding focal person is a local source of technical guidance in case of questions and doubts. This role is expected to include both child safeguarding as well as safeguarding of adults at risk since there are many similarities in vulnerability, prevention and management of incidents.

**Safeguarding Capacity building**

Relevant knowledge and information is one of the key factors necessary for staff to meet CBM’s Safeguarding expectations. The focal person supports this
knowledge transfer and update through induction for new staff and other representatives, training workshops, communication in meetings, sharing print or audio-visual materials, emails, and other creative means. In order to do this they are required to maintain an up to date understanding of Safeguarding in the development context.

Note: The International Office Child Safeguarding Manager is mandated to support with content development and capacity building. Therefore contact her (Jackline.olanya@cbm.org) for additional support.

Key collaborators for this duty include Program Officers/Managers (who may need back-up in case of partner-level capacity development), the CEO and Senior Management Team members.

**Safeguarding Case management & Crisis Management**

In adherence to strict confidentiality, the Safeguarding Focal Person receives and tracks reports of safeguarding incidents involving CBM staff, representatives (consultants, volunteers, visitors, contractors…) and partners.

The focal person also participates in local management of safeguarding incidents, as directed by CBM’s Safeguarding Policy. Complex cases with far reaching security or reputational repercussions may be directly managed by the CEO or HR Committee of the Board of Directors.

Specific duties in Safeguarding incident case management:

1) Explain the procedures for addressing the concern to the person who has raised the concern and discuss issue of confidentiality and data protection with them.

2) Contact emergency or appropriate services where a child appears to be at immediate and serious risk of harm. An immediate referral should be made to the National Children and Family Services. If it is not possible to contact the National Children and Family Services, the Gardai should be contacted to ensure that a child is not left in a dangerous situation.

3) Convene the Safeguarding Committee (CEO, Board Safeguarding Representative, Safeguarding Focal Person and external resource person if needed) within 24-48 hours of receipt of information about a child safeguarding incident. Besides the resource person who may change, the other members of the committee remain the same for each incident management unless there is conflict of interest or absence from office.

4) Participate in case investigations unilaterally or as part of an investigation team. The investigation is meant to gather more information

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23 In the CBM Safeguarding Policy, 'Investigation' is a case management term that refers to a process of information gathering for CBM use. It should not be confused with police investigation. Basic investigation training will be available for Child Safeguarding focal persons.
about an incident, for CBM’s use. The investigating team has no decision-making authority, this rests with the CEO.

b) For serious and complex cases, in collaboration with the CEO and CBM Federation Safeguarding Manager, collate non-confidential case information to be prepared for a press statement(s).

Coordinate implementation of Safeguarding Action Plan

In order to track the status and progress of the safeguarding action plan, the Safeguarding Focal Person will administer self-assessments/internal-audits versus agreed standards and Safeguarding Action Plans on an annual basis.

The results will be shared with the Senior Management Team and CBM’s Board.

*Note: This duty should not be confused with the overall responsibility for following up on implementation of child safeguarding, which rests with the CEO. Various managers also have the responsibility to safeguard, in their respective roles.*

Support for Focal Persons

IO Safeguarding Manager

The key corporate contact for designated focal persons is the IO Safeguarding Manager – Jackline Olanya (jackline.olanya@cbm.org) who is currently based in East Africa.

Telephone: +256 777 454902

You can also email: safeguarding@cbm.org

CBM Safeguarding Community of Practice

The CBM Safeguarding Community of Practice is a group of colleagues within CBM who have particular interest and responsibility for safeguarding and participate in shared learning events and communications.

Dochas Safeguarding Working Group

The CBM Safeguarding Focal Person is expected to be an active member of the Dochas Safeguarding working Group. The group is comprised of members who have come together to network, learn and share resources and expertise.