

SAFEGUARDING IN EMERGENCIES TOOLKIT



Save the Children

WHO IS THIS TOOLKIT FOR?

The toolkit is designed to be used by Child Safeguarding Focal Points, deployable Safeguarding/PSEA staff, and humanitarian/operational managers and leaders with responsibility for safeguarding.

This toolkit is also relevant for staff and volunteers in fragile states and development contexts

ACKNOWLEDGMENTS

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Cover photo: Akokote, one, with her mother, Akuan, at their home in Turkwel, Turkana County, Kenya. Akokote has been receiving treatment for her third episode Pnuemonia with the help and support of Save the Children trained Community Health Volunteer, Zipporah.

Credit: Jonathan Hyams / Save the Children

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PHOTO: ANAS BABA / SAVE THE CHILDREN

INTRODUCTION

SAFEGUARDING IN EMERGENCIES

Save the Children's vital humanitarian work represents around 50% of all the work that we do and is often made up of a mix of life-saving and life-sustaining work. Because of this, humanitarian workers are placed in a position of trust by the populations they serve.

Sexual abuse, exploitation and other forms of harm become possible when there are imbalances of power, and there are significant imbalances of power between a community in need of aid, and organisations providing aid, and even more so in humanitarian contexts.

Emergencies threaten basic livelihoods and increase food insecurity, and existing power inequalities (around gender, race, age, sexuality and ethnicity) may also be strengthened. The control of resources, services and opportunities (which NGO workers often have) is also a form of power, and is open to abuse by those NGO workers, especially those who make decisions about who can access aid or services, when they can access them, and how often.

We also know that violence against children increases in emergencies. Local services and systems can break down (including schools, medical, legal and social services), as do informal community groups (such as women's groups and school clubs) and family networks can also be affected. All of this can result in more chaotic, fractured communities, which can make it more difficult to recognize, report and prevent violence against children and at-risk adults.

The children and adults we work with have a right to protection from all forms of abuse and exploitation. While most humanitarian workers act compassionately and professionally, there are some who will deliberately seek out, create, or exploit opportunities to abuse children and adults.

“All types of abuse has, at its core; an abuse of power, the violation of boundaries, and the silencing of people”

CONCETTA PEROT, DIRECTOR, 'SURVIVORS VOICES'

Any abuse of children and adults by our staff, partners, volunteers and other representatives (including suppliers, Trustees etc.) directly contradicts the principles upon which Save the Children's humanitarian action is based and can inflict life-long harm on the very people we are seeking to protect.

Save the Children aspires to eradicate child abuse and exploitation within Save the Children, through our commitment to a zero-tolerance approach.



You can read more about our global commitment to safeguarding in Save the Children's Global Child Safeguarding Protocol) which covers all members and SCI country programmes, and outlines the key standards expected.

We are also committed to preventing the sexual exploitation and abuse of adults throughout our work (referred to in this document as 'PSEA' – Protection from Sexual Exploitation and Abuse).

In humanitarian settings, safeguarding risks diversify and multiply – and affected people are at increased risk of neglect, abuse, and sexual exploitation – especially children. For children and adults living with disabilities, the risk of abuse is heightened due in part to stigma, isolation, discrimination and a lack of support. There are also safety risks within the environment – for example, if a programme has not been designed with children in mind, we may cause accidental harm (for example, if a child falls into an uncovered latrine pit, or we set up a child friendly space beside a toxic waste ground). If a programme or building has not been constructed safely, it can also pose serious risks to children and adult safety (for example, if a poorly built classroom collapses). Young people and adults with diverse genders, sexualities and bodies are also at increased risk of harm in many contexts.

Common internal factors (within Save the Children) in an emergency such as rapid recruitment, weakened or non-existent reporting mechanisms, high staff turnover, inexperienced staff, distance supervision, working through partners or government, insecurity, work pressure, and a rapidly evolving context can, and often does, result in enormous internal safeguarding challenges. If there are weakened systems and procedural gaps, this gives adults with a sexual interest in children the opportunity to exploit the fragility of an organisation, by deliberately seeking employment so that they can access (and abuse) vulnerable children. Similarly, staff and other representatives may find it easier to exploit their power over crisis-affected adults in an emergency setting, resulting in sexual exploitation or abuse by staff, volunteers and partner staff. There may also be local laws, norms or cultural practices which perpetrators can try to use to justify their behaviour.



PHOTO: CLAIRE THOMAS/SAVE THE CHILDREN

Emergencies are often chaotic; and external contextual risks can also dramatically increase the safeguarding risk to both children and adults.

Save the Children is committed to ensuring that children and adults are safeguarded at every stage of the response cycle, and this means that we must regularly re-evaluate our safeguarding mechanisms both in preparation for an emergency, and in times of emergency, to ensure that our safeguarding strategies are effective, timely, trauma-informed and survivor-focused, and – crucially – that all of our interventions are informed by the actual experiences, wishes and needs of children and communities.

We must always apply lessons learnt from previous emergencies, including learning lessons from specific cases or where something could have gone wrong, but didn't. Safeguarding is mainstreamed across our organisation – which means that effective safeguarding is everyone's individual responsibility, as well as our collective responsibility. Throughout your safeguarding work, it will be important to work particularly closely with colleagues from Child Protection, Gender-Based-Violence specialists, HR, Gender, and MEAL and other technical specialists, as well as looking to build relationships with local women's rights organisations and groups who tackle violence against women and girls, as well as boys and men. These local organisations will bring a wealth of local knowledge and expertise on preventing and responding to abuse in different forms, and many will have been working on safeguarding and protection issues for decades. Engaging and leaning from these groups will support you to map out and establish survivor/victim focused responses and referral pathways to ensure we provide the right support and protection to those who have been abused or exploited.



The toolkit is designed to be used by **Child Safeguarding Country Leads and Focal Points, deployable Safeguarding/PSEA staff, and humanitarian/operational managers with responsibility for safeguarding.**

The toolkit is not designed to be read cover-to-cover, but instead for you and your teams to dip in and out of as needed, with further reading, resources and examples also available.



Some key areas of our safeguarding work (e.g. Safer Programming, Case Management, Investigations) either already have humanitarian adaptations available, or do not change significantly in emergencies, and so have not been included within this toolkit. Please refer to the **Quality Framework for the most up-to-date versions of these documents.**

WHAT CAN I FIND IN THE TOOLKIT?

Guidance to help you meet **Save the Children's Priority Safeguarding Actions** in emergencies:

1. **Understanding the context**

- Why is this important?
- What increases the risk?
- How do I understand the threats?

2. **Including child safeguarding in the EPP**

- Why is this important?
- Minimum Preparedness Actions
- Advanced Preparedness Actions
- Contingency Planning
- Our gender commitment

3. **Needs assessment and monitoring**

- How to include CSG/PSEA in a needs assessment
- Monitoring

4. **Securing enough staff and resources to safeguard children effectively**

- Things to remember when recruiting staff for a response
- Volunteers
- Incentive workers
- How many staff do I need?
- Planning your budget

5. **Risk assessing all planned programmes and activity**

- What should the risk assessments cover?
- Who runs the risk assessment?
- Sector-by-sector risks

6. **Setting up or checking referral pathways**

- Why is this important?
- Safe and ethical referral
- Types of referral

7. **Setting up or checking feedback & reporting mechanisms**

- Why is this important?
- Training the MEAL team
- Which feedback and reporting mechanism should I use?
- Data protection
- Staff reporting
- The Charity Commission

8. **Training & awareness-raising with staff, partners and volunteers**

- Training staff and partners
- Awareness-raising with staff and partners

9. **A survivor-centred approach**

- Ensuring our response is survivor-centred
- The best interest of the survivor
- Understanding disclosure
- Handling a spontaneous disclosure
- Communicating with survivors & the role of the Survivor's Advocate

10. **Community engagement & awareness-raising with children and the community**

- Tips when communicating safeguarding messages
- Gender mainstreaming in communications
- Key message examples
- Child-friendly messages

11. **Exit strategy planning**

12. **Where can I go for help?**

You can find examples of the various tools and products on the **Humanitarian Safeguarding Toolkit page on OneNet.**



PHOTO: JORDI MATASAVE THE CHILDREN

UNDERSTANDING THE CONTEXT

WHY IS IT IMPORTANT?

The unique context that you are operating in can increase the risk of safeguarding violations. For example, if you are working in an area in which there are already high levels of commercial child sexual exploitation (commonly but misleadingly known as ‘child prostitution’ – a term we never use at Save the Children) or routine dehumanisation of certain groups (for example, refugees or children living on the streets), then it could increase the likelihood that child abuse or exploitation could happen in your programme, in the surrounding area, or that your staff or volunteers may participate in the abuse of children or adults (for example, in nearby brothels).

In some places abuse or exploitation of certain groups of children, or individual children, may be seen as a ‘norm’ locally, and/or staff and volunteers may have prejudices against certain children (for example,

children with disabilities) or may have a mistaken belief that children can consent to taking part in sex work.

These types of norms can mean that:

- Those children are more at-risk of abuse, this could include abuse by international as well as local/national NGO staff, volunteers, partners, suppliers, incentive workers and other representatives
- Indicators of potential abuse may be less likely to be noticed by others, as they are considered ‘normal’
- Abuses are less likely to be reported and responded to
- It is less likely that robust protections/response from local authorities can be relied on

That was just one example, to help you think through the risks in your context. Here are some more **risk examples**, this is not a complete list, but some external factors that increase your safeguarding risk profile include:

High levels of

COMMERCIAL SEXUAL EXPLOITATION

Presence of

EXTREME HUNGER

or lack of access to other vital resources such as water, healthcare or economic opportunities

DISPLACEMENT within COMMUNITIES, or to IDP or refugee camps

High levels of HUMAN TRAFFICKING and/or MODERN SLAVERY

(where people are exploited and completely controlled by someone else, and unable to leave)

Prevalence Child/Early MARRIAGE OF GIRLS

Acceptance of **PHYSICAL VIOLENCE** as a form of punishment (called 'physical and humiliating punishment' or PHP)

CHILD RECRUITMENT INTO ARMED GANGS, militia, police or national forces

Certain groups who are

ROUTINELY DEHUMANISED

(for example, refugees, children and adults with disabilities, children who live on the street or minority ethnic groups)

Prevalence of GENDER BASED and SEXUAL VIOLENCE

GENDER, POWER and economic inequalities

Weak, ineffective or

CORRUPT PROSECUTION/ JUSTICE SYSTEMS

SEPARATION OF CHILDREN from caregivers

Strong belief in WITCHCRAFT

Lack of acceptance of people with **DIVERSE GENDERS, SEXUALITIES and BODIES**

The presence of international organisations such as **PEACEKEEPING MISSIONS**

High levels of **EXPLOITATIVE DOMESTIC SERVITUDE** (including informal fostering arrangements)

HOW DO I UNDERSTAND THE THREATS?

There will be others in your context. A good way to understand what some of these threats are is to talk to your Child Protection, HR, Risk/Internal Audit, Gender and Safety and Security colleagues, and review any gender, protection or security assessments with them. Then, consider how staff, partners or volunteers might use their access to children or adults to contribute (whether unknowingly or intentionally) to these threats.

For example, if you know that modern slavery is common in the local area, it is possible that an organisation's supply chain may accidentally use forced

or child labour, if they do not carefully vet, train and monitor their suppliers. If human trafficking is an issue, it is possible that staff or volunteers might use their access to vulnerable children to locate and traffic at-risk children. Consider the worst-case scenario, and act to mitigate the risk accordingly.

It can feel uncomfortable but imagining how potential abusers could access children and at-risk adults, in order to harm them, can help you prevent this harm from occurring.



INCLUDING CHILD AND ADULT SAFEGUARDING IN THE EMERGENCY PREPAREDNESS PLAN (EPP)

WHY IS IT IMPORTANT?

In addition to understanding the context you work in; it is also important to consider how your context might change in an emergency. This is where 'emergency preparedness' comes in.

The Emergency Preparedness process and plan (EPP) enables Country Offices to robustly prepare for, and respond to, future humanitarian crises, as well as identify and address preparedness gaps. The EPP should be kept up to date (reviewed every six months), and there should be a robust safeguarding element.

There are specific recommended minimum preparedness actions for safeguarding. There may be others, depending on context. The recommended **minimum preparedness actions** include:

- Ensure current list of Child Safeguarding Focal Points is up to date with contact numbers that work; note any gaps in large programme/field offices. If there are gaps, have a plan in place to fill the gaps as soon as possible. Share updated details with Regional Child Safeguarding Director
- Ensure all staff and volunteers have signed, understood and agree to adhere to the Child Safeguarding Policy, PSEA Policy, Global Anti-Harassment Policy and the Code of Conduct; and conduct regular safeguarding training. Partners should have their own safeguarding systems in place; if not they are expected to adhere to Save the Children's
- Ensure all partners have a Safeguarding Policy in place that matches the level of the Save the Children policy, or adopt our Safeguarding Policies, and ensure that the partner has adequate reporting, response and referral mechanisms in place
- Check with MEAL that your Child and Adult Safeguarding Feedback and Reporting Mechanisms are child-friendly, response-ready and adaptable (i.e. do not rely on one person answering a phone!) – prioritise ensuring that those at high risk of harm (e.g. children with disabilities, children living on the street,

unaccompanied and separated children etc.) can access the mechanisms and feel safe to do so

- Check that referral pathways are in place (most often via Child Protection or Gender colleagues)
- Store a supply of communications materials (e.g. posters) in local languages which can be rapidly sent out to new sites, these should outline (at a minimum) the behaviour communities can expect from us, that aid is always free, and how to report any concerns. If literacy rates in your context are low, ensure you plan ways of communicating these messages that do not rely on written materials. Remember that 'safeguarding' may not have a direct translation, so ensure you check which term is best to use locally, to maximise understanding
- Ensure HR is aware of the requirement to include Child Safeguarding messaging and questions in recruitment processes in emergencies; receive robust references and exercise probation periods, and ensure supervision of all staff and volunteers, particularly those newly on-boarded during an emergency.

- Awards know that they need to include approx. 1% - 2% of key grants to child safeguarding activities in an emergency

If you are working in a country which is at high risk of an emergency, you will also be asked to complete **advanced preparedness actions**. These are some examples for safeguarding:

- Ensure all team members are aware of their safeguarding role and responsibilities and what they can do practically in their day to day work to prevent and mitigate safeguarding risks within the context they are working.
- Ensure that all CSFPs (Child Safeguarding Focal Points) are all fully & recently trained on child safeguarding, PSEA, Anti-Harassment, Intimidation and Bullying, Gender, expected conduct and safer programming and are likely to be able to function as CSFPs in an emergency too
- Clear processes in place regarding referral to statutory authorities (i.e. Local/National Police) on issues of potential child abuse/harm by staff, partners, volunteers, and a clear documented understanding of constitutes a criminal act locally
- If not already done, complete a mapping of the services available for survivors (see p10) and request from the team (especially Child Protection, Legal and Safety & Security colleagues) a summary of the relevant laws relating to abuse of children and adults, availability of criminal records checks and any obligations to report to local authorities
- CSG Focal Point(s) are able to conduct assessments on possible increased child and adult safeguarding risks in emergency contexts, in partnership with Child Protection, Gender, HR and other operations staff, and to readapt tools and procedures accordingly



Check out the Voluntary Disclosure Scheme too, which Save the Children has signed up to.

[CLICK HERE](#)

- HR should ensure that hiring practice consider gender balance and vulnerabilities within the affected area



PHOTO: JONATHAN HYAMS/SAVE THE CHILDREN

- Ensure that all programmes have a child-centred lens and all activities have a risk assessment and mitigation plan in place before an activity is carried out
- HR and hiring managers receive the global safer recruitment training and are aware of their responsibilities in safer recruitment
- New Business Development, Programme Managers and Award Managers are aware of the global humanitarian child safeguarding standard to include approx. 1% - 2% of key grants to child safeguarding and PSEA activities in an emergency response for Save the Children
- CSG Focal Point(s) are equipped to deliver regular, contextualised Child and Adult Safeguarding inductions and trainings to any surge staff, and new partners, to help them understand that safeguarding is everyone's responsibility (within 24 hours of arriving)
- CSG Focal Points are able to identify any safety issues that may arise by external reporting (e.g. to the local Police) so that these decisions are not made ad-hoc during the response, but a clear process has already been discussed and agreed with Legal and Centre CSG
- CSG Focal Points are empowered to provide input and feedback on large grants, including the allocation of adequate funding for child safeguarding activities
- Review and update the Child Safeguarding referral processes, to ensure they are all still functioning
- Contextualised, translated Child Safeguarding training presentations are available and ready to use
- Child Safeguarding Policy, PSEA Policy, Anti-Harassment, Intimidation and Bullying and Code of Conduct are available in relevant languages, and in child-friendly format
- Child Safeguarding, PSEA information, education and communication (IEC) materials are printed and in storage, available for immediate use in emergency structures/new programmes (with options for community members with varying/low literacy levels)
- Senior Leadership Team (SLT) are trained on Child Safeguarding, PSEA, Gender and Safer Programming and are committed to ensuring the safety of children within all new and existing programmes
- Update contact list of other NGO's and UN Child Safeguarding/PSEA Focal Points (or equivalent) and reporting processes; especially any that are in consortium with Save the Children and in refugee and IDP camps and settlement areas



PHOTO: ANNA PANTELIA / SAVE THE CHILDREN

If your EPP becomes a **contingency plan**, you will need to include child and adult safeguarding in this too. Consider:

- Are there any child or adult safeguarding trends in your context that are likely to worsen in the event of an emergency; if so, please include mitigation measures
- Outline the child-friendly, community and staff feedback & reporting mechanisms in place, how effective they are and any concerns regarding the impact of an emergency on the mechanisms
- Describe the processes in place for referral of concerns regarding potential child abuse to local or national authorities; and how these might be impacted in an emergency (e.g. if the authorities become a party to a conflict)
- Current child and adult Safeguarding capacity and gaps – consider case management and investigation capacity, staff training needs, support to partners and input into donor grants in response to the emergency
- How are volunteers being used in the response? Who is recruiting them, supervising them, and monitoring their work? Unsupervised volunteers can pose a safeguarding risk to both adults and children
- Any programme or community issues that could arise within the potential crisis or within Save the Children's response that could affect our overall ability to uphold our safeguarding commitment
- How can you work with MEAL to improve feedback & reporting systems and monitoring of programmes?
- How you will advocate to donors to include safeguarding costs within your proposals
- How you will audit your safeguarding processes (work with MEAL & Risk/Internal Controller on this)
- Whether it is safe or not safe to report concerns to the authorities – remember that international policing services may be able to assist in certain cases. Your Regional CSG Director will be able to advise you

Part of ensuring we are prepared for an emergency is working closely with our gender colleagues, as so much of violence and harm towards children and adults is gendered.

OUR GENDER COMMITMENT

The [IASC GBV Guidelines](#) exist to support the design of programmes which mitigate the risk of all forms of GBV, including sexual exploitation and abuse by NGO workers. In addition, Save the Children has developed a Safety Audit and Assessment tool to identify risk and mitigating measures through community consultations and observational monitoring by those at risk.

Save the Children has also made commitments to the GBV Call to Action Roadmap which includes eight priority actions to mitigate and prevent the risk of GBV:

1. Consistent use of the Humanitarian Gender Equality Marker by all Technical Advisors (TAs) to meet the minimum standard of gender sensitive programming.
2. Develop an SCI PSEA policy with accompanying processes/procedures for full integration into all responses.
3. Deploy Gender and/or GBV staff through engagement with the Gender Equality HTWG and select a GBV focal point (to ensure effective inter-agency coordination) for all Cat 1 responses.
4. Conduct a Gender Analysis for all Cat 1 emergencies, where possible through inter-agency efforts.
5. All standardised data-collection tools include GBV and gender equality (including the RTR).
6. Develop evidence-based approaches for gender equality and GBV targeted interventions to pilot in 2 responses.
7. Provide a standardised capacity building module for humanitarian staff on gender equality and GBV.
8. All Cat 1 emergencies draw on guidance to increase the number of female staff at all levels and ensure women comprise 50% of Country Management Teams/Senior Leadership Teams



NEEDS ASSESSMENT AND MONITORING

INCLUDING SAFEGUARDING IN THE ASSESSMENT

One of the first overall steps that the CO or emergency response team will take is to run a needs assessment. This process will ensure that Save the Children's response is appropriate to the needs of the population and is usually managed by the different technical areas. It is a good idea for you to try to include some general safeguarding questions within there, to understand (for example) how children and the community prefer to share concerns.

! There may be one overall multi-sectoral needs assessment, sometimes this can be inter-agency, and follows the Multi-cluster/sector Initial Rapid Assessment (MIRA) framework. MEAL and Gender colleagues may also be planning to run assessments, so find out what is already planned.

[CLICK HERE](#)

Multi-sectoral needs assessments, especially those that are inter-agency, may not automatically be focused on the needs of children unless you and your CP colleagues advocate for this.

Child Safeguarding and PSEA can be included within most needs assessments, but you will need to carefully

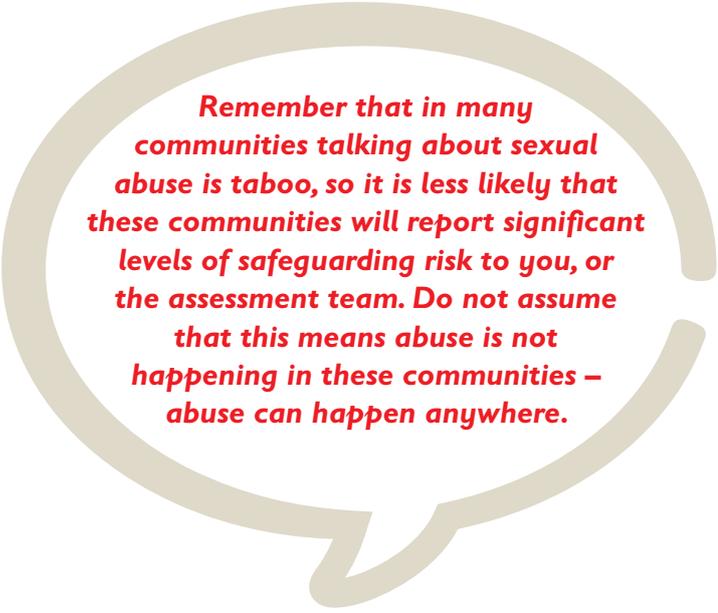
consider gender and cultural norms – you may need to rephrase some of the questions, for example.

You should also monitor changes to risk levels. One way to do this is to use the new Gender & Safeguarding Safety Audit and Assessment Tool. This is not a way to gather direct reports of abuses but can instead help to identify risks to the communities we serve, as well as mitigation measures to enable adaptation of our programmes so that communities are safe from harm. Do make sure that all teams are trained on child safeguarding and PSEA before they gather any information.

Do speak to MEAL colleagues before beginning any safeguarding-specific assessments, as they may have already completed (or about to start) an assessment that looks at preferred ways of sharing feedback for children and adults – you could even run an assessment together. Communities in emergencies can get very frustrated by repeated questions from NGOs, especially if they don't see their recommendations or requests turning into action, so try to limit the number of needs assessments, and instead mainstream safeguarding within existing planned assessments wherever possible (and safe to do so).

Only ask about potential abuse in general terms – do not seek disclosures of abuse unless you or the team have been specially trained. Remember that openly asking about cases of abuse, especially sexual abuse, can put the community and yourself in danger, especially in very conservative societies.

PHOTO: JONATHAN HYAMS/SAVE THE CHILDREN



Remember that in many communities talking about sexual abuse is taboo, so it is less likely that these communities will report significant levels of safeguarding risk to you, or the assessment team. Do not assume that this means abuse is not happening in these communities – abuse can happen anywhere.

It is also worth considering that in some communities, there may be limited, or no understanding of the concept of child sexual abuse – this could be found in communities where child marriage is common, or where sexual abuse of younger boys by older men is seen as a ‘normal’ reaction to the lack of availability of appropriate female partners. In other communities, the concept of sex may only be divided into ‘acceptable’ (i.e. within marriage) and ‘unacceptable’ (outside of marriage), making discussion of different forms of sexual abuse very difficult. In many communities, there are recognised and unrecognised ‘third genders’ and these groups may face additional risks (for example the Aravani, or ‘third gender’ community after the 2004 Indian Ocean tsunami reported being particularly at risk of being forced to exchange sex-for-aid).

Once the data from assessments has been captured, you will need to spend some time with your Gender, Child Protection and MEAL colleagues analysing the data and making recommendations based on what the community has told you. A good way of doing this is by sharing topline data at an SMT meeting and agreeing an action plan. You can then regularly update the SMT on your progress against the action plan.

MONITORING

Monitoring of programmes for safety to children and adults is an essential element of safeguarding. This means checking that risk mitigations are in place, and that the programmes, staff and volunteer behaviour and interaction with children is as safe as possible. Monitoring should be conducted by a CSFP with a Programme Manager or TA. When conducting monitoring visits, it is

best for these to be a ‘surprise’ (if security allows), and to include direct discussions with community members and children around the behaviour of staff and concerns. Try to ensure the same CSFPs conduct the visits regularly, so that children and community members become used to seeing them and talking to them – and always follow up on concerns or suggestions from the community, and explain to the community what has been done in response, or why it was not possible. This is an essential part of building trust. But do also remember that CSFPs can also abuse or harm children or adults, so ensure that face-to-face reporting to one CSFP is not the only option for reporting concerns!

If the emergency response is remotely managed, monitoring visits can be a real challenge. In this case, consider cross-project visits (where staff members from one project or field site monitor another project, and vice versa). You will need to give them training and clear instructions on what to look for, and how to assess risk and mitigations, and discuss their findings with them.

You can also investigate with the MEAL team whether community-led monitoring could work in your context. This means that community members are put in charge of data collection, and you could train groups on how to identify child safeguarding risks (for example, open pits on building sites) as well training them to conduct surveys which look at staff and volunteer behaviour in general terms. This can work well in contexts in which staff are not allowed to access insecure areas, or refugee camps after curfew. Do think about the community members’ safety though, and don’t ask them to do anything that might place them in danger. Also be aware that this model comes with significant risks, including of potential coercion, which you will need to consider carefully.

You can also consider recruiting community safeguarding champions, if you are unable to access the programme area yourself. These are individuals who have been suggested by children and the community as reliable people with integrity. Ensure that there is a male and female mobiliser (in practice, this is often a married couple), and you might want to provide a financial incentive for work (so consider this in the budgeting process). Because they are not direct beneficiaries or staff members, they can sometimes demonstrate greater objectivity when monitoring. They should receive extensive training and support and can assess projects in terms of child safeguarding risks and mitigations and can also check on safeguarding awareness and behaviour of staff and volunteers. If your programme already has Protection or GBV community champions, you may be able to expand their role, with extra training so they understand the difference between protection and safeguarding and can refer concerns properly.



PHOTO: JONATHAN HYAMS/SAVE THE CHILDREN

SECURING ENOUGH STAFF AND RESOURCES TO EFFECTIVELY SAFEGUARD CHILDREN

At the outset of any emergency, it can be a challenge to ensure that your Country Office has enough staff and funding to deliver effective safeguarding in the response. In all recruitment, remember that Safer Recruitment principles must be followed even in an emergency; including background checks, referencing and probationary periods.

THINGS TO REMEMBER WHEN RECRUITING STAFF AND VOLUNTEERS IN AN EMERGENCY

When recruiting staff, especially for remotely managed programmes, remember that HR should try to ensure gender-balanced, diverse and inclusive teams within mobile programming, and at all project sites (this may mean that all accommodation for staff is segregated and appropriate for people of diverse genders, as well as other measures to support inclusivity and diversity). HR should work with a suitable recruiter locally to ensure an inclusive and diverse pool of candidates are aware of the vacancies.

Ensure that local staff, including volunteers, are given plenty of opportunities to share feedback to different senior leaders about the way that they, children and the community have been treated by Save the Children, and be alert for any indicators of potential safeguarding violations. One practical way to do this, is that every time an SMT member visits the field, he or she takes the time to speak 1:1 with different national staff at all levels, and hosts roundtables with national staff to allow them

to raise any concerns. This type of discussion should always include a confidential discussion with female staff members (with no males present in the room). Individual concerns will be handled by HR, but trends or patterns of anonymised concerns can be discussed at the SMT level, and action plans agreed.

Ensure HR and managers who are recruiting staff use safer recruitment and values-based practices in interviews, to explore motivations for working with children, not just skills/experience. You can encourage recruiters to use role-play in skype or face-to-face interviews, to explore how a staff member might react to a safeguarding concern. This is particularly useful in contexts where their traditional harmful practices are prevalent (for example, physical and humiliating punishment) and you need to ensure that the new staff member does not support the harmful practices.

The physical and mental well-being of staff is also important for safeguarding. Stressed, exhausted staff are more at risk of resorting to harmful behaviour against children and other community members (for example, using physical punishment or shouting at children) and also less likely to notice and report safeguarding concerns.

Encourage your SMT and HR staff to ensure that general living conditions and access to essentials (food, clean water and privacy) are in place, and that all staff and volunteers have adequate rest periods and access to leisure activities.

VOLUNTEERS

There is often a great deal of reliance on volunteers in humanitarian responses. These volunteers are often drawn from the crisis-affected population, or from the host community and can be very dedicated, and passionate about supporting the response. Because they are recruited rapidly, sometimes for very short periods of time, it is easy to forget that they also need to be background checked and reference checked, and receive child safeguarding training, but this is essential. Remember that the Child Safeguarding Policy covers volunteers as well as staff and partners.

Apart from exceptional circumstances, volunteers should not be left in overall charge of programme delivery, should not be solely responsible for safeguarding, and should not be left unsupervised with children or have responsibility for groups of children without a staff member present too. Remember that no staff member or volunteer should ever be alone with a child or children with whom they are working.

Regular staff monitoring of the work performed by our volunteers is critical, including direct consultations with children who are in programmes staffed by volunteers. Volunteers also must not be responsible for deciding who does and doesn't receive support or assistance – this should always be done by staff members, often in conjunction with community groups or committees.

A system to monitor, manage and support volunteers should be set up by HR. This includes a database of volunteers so that we know how many volunteers we have, who they are and how they can be set up by programme leads.

Volunteers are often critical to quality program delivery, so it is very important to consider how the volunteers will be supported and trained. There may be a need for some behaviour change training too (for example, if the use of physical and humiliating punishment is common in the community).

Volunteers can also be very good at providing feedback on the response, as they will often have strong links into the community and may hear things that you do not. Try to ensure that volunteers fully understand how to share any safeguarding concerns that they have, listen carefully to their feedback, and act on it swiftly.

INCENTIVE WORKERS

If incentive workers (e.g. beneficiaries completing cash-for-work activities) are part of the response, work closely with HR and operations colleagues to ensure the safeguarding risks associated are properly captured. For example, incentive workers may continue to have access to children and at-risk adults after their role with Save the Children has ended, and may be able to abuse their position of perceived power.

Incentive workers should always be supervised when working with children and at-risk adults, and should be trained on child safeguarding and PSEA too. Remember that incentive workers may have access to children outside of their role with us, so it's very important that this group understand our rules and that any concerns regarding behaviour are immediately reported and acted on. Similar to volunteers, incentive workers should never have responsibility for managing safeguarding, for supervising children without a staff member present, or for deciding who does and doesn't receive aid or support.

HOW MANY CSG STAFF DO I NEED?

In the immediate aftermath of a response, a lot of focus will be put on immediate life-saving work (e.g. ensuring enough supplies are ordered, bringing in response team staff such as a Team Leader, PDQ, emergency health staff etc.).

It is often assumed that humanitarian safeguarding work can be done by the existing child safeguarding team or focal point, however, this is rarely the case – especially in a large emergency such as a Cat 1 or Cat 2. This is because some child safeguarding focal points are part-time and have other responsibilities or because emergencies create substantial new amounts of work. It is also important to remember that child safeguarding focal points and staff may be personally affected by the emergency, and not able to function effectively (for example, if their home has been destroyed, or they have lost a loved one). Even if they are not personally affected by the emergency, if it is a large or complex crisis, you are likely to need additional specialist support. To achieve this, you will need to ensure that child safeguarding costs are included within key grants, and the overall response budget. You will also need to consider how to effectively deliver your adult safeguarding work – especially around PSEA (preventing sexual exploitation and abuse).

For category 1 and category 2 emergencies, it is recommended that you request the deployment of at least one additional CSG/PSEA Advisor. You may need additional staff, dependent on the size and nature of the response and the geographical spread of the crisis. Wherever possible, we prefer local deployments (for example, from nearby country or regional offices) over international deployments. This both helps to build in-country and regional capacity and experience as well as helps to limit the environmental damage done by frequent long-distance flights.

Also remember that you will need one staff member to be assigned the role of 'Survivor's Advocate', and this person should be a woman, and must have experience with PSEA and SGBV or Protection. This does not need to be a full-time position, but could take 25-50% of one person's role, dependent on the scale of the emergency. You can read more about this role on page 34.

PLANNING YOUR BUDGET

Between 1% and 2% of your overall budget, and of each subsequent proposal (usually under Thematic Costs) should be allocated to safeguarding costs, and at least one additional emergency-focused child safeguarding/ PSEA staff member should be requested on the Global Humanitarian Surge Platform, or recruited for locally, in large crises. Our preference is always for staff to be deployed from nearby Country Offices wherever possible.

Do also check that there are funds allocated in each thematic/operational area to run risk assessments, mitigate risks fully and to ensure enough supervision and monitoring of volunteers and incentive workers in different programmes.

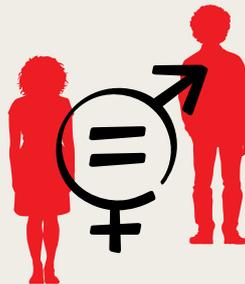
Risk mitigations should be funded by each thematic area (for example, WASH will be responsible for the cost of covering latrines safely – not child safeguarding).

Some donors have their own safeguarding requirements and may use different terms for safeguarding. Speak to the Awards/New Business Development TA about any requirements, and how to include safeguarding within each proposal. For example, some donors previously grouped safeguarding under 'Do No Harm' and other institutional donors might refer to safeguarding as 'Preventing Sexual Exploitation and Abuse' or put it under a broader 'Accountability' term. Ensure you use the correct language to explain our accountability efforts in this area to each donor – the Awards/New Business Development lead will be able to help you.

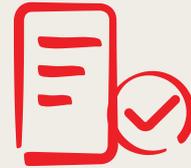
The funding should cover child and adult safeguarding activities e.g.:



Community-led **risk assessment workshop** (including materials, transport, venue, staff time)



Gender/Protection & PSEA monthly risk assessments/consultations



Child safeguarding and PSEA training for staff, partners, volunteers and response team (including materials, venue)



Regular travel of CSG staff to field sites (including per diem if needed, transport, accommodation, car)

Regular child and community sensitisation (including travel costs, materials, translators if needed, venue, refreshments) including feedback and reporting mechanism set-up



Translation and printing budget for awareness-raising **materials for children** and the community



Survivors fund, to access medical care, counselling or legal costs, costs of basic needs such as **food, water, and shelter**, or other referral costs.



Cost for investigations

Costs for **safeguarding components** in partner capacity strengthening plans



PHOTO: SACHA MYERS/SAVE THE CHILDREN

RISK ASSESS ALL PLANNED PROGRAMMES

In addition to ensuring that you have enough staff and funding, there are other, very practical steps that you will need to take to ensure our programmes are safe for children – one key step is risk assessing your programmes and processes. This will help to ensure that your programme is as safe as possible for children and adults.

When completing a risk assessment, the identification of risks should focus on risks that are “caused” by the implementation of Save the Children activities and by our staff, as well as risks that exist nearby, that we may accidentally expose children to (e.g. mines, armed groups, water that children can drown in).

WHAT SHOULD IT COVER?

For any risk assessment, consider different safeguarding risks associated with:



WHO RUNS THE RISK ASSESSMENT?

Each sector lead is responsible for completing a safeguarding risk assessment for their own area. The overall risk assessment is co-owned by the Internal Controller (if you have one) and the Child Safeguarding national lead. Do review our sector-by-sector child safeguarding risk guidelines. You will need to regularly check that the mitigations outlined in the risk assessment are being delivered. This will include regular trips to field locations and programme sites. These visits should be surprise visits wherever possible (if security allows).

Remember that risk assessment and risk management are dynamic processes – doing a risk assessment only at the beginning of the response is not enough. You will need to work with the Internal Controller to continually monitor how effectively each sector is mitigating the safeguarding risks.



A key part of effective risk assessment is also ensuring that children are meaningfully engaged and sharing their views. One way to do this is to run a child-led safeguarding risk assessment workshop (for ages 5 – 12) find more information here.

SECTOR-BY-SECTOR RISK ASSESSMENTS

You can find the sector-by-sector risk briefings here:



CASH

[CLICK HERE](#)



WASH

[CLICK HERE](#)



HEALTH

[CLICK HERE](#)



NUTRITION

[CLICK HERE](#)



SUPPLY CHAIN

[CLICK HERE](#)



EDUCATION

[CLICK HERE](#)



SAFETY & SECURITY

[CLICK HERE](#)



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PHOTO: ANTONIA ROUPELL/SAVE THE CHILDREN

CHECKING YOUR REFERRAL PATHWAYS

WHY IS IT IMPORTANT?

Safe, confidential and ethical referral to services is a crucial step in ensuring a survivor-focused, trauma-informed response to abuse and harm.

One of the first steps in an emergency will be to ensure that your existing referral pathways are still functioning.

For an example of a referral pathway

[CLICK HERE](#)

In a natural disaster, for example, it might be that the clinic you refer children and adults to for treatment as a result of sexual violence is flooded or damaged. In a conflict scenario, certain locations (for example, Police stations or health clinics) may no longer be safe for community members to access. It is critical that you check your referral pathways are still working before highlighting them to the community. Otherwise, for example, you might send an injured survivor of assault to a closed clinic, exposing him or her to further harm along the way.

If you are in a Country Office that is already doing Child Protection (CP) programming, it is likely that your CP colleagues will already be looking at referral mechanisms, so do work with them. If you are in a response that is out-of-area (e.g. with no previous Save the children operation) you may need to set up referral pathways from scratch or for cases of GBV (including SEA).

Where there is no GBV actor, you can use this Pocket Guide.

[CLICK HERE](#)

Work with CP and Gender colleagues to do this. If we are not implementing protection programming in the emergency, work with other protection or GBV partners in the UN Protection Cluster (usually other INGOs or UNHCR). Wherever possible, also consult with local grassroots agencies (for example, women's rights groups, anti-FGM activists, LGBTQI groups) who can advise you on the safest referral paths for these issues – they should have been involved in co-developing the GBV referral pathways through the GBV Cluster or equivalent.

Remember that medical assistance is particularly very time-sensitive. Some survivors may need immediate emergency care. For others, rapid treatment is essential – for example, medication to prevent HIV infection after an assault, called post-exposure prophylaxis (PEP), must be administered within 72 hours. This means that you must be confident in the abilities of any health provider on your referral list to react swiftly and effectively to any cases of sexual assault. This may have been impacted by the emergency – you will need to check carefully, with either a physical visit to the service provider, or to call them directly to check they are still operational and able to receive referrals.

Save the Children's excellent Child Protection 'Steps to Protect' programme covers referral pathways in detail.

SAFE AND ETHICAL REFERRAL

As Save the Children's *Sexual Violence Brief Programmatic Guidelines* note, referral pathways should include the following information:

- Specific information on how and where a survivor can access services
- Types of services available (health, psychosocial, police/security, legal/judicial) and specific local contact information
- Any costs involved with accessing referral services (including transportation) and how these will be covered – Save the Children will cover these costs for survivors of abuse perpetrated by our staff, partners or volunteers. Survivors do not need to prove that the perpetrator works for us before receiving after-care funded by Save the Children – the most important thing is treatment.

- Programmatic sources of support available
- Any protocols for having someone accompany survivors (if needed)
- Follow up services and other forms of support

Be aware that some traditional justice systems (for example, local elders' groups) suggest that money from perpetrators, to give to a survivor of sexual abuse, or their family members, is an appropriate response to abuse. Others may recommend that the perpetrator marries the victim. Save the Children cannot engage in traditional justice mechanisms that are not in the best interest of children, and even where traditional justice mechanisms have been chosen by the survivor, an investigation is still required by Save the Children and support to the survivor/victim must also be offered by us, independently of the local or traditional justice mechanism.

TYPES OF REFERRAL

Children and adults in the community who experience abuse or harm due to Save the Children's action, or inaction, may have a variety of needs. You should include these on your referral pathway:

1. MEDICAL ASSISTANCE

- Post-exposure prophylaxis
- Treatment for sexually transmitted infections
- Emergency contraception
- Care of wounds
- Treatment for life-threatening complications
- Support for children conceived as a result of sexual abuse or exploitation; as well as their mother

2. PSYCHOSOCIAL ASSISTANCE

- Counselling, or local equivalent (survivor/victim support groups/organisations)
- Family mediation
- Reintegration assistance
- Community sessions

3. LEGAL ASSISTANCE OR SUPPORT TO ACCESS FORMAL JUSTICE

- Travel costs to visit a Police station
- Legal clinics or support groups
- Access to legal representation

4. PROTECTION ASSISTANCE

- Safe shelters
- Relocation assistance
- Transport assistance



PHOTO: SAVE THE CHILDREN

SETTING UP AND CHECKING YOUR FEEDBACK AND REPORTING MECHANISMS

Once you are certain that referral mechanisms are up and running well, it is now time to look at how children and communities can ensure that their feedback and concerns are heard.

WHY ARE FEEDBACK AND REPORTING MECHANISMS IMPORTANT?

Save the Children is committed to placing children, adults and their communities at the centre of decisions we make about our work. Feedback and reporting mechanisms are one way that we can hear about the ideas and concerns of the children and communities we are working with. This can help us to:

- Reduce the risk of harm to children and other community members that might be caused by the behaviour of our own staff or by the design of our activities
- Improve the quality of our programme design and implementation, making our work more effective, relevant and appropriate
- Improve our relationship with and acceptance by communities, helping us move towards working in true partnership with communities
- Demonstrate to our donors and other partners that we are able to deliver on quality processes such as accountability in programme design and implementation.

Many beneficiaries report that they would prefer both face-to-face communication with NGOs, and access to a third party (unrelated to the NGO, or at least to the specific programme being implemented) to share concerns about sensitive issues such as corruption and sexual exploitation or abuse. In some emergency responses, the UN PSEA (Prevention of Sexual Exploitation and Abuse) Network will be activated and this can provide a third party. In future, there may also be an NGO Safeguarding Ombudsman, or similar. Preferred feedback and reporting mechanisms tend to include face-to-face helpdesks, conversations with focal points or other staff and free hotlines. Suggestion/complaint boxes are not appropriate for safeguarding concerns.

The MEAL team are responsible for establishing feedback and reporting mechanisms. However, the MEAL team may not have the required expertise to ensure that feedback and reporting mechanisms are appropriate for reporting sensitive issues, such as child and adult safeguarding concerns. It is vital that the Safeguarding and MEAL team work together to design, review and adapt feedback and reporting mechanisms.

Wherever possible, avoid setting up parallel MEAL and Safeguarding feedback mechanisms. Having two different mechanisms can be confusing for children and adults. Instead, work with the MEAL team to make sure that there are appropriate channels for reporting safeguarding concerns within the overall Feedback and Reporting Mechanism, which will be managed by the MEAL team. Safeguarding concerns will be referred to the safeguarding team.

TRAINING THE MEAL TEAM

You should also train the MEAL team to ensure that all staff who categorise feedback and concerns are able to identify 'hidden' signs of safeguarding concerns in feedback we may receive. Sometimes people might not directly say what the problem is (especially if it is related to something very sensitive or taboo, such as sexual abuse) so it is important that people involved in handling feedback are able to identify "hidden" concerns. This training is also essential for staff receiving feedback directly when working in the community. They should be able to immediately identify potential safeguarding cases and directly contact the CSG focal point and/or report via DATIX.

WHICH FEEDBACK AND REPORTING MECHANISM?

It will also be important to understand how safe different groups of children, community members and staff and volunteers feel to share their concerns with you. If you notice that only one group is reporting safeguarding concerns to you, you will need to take steps to ensure you talk to the other groups about their preferred ways of reporting concerns, and then change or add to your reporting mechanisms. Remember to consider how accessible your reporting mechanisms are for children and adults with different disabilities, and any marginalised groups such as young people and adults with diverse genders, sexualities and bodies.

Feedback and reporting mechanisms are critical to Save the Children's commitment to accountability, and to all our work on child safeguarding and preventing abuse of adults.

Feedback and reporting mechanisms can also be damaged in an emergency – for example, the telephone network may be down due to a natural disaster, which means that a reporting hotline is no longer functioning. Do not assume that your feedback and reporting mechanisms are working – check!

Remember that feedback and reporting mechanisms should always be child-friendly, accessible (in physical terms as well as in terms of technologies required (i.e. access to mobile phones to access a reporting line) and accessible in terms of language (i.e. available in different local languages), community-friendly, confidential and able to rapidly refer concerns. Discuss with children which feedback and reporting mechanism they would prefer and do ask for input on the design too.

A feedback and reporting mechanism such as a complaint box (which may only be checked once a week) is not safe for child or adult safeguarding reporting purposes. Remember that survivors of potential sexual abuse require medical attention within 72 hours;

therefore, all feedback and reporting mechanisms must be checked/reviewed at least once a day and be able to rapidly refer any concerns.

Remember that many community members will prefer to share their concern with someone face-to-face. Consider who the staff are who have the most contact time with children and community members – this is usually community mobilisers, hygiene promoters, CFS staff and teachers. Ensure that these people are well trained on safeguarding and are able to sensitively handle any concerns that are reported to them, and that they are able to highlight to community members the available feedback mechanisms.

Here are some typical feedback and reporting mechanisms:

- Helpdesks in the community, or at key intervention sites, for example at distribution sites
- Individuals who have been trained as focal points within the community
- Suggestion / complaints boxes
- Consultations with children by trained safeguarding staff, in schools, health centres, and communities



TOP TIP:

Call centres that proactively call beneficiaries to ask questions dramatically improve their community engagement and reports of concerns

DATA PROTECTION

Remember that when you receive and review concerns, you must do so confidentially. This means that you must not share any details of the concern with those who do not need to know.

Complaints may contain names of survivors, subjects of complaint (or 'alleged perpetrator') and sensitive information that could expose children, vulnerable adults or our staff and partners to risk.

In emergency settings, it can feel difficult to ensure confidentiality and privacy – for example, it may be difficult to find a private space to call your Team Leader to brief them or seek advice. However, it is very important that you find somewhere private, so you must spend the time to ensure you are not overheard. Accidentally sharing details of cases can lead to harm to the survivor, witnesses and/or the subject of concern.

It can also be harder in an emergency to ensure that all paper documents are held securely – for example, in a field base that has been damaged or looted. If this

is the case, speak to the Logistics Manager to secure a lockable safe to hold documentation securely. Consider using initials or acronyms instead of full names, if feasible, on sensitive written documents, but ensure that you are not the only one who knows what the acronyms mean! If you think you may need to abandon the field base (for example, in a conflict situation) please remove all sensitive data relating to cases and investigations and take it with you, unless this poses a risk to yourself. It is important to remove or destroy this sensitive data because armed groups or gangs might use sensitive information (for example, relating to sexual assault, HIV status or sexuality) to track and harm individuals or groups.

STAFF REPORTING

Ensuring that your internal reporting mechanisms are working is also critical. All staff, partners and volunteers are contractually obligated to report all concerns within 24 hours. There are a number of ways to do this, including DATIX online reporting, via a Child Safeguarding Focal Point, or the new **Safecall hotline (+44 800 915 1571)**.

In an emergency, access to the internet can be a challenge, however it is still important that reports are made within 24 hours, to ensure that we can

help children as quickly as possible. If the internet is inaccessible, ensure that staff know they can report over the phone, or face to face, to a Child Safeguarding Focal Point.

Even though resources are often very tight, and in an emergency there are lots of demands to attend to, quality of reporting from Child Safeguarding Focal Points needs to remain high. Please make sure you include as much detail as possible when submitting a report into DATIX (if the internet allows).

When a report is submitted (from any source), it triggers a number of things, including support for children, an investigation (if appropriate), Save the Children's reporting obligations to the Charity Commission, risk mitigation steps and, later, any lessons learned.

THE CHARITY COMMISSION

Because Save the Children is registered in the UK, we need to share information on safeguarding reports and our response with the Charity Commission, our regulator. The Charity Commission are aware that safeguarding risks increase in emergencies, and they will require a lot of information about any cases, as well as contextual risks and our overall response. If you are a Focal Point, you will be expected to submit this detail via DATIX.



PHOTO: JONATHAN HYAMS/SAVE THE CHILDREN



TRAINING AND AWARENESS-RAISING OF STAFF

Once you are sure that your referral systems are operational, and that your feedback and reporting mechanisms are still working, it is time to train your staff, partners and volunteers. It is important to do it in this order because if you train your staff before checking referral mechanisms and reporting mechanisms, you may pass on the wrong information to your teams.

TRAINING

Training our staff, partners and volunteers is a critical step in ensuring effective safeguarding of children and adults. All staff must receive a refresher training in child safeguarding and PSEA at least once a year, in a language that they understand well. A signed declaration (that they have completed the training) should be completed by all who attend. Please work with HR to set up all trainings in LMS (Learning Management System) for online tracking of attendance.

All staff who are deployed to an emergency should have been trained in child safeguarding before they are deployed, but you will need to check this. To ensure that everyone is adhering to the same standards, you may need to run an all-staff induction training on Child Safeguarding and PSEA if you have not already.

In an emergency, you should also run inductions and refresher trainings for new staff and partners, and any new suppliers or temporary staff that you bring on board, ideally within 24 hours of them joining the response. This training should be context-specific, which means that it should also cover safeguarding issues that are common to your context, as well as the 'core' safeguarding issues. Your context-specific elements might include additional information on FGM, Child Labour, Child Marriage or the use of physical and humiliating punishment in schools. When training suppliers, drivers and others, you may need to simplify the training. Chose the key messages that you need to ensure are understood, and focus on discussing those with the group, and ensuring they understand Save the Children's Child Safeguarding and PSEA Policy, especially the rules around their behaviour, and where to report concerns.

HR Managers are responsible for tracking attendance at training and ensuring that all staff are trained within one month of joining. Please work with HR to set up the training, and they should track attendance centrally. It is also a good idea for the Team Leader or another member of the SMT to attend an early refresher session and talk about it to all staff, to demonstrate the importance of the training.

Good training on safeguarding is discussion-based, adapted to the context, and should be interactive. It is not about simply sharing information, but engaging people on the importance of safeguarding, how to implement safeguarding standards to ensure our programmes are as safe as possible, and how spot the warning signs of potential abuse. How to report concerns will also be a key part of any training programme.

RAISING STAFF AWARENESS

Visual communications are also very important for staff, partners and volunteers – these help to remind staff that they must report all concerns (no matter how seemingly ‘minor’), provide all the routes to reporting, and a reminder that they will not get in trouble for doing so. The communications should also highlight that reporting concerns is mandatory.

Each office and operational space (e.g. office, warehouse etc.) should have some safeguarding information visible and understandable to staff as well as children and adults in the community.

When designing posters or other safeguarding communications:

- Consider what message would be most effective? Some communities respond well to blunt messages (e.g. ‘No Sex-For-Aid!’) but for others, this would be very problematic and controversial
- Keep the messages as simple and as powerful as possible
- Include visuals, but do not show the faces of children or adults – others may wrongly think that they are survivors of sexual abuse;
- Make it actionable – ensure that the audience knows what you want them to do (e.g. ‘report all concerns’ or ‘risk assess your programmes’)
- Try to invite questions and start conversations among your staff – helping them to feel personally responsible for safeguarding
- Remember that ‘safeguarding’ may not have a direct translation – consult on the best term to use for maximum understanding





PHOTO: SACHA MYERS/SAVE THE CHILDREN

THE SURVIVOR-CENTRED APPROACH

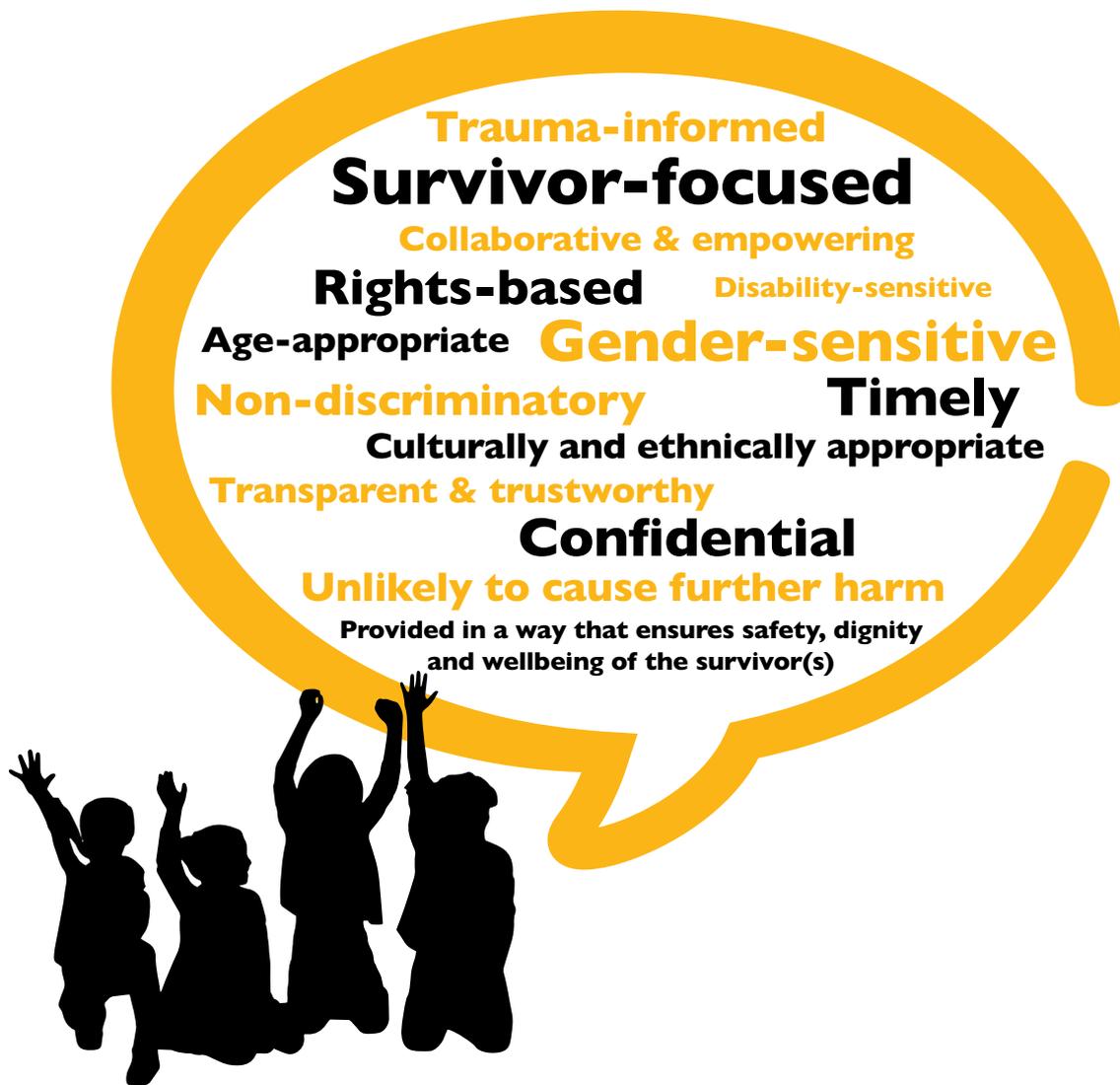
A survivor-centred approach is about ensuring dignity and ensuring survivors' wishes are at the very heart of our response to their experience. Survivors are always entitled to actively participate in any decisions you make which may impact on them. The core of any survivor-centred approach is safety, confidentiality, access to services, respect and dignity.

ENSURING OUR RESPONSE IS SURVIVOR-FOCUSED

As soon as reports start to come in, you must constantly ensure that our response to possible cases is as survivor-centred as possible. This means that every response to a possible incident needs to have the survivor's best interests as the primary concern. The survivor's **best interests** should guide everything that we do.

We also strive to ensure that our work is trauma-informed. This means that our safeguarding staff should understand trauma and the impact of trauma (including on behaviour and coping mechanisms) and avoid re-traumatisation or re-victimisation.

We can do this by ensuring that survivors feel safe, ensuring that decisions are made with transparency, that easy access to relevant care and services are offered, and that we are responsive to the ethnic and cultural needs of the survivor(s) to build and maintain trust and in collaboration with the survivor, or group of survivors.



THE BEST INTEREST OF THE SURVIVOR

The need for safety and acting in the best interests of the survivor can mean different things in response to different possible safeguarding violations. For example, a child victim of a latrine accident may need urgent medical assistance (which Save the Children will assist them to access) whereas a survivor of a sexual assault (and their family) may need to relocate to a safe space, as well as have access to urgent medical assistance and potentially counselling later (which Save the Children will also support if services are available), as well as support throughout any subsequent legal cases.

Remembering that the best interest of the survivor is paramount at all times, you may also need to provide safety and protection measures against retaliation, re-victimisation and re-traumatisation (this includes the risks associated with repeated interviews as part of the investigation) for both the survivor and the subject of concern (also known as the ‘alleged perpetrator’). Remember that there may be more than one survivor connected to the case.

Review section 6 on ethical referrals, to understand more about the types of care and assistance we should offer to survivors.

UNDERSTANDING DISCLOSURE

Survivors may or may not feel safe to share their experience or concern with Save the Children. The safer they feel, the more likely they are to share information that will help us to support them, run a successful investigation and allow action to be taken against the perpetrator(s). This trust needs to be built and may be tested by the survivor before they will disclose (this means that they report their experience to you).

Disclosure of abuse and exploitation should be looked at as a process, rather than a one-off event. Survivors/victims may feel threatened and disempowered to disclose as the perpetrator may not be acting alone, is a senior member in an organisation or is well-connected in the community. They may be afraid of the direct and indirect consequences of reporting, particularly if they are in a camp-based setting and have few opportunities to move or to protect themselves. In the context of such unsafety, survivors/victims are navigating through an unknown environment. Their own internal safety-planning may make it hard for them to talk about what happened to them and to know who they can trust and go to for support.

They may also not be fully aware that what they have experienced is abusive (for example, a child may believe they are in a loving, consensual relationship with an adult).

In other cases, those that are causing children or vulnerable adults harm are their own family members, who may also work for an NGO. For example, if an adult with a disability is being neglected and physically restrained by their caregiver. It is important not to assume that you know what is best for the survivor; and very important that you do not take any immediate steps that could cause further harm to the at-risk adult or child.

A key component in helping survivors and others feel safe to share concerns with us, is the relationship between the community and Save the Children, and in particular the safeguarding focal points themselves; how they are perceived and how they treat children and community members each day. Once trust is built up, more children and adults are likely to trust Save the Children with concerns that they have.

In some contexts it can be difficult, but we always try to identify women who can work directly with survivors, as the majority (but not all) of sexual exploitation and abuse survivors are women and children.



Read the WHO Clinical Guidelines for Responding to Children and Adolescents Who Have Been Sexually Abused

PROVIDING ASSISTANCE TO SURVIVORS AND WITNESSES

Assistance and support should be offered by the CSFP to all survivors of abuse and harm perpetrated by Save the Children or our partners, and will vary significantly depending on the case. Remember that it is not necessary to prove that the harm was perpetrated by Save the Children before providing basic emergency assistance. For example, if a child's caregiver tells us that her son was sexually assaulted by a volunteer, we do not need to wait for an investigation to uphold or not uphold this allegation before offering support the son and the family. This is because the welfare of the survivor is our primary concern.

Where there is a child born of sexual abuse or exploitation, perpetrated by one of our staff, partners or volunteers, Save the Children extends our support to that child too, subject to whatever laws or guidance exist in the state. This support can include basic needs, medical, education and psychosocial support.

Witnesses (who have reported a concern regarding a safeguarding violation to Save the Children) might also require protection and support – for example, they may need to be relocated if they feel threatened, or they may also require counselling services. This will also be supported by Save the Children.

Most survivors, especially survivors of sexual abuse and exploitation, will have multiple and diverse needs. Not all survivors react in the same way or need the same thing, so the first thing to do is listen to the survivor and ask what they need rather than making assumptions about what the most urgent needs are.

Wherever possible, work closely with local abuse survivors' groups to understand what forms of support might be most appropriate. Working with grassroots organisations is often the most effective way to both ensure your care is appropriate, and to support communities on tackling certain issues (for example, sexual violence, female genital mutilation, child marriage).

Survivors also need to feel believed and not blamed for the violence that has happened to them, in order to build trust and ensure they feel comfortable coming forward to ask for help, or to seek accountability.

Remember that those who are alleged to be perpetrators of abuse or harm (we call them the 'subject of concern') also have the right to confidentiality; and to a fair and transparent process. Being wrongly accused of something can feel devastating, and those affected can even contemplate suicide. Do remind the individual(s) of the psychosocial support available in your context and reassure them that a clear and fair process will be followed.

Physical and emotional safety of the survivor and their family, yourself, witnesses and the subject of concern should be your priority whenever a potential safeguarding case is disclosed to you. When basic emergency health services are available (including PEP), these can sometimes help mitigate some of the physical, psychological and social consequences of sexual abuse and exploitation, for example, by preventing HIV infection or pregnancy. Do ensure that (as far as possible) medical needs should be met by existing services, to avoid further stigmatising the survivor (for example, try not to send them to a medical centre far away, which would mean they are away from their family and community for days, which may lead to difficult questions the survivor is not prepared to answer).

Save the Children will also offer basic material assistance where needed (for example, food, clothes, hygiene kits, shelter) as well as support with school re-integration, livelihoods and family conflict resolution, where needed. All this support is offered on a case-by-case basis.

Access to basic mental health and psychosocial support is also available through Save the Children (sometimes through our own programming, if not then through local services), and access to legal services.

Save the Children's overall principles for a survivor-focused, trauma-informed approach are:



SAFETY:

the **safety & security** of the survivor is the priority



CONFIDENTIALITY:

must be strictly adhered to in all aspects of handling a safeguarding case



DO NO HARM:

take no actions that could **make things worse** for the survivor



INFORMATION:

must be stored safely within DATIX and all data protection requirements adhered to



BEST INTEREST:

all actions are determined by **the best interest of the child or adult survivor**; and in collaboration with them where possible



NON-DISCRIMINATION:

Save the Children provides **fair and equal treatment** to anyone in need of support as a result of a possible safeguarding violation(s)



EMPOWERMENT:

showing respect for the choices, wishes, rights and **dignity of the survivor**



WORKING:

with **local survivor activist groups** wherever possible to ensure responses are culturally and ethnically appropriate



PHOTO: MOHAMMED AWADH / SAVE THE CHILDREN PHOTO:

Please do not proactively encourage disclosure, unless you are well-trained on GBV, PSEA or Child Safeguarding.

HANDLING A SPONTANEOUS DISCLOSURE:



DO...

- ✓ Allow the survivor to approach you
- ✓ Ask how you can support with any urgent basic needs
- ✓ Ask the survivor if they are comfortable talking to you or would prefer to talk to someone else
- ✓ Provide practical support like offering water or a private place (e.g. no risk of being overheard – but not out of eyesight or hearing of another adult if with a child)
- ✓ Offer to secure an immediate place of safety if required (especially if they have just fled a traumatic situation and can't articulate what they need)
- ✓ Try to listen more than you speak – it may take time for a survivor to share what they need to
- ✓ Treat any information shared with confidentiality, including identity of survivor and the subject of concern, but do be clear on the limits of confidentiality (for example, you must report and act if the person disclosing is a child or is at immediate risk of harm)
- ✓ Share culturally appropriate statements of comfort and support
- ✓ Share information on all services available
- ✓ Share with the survivor of the process of reporting and next steps; when they can expect to hear more



DO NOT...

- ✗ React in a culturally inappropriate or overly emotional way – survivors need you to be in control and able to listen and effectively support – they shouldn't have to worry about supporting you
- ✗ Promise to keep secrets – you'll need to tell someone who can help, or make any promises that you cannot keep (for example, regarding prosecution)
- ✗ Ignore someone who approaches you and shares a safeguarding concern or experience
- ✗ Pressure the survivor into sharing more information
- ✗ Take photos or record the conversation (taking written notes is OK, but explain what you are doing and why)
- ✗ Make comparisons between the person's experience and others (including your own, if applicable)
- ✗ Openly doubt or contradict what someone tells you
- ✗ Exaggerate your skills or influence, or make false promises or provide false information
- ✗ Offer your own advice/opinion;
- ✗ Assume that you know what someone wants or needs
- ✗ Make assumptions about someone's experience

COMMUNICATING WITH SURVIVORS AND THE ROLE OF THE SURVIVOR'S ADVOCATE

If you are the Child Safeguarding Focal Point then remember that ensuring timely, regular, meaningful communication with survivors is critical. This is the responsibility of the CSFP or the Survivor's Advocate, not an investigation team (if there is one). The Survivor's Advocate is a new position at Save the Children. This person will usually be the one maintaining contact with the survivor and their family, however in some circumstance it may be more appropriate that other than the formal 'Survivor's Advocate' takes on this role (for example, someone that works for Save the Children, who is trained and/or experienced with vulnerable groups, who may be from the survivors' own ethnic group or from a support group and we may liaise with the survivor through them). Remember that the survivors' needs are paramount.

Throughout the process, please carefully document all the decisions that you make, and why. This should be uploaded on DATIX as part of the confidential case file. If you or the Survivor's Advocate are taking notes when you are with the survivor, please explain to the survivor what you are doing, why and what will happen to the notes (i.e. who will see them).

The Survivor's Advocate's role is to liaise with the survivor, ensure they receive the right support and any risks to their safety is being managed from the time the report is received, through the investigation to the closing of the case. In some cases, the Survivor's

Advocate may be required to follow-up with the survivor up to six months after the case has closed.

The Survivor's Advocate is independent of the investigation team and does not report to them.

It is important when communicating with survivors and their families that you are realistic, honest and compassionate. Do not make promises that you know you cannot keep (for example, that we will bring the perpetrator to justice, as this can never be guaranteed).

Focus on what the survivor and family say they need, and how Save the Children will support them.

They may feel a range of emotions, including anger at Save the Children. Some survivors will not want to pursue formal justice and may refuse to cooperate with an investigation. Some may even state that they do not believe the perpetrator has done anything wrong (for example, if the survivor subsequently marries the perpetrator). If this happens, while our internal investigation does need to continue, you must not force the survivor(s) or their family to be a part of it. Gather all the information that you can without relying on interviews with the survivor, which may not be in their best interest.

Some survivors may also wish to talk to the media about their case. Do not try to stop them doing this – this may be part of the survivor's journey to recovery, or they may simply be exercising their rights and demanding accountability. Whatever the reason, they have the right to talk to the media.





PHOTO: MOHAMMED AWADH/SAVE THE CHILDREN

AWARENESS-RAISING WITH CHILDREN AND THE COMMUNITY

If you have checked your referral mechanisms, checked your feedback and reporting mechanisms, trained your staff and risk assessed all of your programmes, you are now ready to begin raising community awareness of the risks of child abuse and harm, and also the safeguarding measures that help to protect children and adults. This increases the likelihood that children and communities will share concerns with you. This will help you respond quickly and protect children and adults more robustly. It is important not to do this before you have checked your referral mechanisms and feedback and reporting mechanisms, because you do not want to encourage children and adults to come forward with concerns unless you know you can address them safely (as this may place them in even more danger and may also damage your relationships with the community, if you fail to act swiftly).

Try to direct your awareness-raising and preventative measures at children, care-givers, at-risk adults, the wider community, and professionals who work directly with children and their families (for example, teachers, police, and doctors). Remember that communicating and engaging on these issues is about more than simply telling community members our policies. There should be discussion with all groups, consideration of questions, and using their insights to inform our safeguarding work in future. Spend some time understanding any barriers to reporting (this means the reasons that children and community members might prefer not to report their concerns to you) and develop a plan to overcome those barriers.

Consider what is appropriate to discuss with which age group. For example, you do not need to talk in detail about sexual abuse to young children (and you shouldn't, it can be traumatic and may affect healthy relationships with caregivers and other adults) but you could talk about respect, consent, healthy and unhealthy secrets, and safe/unsafe areas to touch on the body. You can talk about the behaviour children can expect from NGO workers and what to do if something goes wrong.

REMEMBER:

- To explain to local communities and professionals that child abuse can affect children from any background including boys and especially those with disabilities.
- To engage with children who may be overlooked, such as those with disabilities, those who live on the street, or those who are from ethnic minorities, as well as young people and adults with diverse genders, sexualities and bodies.

TIPS WHEN COMMUNICATING CHILD SAFEGUARDING AND PSEA MESSAGES:

- 1. Consider your target audience for the messages you wish to communicate.** Safeguarding is everyone's responsibility, so it makes sense for the messages to be targeted at all levels of the affected community.

For example:



CHILDREN



CAREGIVERS OR GUARDIANS



AT-RISK ADULTS



**MARGINALIZED CHILDREN
(FOR EXAMPLE, DISABLED CHILDREN,
CHILDREN LIVING WITH HIV)**



THE WIDER CRISIS-AFFECTED COMMUNITY



**GOVERNMENT WORKERS
(FOR EXAMPLE, DOCTORS, TEACHERS)**



LOCAL LAW ENFORCEMENT



**OTHER HUMANITARIAN WORKERS
AND VOLUNTEERS**



**STAFF, VOLUNTEERS AND INCENTIVE
WORKERS OF SAVE THE CHILDREN**

- 2. Assess the risks:** use a Do No Harm (DNH) approach and consider if your awareness-raising activities could harm children or adults. For example, if the reporting and response mechanisms don't work or aren't fully confidential, encouraging children to come forward and talk about abuse can put them in more danger. Ensure the mechanism is robust before communicating widely.
- 3. Involve children** in creating the child-friendly messages, and other ways to communicate to their friends (such as songs, dances, drama). Test messages out on them and encourage their involvement, where safe to do so.
- 4. Ensure they are relevant to the context** and appropriate to the target audience. For example, if there are low levels of literacy, messages should be shared through images or oral communications. Ensure translation into local languages.
- 5. Keep messages short and memorable** – try and avoid complex or technical language, or long sentences.
- 6. Be positive** – show people alternatives, rather than simply pointing out what not to do (for example, share positive discipline techniques for teachers). Work with children, community members and grassroots organizations to understand and identify solutions to the identified problems.
- 7. See how it's working.** If it isn't, try something else. Keep monitoring & asking for feedback from your target groups. Share your learning with other Child Safeguarding practitioners.



8. Think creatively! Here are some suggestions for communicating Safeguarding messages:

On existing planned information & education communication (IEC) materials for other sectors – banners, posters, handouts



RADIO SPOTS OR RADIO SHOWS

DIRECT CONVERSATIONS WITH COMMUNITY LEADERS



COMIC-BOOK FORM



Working with **religious leaders** to include CSG messages in their speeches/sermons

LOCAL PRESS – ARTICLES, ADVERTS

MEGAPHONES AT DISTRIBUTIONS



Posters on infrastructure commonly used (e.g. water tanks, latrines) or in places that women and children often use (CFS, mother and baby centre, health centre, market place)



COMMUNITY MEETINGS (ENSURE YOU INVITE Q&A)

DISCUSSION GROUPS, WITH TRAINED CSG/PSEA STAFF



Illustrations in programme sites such as health care points, Child Friendly Spaces, Temporary Learning spaces, Community centres

STORY-TELLING IN GROUPS



EDUCATIONAL GAMES OR SONGS

INTEGRATED INTO LESSON PLANS AT SCHOOLS

THEATRE PERFORMANCES

TRAINING SESSIONS FOR KEY ADULT TARGET GROUPS

WALLET-SIZED CARDS WITH FEEDBACK AND REPORTING MECHANISM ON



PUPPET SHOWS



FOCUS GROUP MEETINGS

GENDER-MAINSTREAMING AND COMMUNICATIONS MATERIALS

- All communication should be screened for use of gender sensitive language (e.g. ensuring that language doesn't reinforce gender stereotypes or stigma)
- Use images or pictures that portray girls, boys, women and men in a positive way
- Use images in a gender balanced way – same number of images for male and females
- Delivery of messages should be done in a way that is accessible for all groups e.g., single sex groups and similar age groups; same sex facilitators etc.
- Messages should be responsive to the specific needs and interests of girls, boys, women, and men, and those with diverse genders
- Messages should include Save the Children's commitment to promoting gender equality and protection of girls and boys

KEY MESSAGE EXAMPLES

For community meetings or meetings with elders:

1. **We respect and protect children.** Save the Children has a zero-tolerance approach to child abuse and exploitation, and we take any concerns from children, their families and communities very seriously.
2. **Aid is free:** all assistance provided by Save the Children is based on need and should be free. If you, or someone you know, has been asked by someone working for Save the Children to do something inappropriate, demanded any kind of favour or sexual action from you in return for their help, you can confidentially report them to.
3. **We will listen to you.** You have the right to raise a concern and to report any inappropriate behaviour, exploitation or abuse by any humanitarian workers, including Save the Children.
4. **We will act.** We will carefully investigate and punish perpetrators of abuse who work for us. Wherever we can, and where it is safe to do so, we will share with you what has been done.

CHILD FRIENDLY MESSAGES:

1. **We respect you and want to protect you.** If someone scares you, hurts you, or touches you in a way you don't like, speak to. Do not blame yourself – it is not your fault.
2. **Aid is always free!** No one has the right to touch you or demand anything from you or your family in exchange for food, water, cash or other aid. Tell your friends this too!
3. **We will listen to you.** Tell us if someone working for Save the Children has done something wrong. Your safety is our priority

All sensitisation work, in any sector, should include safeguarding messages. For example, if the team is planning a cash distribution and community mobilisers are having a town hall meeting to explain how the distribution will run, then make sure that the facilitator includes safeguarding messages within their speech and invites questions from the audience. If the WASH team are doing community awareness raising sessions on handwashing, ask them to include some basic child safeguarding and PSEA messaging. When everyone who interacts with children and community members are repeating the same safeguarding messages, listening to children, and displaying the same positive behaviours, we know that the programme is safer for children and adults.

INVESTIGATIONS IN EMERGENCIES

Even in emergency settings, we must take all safeguarding concerns seriously, and investigate them robustly. This includes what we call 'administrative reviews' where no allegation of abuse has occurred, but we need to review our systems and processes because something either accidentally went wrong, or nearly went wrong.

The additional considerations for investigations in emergencies include the safety of the investigating team (especially in conflict situations), ability to track the subject of concern (they may find it easier to 'fade away' into the community if the community is in chaos or on the move), and police and other national systems that may not be fully operational, or may be weak, ineffective or corrupt. Your regional CS Director will be on hand to help guide you through the process.



EXIT PLANNING

When Save the Children finishes our humanitarian operations in a certain area, we often hand over project responsibility to partners – either institutional (e.g. local government), implementing partners (local NGOs or community leaders or groups). Where this happens, it is important that you spend some time training the community leader, groups or partner on safeguarding, to ensure that they are able to continue operating in a safe way.

It is also critical to ensure that any open safeguarding cases in the area are still supported by Save the Children. Responsibility for open Save the Children cases (and any new cases) cannot be handed over to partners.

You will need to work with the operations team to find a way to continue your case management of the safeguarding/PSEA case. This might involve you or the Survivor’s Advocate communicating by phone with the survivor or setting certain times and locations to meet in future to discuss the progress of the case and any additional support needs.

If Save the Children’s operations included medical or psychosocial support to GBV survivors, and the survivor has been accessing these services, it is crucial that his or her access to this support (whoever is taking it over) continues uninterrupted. This is particularly important if the survivor is receiving HIV treatment, or psychosocial treatment.



For more information – contact your Child Safeguarding Focal Point, your Regional Child Safeguarding Director, or the Global Child Safeguarding team:

childsafeguarding@savethechildren.org



PHOTO: DAPHNEE COOK/SAVE THE CHILDREN



Save the Children