CHILD SAFETY IS EVERYBODY’S BUSINESS
Child safeguarding reporting and responding procedures in member associations
CHILD SAFEGUARDING REPORTING AND RESPONDING PROCEDURES IN MEMBER ASSOCIATIONS

KEY USERS

Mandatory for: All SOS co-workers, associates and partners at programme and national level

Recommended for: Child safeguarding focal persons in all GSC offices, International Directors Region, Management Council, International Senate

RELATED POLICIES

Basic policy: Who we are

Core policy: SOS Child Protection Policy
SOS Care promise
SOS Children’s Village Programme Policy

RELATED DOCUMENTS, TOOLS, SYSTEMS

UN Guidelines for the Alternative Care of Children
Keeping Children Safe: Child Safeguarding Standards
Code of Conduct of SOS Children’ Villages
Working together to protect children: Roles and responsibilities of the GSC in the reporting and responding process
SOS Children’s Villages child safeguarding investigations

RESPONSIBLE FOR CONTENT

Function: International Competence Centre Programme & Strategy

Department: Child Care and Safeguarding Team

DEVELOPMENT PROCESS

Approved by: The Management Council

Development process: The development of this document was initiated by the Programme & Strategy Competence Centre of the International Office. The drafting process was led by a working group composed of SOS co-workers from MAs from all regions. Feedback was provided by child safeguarding focal persons of all International Offices Region and relevant functions of the International Office. Programme directors of all IORs were asked for input. Expert input has been provided via Keeping Children Safe.

CHILD SAFEGUARDING REPORTING AND RESPONDING PROCEDURES IN MEMBER ASSOCIATIONS

CHANGE HISTORY

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>31.3.2016</td>
<td>Approved by the Management Council</td>
</tr>
<tr>
<td>2.0</td>
<td>3.3.2020</td>
<td>Approved by the Management Council</td>
</tr>
</tbody>
</table>

Major updates in the version 2.0 of the policy support document:

1. The definition of a child safeguarding incident has been clarified. With an aim to provide further guidance to the staff at programme and national level, the policy support document now includes a definition of inappropriate and abusive behaviour for adult-to-child incidents and problematic and abusive behaviour for child-to-child incidents.

2. High-profile CS incidents were replaced with "CS incidents where the GSC gets involved". The criteria were adjusted and they now refer to:
   - CS incidents monitored by the GSC
     - The alleged incident is related to sexual abuse and an SOS co-worker is an alleged perpetrator.
     - There is high media coverage, donor, public and/or government interest or the risk of it.
   - CS incidents managed by the GSC
     - Incidents that are escalated from the member association and managed directly by the GSC due to a conflict of interest are also considered as incidents where the GSC gets involved.

3. Description of the local mapping and child safeguarding risk assessment processes were dropped from the policy support document and moved into separate documents. The policy support document now focuses on CS reporting and responding procedures only.

4. Description of the CS incidents reporting platform and information flow towards selected stakeholders through CS incident papers has been added to the policy support document.

5. Description of the real-time reporting system on safeguarding incidents has been added to the policy support document.

6. Internal CS audits process has been added to the policy support document.

ABBREVIATIONS USED IN THE DOCUMENT

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>COO</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>CS</td>
<td>Child safeguarding</td>
</tr>
<tr>
<td>GSC</td>
<td>General Secretariat</td>
</tr>
<tr>
<td>IDR</td>
<td>International Director of Region</td>
</tr>
<tr>
<td>IO</td>
<td>International Office</td>
</tr>
<tr>
<td>IOR</td>
<td>International Office Region</td>
</tr>
<tr>
<td>MA</td>
<td>Member Association</td>
</tr>
<tr>
<td>ND</td>
<td>National director</td>
</tr>
</tbody>
</table>
### DEFINITIONS OF TERMS

| **Associate** | A person who works for SOS Children’s Villages on a contract basis (e.g. volunteers, consultants, staff outsourced from another company, etc.). The associate can be in direct contact with children supported by the SOS Children’s Villages’ programmes. It also includes caregivers providing formal alternative care in a community (e.g. foster parents) who signed a contract with SOS Children’s Villages on providing support services. |
| **Child protection** | Actions that individuals, organisations, countries and communities take to protect children from acts of maltreatment, abuse, neglect and exploitation, including domestic violence, child labour, commercial and sexual exploitation and abuse, HIV/AIDS, physical violence. It also describes the work organisations undertake in communities or programmes to protect children from the risk of harm due to the situation they live in. |
| **Child safeguarding** | All activities an organisation undertakes to ensure that its co-workers, operations, and programmes do no harm to children and do not expose them to the risk of harm and abuse; that appropriate responses and effective management of child safeguarding concerns are in place; and that any concerns the organisation has about children’s safety in its own programmes and within the communities they work in are reported to the appropriate authorities. |
| **Child safeguarding incident** | A situation when a child is harmed as a result of action of SOS Children’s Villages’ staff, associates and/or operations or lack thereof. It includes physical abuse, sexual abuse, neglect and negligent treatment, emotional abuse and violation of children’s privacy. |
| **Initial incident assessment** | Initial analysis of a reported CS incident. It focuses on answering three questions: - Is there an immediate risk for the safety of the child and/or the reporter involved? - Does any of the criteria for the GSC to get involved in a monitoring role apply? - Is there any conflict of interest at the level of the organisation responsible to deal with the incident which requires an escalation to the next level up? |
| **Full incident assessment** | Based on the outcomes of the initial incident assessment and the nature of the incident, the full incident assessment is done either at programme or national level. The national CS focal person is always informed about its outcomes. The respective CS team gathers and analyses all documents and information about the incident available at the time, as well as the risks for victims, reporter and/or the organization (e.g. individual files of the children allegedly affected, HR files of staff members allegedly involved, documents and pictures received along with the reported incident). Necessary information can be also collected through a discussion with relevant staff members and/or the reporter(s). The full incident assessment does not include any investigative interviews with alleged victims and witnesses nor the alleged perpetrators unless it is specifically requested by the responsible child welfare and/or law enforcement authorities. Based on the results of the assessment, decisions about further steps are taken. This can include a CS investigation or other corrective measures. |
| **Child safeguarding investigation** | In order to confirm or reject a reported incident, a CS investigation can be commissioned. In this well-structured procedure with defined roles and responsibilities, evidence in different forms (written documents, interviews, video and audio recordings etc.) is collected. The overall frame of the whole investigation process is defined in the Terms of Reference. Findings of the CS investigation including recommendations are summarized in a CS investigation report. |

---

1 This includes situations when victims of child abuse and neglect do not receive necessary psychological support and remain vulnerable to further abuse or replicate abusive behaviour towards their peers. It also includes situations when abusive behaviour among children is not addressed by appropriate actions from the organisation. It also includes situations when SOS co-workers fail to meet their duty of care obligations (e.g. no follow up actions on the reported incidents of abuse and neglect). |

2 Please refer to the SOS Child Protection Policy for a definition of the different forms of abuse.
### Need to know principle

Information related to a reported CS incident is shared with different stakeholders depending on their role in the process of responding to the incident.

- The line manager overseeing the process and the CS focal person at the level of the organisation where the incident is being responded to have full access to the information about the incident.
- Other co-workers receive specific information about the incident should they need it to fulfil their work-related tasks (e.g. HR manager receive information necessary for a disciplinary process).
- All other stakeholders (e.g. reporter, GSC co-workers, PSAs etc.) receive anonymized information about the incident to protect the confidentiality of all persons involved.

### Programme

All the different types of programme interventions provided by a member association in one community or across communities. These services are tailored to the local context and continuously improved.\(^3\)

### Reporter

The person who reports a CS incident, concern, allegation or suspicion.

---

\(^3\) See the SOS Care Promise, Commitment 2.
# TABLE OF CONTENT

**Introduction** .................................................................................................................. 1  

1 Getting started .................................................................................................................. 1 
   1.1 Nominating CS focal persons and teams ................................................................. 1 
      1.1.1 CS team at programme level ........................................................................... 2  
      1.1.2 National CS focal person .............................................................................. 2  
      1.1.3 National CS team .......................................................................................... 2  
      1.1.4 Capacity building for CS team members ....................................................... 2  
   1.2 Involving children and young people ................................................................. 3  

2 Definition of a CS incident .............................................................................................. 4  
   2.1 Adult-to-child CS incidents .................................................................................... 4 
      2.1.1 Expected and effective behaviours ............................................................... 5  
      2.1.2 Inappropriate behaviours ............................................................................. 5  
      2.1.3 Abusive behaviours ..................................................................................... 6  
   2.2 Child-to-child CS incidents ..................................................................................... 6 
      2.2.1 Normal and expected behaviours ............................................................... 7  
      2.2.2 Problematic behaviour ............................................................................... 7  
      2.2.3 Abusive behaviours ..................................................................................... 7  
   2.3 Incidents where the GSC gets involved ............................................................... 8 
      2.3.1 Incidents monitored by the GSC ................................................................... 8  
      2.3.2 Incidents managed by the GSC ................................................................. 8 
      2.3.3 Child safeguarding incidents in GSC run operations ..................................... 8  
      2.3.4 Child safeguarding incidents reporting platform .......................................... 8  

3 Reporting and responding process within MAs .......................................................... 9  
   3.1 Reporting ............................................................................................................... 10  
      3.1.1 Reporting channels .................................................................................... 10  
      3.1.2 Anonymous reporting ............................................................................... 10  
      3.1.3 Failure to report and consequences .............................................................. 11  
      3.1.4 False or malicious reporting ........................................................................ 11  
   3.2 Registration .......................................................................................................... 11  
      3.2.1 Confidentiality ............................................................................................ 11  
   3.3 Real time reporting system ..................................................................................... 11  
      3.3.1 Information sharing from the real time reporting system ................................ 12  
   3.4 Initial incident assessment ...................................................................................... 12  
   3.5 Actions taken ......................................................................................................... 13  
      3.5.1 Child and/or reporter safety ......................................................................... 13  
      3.5.2 GSC gets involved in a monitoring role ........................................................ 13  
      3.5.3 Escalation .................................................................................................... 13  
   3.6 Full incident assessment ......................................................................................... 13  
      3.6.1 Responsibilities ............................................................................................ 13  
      3.6.2 Assessment areas ....................................................................................... 14 
      3.6.2.1 Risk assessment ....................................................................................... 14  
      3.6.3 Action plan ................................................................................................... 14  
   3.7 Actions implemented ............................................................................................... 14  
      3.7.1 Commissioning a CS investigation ............................................................... 15  
      3.7.2 Communication towards funding partners and donors ................................... 15
3.8 Regular review ................................................................. 15
3.8.1 CS incidents solely managed by MAs ...................................... 15
3.8.2 Incidents where the GSC gets involved ..................................... 15
3.8.2.1 Colour rating of CS incidents ............................................. 15
4 Incident closure ........................................................................ 16
4.1 Decision to close the incident ...................................................... 16
4.2 Final report ............................................................................. 16
4.3 Rehabilitation of the investigation subject in case of unconfirmed suspicion .......... 16
4.4 Information to the reporter ......................................................... 16
4.5 Lessons learned ....................................................................... 16
4.6 Appealing against decisions and actions taken ............................... 17
4.6.1 The National CS Ombuds body .............................................. 17
4.6.2 Members of the CS Ombuds body .......................................... 17
4.6.3 Anonymity of the reporter .................................................... 17
5 Periodic reporting ........................................................................ 18
5.1 Aggregated statistical reports ..................................................... 18
6 Internal child safeguarding audit ................................................... 18
7 Handling media attention ............................................................... 18
8 Appendices ................................................................................. 20
Appendix 1 - Profile of the national CS focal person .......................... 20
Appendix 2 - Minimum quality requirements for child safeguarding reporting and responding procedures in member associations ............... 21
**Introduction**

SOS Children’s Villages is committed to preventing child abuse and neglect and to responding quickly and appropriately when a concern arises. This policy support document’s main goal is to ensure appropriate responses and effective management of child safeguarding (CS) concerns at programme and national level. It is based on the [SOS Child Protection Policy](#) and it provides further more detailed description of the processes described in the policy. It is binding for all member associations and the procedures described are applied in all SOS Children’s Villages programmes.

The document is based on the following principles:

**Act on your concerns**
- Every co-worker, associate and partner has the responsibility to protect children from all forms of abuse, abandonment, exploitation, violence and discrimination.
- Every co-worker has the responsibility to report any CS suspicion, concern, allegation or incident immediately: **IF IN DOUBT, SPEAK OUT!**
- Every co-worker has the responsibility to act without delay: Failure to act may place the child in further danger.
- Involve the right people at the right time: CS reports are made to the CS team at programme level and/or to the respective line manager.

**Child Centred Approach**
- The protection of children is the most important consideration.
- The health and welfare needs of the child are addressed as prime priority.
- Decisions within the reporting and responding process are based on the ‘best interests of the child’.
- The views and wishes of the child are sought, taken seriously and inform decision-making as far as possible.

**Timely and Appropriate Response**
- The responsible co-workers ensure a timely, effective and appropriate response to a CS concern and/or incident.
- Confidentiality is ensured and information only shared on a ‘need to know’ basis.
- The responding process is based on a thorough understanding and full recognition of the local context, including national laws and child protection system.
- Working together with other agencies, including statutory/national agencies for the protection of children is essential.

The procedures in this document fully apply to all children and young adults in SOS programmes. For young adults over the age of 18 years, decisions are taken in dialogue with them.

This policy support document complements the “[Working together to protect children: Roles and responsibilities of the GSC in the reporting and responding process](#)” and “[SOS Children’s Villages child safeguarding investigations](#)” and does not replace these existing documents.

### 1 Getting started

The reporting and responding processes described in this document apply to all member associations. Each MA needs to adopt these procedures to its local child protection and legal context. In this regard, the SOS Child Protection Policy serves as our internal law.

#### 1.1 Nominating CS focal persons and teams

Member associations define clear and effective channels to report any CS incident by internal and external reporters. Information on how to report a CS incident is regularly shared with all children, youth and families participating in SOS programmes, with all co-workers, associates and partners as well as the children’s legal guardians (parents, child welfare authority etc.). At the same time, information about how to report a CS incident needs to be easily accessible at all times.

Every child must have at least one person he or she can trust and turn to in case of feeling unsafe or insecure about a situation. Who that person is, is up to the child and cannot be based on a “nomination” or recommendation from the organization. However, the child needs to be informed about all available reporting

---

4 According to the UNCRC a child is “every human being below the age of 18 years unless national law recognises the age of majority earlier”
channels.
If a child shares information about an alleged CS incident with an SOS co-worker or associate, this person has to report the incident within 24 hours to a co-worker designated to deal with CS issues.

1.1.1 CS team at programme level
In accordance with the SOS Child Protection Policy, each MA assigns co-workers in all programmes and the national office to whom CS incidents can be reported.
The CS team at programme level consists of three co-workers. They are responsible for:
- Raising awareness of the SOS Child Protection Policy principles
- Develop a local strategy for the SOS Child Protection Policy implementation
- Preventing and mitigating possible CS risks for children
- Responding to all reported CS concerns and incidents in the programme

Members of the CS team at programme level are appointed by the programme director in consultation with the national CS focal person based on the nominations from the programme. Views and nominations from children, young people and families participating in the programme are sought for and taken into consideration. At least, they are asked for their opinion through an anonymous poll and are never asked to share their nominations in public. The programme director is automatically a member of the CS team. He or she coordinates the CS team’s work, takes decisions regarding actions and shares information about all reported CS concerns and incidents with the national CS focal person.

The programme director is responsible for organizing and driving the Child Protection Policy implementation and child safeguarding actions at programme level including sharing information about the current status of the Child Protection Policy implementation with the national CS focal person.

1.1.2 National CS focal person
At national level, a CS focal person is nominated who is responsible for:
- Coordinating the development and prioritization of national CS actions during the annual planning process.
- Coordinating activities around CS awareness and prevention
- Following up on reported CS concerns and incidents with the CS team at programme level
- Maintaining a National Child Safeguarding Incident Register (see chapter 3.2)
- Improving existing reporting and responding procedures

The position of the national CS focal person and the CS reporting and responding procedures are reflected in the MA’s organizational structure. The CS focal person is a member of the national CS team.

1.1.3 National CS team
The national CS team consists of 2 to 4 people and it is strongly linked to the national management team. The ND is automatically chairing the national CS team. He or she has the ultimate responsibility for the implementation of the SOS Child Protection Policy in the MA. Besides the ND and the national CS focal person, the national CS team includes up to 2 other members of the national management team. The national CS team members are appointed by the national director.

1.1.4 Capacity building for CS team members
All CS team members both at programme and national level including the ND and the national CS focal person have their roles and responsibilities in regard to child safeguarding clearly described in their job description. They receive advanced training on child safeguarding when they are appointed as members of the CS team. This advanced training is organised within the first month of their assignment as members of the CS team. The training is facilitated by the national CS focal person.
The national CS focal person in cooperation with HR organises regular capacity building on child safeguarding for all members of the CS teams both at programme and national level. Topics for the capacity building activities are based on:
- Lessons learned collected from reported CS incidents
- Development needs agreed during the annual PAT process with individual members of the CS teams.
1.2 Involving children and young people

When implementing the Child Protection Policy and defining related CS measures and actions, including the views of the children and young people participating in our programmes is very important. This can be done in different ways which also depend on the cultural context and the MA’s organizational set-up. However, an atmosphere of open and honest discussion with children and young people is strongly promoted across the whole federation.

The programme director plays a key role in promoting child participation in CS as he or she is responsible for organizing and driving the Child Protection Policy implementation at programme level. CS teams at programme level organize regular prevention related activities with children and young people. All children and young people in our programmes are informed about the principles of the Child Protection Policy and related reporting and responding processes. They are encouraged to raise their questions and suggest improvements whenever they see it as necessary. Children’s initiatives to discuss CS issues in other formal but also informal settings such as children and teenage clubs are always supported. Children and young people must have the opportunity to provide their suggestions anonymously, e.g. through suggestion boxes placed in programmes. The national CS team is regularly informed about inputs provided by children and young people. These inputs are taken into account for the annual planning of CS activities at different levels of the organization.
2 Definition of a CS incident

A child safeguarding incident is a situation when a child or young person is harmed\(^5\) as a result of action of SOS Children’s Villages’ staff, associates and/or operations or lack thereof.\(^6\)

Reported child safeguarding incidents are primarily managed by the respective member association. Where requested by the member association or when the criteria for the GSC involvement apply (see chapter 2.3), the GSC provides its support and guidance.

Every reported CS incident is taken seriously and listened to carefully. When child safeguarding incidents occur, the victim’s support is the first priority while appropriate corrective actions for practice improvements and/or disciplinary actions are being taken. CS incidents are reported to external welfare authorities and/or law enforcement authorities in accordance with the national law.

2.1 Adult-to-child CS incidents

Children and young people who enter into alternative care situations have often experienced trauma and adversity that involve boundary violations. In an attempt to gain mastery over these experiences, they may live them out through their behaviours. Dealing with boundary violations therefore forms part of the daily interactions between care professionals and young people. In dealing with these pain-based behaviours and interactions within the daily caring routine, adults and care professionals are required to exercise self-control, be open and accepting and also courageous in taking the risk to reach out to children whose behaviour might communicate the opposite of what they need.

Children are also generally vulnerable to various forms of boundary violations by adults who may want to exploit, dominate, intimidate or hurt them – for whatever reason. When they have experienced trauma and adversity, children may be particularly vulnerable to such abuses due to the difficulties they may experience in recognising or maintaining healthy boundaries.

Traditionally, in the helping professions relationship boundaries are associated with creating and protecting professional distance. However, for adults who engage with children in caring relationships, boundaries may be understood somewhat differently, in that the emphasis is more on connection, rather than distance. Due to the volume and intensity of time spent together in alternative care situations, boundaries between adult carers and children cannot be compared with typical professional boundaries where the boundaries lines are clear, such as those between a psychologist and a client. The care relationship is unique and boundary lines less clear and therefore a more appropriate standard should be used to judge adult-child boundaries and interactions within care relationships.

Children can perceive even caring interactions as threatening or a violation of their personal integrity, regardless of the intention of the adult. In instances where normal and healthy interactions result in children experiencing boundary violations, those can be addressed with the appropriate care, guidance and intervention and does not necessarily reflect any wrongdoing in the part of the adult. For example, touching a child on the shoulder to provide reassurance might inadvertently trigger a traumatic memory and the child may respond with defensive or aggressive actions. A boundary violation occurred, because the child experienced his or her personal boundary being violated. However, the intention was to provide care, not to harm and the adult actions would not be regarded as deliberately harmful or inappropriate in the context.

It is important therefore that boundary crossing and boundary violations be considered within the context of the complexity of caring relationships where boundaries may not always be perfectly clear. Nevertheless, in the interest of ensuring quality care and serving the best interest of each child, some form of distinction is needed in order to guide our responses.

\(^5\) For a description of different forms of abuse, please refer to the SOS Child Protection Policy.

\(^6\) This includes CS incidents that happened as a direct consequence of situations when children with history of abuse and neglect do not receive necessary psychological support so they remain vulnerable to further abuse or they replicate abusive behaviour towards their peers and situations when abusive behaviour among children is not addressed by appropriate actions from the organisation. It also includes situations when SOS co-workers fail in keeping our ‘duty of care’ (e.g. no follow up actions on the reported incidents of abuse and neglect).
Differentiating between expected and effective, inappropriate and abusive behaviours

<table>
<thead>
<tr>
<th>Features of normal, inappropriate or abusive behaviours</th>
<th>Expected and effective behaviours</th>
<th>Inappropriate behaviours</th>
<th>Abusive behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boundary crossings occur as a normal part of the relationship and care interactions. These may include physical contact, sharing personal information, offering flexible contact or “going the extra mile”.</td>
<td>Interactions may involve a range between minor to major boundary violations. Minor boundary violations might include, for example: 1. Isolated incidents of unkind behaviour such as withdrawing love, discrimination, failure to offer comfort or verbal abuse; 2. Inappropriate punishments, rules or demands; 3. Breach of trust and confidentiality or lack of respect of privacy; Careful assessment of the complexities of the situation must be ensured and this results in a flexible and responsive approach. Undue consideration of these complexities and an inappropriate response can damage the relationship between the adult and child. This could result in harm of the child involved.</td>
<td>Major boundary violations have occurred. Major boundary violations include physical, emotional or sexual abuse, neglect or exploitation, for example: 1. Slapping, pulling hair or ears, hitting shaking or any injury or causing illness; 2. Conveying worthlessness, coldness, racism, emotional blackmail, or mental anguish; 3. Any sexual actions or exposure including to pornography; 4. Failing to meet the physical, emotional or other needs of a child, including adequate food, clothing, warmth and safety; 5. Using a child for labour or to gain profit or some other advantage</td>
<td>Continuation of inappropriate behaviours despite support interventions are considered abusive behaviours.</td>
</tr>
</tbody>
</table>

2.1.1 Expected and effective behaviours

Adult and care professional actions and interactions are in line with the job description, work plan and scope of practice. Outcomes are achieved in line with expectations and standards.

Relationship between the adult or care professional and child is developing and strengthening. Care interactions take place in line with the child’s care and development plan.

Policies and guidelines are known, understood and adhered to. Standards are met for care programmes, activities and routines.

2.1.2 Inappropriate behaviours

Adult and care professional actions and interactions are not as expected and not in line with the job description, work plan or scope of practice. This may involve actions or inactions where the adult or care professional is failing to provide care as they should, or they respond to child behaviour in inappropriate ways.

---

7 For more guidance on how to distinguish between inappropriate and abusive behaviours please see a separate document.

8 For detailed descriptions see the SOS Child Protection Policy.
Factors contributing may for example include:

- Over-reacting or under-reacting to situations;
- Emotional responding, e.g. anger;
- Own trauma triggered;
- Feeling overwhelmed by situation;
- Overloaded by work.

This is often a problem of *too much* or *too little* in the way that the adult care professional responds to situation.

Relationship between the adult or care professional and child may be deteriorating. Care interactions are not in line with the child's care and development plan.

Adult or care professional may not know or understand guidelines and policies and is not adhering to good practice guidelines.

The organisation’s response to inappropriate behaviours includes coaching or training to the adult concerned.

### 2.1.3 Abusive behaviours

The actions or inactions of the adult or care professional are harmful and abusive as per the definitions of physical, sexual, emotional abuse, negligent behaviour or exploitation in the Child Protection Policy.

The relationship between the adult or care professional and the child may have suffered a serious blow and repairing the harm may be difficult. Sometimes the relationship may consist of inappropriate and unhealthy closeness or intimacy. Care interactions are not in line with the child’s care and development plan.

Policies and guidelines are known and understood, but not adhered to. The breach of policy and practices are deliberate and intentional.

The organisation’s response to abusive behaviours include disciplinary action and reporting criminal actions to the responsible governmental authorities.

### 2.2 Child-to-child CS incidents

Children without adequate parental care often experienced trauma as a result of neglect, violence and abuse within their families of origin or other care placements. Early exposure to toxic stress and adversity negatively affect neurodevelopment, which in turn affects the development of cognitive, social and emotional skills. Children with a history of abuse or neglect may therefore be more vulnerable to becoming repeat victims of harmful behaviour or even enacting those behaviours themselves. Situations where boundary violations between children take place can be complex and care professionals often experience pressure to respond effectively. They should therefore be equipped and empowered to respond to such situations in a balanced, safe and caring manner, ensuring the best interests of every child involved.

Boundary violations happen when one child violates the integrity of another child emotionally, physically or sexually. This may include direct or indirect acts of aggression, inappropriate sexual behaviour and other harmful and disrespectful ways of treating another child. Boundary violations may be harmful or only potentially harmful, but they are not always abusive. It is not only the behaviour in and of itself that will determine whether the behaviour is normal, problematic or abusive, but also the context within which it occurs. Every situation should be assessed carefully and take into account various contextual factors. Boundary violations that occur between children can be emotional, physical or sexual. Some harmful behaviours can however be self-directed and may include non-suicidal self-injury and suicide.
Differentiating between developmentally normal, problematic and abusive behaviours

<table>
<thead>
<tr>
<th>Features of normal, problematic or abusive behaviours</th>
<th>Developmentally normal and expected behaviours</th>
<th>Problematic behaviours</th>
<th>Abusive behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is no recognisable or significant power imbalance between the children involved. The behaviour is appropriate or expected for the level of development of the children and conflict or aggression can usually be resolved without needing adult intervention. When needed, adult intervention resolves the situation.</td>
<td>There is no recognisable or significant power imbalance between the children. The behaviour is not age appropriate and even when addressed, the behaviours may persist. The behaviours may be harmful or potentially harmful.</td>
<td>There exists a recognisable and significant power imbalance between children and actions are intended to cause discomfort, hurt or pain. The behaviour is harmful and usually involves the violation of human rights and may even be illegal.</td>
<td></td>
</tr>
</tbody>
</table>

2.2.1 Normal and expected behaviours

Some behaviours are normal and expected for the age and development of the child and do not require intervention beyond everyday parenting and boundary setting.

In normal and expected interactions between children there is no power imbalance and the behaviour is usually motivated by play, curiosity (e.g. young children exploring their bodies) or feelings of mutual exchange or affection. The children involved experience positive feelings such as having fun, mutual affection and the behaviour occurs spontaneously and in open contexts of play and trust. There is usually no attempt made by one of the children to keep the behaviour a secret. The child who initiates the behaviour is not overly defensive about it and generally has a positive attitude toward talking about the experiences. The behaviour is age appropriate and may involve questions about reproduction, sexual games or exploration of the body and its sensations. The behaviour does not undermine the best interests of the other children and the behaviour is ceased when addressed by an adult.

Natural, expected and healthy behaviours provide an opportunity for learning and preventing a problem from arising. While these behaviours may still be cause for concern and need to be addressed, this should be done within the context of a caring and supportive relationship and may include everyday aspects of care such as clarifying expectations about behaviour, setting healthy boundaries and educating children about safety and sexuality in an age-appropriate manner.

2.2.2 Problematic behaviour

Problematic behaviours may be self-focused and therefore only create risk for the young person engaging in the behaviour, e.g. compulsive masturbation or self-harm behaviours such as cutting. The behaviours may also be interpersonal in that they create risks for others as well as the person carrying out the behaviour. These behaviours are often planned and involve a lot of secrecy. Usually, the intention is not to harm and there is no power imbalance between those involved. While problematic behaviours may at times also involve an intention to do harm, e.g. a physical fight during an anger outburst, these are usually single events involving children where there is no power imbalance. Problematic behaviour requires that care professionals intervene to stop the behaviours and ensure that everyone’s needs are addressed.

2.2.3 Abusive behaviours

Abusive behaviours may be similar to non-abusive problematic behaviour, but they are distinguished as harmful and abusive because they include an intention to cause harm and there is a clear power imbalance between the children involved. The actions are initiated by a more dominant child towards a more vulnerable child.

Various factors can contribute to the creation of a power imbalance. Some of these may come from the person carrying out the actions, such as the use of threats or force. It may result from differences between the persons involved, such as age difference, size or strength, sexual experience, intellectual capacity or social skills. The child who receives the behaviours may be particularly vulnerable as a result of factors such as a history of sexual abuse, a mental disability, an intense need for approval and affection or an altered

---

9 For more guidance on how to distinguish between problematic and abusive behaviours please see a separate document.
state of consciousness (e.g. drugs or alcohol). The environment may also contribute to increase vulnerability, for example in sexist environments where power is assigned to males, the allocation of power roles (e.g. leadership) or imbalanced relational dynamics (e.g. coalitions, positions of authority, secrets, privileges or trans-generational family dynamics).

The child who is the target of abusive behaviours typically experiences discomfort, hurt or pain. The behaviours are non-consensual and while some children may express their discomfort, others might attempt to hide it. Abusive behaviours are most often age inappropriate. The abusive behaviours may also be persistent or happen once only.

2.3 Incidents where the GSC gets involved

2.3.1 Incidents monitored by the GSC
The GSC monitors the response to reported CS incident if any of the following criteria is met:
- The alleged incident is related to sexual abuse and an SOS co-worker is an alleged perpetrator.
- There is high media coverage, donor, public and/or government interest or the risk of it.

Member associations are required to proactively inform the respective IOR about these incidents. More detailed description of how member associations inform the GSC can be found in the chapter 3.6.

2.3.2 Incidents managed by the GSC
An incident that is escalated from the member association and managed directly by the GSC due to a conflict of interest (see the chapter 3.4) is also considered an incident where the GSC gets involved.

2.3.3 Child safeguarding incidents in GSC run operations
Child safeguarding incidents reported in operations run by the GSC (i.e. there is no national board) are assessed based on the same criteria included in the chapters 2.3.1 and 2.3.2 above.

2.3.4 Child safeguarding incidents reporting platform
CS incidents where the GSC gets involved have the potential to impact beyond the national borders on the SOS Children’s Villages Federation as a whole. For this reason, it is important to ensure that relevant stakeholders in the federation have appropriate information about CS incidents where the GSC gets involved. The GSC maintains an online child safeguarding incidents reporting platform where more details of the incidents are made available to stakeholders on a need to know basis.

Member associations are required to provide through the respective IORs basic reports on these incidents in a form of a CS incident paper. This report is provided at the moment when the incident is reported or when there is progress in the management of the incident (e.g. CS investigation concluded, incident closure etc.). As a minimum, a new version of the report is provided to the incident platform every 3 months.¹⁰

A template for the CS incident paper is provided in a separate document.

¹⁰ Member associations are still required to provide monthly status reports as part of the regular review of the incident (see chapter 3.8)
3 Reporting and responding process within MAs

**INITIAL REPORT**

**INITIAL INCIDENT ASSESSMENT**

Any immediate risk for the safety of the child and/or the reporter?
- **No** → Normal programme led process
- **Yes** → Immediate actions to mitigate the risks are taken

Does any of the criteria for the GSC to get involved in a monitoring role apply?
- **No** → Normal programme led process
- **Yes** → MA proactively informs the respective IOR about the incident.

Escalation required?
- **No** → Normal programme led process
- **Yes** → Escalated one level up

**FULL INCIDENT ASSESSMENT**

**INVESTIGATION OR OTHER MEASURES**

**ACTION PLAN**

Based on findings

**IMPLEMENTATION**

**MONITORING & REPORTING**

**INCIDENT CLOSED**
3.1 Reporting

When a CS incident is reported to a co-worker at programme level, he or she shares it within 24 hours with the CS team in the respective programme. Details of the reported incident are recorded in the Initial Reporting Form. If it is not possible to contact any member of the CS team in the programme, the report is forwarded directly to the national CS focal person.

When a CS incident is reported to a co-worker at national level, he or she shares it within 24 hours with the national CS focal person who informs the national CS team about the reported incident. Details of the reported incident are recorded in the Initial Reporting Form. If the reported incident is related to a specific programme, the national CS focal person shares this information with the CS team in the respective programme unless there is a conflict of interest. In such case, the national CS team decides on how the incident is further dealt with.

If it is not possible to contact the national CS focal person, the report is forwarded to any other member of the national CS team including the ND as the chairperson of the national CS team. If due to any reason this is also not possible, the report is shared with the CS focal person at the IOR.

Any information on CS incidents can also be sent confidentially to the GSC through an online whistleblowing channel\textsuperscript{11} or dedicated email address childsafeguarding@sos-kd.org managed by the Child Care and Safeguarding Team at the IO. Reports sent to the GSC are responded to within 48 hours.

A template for the Initial Reporting Form is provided in a separate document.

3.1.1 Reporting channels

Depending on the local legal, cultural and socio-economic background, every member association defines appropriate channels for reporting child safeguarding incidents. As a minimum, the following options need to be in place:

- Face-to-face reporting to the members of the child safeguarding team both at programme and national level
- Dedicated email address and/or phone number (hotline)\textsuperscript{12}
- Reporting boxes in all SOS programmes\textsuperscript{13}

\begin{quote}
It is important to inform children and young people supported by SOS programmes, adult programme participants and co-workers at programme and national level who the members of the CS team at programme and national level are. They are also informed about the different existing reporting channels.

This information is widely publicized through face-to-face meetings and trainings, leaflets for programme participants, community members and partner organisations, posters placed in programmes and the national office, on the website of the member association etc.
\end{quote}

However, reporters may decide to use any other reporting channel they deem appropriate and that is available to them. This may include e.g. reporting an incident to any SOS co-worker in the programme or national office, sending a letter or posting a message on social media. SOS co-workers who receive such report are obliged to inform any of the members of the child safeguarding team at the respective level of the organisation immediately (within 24 hours).

In addition, children and young people supported by SOS programmes, adult programme participants, co-workers at programme and national level are informed about external partners like child welfare authority, Child Help Line and Children's Ombudsperson they can turn to in case they feel unsafe.

3.1.2 Anonymous reporting

In every MA it has to be possible to report a CS incident anonymously, both by internal and external whistleblowers, e.g. via a specific email address or through reporting boxes placed in a programme. Anonymous reports are to be taken as seriously as ‘named’ reports, although the extent to which they can be investigated may be limited.

\textsuperscript{11} Hyperlinks to the online whistleblowing channel for adults and for children can be found on the [website of SOS Children’s Villages International](https://www.sos-village.org).

\textsuperscript{12} It is recommended that this email address and phone number is managed by the national CS focal person.

\textsuperscript{13} It is important that these reporting boxes are located in such place that they allow anonymous reporting.
3.1.3 Failure to report and consequences

Every co-worker must report any CS incident they become aware of. This commitment is included in the employment contracts of all SOS co-workers and associates. Reports have to be made even if the identity of the perpetrator is unknown. Failure to report may result in actions against the respective co-worker or associate. All co-workers, associates and partners need to be properly informed about possible consequences of failing to report a CS incident.

3.1.4 False or malicious reporting

False or malicious allegations may occur. However, to distinguish between founded and false or malicious allegations requires a full incident assessment and eventually a formal investigation. Not responding to a CS concern may result in further risks for children and/or the continuing suspicion against a co-worker which deprives them of the opportunity to clear their name.

No action is taken against anyone who reports a CS concern in good faith even if upon investigation it is unfounded. However, if a co-worker makes a false report or gives false or malicious information regarding another co-worker, disciplinary action is taken.

Discussing the reporting and responding mechanisms with children and young people helps them to understand their responsibility to not misuse these mechanisms for any other purpose. If a full incident assessment or investigation finds that an incident reported by a child or young person is unfounded, it needs to be addressed primarily by an expert team\(^{18}\) supporting the child or young person and his or her family. Possible measures against the children and young people who submitted a false allegation can be taken according to the national legislation. The organization does not take any serious internal disciplinary actions such as removing the child or young person from the programme or reducing the support provided to the child or young person e.g. in terms of his or her education.

3.2 Registration

Every CS incident reported to any co-worker in the MA is registered in the National Child Safeguarding Incident Register. The national CS focal person maintains this tool to monitor progress on all reported CS incidents\(^{16}\).

The register holds all information related to incidents received through the following channels:

- CS incidents which are reported directly to the national office or forwarded by the IOR
- All CS incidents which are reported at programme level

The national CS focal person updates the information in the register regularly, at least after every incident review (see chapter 3.8) or according to important incident developments. The template of the Child Safeguarding Incident Register is provided in a separate document.

3.2.1 Confidentiality

All information relating to CS issues, including details about alleged victims, witnesses and alleged perpetrators is treated confidentially. This means handling information carefully and respectfully and only passing it on to those who really need to know. Usually, only the respective CS team dealing with the reported CS incident and the national CS focal person have full access to all information. \textbf{It does not mean keeping secrets.} Information about possible or actual child abuse must always be reported.

Every effort has to be made to ensure the security and confidentiality of these files (secure filing cabinet, password protected electronic files etc.) including when information is transferred, i.e. verbally, through email, electronically, or carried on portable electronic devices.

3.3 Real time reporting system

More partners, donors and governments demand SOS Children’s Villages to be transparent and to be notified when child safeguarding incidents occur. To increase transparency in dealing with reported safeguarding incidents, the GSC maintains an online real time reporting system on safeguarding incidents.

---

\(^{14}\) Depending on the situation, this expert team is composed of a social worker, youth care co-worker, psychologist and/or other experts.

Specific composition of the team is decided as one of the outcomes of the full incident assessment or investigation.

\(^{15}\) Child Safeguarding Incident Register includes anonymised data, so no details of alleged victims or perpetrators are revealed.
The system is used to register the following categories of incidents:
- Child safeguarding incidents (adult-to-child and child-to-child)
- Sexual harassment incidents (staff-to-staff)
- Sexual exploitation and coercion incidents towards adults in the community (staff-to-non-staff-adult).

This real time reporting system is used for reporting and maintaining basic statistical information about all safeguarding incidents reported and confirmed in member associations. It does not include any personal data of the alleged or confirmed victims or perpetrators. Member associations are required to provide this information on a real time basis, i.e. at the moment when the incident is reported or when there is a significant progress in the management of the incident.\(^\text{16}\)

From the perspective of child safeguarding incidents, it is a responsibility of the CS team dealing with the reported incident to provide the national CS focal person with up-to-date information about the progress of the incident. Based on this information the national CS focal person updates the record in the real time reporting system. As a minimum, it is reviewed every 3 months.

### 3.3.1 Information sharing from the real time reporting system

The real time reporting system is used for basic information sharing with a wider range of stakeholders within the federation. For all incidents of abusive behaviour, selected stakeholders receive an automatic email alert when the incident is registered in the real time reporting system or it has been assessed as an incident of abusive behaviour. Using a hyperlink included in this email alert, the stakeholders may access the record of the incident in the real time reporting system. However, it is not required to produce an incident paper with more detailed information for all incidents of abusive behaviour. This is mandatory only for the incidents where the GSC gets involved (see chapter 2.3).

Should there be any follow up questions about the reported incident, they are discussed between the respective member association and the IOR. The IOR is then responsible for sharing this more detailed information with the relevant stakeholders while maintaining confidentiality of all persons involved.

### 3.4 Initial incident assessment

Basic information is required to determine the exact nature of a CS incident and to decide on next steps. The responsible CS team answers the following questions:

1. Is there an immediate risk for the **safety of the child** and/or the reporter involved?
   
   This includes incidents when the abuse or neglect will continue if no response is taken by the organisation, incidents where the victim and/or reporter are at risk of reprisal by the perpetrator etc.

2. Does any of the criteria for the GSC to get involved in a monitoring role apply?
   
   The GSC monitors the response to reported CS incident if any of the following criteria is met:
   - The alleged incident is related to sexual abuse and an SOS co-worker is an alleged perpetrator.
   - There is high media coverage, donor, public and/or government interest or the risk of it.
   
   Member associations are required to proactively inform the respective IOR about these incidents.

3. Is there any **conflict of interest** at the level of the organisation responsible to deal with the incident which requires an escalation to the next level up?
   
   The term 'conflict of interest' in a CS response refers to situations where:
   - An allegation includes the management of a particular office or association.
   - There is evidence of negligence on the part of the responsible MA or GSC office to meet the organisational requirements in dealing with the incident.

The initial incident assessment can include collecting basic information about the alleged victims and/or perpetrators from their personal files kept by the organization, medical or police records of the incident, initial media coverage etc. It is important not to approach or inform the alleged perpetrator/s at this stage as this may put the child or children at risk and undermine any subsequent police or internal investigation.

If the reported incident relates to a specific programme, this initial incident assessment is done by the CS team at programme level. If it is not possible to link the reported incident to a specific programme, it is done by the national CS team.

---

\(^{16}\) Information about a new safeguarding incident needs to be uploaded into the online system within 48 hours after it has been reported. The same time frame applies to the situation when there is a significant progress in the management of the incident.
The initial incident assessment is done within 48 hours after receiving the report. All collected information is shared with the national CS focal person. There is no predefined template for recording the outcomes of the initial incident assessment. All collected information is summarised in a document that is shared with the national CS focal person. This document is then uploaded into the national CS incident register. Outcomes of the initial incident assessment are not intended to verify or reject the reported incident, but serve as basis for planning next steps.

3.5 Actions taken
The following set of next steps is taken based on the outcomes of the initial incident assessment.

3.5.1 Child and/or reporter safety
If the initial incident assessment identifies that there is an immediate risk to the safety of the child and/or the reporter, this risk is highlighted by the respective CS team to the responsible line manager and immediate actions to mitigate the risks are taken. This may involve suspending the alleged perpetrator or removing him or her from the programme until the allegation is fully assessed and further actions defined.

3.5.2 GSC gets involved in a monitoring role
If any of the criteria for the GSC to get involved in a monitoring role (see chapter 2.3.1) applies, the national CS focal person is required to proactively inform the respective IOR about the incident. More detailed description of how member associations inform the GSC can be found in the chapter 3.6.

3.5.3 Escalation
When a conflict of interest is identified at programme level, the ND can decide to escalate the incident to the national level. If there is disagreement between the CS team doing the initial incident assessment and the ND about a possible conflict of interest, the national CS focal person consults with the IOR CS focal person.

When a conflict of interest is identified on the side of the management of the member association, the respective IDR can decide to escalate the incident to the IOR. The responsibility for dealing with the reported incident is returned back to the respective MA as soon as possible.

3.6 Full incident assessment
The purpose of the full incident assessment is to review the details of all reports available to that date, collect more information about the incident when necessary, agree on the nature of the concern, and decide on immediate actions and next steps. The full incident assessment is also used as a frame for the regular review of the incident (see chapter 3.8).

The full incident assessment is based on reviewing information and documents (e.g. individual files of the children allegedly involved in the incident, HR files of SOS staff members, documents and pictures received along with the reported incident etc.) available at the time of receiving the reported incident. Necessary information can be also collected through a discussion with relevant staff members and/or reporters. The full incident assessment does not include any investigative interviews with alleged victims and witnesses nor the alleged perpetrators unless it is specifically requested by the responsible child welfare and/or law enforcement authorities. A template for the full incident assessment is provided in a separate document.

3.6.1 Responsibilities
The assessment of a regular CS incident is done by the programme CS team. The team may also involve other co-workers who are able to support the discussion and decision-making based on their knowledge and experience or their responsibility with regard to the child or the family involved. It is recommended to seek advice from or where necessary to include:
- Human resources advisor/representative (for advice on employment matters, e.g. suspension, labour law considerations)
- Local external CS expert, CS advisor in the respective IOR and/or in the IO
- External communication co-worker in the MA (or regional editor, IOR or IO communications advisor )
- Others as appropriate e.g. members of the board of the MA, CVI representative

If any of the above listed persons is the alleged perpetrator, he or she must not be part of the assessment.
CHILD SAFEGUARDING REPORTING AND RESPONDING PROCEDURES IN MEMBER ASSOCIATIONS

This decision is made by the respective line manager.17

The national CS focal person is informed about the findings of the assessment and shares this information with other members of the national CS team. Members of the national CS team can enquire about the findings from the national CS focal person.

If the reported incident cannot be linked to a specific programme or it was decided to escalate the incident to the national level due to a conflict of interest, the assessment is done by the national CS team.

3.6.2 Assessment areas
The responsible team assesses, reflects on, decides and plans actions in relation to the following questions / areas:

- Immediate protection and medical and/or therapeutic support measures for the child.
- Keeping the child informed about the process and asking him or her about their experiences with the process so far.
- Should the incident be referred to the local police for criminal investigation? Any rationale for not doing so is recorded18 and the decision must be signed off by the national director in consultation with the CVI representative. Final approval of the decision is given by the IDR.
- Which other parties - such as the legal guardian and/or agency that referred the child to SOS Children’s Villages, other co-workers at regional and/or international level - need to be informed?
- Should the incident be referred to the local statutory government ministry investigating CS concerns?
- How to cooperate with and best support the responsible external authority?
- Informing the child’s family of origin.
- Is it necessary to conduct an internal CS investigation to collect more information about what happened and to confirm or reject the reported allegation?

3.6.2.1 Risk assessment
Special focus is placed on the potential risks of the CS incident. The risk assessment is based on the outcomes of the initial incident assessment. Its main purpose is to deepen the initial risk analysis with a particular focus on the following questions:

- What is the risk?
- Who is at risk?
- What factors place him/her at risk?
- What protective measures are in place?
- What is the risk rating (low / medium / high) of the incident?
- What additional agreed protective measures are to be put in place?

The risks are reviewed and the findings are updated, whenever a significant change in the incident occurs.

3.6.3 Action plan
Based on the results of the full incident assessment, an action plan including responsibilities and time frame is elaborated. All actions, outcomes and decisions are clearly recorded. The decisions and actions include informing other stakeholders as appropriate, e.g. members of the board of the respective MA, the CVI representative and the IOR CS focal person. Psychological support and/or counselling must be offered and made available both to the victim and the alleged perpetrator.19

A template for the action plan is provided in a separate document.

3.7 Actions implemented
For CS incidents dealt with on programme level, the programme director agrees on the proposed actions and is responsible for their full and timely implementation. For CS incidents dealt with at national level, the ND agrees on the proposed actions and is responsible for their full and timely implementation.

17 Programme director (for incidents managed at programme level) or national director (incidents managed at national level).
18 It is recommended that the CS team use the form “Request for authorisation not to report to the statutory authorities” to document the decision. A template of this form is provided in a separate document.
19 A person is innocent until found guilty. Being accused of child abuse can be devastating.
3.7.1 Commissioning a CS investigation

One outcome of the full incident assessment can be that an internal CS investigation is required. This happens in a situation when:

- It is necessary to gather more information to either substantiate or to refute allegations in a reported CS incident.
- Reported CS incident is not of a criminal nature, i.e. it does not need to be reported to the external statutory authorities or to the responsible agencies.
- External statutory authorities or responsible agencies are unwilling or unable to do an investigation.

All CS investigations are commissioned by the responsible line manager.

Detailed information on the principles of CS investigations in SOS Children’s Villages can be found in the policy support document **SOS Children’s Villages child safeguarding investigations**.

3.7.2 Communication towards funding partners and donors

In specific cases, member associations have signed a contract with a funding partner or donor (governmental authority or development aid agency, funding PSA, corporate donor etc.) to inform them about reported child safeguarding incidents regardless of their nature.

If such a requirement is included in a contract with a funding partner or donor, the member association has to inform the respective IOR as soon as possible in order to coordinate further communication with the funding partner or donor related to the reported child safeguarding incident. Information about the incident is provided in a form of an incident paper (see chapter 2.3.4).

3.8 Regular review

3.8.1 CS incidents solely managed by MAs

CS incidents that are solely managed by MAs (i.e. there is no GSC involvement in the incident management) are reviewed at least once per quarter by the respective MA. The review focusses on how the incident is dealt with, whether necessary actions are taken and information is shared with relevant co-workers.

- If the incident is dealt with by the programme CS team, the review is done by the CS team at programme level and the national CS focal person.
- If the incident is dealt with at national level, the review is done by the national CS team.

After completing the review, the national CS focal person updates the National Child Safeguarding Incident Register with the findings and the planned next steps.

3.8.2 Incidents where the GSC gets involved

Incidents where the GSC gets involved are reviewed at least on a monthly basis. Should there be any important progress of the incident, the MA reviews the development of the incident depending on the situation.

The national CS focal person discusses the development of the incident with the CS focal person in the IOR (4-eye principle). The national CS focal person shares the findings of the review in a status report with the IOR CS focal person, who updates the Regional Child Safeguarding Incident Register accordingly and assigns a colour rating to the incident.

For the incidents escalated to the GSC, the status report is prepared by the IOR CS focal person based on the information provided by the respective MA. The IOR CS focal person then updates the Regional Child Safeguarding Incident Register accordingly.

The status report is provided in a form of a CS incident paper (see chapter 2.3.4).

3.8.2.1 Colour rating of CS incidents

As part of the regular review of the CS incidents where the GSC gets involved, the IOR CS focal person assigns a colour rating to every incident reported in the respective region. It is a simple and user-friendly way of informing the line manager at the respective IOR and other relevant stakeholders about the current status of the incident and the response taken by the member association.

---

20 Management Team at the IO, Management Council, Programme Audit Committee of the International Senate.
The following criteria apply for the colour rating:

**GREEN**
The MA takes the lead, and all steps and processes as defined in the SOS Child Protection Policy and related policy support documents are fully met. The required information is shared among the responsible co-workers within the MA and the different levels of the GSC on time.

**YELLOW**
The MA takes the lead, and in general the incident is handled in accordance with the SOS Child Protection Policy and related policy support documents, but there are areas in which the MA is unable to fulfil the necessary steps and/or processes, making support from the GSC or external partners necessary. Other criteria for a yellow rating are delays and/or problems in the communication flow between the MA and the different levels of the GSC.

**RED**
There are serious concerns on how the MA is leading the incident and there are grounds for escalation. The steps and processes as defined in the SOS Child Protection Policy are not met and/or there are serious problems with the communication flow among the responsible co-workers within the MA and the different levels of the GSC. The incident needs to be escalated one level up.

4 Incident closure

4.1 Decision to close the incident
When the implementation of the action plan has met its goals, the responsible line manager closes the incident by signing off a closure notice based on the recommendation of the respective CS focal person.

4.2 Final report
Once the CS incident is closed, the respective CS team prepares a final report containing key findings and related actions together with the closure notice. The national CS focal person inserts the final report into the National Child Safeguarding Incident Register.

With incidents where the GSC gets involved and incidents initially reported to the GSC and then forwarded by the IOR to the MA, the national CS focal person shares the final report with the IOR CS focal person. If needed, the IOR CS focal person can enquire about the incident closure from the national CS focal person.

A template for the final report is provided in a separate document.

4.3 Rehabilitation of the investigation subject in case of unconfirmed suspicion
Should the initial allegation not be substantiated, the investigation subjects have a right to request a letter from the commissioning line manager that will specifically confirm that they were cleared of all allegations. The letter is included in the personal file of the respective staff member. Where appropriate and requested by the investigation subject, the commissioning line manager informs staff and other relevant stakeholders (e.g. partner organisations, governmental authorities etc.) of the outcome.

4.4 Information to the reporter
Once the CS incident is closed, the national CS focal person communicates a summary of the key findings and actions taken to the reporter. This report is edited in a way that protects the confidentiality of all persons involved. The reporter is also informed about the option to appeal against the outcomes of the CS actions in accordance with the national procedures. Should the reporter be a child, he or she is informed about the response outcomes in a confidential and age-appropriate way.

For incidents initially reported to the GSC, the IOR CS focal person informs the reporter on the findings and actions taken relating to the reporter’s allegations.

4.5 Lessons learned
When an incident is closed, it is important to collect lessons learned to inform improvements in processes and practice as well as to identify future training needs at programme and national level. The lessons learned are collected by the respective CS team dealing with the incident in a report that is shared with the national CS focal person.
Based on the lessons learned, the national CS focal person updates the national CS risk register21. He or she also shares the report with line management and the board of the MA. Lessons learned are also fed back to all programmes and shared and discussed in relevant networks at different levels of the organization.

4.6 Appealing against decisions and actions taken

The reporter can appeal against the outcomes of the CS incident if he or she is not satisfied with how the incident was addressed. Every MA defines a process for submitting an appeal against the outcome of the CS incident.

If the reporter appeals to the MA, the co-worker who receives the appeal shares it within 24 hours with the national CS focal person. The incident is explored further in consultation between the national CS focal person and the respective CS team and possible next steps are suggested to the ND who decides about further actions. At the same time, also the IOR CS focal person is informed by the national CS focal person about all appeals and its status.

The national CS focal person informs the reporter about the decision of the ND regarding the appeal. If any concrete action is taken to address the appeal, the reporter receives a summary of the outcomes of this action. This summary is edited in a way that protects the confidentiality of all persons involved.

4.6.1 The National CS Ombuds body

Experience shows that sometimes a CS incident is reported again because the reporter is unhappy with how the incident was handled by the member association although due process was followed. This is an opportunity for the organisation to ask for an external review to clarify whether a CS incident has been responded to appropriately or not. The external review supports the organisation when incidents resurface and provides the opportunity to correct mistakes if they were made. Also with regard to media and government enquiries it can be a backup for the organisation.

Another scenario where an external review is indicated is when a reporter appeals to the MA and this appeal cannot be handled by the ND or there is a conflict of interest.

For such situations, a National CS Ombuds body may be established. The need to establish an Ombuds body depends on whether appropriate child welfare and judicial systems are in place in the country to deal with disagreements on outcomes. This information is gathered and analysed in the local mapping exercise (description of the local mapping process is available in a separate document).

The National CS Ombuds body reviews the whole process of how the respective CS team managed the incident. This includes how the investigation was conducted, a review of the investigation report, a review of the action plan, actions implemented and support to victims provided. Based on the review findings and the additional information submitted by the reporter and the MA, the national CS Ombuds body decides either to take further actions or to close the incident. The national CS Ombuds body’s decision is binding for all stakeholders.

Information about the decision is communicated back to the reporter and the respective MA as well as the IOR CS focal person.

4.6.2 Members of the CS Ombuds body

The national CS Ombuds body is an independent body composed of three external experts with significant knowledge in the area of child safeguarding and child welfare who are nominated by the board. The CS Ombuds body meets within 60 days after having received information about the incident. Decisions taken by this Committee are final.

4.6.3 Anonymity of the reporter

The reporter can decide to remain anonymous, regardless of the channel he or she uses to submit the appeal. The reporter can also choose to remain anonymous for the respective MA while revealing his/her identity to the national CS Ombuds body. If the reporter wants to remain anonymous, the national CS Ombuds body takes all necessary steps to protect his/her privacy towards all other stakeholders involved in the incident and its review.

---

21 See a separate document on CS risk assessment.
5 Periodic reporting
Details of all CS incidents are recorded at the level of the organization which deals with the incident. The national CS focal person keeps an up-to-date overview of the current status of all CS incidents reported at programme and national level or forwarded by the IOR CS focal person in the National Child Safeguarding Incident Register (see chapter 3.2).

The national CS focal person prepares an annual CS report covering the period of January to December and submits the report to the national director. The report includes the number of reported and confirmed CS incidents as well as lessons learned collected in the CS incidents that the MA has dealt with in the past year. The national director shares the report with the board of the MA.

5.1 Aggregated statistical reports
Aggregated statistical reports summarizing number, nature and current status of all CS incidents are submitted for review to the CS focal person at the next level up on an annual basis, covering the period of January to December.

In the annual statistical reports, the following information is collected:
1) The number of reported and confirmed CS incidents;
2) The number of child and/or adult perpetrators involved in all CS incidents;
3) The number of children and young people affected as victims in all CS incidents;

A template of the annual statistical report is provided in a separate document.

Examples of counting CS incidents:
- An SOS mother physically abused 3 children in her SOS family.

<table>
<thead>
<tr>
<th>Number of CS incidents</th>
<th>Number of victims</th>
<th>Number of perpetrators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

- Two SOS employees abuses 5 children from the surrounding community.

<table>
<thead>
<tr>
<th>Number of CS incidents</th>
<th>Number of victims</th>
<th>Number of perpetrators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>

6 Internal child safeguarding audit
The internal child safeguarding audit focuses on monitoring compliance with the Child Protection Policy and related policy support documents. At the same time, the audit is intended to provide recommendations and advice, support knowledge exchange and offer other services designed to add value and improve member associations’ operations in the area of child safeguarding. Templates for a child safeguarding audit along with a guiding methodology is provided in separate documents.

To verify that the CS reporting and responding procedures are in place and well implemented, it is required to conduct a child safeguarding audit in every programme location every 3 years at a minimum. The audit is conducted by the national office. It can be also included in the overall internal audit commissioned by the respective IOR.

National CS focal person keeps an overview on the status and outcomes of CS audits conducted in the MA to collect learnings and to identify focus areas for further improvements.

7 Handling media attention
If an incident of child abuse or neglect occurs in one of our programmes and becomes known to the public, it is essential to be cautious in the communication with media, so no additional harm to the persons involved as well as to the reputation of the organisation is caused.

When an incident raises media attention and the GSC gets involved, the ND assigns a co-worker to manage media attention and crisis communication. For this specific incident, this person becomes a member of the national CS team. Appropriate steps are taken according to the Crisis Communications Policy Support Document.

Some principles always apply:
- Crisis communication does not replace, direct or substitute any CS measure or process.
- In a crisis situation, the child always remains the focus of the CS process.
We do not hide facts about CS incidents. We acknowledge that not being transparent potentially damages the organisation's reputation far more than an honest statement.

Communication about a CS incident is transparent both internally and externally. Not being transparent can damage our brand even more.

CS focal persons are responsible for the CS process and communication teams are responsible for crisis communication. Close cooperation is strongly encouraged during crisis situations.
8 Appendices

Appendix 1
Profile of the national CS focal person

A CS focal person needs to be nominated at national level. This person is responsible for:

- Completing the local mapping at national level
- Maintaining the national CS risk register\(^\text{22}\)
- Coordinating the development and prioritization of national CS actions during the annual planning process.
- Coordinating activities in the area of awareness raising and prevention
- Following up on reported CS concerns and incidents together with the programme CS team
- Maintaining a National Child Safeguarding Incident Register
- Improving existing reporting and responding procedures

The position of the national CS focal person is reflected in the MA’s organizational structure and its CS reporting and responding procedures. The CS focal person is a member of the national CS team.

A national CS focal person needs to fulfil the following requirements:

- At least 5 years of experience in the area of alternative care for children
- Commitment to the SOS CVI’s vision and mission and to promoting the rights and well-being of children and young people from disadvantaged backgrounds
- Hands on experience in one of SOS CV’s areas of programme interventions
- Team player with excellent communication skills and analytical ability
- Facilitation, negotiation, public-speaking and diplomatic skills
- Good coordination and organization skills, including ability to plan, organize and deliver results
- Ability to work under pressure to tight deadlines
- Ability to prioritize and handle a large amount of information
- Willingness to travel within the country

\(^{22}\) See a separate document on CS risk assessment.
## Appendix 2
### Minimum quality requirements for child safeguarding reporting and responding procedures in member associations

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Met</th>
<th>Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Child safeguarding teams in all programmes and the national office are appointed.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. A national CS focal person is appointed.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Children and young people’s voices are heard to set and improve child safeguarding actions and measures on a programme level. This includes the possibility to report child safeguarding concerns or suggestions anonymously.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. The local mapping exercise has been done and its findings are updated every 3 to 5 years or when there is significant change in the national child protection context.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. A CS risk assessment is conducted on a regular basis and included in the national CS risk register by the national CS focal person.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. The National Child Safeguarding Incident Register is established and maintained by the national CS focal person.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. All reported CS incidents are registered in the National Child Safeguarding Incident Register.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Every reported CS incident is carefully assessed and based on the results of the full incident assessment, an action plan including responsibilities and time frame is elaborated.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Every reported CS incident is reviewed regularly and the national CS focal person updates the National Child Safeguarding Incident Register with the findings and the planned next steps.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. For all incidents where the GSC gets involved, the national CS focal person shares the findings of every regular review in a status report with the IOR CS focal person.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. Every CS incident that the MA has dealt with is closed by the responsible line manager by signing off a closure notice based on the recommendation of the respective CS focal person.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. After closing a CS incident, a final report is prepared by the respective CS team. The national CS focal person inserts the final report into the National Child Safeguarding Incident Register.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

---

23 See a separate document on local mapping.
24 See a separate document on CS risk assessment.
<table>
<thead>
<tr>
<th></th>
<th>Met</th>
<th>Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. The final summary containing the key findings and actions taken relating to the reporter’s allegations is communicated back to him or her by the national CS focal person.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. When an incident is closed, lessons learned are collected to inform improvements in processes and practice as well as to identify future training needs.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. The national director submits the annual CS report to the board.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>