CHEERING

CENTER FOR HEALTH EQUITY, EDUCATION, & RESEARCH
INTERNATIONAL GROUP - GREECE

Safeguarding Policy

Our Safeguarding Policy

Ratified by CHEERing AMKE in February 2019.

To be reviewed annually (Review Date)

This policy applies to all the volunteers of CHEERing AMKE and anyone working with or on behalf of the group.

CHEERing believes that a refugee child, young person or vulnerable adult should never experience abuse or exploitation of any kind. All members of our group have a responsibility to promote the welfare of the refugee children, young people and vulnerable adults that we are sponsoring and to keep them safe. We are committed to work in a way that protects them.

CHEERing believes that:

- All refugee children/young people/vulnerable adults have the right to be protected from harm;
- All refugee children/young people/vulnerable adults need to be safe and to feel safe;
- All refugee children/young people/vulnerable adults need support which matches their individual needs, including those who may have experienced abuse, torture and trauma;
- All refugee children/young people/vulnerable adults have the right to speak freely and voice their values and beliefs;
- All refugee children/young people/vulnerable adults have the right to be supported to meet their emotional and social needs;
- CHEERing and the organisations they work with can and do contribute to the prevention of abuse, victimisation, bullying, exploitation, extremism, discriminatory views and risk-taking behaviours;
- All volunteers in CHEERing have an important role to play in safeguarding refugee children, young people and vulnerable adults.

CHEERing will fulfil their responsibilities as laid out by best practices and the law in Greece.

CHEERing's Designated Safeguarding Lead (DSL) will keep up to date with any specific guidance issued by the relevant authorities in Europe and will attend any appropriate training, when available.

All volunteers with CHEERing will be:

- Aware of this safeguarding policy and subject to appropriate background checks where appropriate

- Alert to signs and indicators of possible abuse;
- Record concerns and give the record to the Designated Safeguarding Lead (DSL): National Director

Deal with a disclosure of abuse from a child, young person or vulnerable adult - you must inform the Designated Safeguarding Lead immediately and provide a written account as soon as possible.

Our Responsibilities for Safeguarding

The officers of CHEERing have overall responsibility for ensuring that the safeguarding policy is implemented.

The officers will ensure that:

- The group has a safeguarding policy that meets the requirements stated by Law in Greece
- The group operates appropriate checks on volunteers with safeguarding responsibilities
- At least one senior member of the group acts as a DSL
- The DSL attends the appropriate training sessions
- Arrangements are put in place in the event of a complaint against the DSL by the beneficiaries and vice versa
- All other volunteers are made aware of the organisation's arrangements for child protection and safeguarding of vulnerable adults;
- CHEERing reviews its policies/procedures regularly and remedies any deficiencies or weaknesses brought to its attention without delay

Safer Selection

CHEERing takes seriously and has policies in place to ensure that its volunteers working with refugee children, young people and vulnerable adults (in particular the DSL) are selected safely. Measures to ensure this include:

- Scrutinising individuals who volunteer for these roles, by verifying identify and qualifications, checking employment or volunteering history and obtaining references. (This includes people acting as interpreters for the group).

The Designated Safeguarding Lead (DSL)

The DSL of CHEERing is Airinie Azhar. S/he has lead responsibility and accountability for safeguarding within the group.

- The DSL will be responsible for liaising on safeguarding matters with the Protection Officers of the particular refugee camp (eg. Danish Refugee Council for Skaramagas), the local site management team (if applicable) and making contact with local refugee groups for referrals and help (where appropriate)
- The DSL will undertake regular reviews of vulnerability issues within the beneficiaries that CHEERing encounters. Written records of these reviews will be kept in secure files.
- If and when there are safeguarding concerns about any member of the sponsored family the DSL will decide what steps should be taken and advise the group on escalation steps, such as informing the Danish Refugee Council and/or bringing in expert, outside agencies.
- Safeguarding and child protection information will be dealt with in a confidential manner. The DSL may have to act through an interpreter but in that case the interpreter should be aware of the need for confidentiality.
- Other members of the group will be informed of relevant details only when the DSL feels their having knowledge of a situation will improve their ability to deal with an individual and / or family. A written record will be made of what information has been shared with whom, and when.
- All written records will be stored on secure files in a central place separate from project material. Where files are necessary, individual files will be kept for individual. The DSL will not keep family files. Files will be kept for at least the sponsorship period and beyond that in line with current data legislation and guidance.
- Access to these records by volunteers other than the DSL will be restricted, and a written record will be kept of who has had access to the records and when.
- Parents will be made aware of information held on their children and kept up to date regarding any concerns or developments by the appropriate members of staff. General communications will give due regard to which adults have parental responsibility.
- The following principle will apply: The DSL will not disclose to a parent any information held on a child if this would put the child at risk of significant harm.

If or when the DSL steps down from their role within CHEERing, there should be a full face to face handover/exchange of information with the new DSL – or suitable alternative arrangements will be made.

What We Do When We Are Concerned

Where risk factors are present but there is no evidence of a particular risk then our DSL will advise CHEERing on preventative work that can be done within the group to help the refugee child, young person or vulnerable adult

If a child is involved the DSL will talk to parents, sharing the organisation's concern about the young person's vulnerability and how the family and group can work together to reduce the risk.

If the risk seems greater, the DSL on behalf of CHEERing will take steps to refer the individual concerned to the appropriate agency (police; or agencies in charge at a particular camp eg. Danish Refugee Council or Solidarity Now). This includes concerns about a young person who is affected by the behaviour of a parent or other adult in their household.

Appendices

Appendix One: Indicators of Abuse and Trauma

Issues Arising From Refugee Experience

Refugees may have undergone many stressful experiences, including imprisonment, torture, loss of property, malnutrition, physical assault, extreme fear, rape, and loss of livelihood, as well as the stress of living in camps or precarious situations, and the stress of being resettled. It is also common for refugees to suffer from many physical and psychological symptoms and disorders, partly because of the stressful experiences they endure.

Assessing the variety of experiences, symptoms, and disorders refugees suffer from is challenging. Furthermore, differences in language and culture can act as a barrier against treatment. When refugees resettle to a host country, it is usually in a place that's not of their choosing. Refugees must adapt to a new place and language under uncertain circumstances and face uncertain futures. Re-establishing a home and identity, while trying to juggle the tasks of daily life is yet another challenging experience refugees must endure.

Refugees are at a higher risk than the general population for a variety of mental health disorders. Some studies show refuges are at 10 times the risk of post-traumatic stress disorder (PTSD), depression, chronic pain, and other physical complaints. Exposure to torture is the strongest instigator of PTSD among refugees.

Disillusionment, demoralization and depression often occur due to migration-associated losses, or later, when initial hopes and expectations of relocating are not realized. Events that evoke memories of past trauma and loss can contribute to the emergence of anxiety, depression, or PTSD.

Though mental health disorders like anxiety, depression, and PTSD are not uncommon, the way in which they sprout and manifest in refugees can be complicated and atypical.

Symptoms and signs include (this is not designed to be used as a checklist):

- Inability to sleep and nightmares
- Social withdrawal/unwillingness to interact:
- Angry or violent outbursts;
- Drug or alcohol abuse

Neglect

Neglect is the persistent failure to meet a child or vulnerable adult's basic physical and/or psychological needs, such that it is likely to result in the serious impairment of the health or development.

Neglect with a child may occur during pregnancy as a result maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care- givers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. The same indicators can apply to a vulnerable adult.

The following may be indicators of neglect (this is not designed to be used as a checklist):

- Constant hunger;
- Stealing, scavenging and/or hoarding food;
- Frequent tiredness or listlessness;
- Frequently dirty or unkempt;
- Often poorly or inappropriately clad for the weather;
- Poor attendance or often late for organizational activities;
- Poor concentration;
- Affection or attention seeking behaviour;
- Illnesses or injuries that are left untreated;
- Failure to achieve developmental milestones, for example growth, weight;
- Failure to develop intellectually or socially;

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child or the person in their care.

The following may be indicators of physical abuse (this is not designed to be used as a checklist):

- Multiple bruises in clusters, or of uniform shape;
- Bruises that carry an imprint, such as a hand or a belt;
- Bite marks;
- Round burn marks;
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks;
- An injury that is not consistent with the account given;
- Changing or different accounts of how an injury occurred;
- Bald patches;
- Symptoms of drug or alcohol intoxication or poisoning;
- Unaccountable covering of limbs, even in hot weather;
- Fear of going home or parents being contacted;
- Fear of medical help;
- Inexplicable fear of adults or over-compliance;
- Violence or aggression towards others including bullying; or
- Isolation from peers.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not they are aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit act of sexual abuse, as can other children.

The following may be indicators of sexual abuse (this is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge;
- Anal or vaginal discharge, soreness or scratching;
- Reluctance to go home;
- Inability to concentrate, tiredness;
- Refusal to communicate;
- Thrush, persistent complaints of stomach disorders or pains;
- Eating disorders, for example anorexia nervosa and bulimia;
- Attention seeking behaviour, self-mutilation, substance abuse;
- Aggressive behaviour including sexual harassment or molestation;
- Unusual compliance;
- Regressive behaviour, enuresis, soiling;
- Frequent or open masturbation, touching others inappropriately;
- Depression, withdrawal, isolation from peer group;
- Bruises or scratches in the genital area.

Sexual Exploitation

Sexual exploitation occurs when a child or young person, or another person, receives “something” (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing sexual activities, or another person performing sexual activities on them.

The presence of any significant indicator for sexual exploitation should trigger a referral to children’s services. The significant indicators are:

- Having a relationship of concern with a controlling adult or young person (this may involve physical and/or emotional abuse and/or gang activity);
- Entering and/or leaving vehicles driven by unknown adults;
- Possessing unexplained amounts of money, expensive clothes or other items;
- Frequenting areas known for risky activities;
- Being groomed or abused via the Internet and mobile technology;
- Having unexplained contact with hotels, taxi companies or fast food outlets.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child or vulnerable adult such as to cause severe and persistent adverse effects on the emotional development or wellbeing. It may involve conveying to person that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the vulnerable child or adult the opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on the person. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing a person participating in normal social interaction. It may also involve seeing or hearing the ill- treatment of another person. It may involve serious bullying (including cyber bullying), causing a child or vulnerable adult to frequently to feel frightened or in danger, or the exploitation or corruption of a vulnerable individual. Some level of emotional abuse is involved in all types of maltreatment.

The following may be indicators of emotional abuse (this is not designed to be used as a checklist):

- The child or vulnerable adult consistently describes him/herself in very negative ways –as stupid, naughty, hopeless, ugly;
- Over-reaction to mistakes;
- Delayed physical, mental or emotional development;
- Sudden speech or sensory disorders;
- Inappropriate emotional responses, fantasies;
- Neurotic behaviour: rocking, banging head, regression, tics and twitches;
- Self-harming, drug or solvent abuse;
- Fear of parents or other family members being contacted;
- Running away;
- Compulsive stealing;
- Appetite disorders - anorexia nervosa, bulimia;
- Soiling, smearing faeces, enuresis.

N.B. Some situations where children stop communication suddenly (known as “traumatic mutism”) can indicate maltreatment.

Unusual Responses from Parents

Research and experience indicates that the following responses from parents may suggest a cause for concern across all four categories:

- Delay in seeking treatment that is obviously needed;
- Unawareness or denial of any injury, pain or loss of function (for example, a fractured limb);
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to
- her/his age and development;
- Reluctance to give information or failure to mention other known relevant injuries;
- Frequent presentation of minor injuries;
- A persistently negative attitude towards the child;
- Unrealistic expectations or constant complaints about the child;
- Alcohol misuse or other drug/substance misuse;
- Parents request removal of the child from home; or
- Violence between adults in the household.

Individuals with Disabilities

When working with children with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise in a site that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child;
- Not getting enough help with feeding leading to malnourishment;
- Poor toileting arrangements;
- Lack of stimulation;
- Unjustified and/or excessive use of restraint;
- Rough handling, extreme behaviour modification such as deprivation of medication, food or clothing, disabling wheelchair batteries;
- Unwillingness to try to learn a child's means of communication;
- Ill-fitting equipment. for example callipers, sleep boards, inappropriate splinting;
- Misappropriation of a child's finances; or
- Inappropriate invasive procedures

Appendix Two: Dealing with a Disclosure of Trauma or Abuse

When a refugee tells you about the stress or trauma s/he is feeling or abuse s/he has suffered, you must remember (particularly if you are the DSL):

- Stay calm.
- Do not communicate shock, anger or embarrassment.
- Offer reassurance. Tell her/him you are pleased that s/he is speaking to you.
- Tell her/him that you believe them. S/he may have tried to tell others and not been heard or believed.
- Tell s/he it is not her/his fault.
- Encourage s/he to talk but do not ask "leading questions" or press for information.
- Listen and remember.
- Check that you have understood correctly what s/he is trying to tell you. (You may need to get advise from the interpreter you are using where interpretation is necessary
- Communicate that s/he was right to tell you and right to be safe and protected.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the individual, particularly a child, may retract what s/he has told you. It is essential to record all you have heard.
- At the end of the conversation, tell the individual again who you are going to tell and why that person or those people need to know.
- As soon as you can afterwards, make a detailed record of the conversation using the phrases s/he used as far as possible. Include any questions you may have asked. Do not add any opinions or interpretations.

Even if you think the issue is minor, the DSL or others in the group may have more information that, together with what you know, represents a more serious worry. It is never your decision alone how to respond to concerns – but it is always your responsibility to share concerns, no matter how small.

- Decide whether you need to find out more by asking the child / young person, or their parent to clarify your concerns, being careful to use open questions:

  …beginning with words like: ‘how’, ‘why’, ‘where’, ‘when’, ‘who’?

- Let the child / young person / parent know what you plan to do next if you have heard a disclosure of abuse or you are talking with them about your concerns. Do not promise to keep what s/he tells you secret.

  ...for example, 'I am worried about your bruise and I need to tell person x so that s/he can help us think about how to keep you safe'

- Inform the DSL immediately. If the DSL is not available or you are the DSL, speak to a senior person in the group. If there is no other member of staff available, you must make the referral yourself.
- Make a written record as soon as possible after the event, noting:
  - Name of person
  - Date, time and place
  - Who else was present
  - What was said / What happened / What you noticed ie speech, behaviour, mood, drawings, games or appearance
  - If child, vulnerable person or parent spoke, record their words rather than your interpretation
  - Analysis of what you observed & why it is a cause for concern

The DSL makes the referral to the First Response Service – such as the local authority or police. The referral will note all previous intervention by the group with the child or vulnerable adult, any relevant history relating to the them, their siblings or the family.

The DSL shares information with relevant professionals, recording reasons for sharing information and ensuring that they are aware of what action the other professionals will take as a result of information shared.

(If a child is involved) The DSL informs parent that they have made a police referral, if the parent does not already know, and if there is no reason not to let them know the First Response Service may suggest to delay informing the parent in cases of suspected sexual abuse, or where informing the parent might put the child at further risk, to prevent the child being harmed or intimidated (and retracting their disclosure) or in cases of suspected Fabricated or Induced Illness by proxy, the parent is not informed that this is being considered.

The DSL remains in close communication with professionals around the child / young person/vulnerable adult and with the family, in order to share any updates about the child / young person/vulnerable adult.

The next page includes a Welfare Concern Form members of the group can use to record concerns

Welfare Concern Form

Use this form to record any concern about an individual's welfare and give it to DSL.

If you suspect a child may be suffering abuse or neglect, or you have received a disclosure of abuse from a child, or you have heard about an allegation of abuse, you must complete the child protection record of concern form instead, and hand it to DSL immediately today.

Full name

Date of this record

Why are you concerned about this individual?

What have you observed and when?

What have you heard and when?

What have you been told and when?

Have you spoken to the person? Yes/No

What did they say? Use the person's own words

Have you spoken to anyone else about your concern? Yes/No Who?

Is this the first time you have been concerned about this individual? Yes/No

Further details

Date and time you handed this form to the DSL

Your name and designation

Signature

Appendix Three: Allegations about a Volunteer

1. Inappropriate behaviour by volunteers could take the following forms:

    - Physical; For example, the intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects or rough physical handling.
    - Emotional; For example, intimidation, belittling, scapegoating, sarcasm, lack of respect for children's rights, and attitudes that discriminate on the grounds of race, gender, disability or sexuality.
    - Sexual; For example, sexualised behaviour towards pupils, sexual harassment, sexual assault and rape.
    - Neglect; For example, failing to act to protect a child or vulnerable adult, failing to seek medical attention or failure to carry out an appropriate risk assessment.

2. If a person makes an allegation about a volunteer, the chair or any other person on the team, the Director should be informed immediately. The Director should carry out an urgent initial consideration in order to establish whether there is substance to the allegation. The team should not carry out the investigation itself or interview the accuser/s

3. CHEERing must exercise, and be accountable for, their judgement on the action to be taken, as follows:

    - If the actions of the volunteer and the consequences of the actions, raise credible child protection or other safeguarding concerns the DSL will notify the local authorities and terminate the volunteer contract. All activities with CHEERing shall cease immediately. The local authority will advise about action to be taken.
    - If the actions of the volunteer and the consequences of the actions, do not raise credible child protection concerns, but do raise other issues in relation to the conduct of the volunteer these should be addressed through the group's own internal processes.
    - If the Director decides that the allegation is without foundation and no further formal action is necessary, all those involved should be informed of this conclusion, and the reasons for the decision should be recorded.