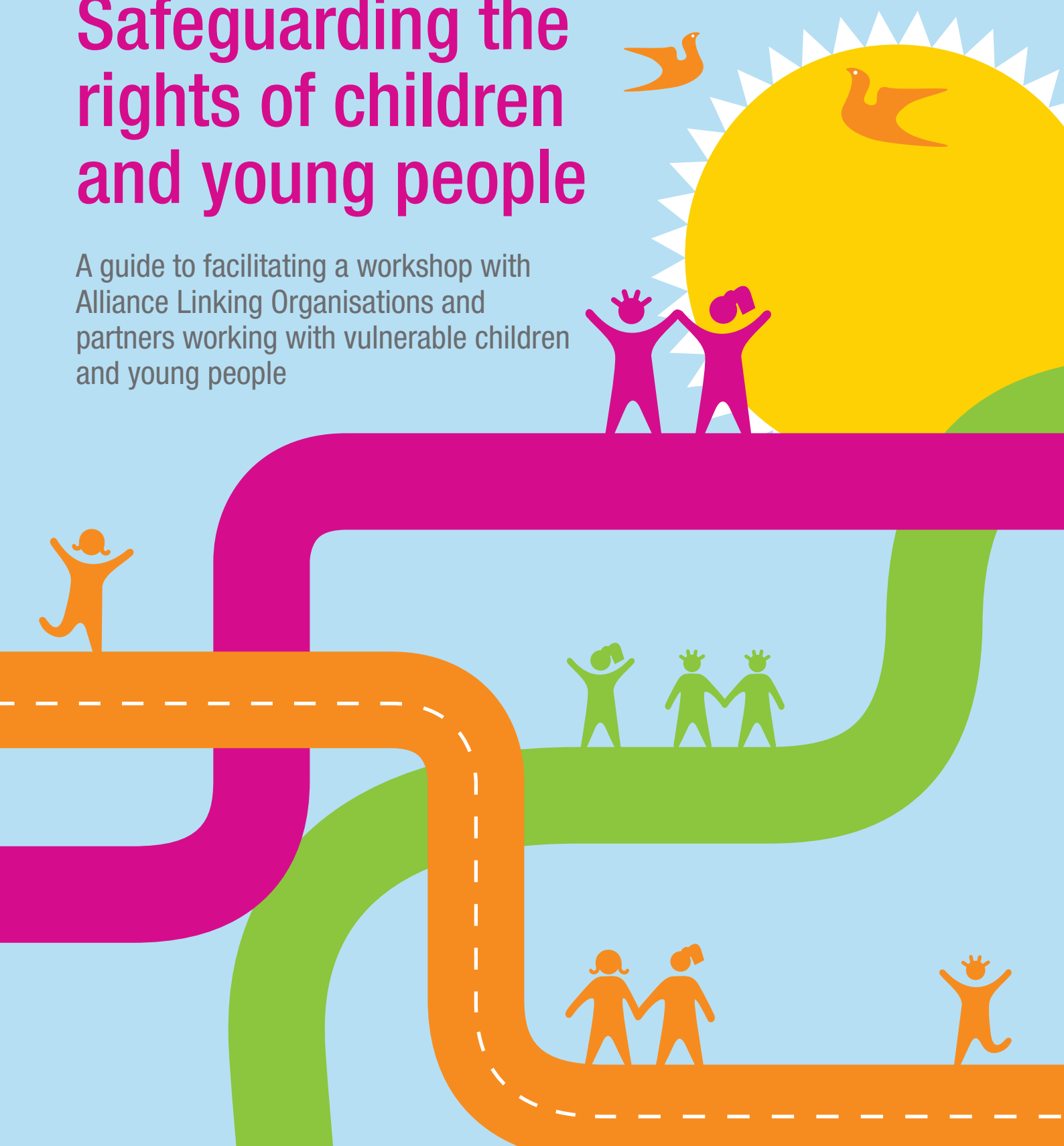


## Safeguarding the rights of children and young people

A guide to facilitating a workshop with Alliance Linking Organisations and partners working with vulnerable children and young people





## About the International HIV/AIDS Alliance

We are an innovative alliance of nationally based, independent, civil society organisations united by our vision of a world without AIDS.

We are committed to joint action, working with communities through local, national and global action on HIV, health and human rights.

Our actions are guided by our values: the lives of all human beings are of equal value, and everyone has the right to access the HIV information and services they need for a healthy life.

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## LINKUP

Link Up improved the sexual and reproductive health and rights of over 800,000 young people affected by HIV across five countries in Africa and Asia. The project was implemented by a consortium of partners led by the International HIV/AIDS Alliance.

For more information, visit [www.link-up.org](http://www.link-up.org)



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## Glossary

### **Child/Adolescent/Youth/Young person**

A child is a person who is under 18 years of age, as recognised in the UN Convention on the Rights of the Child (1989).

An **adolescent** refers to a person aged between 10 and 19 years; **young person** to a person aged between 10 and 24 years; and **youth** to people between the ages of 15 and 24 years.

### **Child safeguarding**

Safeguarding is the process by which we protect children's and vulnerable adults' health, wellbeing and human rights, enabling them to live free from harm, abuse and neglect.

### **Child protection**

Protection describes policies, standards, systems, guidelines and procedures that seek to protect children and vulnerable adults from intentional and unintentional harm, which can be physical, emotional and sexual, or any form of neglect or exploitation.

### **Ethical dilemma**

This is a complicated situation where there is a mental conflict between moral obligations, where to follow one would result in not achieving the other.

### **Evolving capacity**

This describes the growing ability of children to exercise their rights and their ability to make decisions about things that affect their lives. It recognises the changing relationship between parents/caregivers and children as they grow up, and focuses on capacity rather than age.

### **Key populations**

This term refers to the groups identified as those most vulnerable and/or at risk from the impacts of HIV in a specific context. They are important in the dynamics of HIV transmission. They may include people living with HIV, people who use drugs, people who sell sex, transgender people, gay men and other men who have sex with men, as well as other groups.

### **Moral distress**

This is the unease we feel from being unable to do what we think is right.

### **Moral residue**

The burden we carry from not making what we thought was the right moral choice, or from having to choose an action that we know will cause significant harm.

# Introduction

## Purpose of the guide

This guide has been produced for International HIV/AIDS Alliance (Alliance) Linking Organisations and partners who want to ensure they are safeguarding the rights of vulnerable children and young people in the work that they do. The guide will help you to facilitate discussions with staff members, outreach workers and other colleagues who are responsible for ensuring that the rights of children and young people are understood, recognised and respected.

The guide provides a set of activities for you to facilitate this workshop. It also includes information and resource materials and tools to increase understanding of child rights and protection.

The guide is designed to help participants:

- reflect on the dilemmas they face in their work
- understand the importance of safeguarding the rights of vulnerable children and young people
- become familiar with tools to help decision-making and safeguarding in programmes with vulnerable children and young people.

## Why is it important?

- We have a **duty of care** in our work with children and young people who are marginalised and vulnerable.
- The duty of care requires us to consider the complexities of working in environments where there are **law and policies around age restrictions**, as well as the need for **parental consent** for many services such as HIV testing, sexual and reproductive health services and harm reduction.
- That duty of care also requires us to recognise that children and young people in different cultures face **diverse life experiences** and acquire competencies at different ages, which impacts on their capacity to make their own **informed decisions**.
- Within this context, duty of care requires us to consider the need for recognising **ethical dilemmas and conflicting interests** in our work, and for safeguarding and protecting young people in all that we do.

## Workshop structure

The overall objective of the workshop is to reflect on how we approach the work we are doing with vulnerable children and young people and to build our capacity to recognise, protect and promote their rights.

The workshop has been structured to take place during one full day.

Each session has a specific objective. There is a logical sequence to the sessions and their objectives, so it is essential to follow them in the order listed below. You can start and finish the workshop at times that best suit the context it is being delivered in. Times listed are included only as a guide.

TIME	SESSION NO.	SESSION	SESSION OBJECTIVES	TIME ALLOCATION
9.00am–10.00am	<b>1</b>	<b>Workshop introduction</b>	To introduce participants and facilitator, and set the tone of the workshop.	60 minutes
10.00am–11.30am	<b>2</b>	<b>What would you do if...?</b>	To share and work through real-life case studies taken from our work with young key populations, including what action we took and what we found challenging.	90 minutes
11.30am–11.50am Refreshments				
11.50am–1.20pm	<b>3</b>	<b>Be prepared! What do we need to do?</b>	To increase our understanding of how to apply child protection principles, practice and guidelines; ethical principles; legal frameworks; and capacity-building tools.	90 minutes
1.20pm–2.20pm Lunch				
2.20pm to 3.20pm	<b>4</b>	<b>Tools in practice</b>	To learn to use tools to question and assess different situations.	60 minutes
3.20pm–3.40pm Refreshments				
3.40pm to 4.40pm	<b>5</b>	<b>Action planning, workshop evaluation and closing the workshop</b>	To develop action plans, evaluate and sum up learning.	60 minutes

## Facilitating the workshop

### Who should lead it?

The workshop should be led by those who are already experienced in working on child protection issues and with vulnerable children and young people. In addition, it would be powerful if the facilitation team could include representatives of key populations (for example, young people living with HIV, young people who sell sex, young men who have sex with men, or young people who use drugs), as they can share relevant experiences and knowledge from within their communities.

### Who should attend?

The workshop is designed for individuals responding to the needs of children and vulnerable young people in their programmes and services. This includes programmatic staff members as well as service providers.

### Planning sessions

Before conducting the workshop, go through this guide to read the facilitator notes, work out what the activities are, how long they will take and the materials that are required.

### What you will need

- PowerPoint presentation *Safeguarding the rights of children and young people* for the entire workshop. Available at: <http://www.aidsalliance.org/resources/480-safeguarding-the-rights-of-children-and-young-people>
- International HIV/AIDS Alliance policy on protection of children and vulnerable adults (**Annex 4**)
- Child protection policy: child-friendly version (**Annex 5**)
- UN Convention on the Rights of the Child in Child Friendly Language (**Annex 6**)
- Fraser guidelines checklist (**Annex 7**)
- This guide

### Evaluating the workshop

Develop a basic evaluation form to capture the feedback you want, including sessions that were particularly helpful and could be replicated in other contexts. Keep it short and simple; that way, people are more likely to complete the form and give you honest feedback. There is a template in Annex 8 that you can use.

**Time**

60 minutes

**What**

This session introduces the workshop and sets the scene and learning environment for the rest of the sessions.

**Why**

It is important to ensure that everyone knows what to expect from the workshop. Setting realistic expectations will maximise the impact of the learning.

**Materials**

- Powerpoint slides 1 and 2
- Flip chart paper and pens
- Name tags and markers

# Session 1

## Workshop introduction

### Facilitator notes

#### Objective

To introduce participants and facilitator, and set the tone of the workshop.

### Activities

#### 1. Introduction



30 minutes

- Briefly welcome participants and introduce yourself as facilitator.
- Provide a concise overview of the workshop and its objectives.
- Ask participants to introduce themselves by stating the name they wish to be known by during the workshop and providing one word to describe how they feel about being here.
- Ask participants to write on their name tags so everyone knows each other's names.
- Share any housekeeping issues, including breaks, travel reimbursement, safety and security arrangements, and the name of a contact person for any other needs..

#### 2. Ground rules on flipchart paper



15 minutes

- Explain the importance of ground rules.
- Ask participants to agree to some of these; for example, respecting different perspectives, arriving on time, mobile phones on silent, no use of laptops during the workshop, challenge constructively, etc.
- If appropriate, write these up on a flip chart and place it on the wall as a reminder.





### 3. Why is this topic important?

 15 minutes

- Share with participants why this topic is important.

Some talking points include:



- We have a **duty of care** in our work with children and young people who are marginalised and vulnerable.
  - We need to understand that our role in protection is about providing a **protected space** for children and young people to begin to make their own decisions.
  - Our duty of care requires us to consider the complexities of working in environments where there are **laws and policies** around age restrictions, as well as the need for parental/caregiver consent for many services such as HIV testing, sexual and reproductive health services and harm reduction. For example, in Botswana, Namibia and Zambia, children can lawfully have sex before the age at which they can get medical services without parent/caregiver consent. In South Africa, health workers providing sexual and reproductive health services to people under the age of 16 years are legally required to report consensual, underage sex.
  - Our duty of care requires us to recognise **ethical dilemmas** and conflicting interests in our work, and to safeguard and protect children and young people in all that we do.
  - That duty of care also requires us to recognise the **evolving capacity** of children and young people. This means recognising that children and young people in different cultures face diverse life experiences and acquire competencies at different ages, which impacts on their capacity to make their own informed decisions.
- Invite participants to ask for any clarifications and add any points of their own.

**Time**

90 minutes

**What**

This session enables participants to work through real-life situations that they could face, or have already faced, in their practice.

**Why**

Using case studies helps to explore your context and issues that commonly arise in it. It adds a touch of 'reality' to the teaching in a workshop and helps move discussions from theory to practice.

**Materials**

- Powerpoint slides 3–8
- Flip chart paper and pens
- Printouts or copies of the case studies (see Annex 2)

## Session 2

# What would you do if...?

**Facilitator notes****Objective**

To share and work through real-life case studies taken from our work with young key populations, including what action we took and what we found challenging.

**Activities****1. Working through case studies**

60 minutes

- Break into four groups. Each take a case study and discuss it (20 minutes). Use the following questions to guide you:
  - *What are the key issues in this scenario?*
  - *What makes this difficult to deal with?*
  - *Whose desires, needs and rights are in conflict with those of another person?*
- Discuss feedback from each group (10 minutes each, 40 minutes in total).
- Discussion points are provided next to each case study as a further guide. The case studies are also provided separately in Annex 2. Print or copy these (without the discussion points) to distribute to the groups.

**Case study 1**

A 14-year-old girl comes to the clinic to ask for an abortion. She comes alone and tells you that she has become pregnant through sex with her teacher.

She doesn't want you to tell anyone because she will be thrown out of school if she is discovered to be pregnant. She cannot talk to her parents as the shame would be too great.

**Discussion: What would you do?**

*What would your response be? What would you base your decision on (e.g. law, ethics, best interest, clinic policy, religious values)? What does that child need from you (e.g. service, understanding, non-judgemental response, protection, links to other services, legal action against the school)? How do you know what she wants? Does it matter?*

**Case study 2**

A 15-year-old boy attends your clinic and asks for an HIV test. While talking to him, you discover he is unsure about his sexuality and his parents have thrown him out for being too effeminate.

He also tells you he is living with a 50-year-old man who he says loves him, is helping him learn about his sexuality, and who shelters and feeds him.

**Discussion: What would you do?**

*What is your greatest concern here? What makes you uncomfortable (e.g. his sexuality, intergenerational relationship, parents' rejection, HIV risk, sexual health or security)?*

**Case study 3**

A father brings his 12-year-old daughter to the clinic for an examination to ensure she is 'intact' for her impending marriage.

**Discussion: What would you do?**

*How would you respond to the child in this situation being only 12 years old? If she were 17 years old, would it change anything for you? Are there legal considerations? What is your duty of care to the child?*

**Case study 4**

A 15-year-old girl had been coming to your centre for sexually transmitted infection screening and condoms. You suspect she is selling sex but she will not discuss it. You have asked her about her parents but she says they don't care about her.

One day she arrives at the centre with her parents and they tell you that she has given birth to a baby but she will not reveal the name of the father. There must be a father's name on the birth certificate because without it the child has no identity and cannot access any health, education or welfare services.

The parents tell you not to help her unless she reveals the name of the father and the baby can be officially registered. You understand that the girl may not know who the father is or be able to reveal his identity. Legally, the parents have the right to decide the services that their daughter should or should not receive.

**Discussion: What would you do?**

*How would you decide between the rights of the child and the parents? How does the law affect your decision?*

## 2. Group discussion

### 30 minutes in total

- In a plenary, wrap up with a group discussion about what emerged from the case studies (25 minutes):
  - *How did these scenarios make you feel?*
  - *Are they similar to any that you or your colleagues are currently dealing with?*
  - *What are the implications for our work?*
  - *What tools or experiences do we have to address situations like these?*
- Conclude with the following key messages (5 minutes):



### Key messages

- There are no easy answers to these case studies. Each scenario raises issues about a child's and young person's right to choose, but also about the need to protect them.
- Cases like these are difficult as they challenge our attitudes and beliefs as well as what is legal, acceptable, just and ethical. They present difficult issues about the involvement of parents/caregivers and the need for follow-on activities such as child protection, dealing with schools, addressing child marriage, and challenging exploitation by adults.
- The important thing is to be able to recognise cases where there are different interests at play and to know the tools you can use to help you think through what to do. Where there is a lack of support for staff members to manage moral distress and there are no moral residue policies, there is a danger that not all options will be fully explored.
- We may believe that providing certain activities or services would be illegal or might get us into trouble with the authorities. This can influence our willingness to provide these activities or services. We need to be clear what our actual legal context is.

**Time**

90 minutes

**What**

A 'policy into practice' session that enables participants to think beyond a written policy, law or set of guidelines by considering what the practical implications of these might be in the workplace.

**Why**

The mere existence of policies, laws or guidelines in themselves offers little protection for vulnerable children and young people. Considering how to implement them in different scenarios will help to anticipate particular issues that might arise and how these might be dealt with.

**Materials**

- Laptop and projector for presentation
- Powerpoint slides 9–14
- Flip chart paper and pens
- Printouts or copies of the handout of case studies (see Annex 3)
- Copy of International HIV/AIDS Alliance policy on protection of children and vulnerable adults (see Annex 4)

## Session 3

# Be prepared! What do we need to do?

**Facilitator notes****Objective**

To increase our understanding of how to apply child protection principles, practice and guidelines; ethical principles; legal frameworks and capacity-building tools.

**Activities****1. Terms and principles around child rights and protection****10 minutes**

- Presentation using slides from *Safeguarding the rights of children and young people* on:
  - child rights
  - child rights and protection

**2. Exercise: How well do you know the policy?****20 minutes**

- This exercise will help you think about how you use a policy and ensure it informs your practice.
- Ask for a show of hands for the following questions (5 minutes).
  - *Do you have a child protection policy?*
  - *Have you read it and understood it?*
  - *Do you have a child-friendly protection policy?*
- Break into groups again and ask participants to consider the four case studies (on page 12) they might encounter in the workplace. The case studies are also provided in Annex 3. Print or copy this handout to distribute to the groups.
- If you have a child protection policy,\* think about how it supports you in these situations. If you don't have one, then think about what guidance you can draw on in order to know how to act.

\* The Alliance child protection policy can be adapted or adopted by Linking Organisations (see Annex 4).

### Case study 1

A young female client has accused an adult client of making sexual advances towards her while she was attending your centre. She doesn't want anyone to identify her.

### Case study 2

In a focus group discussion about your services, a child says they don't like a specific outreach worker. All the children nod and agree but won't say anything more.

### Case study 3

A colleague comes to you and says there is a staff member he has seen out with a young girl at the weekend he believes to be around 16 years old.

### Case study 4

A staff member reports that one of his clients called him late last night desperate for somewhere to stay as his parents had thrown him out of his home. He offered him a bed for the night but the parents have now called the police.

- Wrap up by saying that these situations are not easy to deal with. However, if you have policies in place, you have some guidance you can refer to that will support and protect you as a staff member or outreach worker.

## 3. Protection versus autonomy

 5 minutes

- Present the relevant PowerPoint slides from *Safeguarding the rights of children and young people*.

## 4. Exercise: Agree or disagree?

 20 minutes

- Ask the participants to form a long line in the middle of the room (if there is plenty of space).
- Then read out each of the statements (on page 13) and ask participants if they agree or disagree with what is being said.
- Ask participants to move to the right if they agree with the statement that is read out. If they disagree, they should move to the left. If you feel it is manageable, you could also ask people to move to the far right or far left if they **strongly** agree or disagree with the statements. Try to discourage participants from moving with the majority of the group, and instead to express their own opinion and feeling about the statements. To build their confidence, you could ask them to try this exercise with their eyes closed, although some may feel uncomfortable with this method.
- Once everyone has finished moving, discuss with the group the positions they have taken.
- You can ask participants to try and persuade others to move to their side, either as a whole group or in pairs.

## Statements

“I don’t ask the age of a young person who is requesting services because then I cannot be held responsible.”

“I should seek parent/caregiver consent before I offer a service to a 14-year-old.”

“We should be prepared to break the law if we want to help young people.”

“Involving parents is always a problem and should be avoided.”

“I have to keep promises to young people. I would never break their trust and confidence.”

“Children have rights that must be the top priority in my decision-making.”

“Our ultimate goal should be to get the children we see to stop doing the things that put them at risk.”

“Children are too young to know what is in their own best interest.”

“Children who access our services have the same right to confidentiality as the adults.”

## 5. Wrap up with a discussion about protection versus autonomy

 5 minutes

Too often protection and autonomy are presented as opposing principles: adults who are supposed to know better, protect children from danger, preventing them from making bad decisions in their ‘best interests’. However, it is vital that as children grow and develop, we should strive to create a protected space for them to make their own decisions and build their own capacity for self-protection.

**Key message**

## 6. Legal environment

 30 minutes

- Present PowerPoint slides on the legal environment from *Safeguarding the rights of children and young people* (5 minutes).
- Discuss the following question (25 minutes):  
*What examples do you have from your own countries around legal restrictions that affect young people’s access to services?*

We may believe that providing certain activities or services would be illegal or might get us into trouble with the authorities. This can influence our willingness to provide these activities or services. We need to be clear what our actual legal context is.

**Facilitator note**

**Time**

60 minutes

**What**

This session is an opportunity to use tools that help decision-making.

**Why**

There are often tough decisions to be made in our work. Becoming familiar with tools designed to help us make those decisions also helps us gradually to build confidence and the evidence to support our decision-making.

**Materials**

- Laptop and projector
- Powerpoint slides 15–16
- Flip chart paper and pens
- Copy of the Fraser guidelines checklist (see Annex 7)

## Session 4

# Tools in practice

**Objective**

To learn to use tools to question and assess decision making capacity of young people in different situations.

**Activities****1. Presentation: Fraser guidelines**

 15 minutes

The Fraser guidelines are a tool that will help you assess whether a child has the maturity to make their own decisions around services and to understand the implications of them. A court ruling by Lord Fraser in the UK gave rise to the guidelines, but the tool has universal relevance.

The Fraser guidelines state that:

“...whether or not a child is capable of giving the necessary consent will depend on the child’s maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent. Parental right yields to the child’s right to make his own decisions when he reaches a sufficient understanding and intelligence to be capable of making up his own mind on the matter requiring decision.”

**2. Exercise: Role play using the Fraser guidelines**

 30 minutes

- In groups of three or four, facilitate a role play that includes a young client, a service provider and one or two observers. The young client makes up a story (there are some examples below to help you) to describe why they have come to the service provider, and the provider has to assess the capacity of the young person to make their own decisions around services using the five questions in the Fraser guidelines:
  - *Does the young person understand what is being provided or suggested, and the rationale for the products/service?*



- *Does the young person refuse to provide parental consent?*
  - *Is the young person likely to continue risky behaviour or to remain in a risky environment?*
  - *Is the young person's physical or mental health likely to suffer if the products/services are not provided?*
  - *Are the young person's best interests served by providing the products/services?*
- Groups will usually have plenty of ideas for the role play, but if they need some suggestions here are a few:
- An 11-year-old asks for an HIV test.
  - A 17-year-old girl who sells sex asks to be sterilised.
  - A 16-year-old boy wants to take an HIV treatment 'holiday'.

### 3. Group discussion and wrap-up

 15 minutes

- In a plenary, discuss the following questions with the group:
  - *How did the client feel? Did they feel listened to? Were they able to express their wishes?*
  - *How did the provider feel? Did they find out all the information they needed to make a decision? Were the Fraser guidelines useful?*
  - *What did the observer(s) think?*
- Wrap up by emphasising that it is important to use a framework to help you think through challenging situations where there are tough decisions to be made.
- Working through this tool and thinking about your decisions will provide you with greater evidence to justify them, and help you deal with any consequences of your actions.

**Time**

60 minutes

**What**

A wrap-up session at the end of the workshop.

**Why**

It is important to consolidate the learning points at the end of the time spent together and look forward to what action(s) need to be taken back to the workplace.

**Materials**

- Laptop and projector
- Flip chart paper and pens
- Materials to make a poster or stop-and-think card

## Session 5

# Action planning, workshop evaluation and closing the workshop

### Facilitator notes

**Objective**

To develop action plans, evaluate and sum up learning.

### Activities

**1. Action planning or ideas for your work****40 minutes**

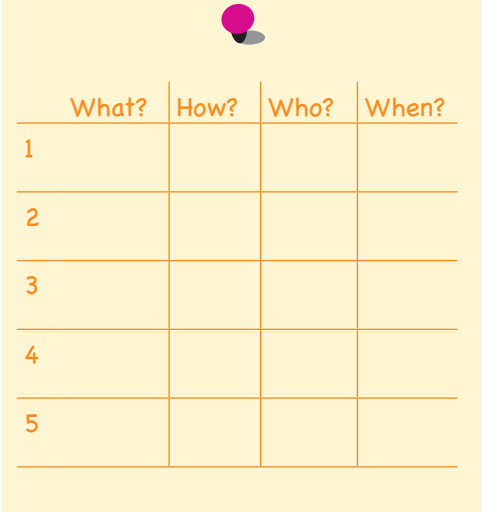
- Explain that the workshop is coming to an end and it is time to think ahead to how participants can incorporate their learning into their own work when they return home.
- Inspire them with some ideas:
  - Look at your child protection policy and write a code of conduct for all staff members.
  - Plan training(s) on these issues.
  - Adapt the Fraser guidelines for your work.
  - Make a poster on some principles for your work around safeguarding.
  - Create a stop-and-think card – key questions to remind you of things to remember, a code of conduct, questions to ask, procedures you should follow, things you must record.
  - Organise a meeting to discuss your services and how to make them more youth centred.
  - Dialogue with young people about how to support them.
  - Hold a parent/caregiver forum to discuss these issues with them.
- Ask participants to plan individually how they are going to apply the learning, and then get them into pairs (or other appropriate groupings) to check and challenge each other's plans. Suggest they list five actions on a flip chart under these headings: What? How? Who? When?

- When the plans are complete, ask participants to copy them onto flip charts and display them on the walls around the room.
- Then ask participants to walk around the room and think about each other's plans, asking questions and for clarifications as necessary. Suggest that the action plans are typed up and shared, or taken back to workplaces (if compiled in teams).

## 2. Workshop evaluation

### 10 minutes

- Give participants the evaluation form to complete. This form could help assess the usefulness of the workshop. It will be anonymous: participants do not need to write their name on it unless they want to. Give out the form and ask participants to complete it and return it to you.
- Alternatively, use another method to gain feedback on the workshop. Ask participants to write on sticky notes one positive aspect and one aspect of the workshop that needs improvement. Then place these on the wall in two separate groups and either read them out or simply collate them for the workshop report.
- You might have another way you like to do evaluation, perhaps preferring a written evaluation and an informal verbal feedback session. There is an evaluation template in Annex 8 that you can use.



	What?	How?	Who?	When?
1				
2				
3				
4				
5				

## 3. Closing activity

### 10 minutes

- This activity sums up the key points participants will take away from the workshop and provides them with an opportunity to say goodbye to one another.
- One way is to ask each participant to identify the most significant learning point they have experienced in the workshop. You can do this by asking everyone to form a circle. Then throw a ball to participants in turn, and ask them to share a learning point as they catch it. They can include some humorous points too!
- Confirm any agreements you have made, such as sharing copies of tools in this workshop guide. Then encourage participants to take their action plans forward and to ask for any help needed in achieving their action points.
- Thank all participants for their contributions to the workshop.

## Annex 1: Facilitator resources

The following documents are either required or useful to have when running this workshop. You may have them already. Some links have been provided to help you source them, where available, and others have been included in the annexes.

- PowerPoint presentation **Safeguarding the rights of children and young people**. Available at: <http://www.aidsalliance.org/resources/480-safeguarding-the-rights-of-children-and-young-people>
- **UN Convention on the Rights of the Child in Child Friendly Language**. This is included in Annex 6 and available at: <http://www.unicef.org/rightsite/files/uncrcchildfriendlylanguage.pdf>
- **International HIV/AIDS Alliance policy on protection of children and vulnerable adults**. This is included in Annex 4.
- **Child protection policy: child-friendly version** – a document that explains the policy in clear, simple language from the perspective of children and young people so they know what to expect. This is included in Annex 5.
- **Fraser guidelines checklist**. This has been adapted and can be found in Annex 7.
- **Local child protection policies and laws**, if you have access to them.
- **Support in ethical decision-making**: K. Ibarra, J. Miller, F. Wagner (2014) *Difficult decisions: a tool for care workers managing ethical dilemmas when caring for children and families of key populations*, The Coalition for Children Affected by AIDS. Available in English, Spanish, French and Russian at: <http://www.careworkerethics.org>
- Resources on **young people's right to decide**: International Planned Parenthood Federation, *Understanding Young People's Right to Decide* [online]. Available at: <http://www.ippf.org/resources/publications/Understanding-Young-Peoples-Right-Decide> More specifically, you can focus on the following three papers:
  1. *How do we assess the capacity of young people to make autonomous decisions?*
  2. *Why is it important to develop capacities for autonomous decision-making?*
  3. *Are protection and autonomy opposing concepts?*
 Save the Children Sweden, *My Rights! For 16-18 years old* [online]. Available at: <http://resourcecentre.savethechildren.se/library/my-rights-16-18-years-old>

YouTube videos on child rights:

  1. BMZ (2013), *Children's and Young People's Rights* [online]. Available at: <http://www.youtube.com/watch?v=mJggYdw3l0k>
  2. Steve McCurry Studios (2011), *Convention on the Rights of the Child* [online]. Available at: <http://www.youtube.com/watch?v=utpAxEf30ec>

## Annex 2: Case studies for Session 2



The following case studies are used in Session 2. You can print or photocopy them and distribute them to the groups to work with. The discussion points can be found in Session 2 on page 8.

### Case study 1

A 14-year-old girl comes to the clinic to ask for an abortion. She comes alone and tells you that she has become pregnant through sex with her teacher.

She doesn't want you to tell anyone because she will be thrown out of school if she is discovered to be pregnant. She cannot talk to her parents as the shame would be too great.

**What would you do?**

### Case study 2

A 15-year-old boy attends your clinic and asks for an HIV test. While talking to him, you discover he is unsure about his sexuality and his parents have thrown him out for being too effeminate.

He is living with a 50-year-old man who he says loves him, is helping him learn about his sexuality, and shelters and feeds him.

**What would you do?**

### Case study 3

A father brings his 12-year-old daughter to the clinic for an examination to ensure she is 'intact' for her impending marriage.

**What would you do?**



### Case study 4

A 15-year-old girl had been coming to your centre for sexually transmitted infection screening and condoms. You suspect she is selling sex but she will not discuss it. You have asked her about her parents but she says they don't care about her.

One day she arrives at the centre with her parents and they tell you that she has given birth to a baby but she will not reveal the name of the father. There must be a father's name on the birth certificate because without it the child has no identity and cannot access any health, education or welfare services.

The parents tell you not to help her unless she reveals the name of the father and the baby can be officially registered. You understand that the girl may not know who the father is or be able to reveal his identity. Legally, the parents have the right to decide the services that their daughter should or should not receive.

**What would you do?**



## Annex 3: Case studies for Session 3



The following case studies are used in Session 3. You can print or photocopy this handout and distribute it to the groups to work with.



### Group discussion

- Discuss the case studies below. These are situations you may encounter in the workplace.
- If you have a child protection policy, discuss how it supports you in these situations. If you don't have one, then think about what guidance you can draw on in order to know how to act.

### Case study 1

A young female client has accused an adult client of making sexual advances towards her while she was attending your centre. She doesn't want anyone to identify her.

### Case study 2

In a focus group discussion about your services, a child says they don't like a specific outreach worker. All the children nod and agree but won't say anything more.

### Case study 3

A colleague comes to you and says there is a staff member he has seen out with a young girl at the weekend he believes to be around 16 years old.

### Case study 4

A staff member reports that one of his clients called him late last night desperate for somewhere to stay as his parents had thrown him out of his home. He offered him a bed for the night but the parents have now called the police.

# Annex 4: International HIV/AIDS Alliance policy on protection of children and vulnerable adults



## Section A: Introduction

### Section B: Prevention of abuse

1. Staff recruitment procedure
2. Code of conduct
3. Working with partners
4. Communication about children and vulnerable adults

### Section C: Identifying and reporting suspected abuse

5. Signs of abuse
6. Listening to a disclosure of abuse by a child or vulnerable adult
7. Reporting suspected abuse

### Section D: Responding to reports of suspected abuse

8. Investigation procedures
9. Disciplinary action

## Section E: Implementation and monitoring

10. Implementation
11. Representative's commitment to the code of conduct and policy on protection of children and vulnerable adults

### Appendices

Appendix 1: Statement of commitment to code of conduct and policy on protection of children and vulnerable adults

Appendix 2: Incident reporting form

Appendix 3: Reporting and reaction protocol flowchart

Appendix 4: Guidelines on communications about children and vulnerable adults

Appendix 5: Consent form for use of images of children and vulnerable adults

Appendix 6: Guidelines on ethical issues for interview or data gathering

Appendix 7: Specific articles from the UN Convention on the Rights of the Child

Appendix 8: Resources

## Section A: Introduction

### Purpose

The purpose of this policy is to:

- State the commitment of the International HIV/AIDS Alliance (the Alliance)<sup>i</sup> to the safeguarding of children and vulnerable adults and the prevention of abuse, exploitation and neglect
- Set out common values and principles and provide guidance on safeguarding and protection issues and good practice
- Set out procedures that must be followed by Alliance representatives

- Ensure that all Alliance representatives know their responsibilities in safeguarding children and vulnerable adults from harm

### Scope

This policy provides guidance and procedures that must be followed by all Alliance representatives, wherever in the world they are working.

This policy covers children and vulnerable adults.

### Definitions

A child is a person who is under 18 years of age, as recognised in the UN Convention on the Rights of the Child (1989).

i. This policy relates to the Alliance Secretariat based in the UK and all subsidiaries or branches of the Secretariat registered outside the UK. This policy may be adapted by Alliance operations based overseas to reflect the local context, whilst still using the UN Convention on the Rights of the Child (1989) as the basis for child protection. Any adaptations should be approved by the Head of Human Resources and Administration at the Alliance Secretariat.



In this policy, 'adult' means a person aged 18 years or over. The broad definition of a 'vulnerable adult' is someone who may be in need of community care services by reason of mental health or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

Harm is ill-treatment (including sexual abuse and non-physical forms of ill-treatment) or the impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural), as defined in The Children Act 1989. Neglect or inaction, particularly in the context of a relationship of responsibility or trust, can be forms of harm.

Safeguarding is the process by which we protect children and vulnerable adults' health, wellbeing and human rights, enabling them to live free from harm.

Protection is a term that describes policies, standards, systems, guidelines and procedures that seek to protect children and vulnerable adults from intentional and unintentional harm which can be physical, emotional, and sexual or any form of neglect or exploitation.

## **Responsibility**

It is the responsibility of the trustees and senior management at the Alliance to create an organisational culture that promotes safeguarding of children and vulnerable adults by upholding principles of transparency and accountability on such matters.

All representatives of the Alliance are expected to follow the guidelines and procedures of this protection policy, including the reading and signing of the code of conduct and reporting procedures for suspected protection violations.

## **Principles**

All children have equal rights to protection. The Alliance understands that children form a special group of individuals who face great challenges due to the AIDS pandemic. Loss of parental care or living with HIV positive parents or caregivers increases children's vulnerability. People with power and influential positions in communities, including development workers, can abuse or exploit children

and vulnerable adults. This calls for preventive action to protect them against abuse and appropriate responses where there are alleged incidences of violations.

The Alliance uses a rights-based approach when working with children. This approach is based on the four broad child rights areas of the UN Convention on the Rights of the Child (1989). These are the child's rights to survival, development, participation and protection (see appendix 7).

Using the child's right to protection as a core principle, the Alliance strives to ensure that measures and systems are in place to protect children and vulnerable adults from all forms of abuse and maltreatment by any Alliance staff member or other representative. The policy also recognises that children and vulnerable adults have differing levels of capacity depending on age and development that can affect the ability to protect themselves and make decisions about their own lives. If it is critical that the use of the policy includes assessing the ability of individuals to understand and make decisions in any actions related to safeguarding and protection.

The policy, including the code of conduct, is supported by quality programming standards for children that contain a standard around the rights of children and the protection of children from abuse, exploitation and neglect (Alliance Good Practice HIV Programming Standards, HIV Programming for Children, Standard 34 <http://www.aidsalliance.org/resources/336-alliance-accreditation-system>). The Alliance Accreditation system also has standards for all members of the Alliance around protection.

This policy, including the code of conduct, should be made easily accessible for all staff and other representatives. Staff should promote the code of conduct in all situations where the organisation is responsible for bringing children into contact with adults.

A one page advice sheet, in a child friendly format, is available to children and carers to inform them of the protection they can expect and the procedures in place for reporting any concerns.

## **Section B: Safeguarding**

This section provides procedures and guidelines that should be followed to safeguard children and



vulnerable adults and prevent abuse taking place by any representative of the Alliance. It also includes a section on reducing risk when working with partners.

## 1. Staff recruitment procedure

Current and potential employees with direct or regular contact with children shall undergo a screening procedure to check for any child abuse related criminal record.

Supplementary information for all jobs should state that a child protection policy exists and that a screening process is in place. The following wording should be used:

*'The Alliance operates rigorous recruitment and selection procedures that reflect our commitment to child protection'.*

The child protection policy and code of conduct will be made available to all job applicants at the point of application.

Current and future staff, consultants and volunteers who will be coming into direct contact with children, based in the UK or in countries where there is a reciprocal agreement on disclosure should have standard DBS (Disclosure and Barring Service) checks or any other police checks applicable in countries where the consultant resides. Evidence of checks will be kept on file together with the consultant's other records.

DBS checks are valid for a year and an additional annual payment can be made to so that the record is kept permanently updated and accessible.

During interviews, the interview panel will identify any gaps in the applicant's employment history and clarify reasons for these to their satisfaction. Ideally, for posts that involve regular contact with children or information about children, the panel should include a person with experience of child protection issues. The interview should include specific questions at the first stage on child protection issues to probe the applicants' attitude, experience and approach to working with children relevant to the post applied for.

All application forms will include a declaration relating to criminal convictions.

For employees working directly with children, three employment references should be taken up on all applicants before appointment to post. These

should be from the last three employers and include answering a question such as "Would you have any concerns about this person working with children or coming into contact with children?"

It is essential to verify the qualifications required for the post to help detection of false employment histories or backgrounds. Originals of qualification certificates should be viewed by the Alliance staff, copied and kept on file.

Individuals will be required to produce proof of identity at final interview. This must include photo ID, and two documents of proof of place of residence (e.g. bank statement, credit card statement or utility bill).

## 2. Code of conduct

This code of conduct constitutes a set of standards for appropriate behaviour. It also gives guidance to avoid situations that increase chances of behaviour that may be classified as inappropriate when in the company of children and vulnerable adults. The code of conduct should be interpreted in a spirit of transparency and common sense, with the best interests of the child or vulnerable adult as the primary consideration.

This code is applicable to anyone acting as a representative of the Alliance, such as trustees, staff, volunteers, consultants, journalists and other visitors whose work requires him/her to be in contact with children and vulnerable adults or may bring children and vulnerable adults into contact with other adults.

Adults, as defined above, are expected not to:

- Spend time alone with a child or vulnerable adult, either at the adult or child's home, overnight, in a car or any other secluded place
- Carry out personal activities on a child or vulnerable adult like bathing and dressing
- Engage in inappropriate touch or physical contact with a child or vulnerable adult
- Make sexually provocative gestures towards a child or vulnerable adult
- Have a sexual relationship with a child or vulnerable adult
- Physically assault or abuse a child or vulnerable adult
- Make use of language that causes mental or emotional harm to a child or vulnerable adult

- Exploit children or vulnerable adults in any way or form
- Discriminate based on race, colour, sex, language, national, ethnic or social origin, property, disability, birth or other status, gender, sexuality, religion, or political or other opinions

In order to avoid the above from happening, it is encouraged that people take proactive action on risk minimisation by making efforts to try and:

- Avoid compromising situations that increase vulnerability
- Meet in public places as much as possible
- Have parent/carer present when visiting or meeting children or vulnerable adults
- Avoid actions that can be subject to misinterpretation by a third party
- Get informed written consent from the parent or person with primary responsibility over the child or vulnerable adult before taking photographs or a statement from a child

### 3. Working with partners

The Alliance expects all partners and other groups working with the Alliance to uphold best practice guidance on protection in all activities involving children and vulnerable adults..

The Alliance Secretariat monitors child protection policies and procedures within the accreditation process.

All written agreements between other partners or agencies should reflect a strong commitment to the protection of children and vulnerable adults..

### 4. Communication about children and vulnerable adults

In its communication and fundraising strategy, the Alliance may at times use images and recordings of children and field texts. The Alliance has a responsibility towards the children and vulnerable adults that are portrayed and should ensure that they are treated with dignity as humans with rights by avoiding the following:

- inaccurate representation of children and vulnerable adults through words and images
- communication that shames, degrades or victimises.

- taking pictures or statements from children and vulnerable adults without informed consent of care-givers
- depicting children or vulnerable adults in sexually provocative poses
- personal and physical information identifying the location of a child or vulnerable adult that could put them at risk should be used in communications, including websites.

See appendix 4 for guidelines on communications and appendix 5 for the consent form for use of images of children and vulnerable adults.

## Section C: Identifying and reporting suspected abuse

This section identifies signs of abuse of children and vulnerable adults and how you should manage any disclosure of abuse. It also sets out the responsibility to report any suspected signs of abuse.

### 5. Signs of abuse

Before any form of behaviour or act is reported as abuse, it is important that people get familiar with basic signs of abuse. However, it is crucial to note that abuse of children and vulnerable adults is not an easy act to identify and care should be taken to put facts together and understand the context, as well as talk to the child or vulnerable adult where possible before drawing conclusions.

#### Possible signs of sexual abuse

- Physical indicators on genital areas
- Sexualised behaviour inappropriate to a child's age or vulnerable adults stage of development
- Sexually transmitted infections
- Pregnancy (depending on age)
- Possible signs of physical abuse
- Bruises, burns, bites, cuts and dislocations
- Excuses given to explain injuries
- Refusal to discuss injuries
- Aggressive behaviour towards others
- Withdrawal from physical contact
- Fear of returning home or of having parents contacted
- Self destructive tendencies

### Possible signs of emotional abuse

- Delayed physical, mental and emotional development
- Increased anxiety
- Low self esteem
- Inappropriate emotional response to painful situations
- Drug or alcohol abuse
- Fear of new situations

### Possible signs of neglect

- Poor social relations
- Low self esteem
- Frequent hunger
- Non-attendance at school
- Poor personal hygiene

## 6. Listening to a child's disclosure of abuse

When a young child or vulnerable adult makes comments or statements that relate to possible abuse, it is important to listen to what they are saying. Many children and vulnerable adults mistakenly believe they deserve the abuse. Generally, it should be assumed that children do not make up stories about this topic. Do not try to force words or images on a child or vulnerable adult in an effort to get more information. If you report suspected abuse, you do not need to prove that it occurred. A report is a request for an investigation. Child protection workers are trained to assess abusive situations, identify potential problems, and ensure the individual's safety.

### What to do

- Accept what the child or vulnerable adult says
- Keep calm
- Don't panic
- Do not appear shocked
- Don't seek help while the individual is talking to you
- Be honest
- Look at the child or vulnerable adult directly
- Assure them that they are not to blame for the abuse
- Never ask leading questions
- Try not to repeat the same questions
- Never push for information
- Do not fill in words, finish their sentences, or make

assumptions

- Be aware that the child or vulnerable adult may have been threatened.
- Make certain you distinguish between what the individual has actually said and the inferences you may have made. Accuracy is paramount in this stage of the process.
- Do not permit personal doubt to prevent you from reporting the allegation
- Let the child or vulnerable adult know what you are going to do next and that you will let them know what happens.
- Let them know that you need to tell someone else

### At the end of the disclosure

- Reassure them that it was right to tell you. Where appropriate, to the capacity of the child or vulnerable adult, ask them what they would like to see happen next
- Let them know what you are going to do next
- Immediately seek help from your line manager or other responsible senior manager
- Write down **accurately** what the person has told you. Sign and date your notes. Keep all notes in a secure place for an indefinite period. These are essential in helping your organisation/social services/the police decide what is best for the child or vulnerable adult
- Seek help for yourself if you feel you need support.

(Adapted from *Child Hope: Basic Training for Child Protection Officers in the UK 2006* and *Child Abuse and Child Care* Iowa State University 1999)

## 7. Reporting suspected child abuse

If you suspect abuse or a child or vulnerable adult has made a disclosure of abuse to you should report concerns immediately on the Incident Reporting Form (appendix 2). Reports should be made within 24 hours. Reports will be treated in strict confidence in the interest of all parties involved and in line with the Alliance Whistle Blowing Policy.

A concern relating to:

- staff or representatives of the Alliance
- staff of an Alliance Linking Organisation or other Alliance partner
- child abuse in the community

should be reported immediately to your line manager, or to another senior manager in the office. If you feel unable to discuss the matter with your line manager or another senior manager, you should contact the Head of Human Resources and Administration, at the Alliance Secretariat in the UK.

The line manager to whom the report has been made should not carry out an investigation into the allegation, but should report the matter immediately to the Head of Human Resources and Administration, at the Alliance Secretariat in the UK.

## Section D: Responding to reports of suspected abuse

This section sets out the responsibilities of Alliance staff in responding to and managing cases of suspected abuse.

### 8. Investigation procedures

The Head of HR and Administration will convene a team to obtain further information, assess the concern, decide next steps and inform authorities as necessary. The team may include the relevant Programme Manager, a representative from the Legal, Risk and Compliance Team and the Senior Advisor on Children. The team may appoint and delegate the investigation to an investigating officer if the matter requires further investigation.

Based on the evidence and careful deliberation on the case, the team will decide on whether the matter should be dropped, further handled internally or referred to the police depending on the level of assessed gravity and complexity. Where the allegation relates to a Linking Organisation, the team will liaise with the Linking Organisation to ensure appropriate steps are taken.

The process leading to decision making should be well documented and all facts or written allegations and responses stored securely by the Head of Human Resources and Administration.

When a case is immediately dropped, the reasons for doing so shall be communicated to the person who reported the matter.

Thorough investigations will be carried out before such a decision or action is taken.

Arrangements will be made to provide supervision and support to those affected during and following an allegation.

The team will liaise with the Head of Communications to manage the risk of any negative press or necessary disclosures.

The team will be responsible for reporting to the Executive Director and external bodies including the police and the Charity Commission in line with the Alliance Serious Incident Reporting Policy.

### 9. Disciplinary action

Following the completion of the investigation, line management, advised by HR, will decide on appropriate action to take based on available evidence. This will follow the Alliance's disciplinary procedure, as detailed on Inspire.

Reports that are made maliciously or not in good faith could be considered an act of gross misconduct. Disciplinary action, which may result in dismissal, will be taken against any employee making such an allegation.

## Section E: Implementation and monitoring

This section sets out how the policy will be shared with all Alliance representatives

### 10. Implementation

All staff and other representatives will be made aware of the Alliance's Child and Vulnerable Adult Protection policy and requested to read it and sign the code of conduct.

It is the relevant manager's responsibility to ensure safeguarding measures are put in place. Where necessary, training will be provided for specific staff, e.g. those having direct contact with children or vulnerable adults; or researchers who would need training on children's participation and the sharing of information on children.

Training resources will be stored on Inspire and on [www.ovcsupport.net](http://www.ovcsupport.net). They will be regularly reviewed and updated.

Performance development reviews should include a question about staff members' training needs on safeguarding and protection

A review of protection policy implementation will be included in relevant external programme reviews.

The Human Resources department of the Secretariat will coordinate learning on policy implementation, with the assistance of the Senior Advisor: Children and Impact Mitigation..

The protection policy will be reviewed every three years but can be adjusted before then to reflect global changes and developments.

### **11. Representative's commitment to child protection policy and code of conduct**

The following persons should sign a statement of commitment to the Alliance Child Protection Policy and Code of Conduct (see appendix 1):

- all Alliance staff
- any representative/consultant of the Alliance who is expected to come into contact with children and vulnerable adults during the course of their work with the Alliance.

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## **Appendices to the Alliance policy on protection of children and vulnerable adults**

### **Appendix 1: Statement of commitment to code of conducts and policy on protection of children and vulnerable adults**

I have read and understood the International HIV/AIDS Alliance's child protection policy, including the code of conduct on protection.

I agree to abide by the policy and principles therein, and understand that I must raise any concerns I may have about protection of children and vulnerable adults whilst working for or with the International HIV/AIDS Alliance with my line manager (or other responsible person) in a confidential manner.

Name .....

Position .....

Signature .....

Date .....

---

## Appendix 2: Incident reporting form

Please complete this form if you believe that a child or vulnerable adult's safety is in danger. All protection concerns should be reported directly to an appropriate line manager immediately. The form may be filled in before or after contacting the line manager. The information in this form should be kept strictly confidential.

### A: Personal information

Your name ..... Job title .....

Place of work .....

Relationship to child or vulnerable adult .....

Contact details .....

### B: Child/Vulnerable adults information

Name of individual ..... Gender .....

Address.....

Guardians.....

### C: Abuse concern

Is concern based on observation or suspicion? .....

If concern is based on secondary source, give name of information source .....

Did the child or vulnerable adult report the incident to you? .....

Give the nature of alleged abuse.....

.....

Date of alleged incident ..... Time ..... Place .....

Name of alleged perpetrator .....

Job title .....

Describe your personal observations (factually).....

.....

Give an actual record of what the source said to you.....

.....

Provide names of witnesses if applicable .....

Any other comments .....

Action taken .....

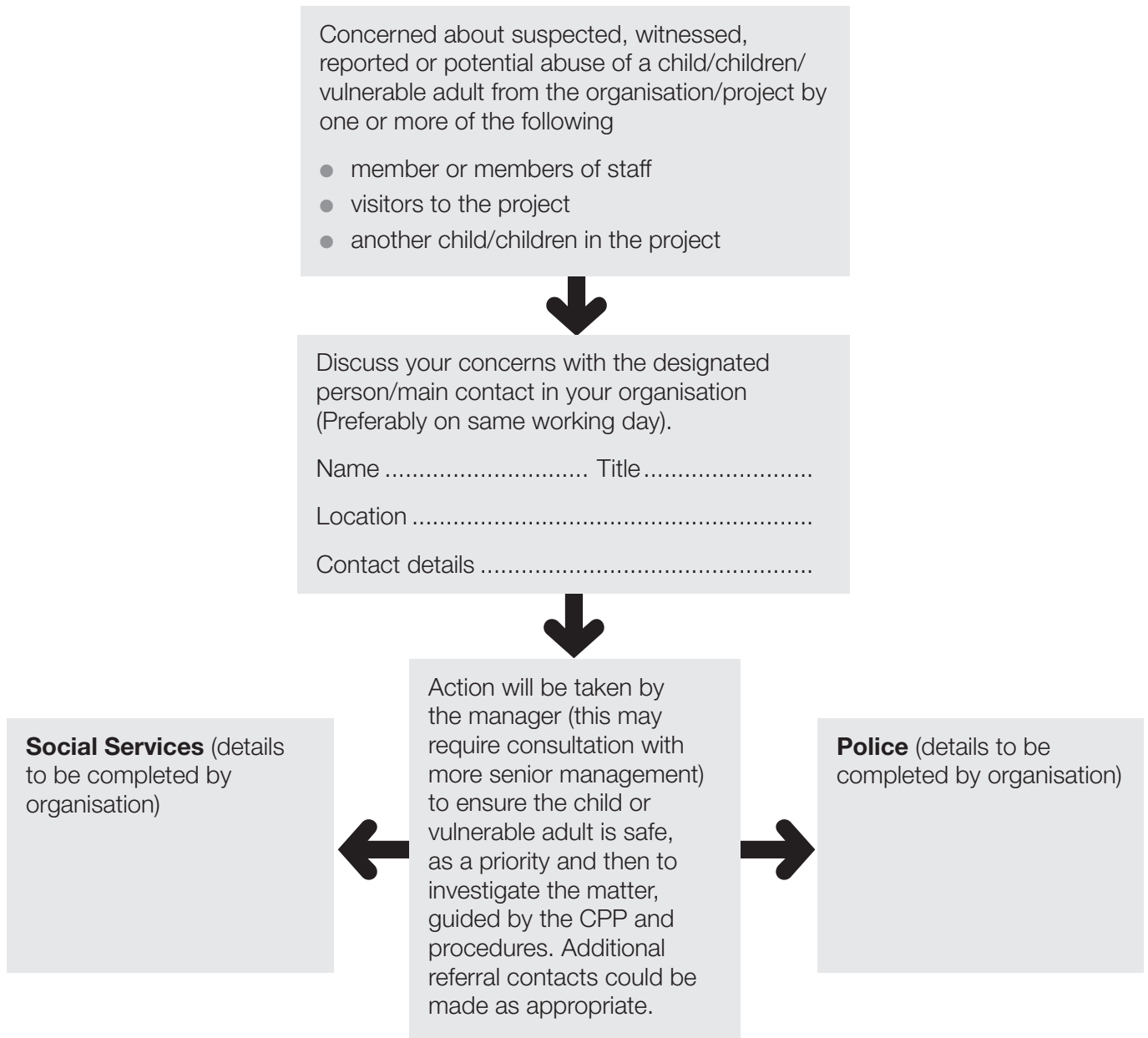
.....

Signed..... Date .....



## Appendix 3: Reporting and reaction protocol flowchart

Management flowchart for reporting suspected abuse<sup>ii</sup>



ii. Reference: *Child Protection Policies and Procedures Toolkit*, Child Hope 2005. If adapting for Linking Organisations, the relevant details will need amending.

## Appendix 4: Guidelines on communications about children

In all its communication and publicity materials, the International HIV/AIDS Alliance upholds the responsibility to treat children as individuals with rights and who should be treated with dignity and self-worth. The following constitutes guidelines on communications about children:

- Children shall be accurately represented either verbally or in images in ways that do not amount to manipulation or sensationalism.
- Children are not to be depicted in images or poses that might be regarded as sexually provocative.
- Informed written consent from a child or parent or person with parental responsibility will be obtained before any photographs, recordings, statements or other information identifying the child (Personal Data) recorded, disclosed or otherwise used.
- In particular children are not to be depicted in images or poses that might identify them as HIV positive without their informed consent.
- The purpose for which images or information on children is to be obtained must be clearly explained and understood, and the consent must be recorded on an approved Consent Form and informed consent must come from the child or person able to give valid consent (by signature on a Consent Form).
- A copy of the Consent Form shall be retained by The Alliance, and use of the personal data shall be carefully monitored and kept secure and within the control of the Alliance.
- In particular where external contractors or freelancers record Personal Data, such as photographs and moving images, The Alliance shall be careful to impose this policy on such contractors and ensure that future use of such Personal Data is retained by the Alliance. For example, this may be ensured by license or assignment of copyright to the Alliance in specific contracts.
- All such Personal Data will only be retained for as long as it is relevant and necessary to do so, and shall be destroyed thereafter.
- Duties of confidentiality and data protection legislation (including the Data Protection Act of 1998) shall be followed when handling child related Personal Data.
- Information that may be used to identify or locate a child and place their life in danger in their country of residence or elsewhere should not be made available in public media like websites and magazines.
- Personal information on children, including HIV status, should only be disclosed to those who need to know.
- To the extent possible, children have to be allowed to give their own account or views on issues as opposed to adults or institutions speaking for them.
- Information on child abuse cases shall only be shared on a “right to know” and “need to know” basis in accordance with data protection legislation. (Parents, guardians and primary care givers have the right to know while child protection designate, HR Advisors and others directly involved in investigations, like the police, have a need to know).



## Appendix 5: Consent form for use of images of children and vulnerable adults

For acting/modelling for still images, moving images and audio material

I, the guardian of .....

(child's full name) ..... age .....

(child's full name) ..... age .....

(child's full name) ..... age .....

declare that the aforementioned children are not registered on the Child Protection Register administered by Social Services in the UK, and hereby give the International HIV/AIDS Alliance (registered charity number 1038860) (the "Alliance") permission to use any still and/or moving image being video footage, photographs and/or frames and/or audio footage depicting the child/children named above

Name .....

Relationship to child or vulnerable adult .....

Signature ..... Date .....

Taken by (name) ..... (Position) .....

on behalf of the Alliance,

On (date) ..... at (place) .....

for any of the following uses:

- Alliance Campaigns incorporating video tapes, audio CDs, CD ROMs, DVDs, and other similar communications and data storage media yet to be invented;
- Television advertisements, radio advertisements, magazine advertisements, leaflets, information packs, flyers, parenting advice publications, the Alliance website or any website owned by the Alliance or its donors and related micro-sites as well as any other suitable publicity purposes;
- Other fundraising and promotional materials, educational materials, research materials, lecture outlines, materials required for teaching purposes, for reference in the Alliance Video Library and Alliance Photographic Library.

## Appendix 6: Guidelines on ethical issues for interview or data gathering<sup>iii</sup>

### A. Make sure the information-gathering activity is necessary and justified

- Before starting the activity, clearly define its intended purpose and audience, and make sure that there is sufficient staff and money to conduct it in an ethical manner.
- Only use direct methods with children if the required information is not otherwise available.
- If the information-gathering activity will not directly benefit the children and adolescents involved or their community, do not proceed.

### B. Design the activity to get valid information

- Develop a protocol to clarify aims and procedures for collecting, analysing, and using the information to which all partners agree.
- Apply community definitions to set clear criteria for inclusion. Use existing records when possible, and recognise social and cultural barriers to participation. For surveys, use the minimum number of respondents to achieve demonstrable results.
- All tools, such as questionnaires, should be developed through discussions with experts. These tools should then be translated locally, back-translated, and field-tested.
- The use of a comparison group totally deprived of services is inappropriate with vulnerable children. Alternative approaches should be explored to strengthen research findings. Comparison groups should be used only under careful ethical supervision.

### C. Consult with community groups

- Consult locally to determine who must give permission for the activity to proceed.
- Interviewers must be sensitive that they may be highly visible and a source of local interest. Clarify roles and expectations through community meetings and honour commitments.
- An independent local community stakeholder group should monitor activities.

### D. Anticipate adverse consequences

- In partnership with the community, anticipate all possible consequences for the children and adolescents involved. Do not proceed unless appropriate responses to potentially harmful consequences can be provided.
- Avoid stigma by holding community sensitisation meetings and using community terminology.
- If the safety and security of children and vulnerable adults cannot be assured, do not proceed.
- Interviewers should have experience working with children. They should be trained to respond to children's needs, and require ongoing supervision and support. If appropriately skilled interviewers are unavailable, do not proceed.
- In partnership with the community, determine what kind of follow-up is appropriate to respond to children's needs, recognising age, gender, ethnicity, and so on. If appropriate support cannot be assured to meet the children's needs, do not proceed.
- Prepare a reaction plan to anticipate serious needs. If support for the child or vulnerable adult cannot be assured, do not proceed.
- Confidentiality should be breached to provide immediate protection to the child or adolescent. Staff should make sure that participants are aware of this before asking for any information.

### E. Conduct consent and interviewing procedures with sensitivity to children and vulnerable adults' specific needs

- Children and vulnerable adults must give their agreement to participate, but consent is required from appropriate adults. Be aware that this may not always be parents.
- Interviewers should make sure that children and vulnerable adults know they can stop or withdraw at any time.
- Investigators must provide children and adolescents and their parent or guardian with information about the activity in a manner appropriate to their culture and education.

iii. Reference: *Ethical approaches to gathering information from children and adolescents in international settings*, Katie Schenk, Jan Williamson, HORIZONS 2005.

- Consent forms and informational tools should be developed with community members and field-tested.
- Use an independent advocate to represent the views of children and vulnerable adults if there is any doubt about the protection provided by their guardian.
- Avoid efforts to unduly influence participation by the use of incentives. If incentives are used, they should be in line with local living standards.
- Interview procedures should reflect the need to protect the children and adolescents' best interests. Consult with community members to determine appropriate practices.
- Remember age of child or vulnerable adult will not determine their ability to participate or understand. It is important you are aware capacity of individuals to assess how to engage. For example working with young children will be different from older adolescents who may have ability to make their own decisions or choices about participation.

#### **F. Confirm that all stakeholders understand the limits to the activity and next steps**

- Use appropriate procedures to maintain the safety and security of participants.
- Share findings with community members in an accessible, appropriate format.

## Appendix 7: Specific articles from the UN Convention on the Rights of the Child (1989)

The UN Convention on the Rights of the Child is the global framework on child protection, development, survival and participation. The following is a selection of some key articles on child protection that can be referred to in the context of this policy.

### **Article 1**

For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.

### **Article 2**

State parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

State parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

### **Article 3**

In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities

or legislative bodies, the best interest of the child shall be a primary concern.

State parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and to this end, shall take all appropriate legislative and administrative duties

State parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform to the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

### **Article 12**

State parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

**Article 13**

The child shall have the right to freedom of expression; this right shall include freedom to speak, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.

**Article 19**

State parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

Such protective measures should, as appropriate, include effective procedures for the establishment of social programs to provide the necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate for judicial involvement.

**Article 32**

State parties recognise the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be

harmful to the child's health or physical, mental, spiritual, moral or social development.

**Article 33**

State parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.

**Article 34**

State parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, State Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent:

- (a) The inducement or coercion of a child to engage in any unlawful sexual activity
- (b) The exploitation of children in prostitution or other unlawful sexual practices
- (c) The exploitation of children in pornographic performances and materials

**Article 37**

State Parties shall ensure that: (a) no child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment. (b) Neither capital punishment nor life imprisonment without possibility of release shall be imposed for offences committed by persons below 18 years.

## Appendix 8: Resources

- Convention on the Rights of the Child, United Nations, 1989. Available at: [http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC\\_PRESS200910web.pdf](http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC_PRESS200910web.pdf)
- *Child protection policies and procedures toolkit: How to create a child-safe organisation*, Child Hope. Available at: <http://www.childhope.org.uk/resources/child-protection/>
- Keeping Children Safe Coalition, [www.keepingchildrensafe.org.uk](http://www.keepingchildrensafe.org.uk)
- *Setting the Standards: A common approach to child protection for international NGOs*, 2003 Tearfund and NSPCC. Available at: <http://resourcecentre.savethechildren.se/library/setting-standard-common-approach-child-protection-international-ngos>
- Accreditation Standards Guidance Cycle II, International HIV/AIDS Alliance. Available at: <http://www.aidsalliance.org/resources/336-alliance-accreditation-system>

## Annex 5: Child protection policy: child-friendly version



### **We all have a role in protecting children**

All children have the right to be protected and not to be hurt or harmed in any way. The following text tells you what to do if you feel scared or frightened, or you feel that people are not treating you in the right way.

The adults in this office/programme are expected to behave well and to protect you at all times. They must not hurt you, bully you or make you feel frightened or scared.

If you feel uncomfortable, tell someone. They will listen to you! Speak to a parent or guardian, or someone else you trust.

In our office you can speak to.....  
They will help you to decide what to do next. You have the right to be listened to and the right to tell people what you think in your own words and in your own way.

### **Taking part**

Before any activity, someone should explain clearly what they want you to do and they should ask your permission. You do not have to take part in activities in this project if you don't want to. You can stop at any time.

Nobody should take pictures of you without explaining what they will use them for and without asking permission from you and your parent or guardian.

### **Bullying**

If someone is bullying you, you must tell a parent or guardian, or trusted adult, as soon as you can.

### **Hitting, punching or smacking you**

No one should hurt you. If a member of the group or an adult hits, punches or smacks you, or hurts you in any way, or you see someone else being hurt, you must tell a parent or guardian or trusted adult as soon as you can.

### **Saying strange things to you**

If a member of the group or an adult says something to you, or you hear something, that you do not like or upsets you, and then they threaten you or say you must not tell anyone, you must tell a parent or guardian or trusted adult as soon as you can. Do not keep it a secret.

### **Touching you**

If someone touches your body in a way you do not like, you must tell a parent or guardian or trusted adult as soon as you can.

**Do not be scared to tell someone straight away. Their job is to listen to you.**

**If you don't think they are listening, tell someone else.**

## Annex 6: UN Convention on the Rights of the Child in Child Friendly Language

### **Article 1: Definition of a child**

Until you are 18, you are considered a child and have all the rights in this convention.

### **Article 2: Freedom from discrimination**

You should not be discriminated against for any reason, including your race, colour, sex, language, religion, opinion, religion, origin, social or economic status, disability, birth, or any other quality of yours or your parents or guardian.

### **Article 3: The child's best interest**

All actions and decisions that affect children should be based on what is best for you or any child.

### **Article 4: Enjoying the rights in the convention**

Governments should make these rights available to you and all children.

### **Article 5: Parental guidance and the child's growing abilities**

Your family has the main responsibility for guiding you, so that as you grow you learn to use your rights properly. Governments should respect this right.

### **Article 6: Right to life and development**

You have the right to live and grow well. Governments should ensure that you survive and develop healthily.

### **Article 7: Birth registration, name, nationality and parental care**

You have the right to have your birth legally registered, to have a name and nationality, and to know and to be cared for by your parents.

### **Article 8: Preservation of identity**

Governments should respect your right to a name, a nationality and family ties.

### **Article 9: Separation from parents**

You should not be separated from your parents unless it is for your own good (for example, if a parent mistreats or neglects you). If your parents have separated, you have the right to stay in contact with both of them unless this might hurt you.

### **Article 10: Family reunification**

If your parents live in different countries, you should be allowed to move between those countries so that you can stay in contact with your parents or get back together as a family.

### **Article 11: Protection from illegal transfer to another country**

Governments must take steps to stop you being taken out of their own country illegally.

### **Article 12: Respect for the child's opinion**

When adults are making decisions that affect you, you have the right to say freely what you think should happen and to have your opinions taken into account.

### **Article 13: Freedom of expression and information**

You have the right to seek, get and share information in all forms (e.g. through writing, art, television, radio and the Internet) as long as the information is not damaging to you or to others.

### **Article 14: Freedom of thought, conscience and religion**

You have the right to think and believe what you want and to practise your religion as long as you do not stop other people from enjoying their rights. Your parents should guide you on these matters.

### **Article 15: Freedom of association and peaceful assembly**

You have the right to meet and to join groups and organisations with other children as long as this does not stop other people from enjoying their rights.

### **Article 16: Privacy, honour and reputation**

You have a right to privacy. No one should harm your good name, enter your house, open your letters and emails, or bother you or your family without a good reason.

### **Article 17: Access to information and media**

You have the right to reliable information from a variety of sources, including books, newspapers



and magazines, television, radio and the Internet. Information should be beneficial and understandable to you.

#### **Article 18: Parents' joint responsibilities**

Both your parents share responsibility for bringing you up and should always consider what is best for you. Governments should provide services to help parents, especially if both parents work.

#### **Article 19: Protection from all forms of violence, abuse and neglect**

Governments should ensure that you are properly cared for and protect you from violence, abuse and neglect by your parents or anyone else who looks after you.

#### **Article 20: Alternative care**

If parents and family cannot care for you properly, then you must be looked after by people who respect your religion, traditions and language.

#### **Article 21: Adoption**

If you are adopted, the first concern must be what is best for you, whether you are adopted in your birth country or if you are taken to live in another country.

#### **Article 22: Refugee children**

If you have come to a new country because your home country was unsafe, you have a right to protection and support. You have the same rights as children born in that country.

#### **Article 23: Disabled children**

If you have any kind of disability, you should have special care, support and education so that you can lead a full and independent life and participate in the community to the best of your ability.

#### **Article 24: Healthcare and health services**

You have the right to good quality healthcare (e.g. medicine, hospitals, health professionals). You also have the right to clean water, nutritious food, a clean environment and health education so that you can stay healthy. Rich countries should help poorer countries achieve this.

#### **Article 25: Periodic review of treatment**

If you are looked after by local authorities or institutions rather than by your parents, you should have your situation reviewed regularly to make sure you have good care and treatment.

#### **Article 26: Benefit from social security**

The society in which you live should provide you with benefits of social security that help you develop and live in good conditions (e.g. education, culture, nutrition, health, social welfare). The government should provide extra money for the children of families in need.

#### **Article 27: Adequate standard of living**

You should live in good conditions that help you develop physically, mentally, spiritually, morally and socially. The government should help families who cannot afford to provide this.

#### **Article 28: Right to education**

You have a right to education. Discipline in schools should respect your human dignity. Primary education should be free and required. Rich countries should help poorer countries achieve this.

#### **Article 29: The aims of education**

Education should develop your personality, talents and mental and physical skills to the fullest. It should prepare you for life and encourage you to respect your parents and your own and other nations and cultures. You have a right to learn about your rights.

#### **Article 30: Children of minorities and native origin**

You have a right to learn and use the traditions, religion and language of your family, whether or not these are shared by most people in your country.

#### **Article 31: Leisure, play and culture**

You have a right to relax and play, and to join in a wide range of recreational and cultural activities.

#### **Article 32: Child labour**

The government should protect you from work that is dangerous to your health or development, that interferes with your education or that might lead people to take advantage of you.

#### **Article 33: Children and drug abuse**

The government should provide ways of protecting you from using, producing or distributing dangerous drugs.

#### **Article 34 : Protection from sexual exploitation**

The government should protect you from sexual abuse.

**Article 35: Protection from trafficking, sale, and abduction**

The government should make sure that you are not kidnapped, sold or taken to other countries to be exploited.

**Article 36: Protection from other forms of exploitation**

You should be protected from any activities that could harm your development and well-being.

**Article 37: Protection from torture, degrading treatment and loss of liberty**

If you break the law, you should not be treated cruelly. You should not be put in prison with adults and should be able to stay in contact with your family.

**Article 38: Protection of children affected by armed conflict**

If you are under 15 (under 18 in most European countries), governments should not allow you to join the army or take any direct part in warfare. Children in war zones should receive special protection.

**Article 39: Rehabilitation of child victims**

If you were neglected, tortured or abused, were a victim of exploitation and warfare, or were put in prison, you should receive special help to regain your physical and mental health and rejoin society.

**Article 40: Juvenile justice**

If you are accused of breaking the law, you must be treated in a way that respects your dignity. You should receive legal help and only be given a prison sentence for the most serious crimes.

**Article 41: Respect for higher human rights standards**

If the laws of your country are better for children than the articles of the Convention, then those laws should be followed.

**Article 42: Making the Convention widely known**

The government should make the Convention known to all parents, institutions and children.

**Articles 43–54: Duties of governments**

These articles explain how adults and governments should work together to make sure all children get all their rights.

Note: The Convention was adopted by the UN General Assembly in 1989 and entered into force as international law in 1990. The Convention has 54 articles that define the rights of children and how these rights are to be protected and promoted by governments. Almost every country in the world has ratified this Convention, promising to recognise all the rights it contains.



## Annex 7: Fraser guidelines checklist

When deciding whether a child is **mature** enough to make decisions, people often talk about whether they meet the Fraser guidelines.

Consider the following factors when making an assessment of Fraser competence and document your decision-making in the young person's records.

<b>Fraser competence</b> (adapted from the Fraser guidelines 1986)		
	<b>Yes/No</b>	<b>Comments</b>
Has the young person explicitly requested that you do not tell their parents/caregivers about any services they are receiving?		
Have you done all you can to encourage the young person to inform their parents/caregivers and documented the reasons?		
Are you convinced that their best interests are served by offering advice or treatment without parental consent?		
Are you satisfied that the young person understands the advice you are giving and the implications?		
Can they communicate their decisions and reasons for them?		
Are you convinced that they are not being coerced or influenced by anybody else?		
Are you satisfied that the young person is likely to continue to be at risk if you do not provide this service?		
Are you satisfied that the young person's physical or mental health are likely to suffer unless they receive advice or services?		
Is it in the young person's best interests to give them this service, advice or treatment?		
<b>Additional issues to be considered and discussed</b>		
Is the young person living with parents or others?		
What is the age of their current partner if they have one?		
Are there any specific concerns or issues e.g. mental health, substance use, abuse?		

Name .....

Signature ..... Date .....

# Annex 8: Workshop evaluation form

## Safeguarding the Rights of Children and Young People

Date  Location

1. Did the workshop meet your expectations? Yes  No

2. Against each of the objectives for the workshop, please rate how you feel these objectives were met, ranking them from 1 to 5, with 1 being low and 5 being high.

Session objective	1	2	3	4	5
1. To introduce participants and facilitator, and set the tone of the workshop.					
2. To share and work through real-life case studies taken from our work with young key populations, including what action we took and what we found challenging.					
3. To increase our understanding of how to apply child protection principles, practice and guidelines; ethical principles; legal frameworks; and capacity-building tools.					
4. To learn to use tools to question and assess different situations.					
5. To develop action plans, evaluate and sum up learning.					

### 3. Feedback on the content

What would you have liked more information or discussion on?

Was there anything you thought was irrelevant?

#### 4. Feedback to organisers

Please give us your thoughts about the administration, preparation and planning of the event, and any other practical ways we can improve the running of similar events in the future.

#### 5. Feedback about materials and resources

Please comment on the resources and any other materials, demonstrations, presentations or exercises you experienced (or would have liked) at the event.

#### 6. Feedback to facilitators

Please give specific, supportive, challenging and constructive feedback to individual facilitators about how they managed the event, helped your learning and/or what they could do differently next time.

#### 7. Any other comments?



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