Child and Adolescent Safeguarding Policy

DOCUMENT CONTROL	DETAILS
Body responsible for approval	AEEI governing body
Approval date	01/09/2026
Primary Safeguarding Lead	Claudia Copé Algar
Deputy Safeguarding Lead / alternate channel	Begoña Monge Maíllo
Next scheduled review	12 months after approval

Reference framework and structure

This Child Safeguarding Policy (CSP) follows the four International Child Safeguarding Standards of Keeping Children Safe (2024): 1. Policy; 2. People; 3. Procedures; 4. Accountability.

Legal framework: United Nations Convention on the Rights of the Child; Organic Law 8/2021 on the comprehensive protection of children and adolescents against violence (LOPIVI); Organic Law 1/1996 on the Legal Protection of Minors; Regulation (EU) 2016/679 (GDPR) and Organic Law 3/2018, together with applicable sector-specific, regional and data protection legislation.

1. STANDARD I · POLICY

1.1 Purpose, scope and commitment

SEC implements public health, health promotion, HIV, hepatitis, tuberculosis and STI prevention projects, intercultural mediation and interpreting in healthcare settings, community education, research and support for migrants. Although some of its work targets adults, its services and settings may also affect children and adolescents directly or indirectly, for example through community workshops, family activities, consultations, maternal health initiatives, visits to centres, audiovisual materials or projects with partners.

SEC adopts a zero-tolerance policy towards physical, emotional and sexual abuse, neglect, trafficking, exploitation, harassment, cyberbullying, peer violence, harmful practices, institutional violence and discrimination. Zero tolerance means that no concern will be ignored and every report will be addressed diligently, with safeguards and due respect for the rights of everyone involved.

The CSP applies to management and governing bodies when acting on behalf of the organisation; employees, interpreter-mediators, volunteers, interns and trainees, researchers, consultants, trainers and temporary personnel; and partners, contractors, suppliers, journalists and visitors when undertaking SEC-related activities. It also covers digital contact and off-site conduct connected with the role performed.

1.2 Principles and definitions

A child or adolescent is any person under 18 years of age. Child safeguarding encompasses the duties to prevent harm arising from personnel, decisions, programmes, systems and partnerships, and to respond to and report concerns through the appropriate channels.

Principles: best interests of the child; comprehensive protection; equality and non-discrimination; participation and being heard; dignified treatment; confidentiality subject to safeguarding duties; avoidance of re-victimisation; accessibility and adaptation to age, disability and language; and accountability. No tradition, social norm or cultural interpretation can justify harmful practices.

SEC's intercultural approach requires the identification of language barriers, inequalities in access and institutional mistrust without attributing risks to any nationality, religion or culture. Professional mediation will support understandable communication without replacing the child's own voice or wishes.

1.3 Public availability and transparency

Once approved, the full current version of this CSP and an accessible summary will be published at www.saludentreculturas.es in a clearly visible transparency/child safeguarding section, stating the approval date, version, enquiry and reporting channels, and primary and alternate safeguarding leads. The website will explain how to request accessible formats or translations and how to raise a complaint without internet access.

The CSP will be provided to all associated persons before they take up their duties and communicated to partner organisations. It will be explained to children and families in plain language and, where necessary, through interpreting or intercultural mediation. No identifying information about incidents or confidential case files will be published.

2. STANDARD II · PEOPLE

2.1 Governance and responsibilities

The AEEI governing body will approve the CSP, formally appoint a Child Safeguarding Lead and an independent deputy, allocate resources, receive aggregate reports and oversee corrective measures. SEC coordination will incorporate these requirements into activities, contracts, partnerships and budgets. Project managers will conduct risk assessments and verify compliance with protocols before starting activities involving children.

The Child Safeguarding Lead will be accessible to children, families and staff; receive and record concerns; coordinate responses and referrals; safeguard case records; and keep the directory of external resources up to date. If a concern involves the Lead, it must be reported to the deputy or directly to the governing body and competent authorities. No one may conduct an informal investigation independently or obstruct a legitimate report.

2.2 Safer recruitment and background checks

SEC will apply recruitment procedures proportionate to the risks of each role to employees, personnel in training, apprentices and interns, volunteers and external professionals. Before appointment, the role description will establish whether it involves direct or regular contact with children, access to sensitive information or accompanying responsibilities.

- Vacancy notices, agreements and contracts will explicitly refer to the CSP and the obligation to comply with the Code of Conduct.
- Identity, relevant qualifications, work history, professional references and suitability for the role will be checked; interviews will include questions about professional boundaries and responses to disclosures of violence.
- For roles involving regular contact with persons under 18, a negative certificate from the Spanish Central Register of Sexual Offenders and Human Trafficking, as legally required under Article 57 of LOPIVI, must be obtained before work begins, including for volunteers and placements where applicable. No one may perform such duties without providing the required evidence.
- Where candidates have international backgrounds or the call for proposals imposes requirements, legally permissible checks in other countries will be assessed, respecting proportionality and data protection. General criminal-record certificates or declarations of expunged convictions will not be requested indiscriminately.
- Checks will be documented and, wherever possible, only the outcome and date will be recorded, with retention and access restricted in accordance with the law. A procedure will be established for subsequent changes affecting legal eligibility.

2.3 Induction and continuous training

Before any unsupervised contact, each person will receive the CSP, be informed of the reporting channel and sign a statement of commitment. Induction will cover risks specific to SEC, children's rights, warning signs, listening without re-victimisation, confidentiality, the Code of Conduct and a practical exercise on the reporting pathway.

Mandatory annual refresher training tailored to each role will be provided, with additional training when new activities, risks or legal changes arise. Teams in frequent contact with children will receive practical training in intercultural mediation involving minors, sexual and gender-based violence, mental health, online environments and particularly vulnerable situations. Attendance, evaluation and follow-up actions will be recorded.

2.4 Binding Code of Conduct

Required conduct: respectful and equal treatment, understandable communication, appropriate consent and assent, clear professional boundaries, observable and supervised settings, incident recording, attentive listening and immediate reporting of concerns. The presence of two responsible adults will be encouraged in group activities; clinical or privacy-related exceptions will be documented with appropriate safeguards.

Prohibited conduct: any violence, punishment or humiliation; unjustified physical contact; favours, gifts or relationships that create dependency; intimate or sexual contact; private personal communications through social media; photography or dissemination without specific authorisation; accessing data without a professional need; intrusive interviews; unauthorised one-to-one meetings or transport; disclosing confidences to unauthorised persons; and retaliation against anyone reporting in good faith.

In hospitals and consultations, requirements for clinical privacy and consent will follow the relevant healthcare protocols and applicable law; the presence of accompanying persons or interpreters must not prevent a child from being heard safely and confidentially, according to their age and maturity.

3. STANDARD III · PROCEDURES

3.1 Prevention, planning and partners

Each project, workshop, healthcare intervention, training or research activity that may affect children will include a documented risk assessment before it begins, updated following substantial changes. The assessment will consider the setting, age, disability and language diversity, staffing ratios and supervision, travel, online interaction, personal data, images and possible stigmatisation or disclosure of health information.

Measures will include identifiable responsible persons; suitable and accessible spaces; appropriate participation permissions; understandable information; accessible complaints channels; prevention of unsupervised one-to-one contact; and specific protocols for interviews, research, virtual activities and coordination with healthcare centres. Research projects will also comply with applicable ethical procedures and consent requirements.

SEC will verify that partners, subcontractors and community organisations are committed to equivalent standards or require contractual adherence to this policy. Agreements will specify roles, risk management, incident reporting, cooperation with authorities and corrective measures, without obstructing legally required reports.

3.2 Communications, images and personal data

Institutional communications will avoid stigmatising images, sensationalised accounts and details that could reveal a child's location. Before collecting or sharing testimonies, photographs, videos or voice recordings, information will be provided about purpose, channels, scope, retention and rights, and the applicable permissions and lawful grounds will be obtained. Consent to participate in an activity does not imply consent to public dissemination.

Informed participation appropriate to each child's maturity will be sought, with the involvement of legal representatives where required. If a child objects to an image or interview, this will be respected even where permission has been obtained. Publication of diagnoses, immigration status, home address, school, geolocation and other sensitive data will be restricted. Photographers, media representatives and service providers will sign undertakings and work under supervision.

3.3 Identification, disclosure and incident reporting

Any associated person who notices warning signs, receives a disclosure or identifies unsafe practices must act without requiring conclusive evidence. The child will be listened to calmly; absolute confidentiality will not be promised; leading questions will not be asked; the person implicated will not be confronted; and parallel investigations will not be undertaken. Observed facts and, where possible, the child's exact words will be recorded, distinguishing facts from assessments.

Response pathway:

- 1 · PROTECT. Where there is immediate danger or an urgent healthcare need, contact the emergency services (112) and take immediate safety measures.
- 2 · REPORT. Notify the Safeguarding Lead or alternate channel without delay; where there are indications of violence, comply directly with the duty to report to the competent authorities (Articles 15 and 16 of LOPIVI), without awaiting internal authorisation.
- 3 · RECORD. Complete a restricted-access report containing the date, facts, persons involved, urgent needs and measures taken; collect no more information than necessary.
- 4 · REFER AND SUPPORT. Coordinate with child protection social services, healthcare services, law enforcement, the Public Prosecutor's Office or judicial authorities, as appropriate. Assess whether and how to inform parents or guardians in the child's best interests, avoiding any increase in risk.
- 5 · FOLLOW UP. The Lead verifies protection, referrals, preventive measures and documented closure; provides the governing body with minimal, anonymised information without interfering with official proceedings.

Channels: in-person communication, the institutional telephone/email of the Safeguarding Lead or deputy, and direct contact with authorities. Contact details will be published once appointments have been made. Reports from children, families, professionals, partners and anonymous sources will be accepted; anyone reporting in good faith will be protected from retaliation. Support will not depend on submitting a written complaint.

3.4 Internal response and protection of those involved

Where a concern involves a person associated with SEC, the relevant management will consider proportionate precautionary measures—for example, temporary removal from duties involving children—while respecting employment rights, the presumption of innocence and the need not to interfere with investigations by the authorities. Substantiated breaches will lead to corrective, disciplinary or contractual measures under applicable law and collective agreements. The child's support needs will take precedence over reputational considerations.

Information will be retained in systems with restricted access, legally appropriate retention periods and security measures, and shared only with persons who need to be involved. Reports will be handled discreetly, without guaranteeing absolute anonymity where facts must be reported to authorities.

4. STANDARD IV · ACCOUNTABILITY

4.1 Oversight, indicators and review

At least annually, the Safeguarding Lead will submit to the governing body an aggregate, non-identifiable review of CSP implementation: induction and training coverage; percentages of signed commitments; legal eligibility checks for roles subject to that requirement; risk assessments completed; awareness of reporting channels; enquiries and incidents classified without identifying details; response times; and corrective actions completed.

SEC coordination will review the availability of reporting channels, website accessibility and training adequacy every six months; after any significant incident, the organisation will identify lessons learned without re-victimisation. The policy will be reviewed at least annually and, where feasible, independently or externally evaluated every three years. Approved versions will be published online with dates and a record of changes.

4.2 Transparency and implementation safeguards

SEC will make public information available about its commitments, Code of Conduct, responsible persons, reporting channels and overall evaluation while protecting case confidentiality. Findings will be translated into assigned responsibilities, timelines and resources. Approval of this CSP does not mean that all mechanisms are already operational: implementation requires verifiable evidence.

5. OPERATIONAL ANNEXES

Annex A · Statement of commitment

I confirm that I have received, read and understood Salud Entre Culturas' Child and Adolescent Safeguarding Policy and its Code of Conduct. I undertake to comply with them, promptly report any concern and participate in the required training. I am aware of the internal channels and my duty to report to the authorities where applicable.

Full name: _____ Role: _____

Signature: _____ Date: _____

Annex B · Confidential concern or incident report

Date/time reported: _____

Reporting person and safe contact details: _____

Child concerned (essential details only): _____

Source: observation / disclosure / third party / operational incident. Place and date: _____

Objective account of facts, exact statements and urgent needs: _____

_____

Immediate safeguarding actions and authority/service contacted, with date and time: _____

Safeguarding Lead receiving report and agreed follow-up: _____

Restricted document. Submit only through designated secure channels; do not circulate in messaging groups.

Annex C · Implementation and approval

Verifiable measure	Responsible party / evidence
Formal approval and signature	AEEI governing body · minutes and signed version
Appointment of Lead and deputy	Governing body · names, contact details and alternate channel
Publication of full policy and accessible summary online	SEC · stable public link and review date
Integration into recruitment and agreements	Coordination/HR · role descriptions, required certificates, commitments
Induction, annual training and records	Coordination/Lead · plan, attendance and evaluation
Up-to-date directory of resources and channels	Lead · local directory and secure protocol
Annual self-assessment and follow-up	Lead and governing body · anonymised report

Approved by: _____ Position: _____

Place and date: _____ Signature: _____

Reference documents: Keeping Children Safe, International Child Safeguarding Standards (2024); Eurochild, Child Protection Policy; United Nations Convention on the Rights of the Child; Organic Law 8/2021 (Articles 15, 16 and 57–59); Organic Law 1/1996; GDPR and Organic Law 3/2018.

Annex D · Specific authorisation to use images or testimonies

Activity and purpose: _____

Type of material (tick): photograph / video / voice / testimony. Intended channel: _____

Do you authorise recording/capture? Yes / No.

Do you authorise the described dissemination? Yes / No.

Do you authorise the use of the child's first name? Yes / No.

It has been explained to me that refusing will not affect my participation or care and how I may exercise my rights.

Child's signature (according to age/maturity): _____ Date: _____

Legal representative's signature where applicable: _____

The organisation will verify the applicable lawful basis and provide complete data protection information before any use.

Annex E · Safeguarding contacts and resources

SEC primary Safeguarding Lead: _____

Institutional telephone/email: _____

Deputy Safeguarding Lead/independent channel: _____

Emergencies: 112.

To be completed in each territory before starting activities:

Child protection service: _____; social services: _____; healthcare centre: _____; police/Public Prosecutor's Office: _____.

An up-to-date and accessible internal directory will be maintained.