



**Mental
Health
Europe**

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MHE ORGANISATIONAL SAFEGUARDING POLICY & CODE OF CONDUCT

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About Mental Health Europe

Mental Health Europe (MHE) is the largest European independent network organisation committed to the promotion of positive mental health, the prevention of mental distress, the improvement of care, the social inclusion and the protection of the rights of people with mental health problems and psychosocial disabilities, their families and supporters.

Our Vision

A Europe where everyone's mental health and wellbeing flourish across their life course.

Our Mission

To lead in advancing a human-rights, community-based, recovery-oriented and psychosocial approach to mental health and well-being for all.

MHE is a collaborative network with a diverse membership including organisations and individuals that are/represent people with mental health problems and psychosocial disabilities, their families and supporters, professionals, service providers, academia and activists.

Our Values

Dignity and Human Rights – promoting the inherent dignity, uniqueness, and right to self-determination of all persons

Person-centredness, Independence & Autonomy – shaping mental health and wellbeing policies, services and support around people's demands and choices

Solidarity – fostering a culture of equality, inclusion and social justice

Innovation – pioneering new paths and narratives in advancing mental health and well-being

Independence – operating free from undue commercial influence from health-related industries and from political or religious beliefs

Co-creation - experts by experience, their supporters, service providers and other actors working together on an equal basis and valuing the essential knowledge each contribute

Collaboration – working constructively with MHE members and all stakeholders, including experts by experience and their supporters, policy- and decision-makers, service providers, researchers.

Membership

Full members: National, regional, and local organisations in Europe active in the field of mental health

Supporting members:

- Associations or organisations partially active in the field of mental health OR active in the field of a single mental health issue;

- A professional association, research or training institution that is active in the field of mental health;
- A European association that is active in the field of mental health

Individual members: Any natural person active or interested in mental health, who wants to support the goals of Mental Health Europe

Purpose of the safeguarding policy

Mental Health Europe is committed to create a safe and secure environment for anyone involved in activities implemented by and on behalf of MHE and, particularly children, young people and vulnerable adults.

To simplify reading we will sometimes refer to them as beneficiaries throughout this document.

Our Safeguarding Vision Statement is:

MHE is committed to keeping the beneficiaries we serve safe and free from harm, particularly those who are most vulnerable: children, young people and adults-at-risk.

This means ensuring the protection of their physical and mental integrity, wellbeing and health regardless of ability, ethnic origin, religion or belief system, gender identity, sex, or sexual orientation, having zero tolerance for any form of harm, discrimination, inequality, neglect, exclusion or abuse.

Given MHE's field of work, MHE pays specific attention to safeguarding those experiencing mental health problems or psychosocial disabilities.

Our Safeguarding Objectives are:

- To safeguard the people we serve, by preventing risks of harm and responding to incidents with appropriate measures.
- To educate all actors working on behalf of MHE by setting clear guidelines about how they are expected to behave and how to act in case of concerns regarding safety.
- To preserve the credibility of MHE by clarifying its commitment, practices and standards to keeping people free from harm.

Scope of the safeguarding policy

This policy is applicable to every person formally or informally engaged by/with MHE and those working on behalf of MHE: employee, intern, consultant, partner, service provider, volunteer, hereinafter referred to as MHE representatives. All are expected to adhere to and comply with MHE safeguarding policy and the code of conduct.

The policy primarily concerns those operating at European level: the MHE Secretariat staff, Board members, Task Forces members, Standing Committees members and all profiles above listed involved in work coordinated/implemented by the secretariat.

Given the nature of MHE structure – a membership-based European network of independent entities – all MHE members are likewise encouraged to apply (by adapting if and as needed) this policy in the context of their work.

The range of activities implemented by MHE both at European and national level (through members and partners) is:

- Policy and Advocacy
- Projects
- Communication
- Capacity-building activities.

The policy was drafted in co-creation by a working group consisting of MHE secretariat staff and members. It was developed taking into account the following international and European frameworks:

- Universal Declaration of Human Rights
- The European Convention on Human Rights (ECHR)
- EU Charter of Fundamental Rights
- The United Nations Convention on the Rights of Persons with Disabilities (UN CRPD)
- Article 3(3) of the Treaty of the European Union
- UN Convention on the Rights of the Child
- EC Communication: EU Agenda for the Rights of the Child.

Definitions

Adult at risk - Any adult who has a physical or mental condition that substantially impairs their ability to care for their needs and who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.

Child – MHE adopts the definition of the UN Convention on the Rights of the Child whereby “a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier”¹.

Harm - Any detrimental effect of a significant nature on a person’s physical, psychological or emotional wellbeing (and includes self-harm).

Mental health issues/problems – This is the preferred term used by MHE because, in comparison to others (e.g. condition or illness) better illustrates a broader variety of experiences people may have in relation to their mental health and wellbeing. Moreover, it is far less associated to a strictly “medical” view of mental health and conversely links to the many socio-economic and environmental factors that impact peoples’ wellbeing.

Psychosocial disabilities – it is an internationally recognised term, especially since the UN CRPD, to describe the experience of people who have mental health issues which, in interaction with various societal barriers, can ‘disable’ them and hinder the full realisation of their rights. It is an important term because the UN CRPD, which also protects people with psychosocial disabilities, provides a legal framework to which the EU and its member states have to abide. People with mental health issues can meet discriminatory barriers that prevent them from being fully included in society and enjoying their rights. For example, some people with mental health issues experience difficulties finding work or are denied full legal capacity. These barriers thus ‘disable’ them in life and make it harder to pursue their future and to have full and equal rights.

Safeguarding - The range of measures an organisation puts in place to protect those who come in contact with the organisation from harm including abuse, exploitation or maltreatment of any kind.

Vulnerable groups – These are particular groups who, for various reasons, are weak and vulnerable or have traditionally been victims of different forms of discrimination and violations and consequently require special protection for the equal and effective enjoyment of their human rights. Often human rights instruments set out additional guarantees for persons belonging to these groups.

Young people - Youth is best understood as a period of transition from the dependence of childhood to adulthood’s independence. That’s why, as a category, youth is more fluid than other fixed age-groups. Yet, age is the easiest way to define this group, particularly in relation to education and employment, because ‘youth’ is often referred to a person between the ages of leaving compulsory education and finding their first job. MHE adopts the United Nations’ definition of young people as those persons between the ages of 15 and 24 years.

¹ Article I, <http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>

Safeguarding Standards

Standard on People: MHE defines clear responsibilities and expectations regarding all MHE representatives directly involved in the implementation of its work and provides support to enable them to understand and act in line with these responsibilities and expectations.

- MHE's Safeguarding Officer has the responsibility for overseeing the implementation of the policy
- MHE Safeguarding Team holds the operational responsibility for promoting and implementing safeguarding
- MHE Board holds the strategic responsibility for promoting and implementing safeguarding
- All MHE representatives will be made aware of the policy and of the code of conduct and will receive support or training as needed
- When engaging new staff, consultants or other profiles appropriate checks will be done including verifying references and respect of the policy will be included in contracts and other types of formal and informal agreements
- All people benefitting from activities implemented by MHE representatives will be made aware of the policy including the provision of translations.

Standard on Procedures: MHE creates a safe environment by consistently implementing the safeguarding measures defined in the present policy.

- MHE representatives in direct contact with children, young people and adults at risk will be asked to complete a questionnaire aimed at ensuring they understand their responsibilities and the prevention and responding measure they should respect and implement with regard to this policy and the code of conduct. The questionnaire will be completed on an annual basis for permanent/long-term representatives and at the onset of the engagement for short assignments.
- A reporting procedure and form will be in place in order to address incidents.

Standard on Accountability: MHE monitors and reviews the safeguarding measures and analyses lessons learned to inform necessary adjustments.

- The monitoring of compliance with the policy and code of conduct is integrated into the quarterly risk management review performed by the MHE Board
- A register with incidents reported and measures taken will be maintained by the Safeguarding Officer
- The policy and code of conduct will be revised on a bi-annual basis unless. The review will be done earlier than this timeframe should incidents cases require so.

Roles & Responsibilities

The responsibility for the appropriate implementation, monitoring and review of this safeguarding policy lies with the following MHE entities/individuals: the Board of Directors, the Safeguarding Team and the Safeguarding Officer.

The Board of Directors, as part of their role in ensuring the accountability of MHE's work and policies will play a supervising role- with regard to the application of the safeguarding policy and its review.

MHE Safeguarding Team is responsible for:

- Reviewing and updating MHE's Safeguarding Policy & Procedures every two years. This may be done earlier than the planned timeline should the need arise;
- Promoting the importance of safeguarding across the organization and ensuring mechanisms are in place to communicate and raise awareness about safeguarding issues;
- Managing allegations or concerns about abuse (including investigation and response), ensuring incidents are dealt with and reported appropriately (reported to Board for regular review; reported to national authorities per national law);
- Ensuring records of any reported concerns are maintained to enable internal review and learning and stored securely to ensure appropriate confidentiality;
- Collecting safeguarding monitoring data and providing reports and monitoring information on a semi-annual basis to the Board.

The Safeguarding Team consists of the following MHE representatives:

- Safeguarding Officer
- Director
- Vice-President.

MHE Safeguarding Officer

The MHE Safeguarding Officer is the focal person within the MHE Secretariat, responsible for ensuring an appropriate response to all safeguarding questions and concerns as they arise. The MHE Safeguarding Officer is also responsible for ensuring that this present policy is adhered to.

MHE Safeguarding Officer details:

Liuska SANNA (she/her)

L.sanna@mentalhealtheurope.org

Phone: +32 2 227 27 08

Reachable from 9 am to 5 pm CET

Code of Conduct

Prevention Measures

Safe Recruitment Procedures

In the context of the safeguarding policy recruitment relates to people in the MHE Secretariat in the following roles: employee, intern, volunteer and additionally, consultants and service providers that, as part of their work on behalf of MHE will be in direct contact with beneficiaries, particularly children, young people and adults-at-risk.

To ensure people are recruited fairly, and that the safeguarding policy is applied a number of steps will be taken:

- Candidates' shortlisting will be carried out by a minimum of two people on the interview panel
- MHE will verify two references from shortlisted applicants.

In the case of people that are to be in a position whereby they may have contact with people at risk, the following documents will be additionally requested:

- For people residing in Belgium: a "model B" extract from the criminal record. The "model B" is requested from people who come into contact with minors during activities, whether it involves entertainment or accompanying minors during exhibitions, workshops, concerts or other events. The "Model B" extract mentions any convictions and detention decisions for offenses against minors
- For people not having their residence in Belgium: a self-disclosure form which gives candidates the opportunity to disclose confidentially about any relevant criminal convictions, child protection investigations or disciplinary sanctions they have on their record. A self-disclosure form is provided in Annex I.

All profiles will have to commit to safeguarding by formally signing the Code of conduct.

Training and Awareness-raising

MHE Safeguarding Policy will be made available in MHE website so as to be publicly available to anyone interested in MHE's work.

The SG policy will also be included in the induction of new staff, intern, volunteer and Board member joining MHE.

An overview of the SG Policy will also be included as a permanent agenda item in the agenda of the Annual General meeting gathering all MHE members.

For those profiles who are to be in direct contact with beneficiaries, particularly children, young people and adults-at-risk ad-hoc training on safeguarding will be provided.

Appropriate Boundaries

It is expected that MHE representatives will be caring adults who take an interest in the beneficiaries they interact with and who set appropriate boundaries within their interaction with them. MHE representatives must always treat beneficiaries with respect. There is no place for sarcasm, derogatory remarks, offensive comments, inappropriate physical contact or any other inappropriate conduct that may result in emotional distress or physical or psychological harm.

Some indicative behaviours that may cause psychological harm, **and should therefore be avoided** include:

- targeted and sustained criticism, belittling or teasing;
- excessive or unreasonable demands;
- hostility, verbal abuse, rejection or “scapegoating”;
- any form of harassment;
- using language that discriminates based on disability, race, gender, sexual orientation, religion or other specific characteristics;
- using social isolation as punishment or discrimination.

MHE representatives must always treat beneficiaries in a consistent manner without inappropriate familiarity. Some indicative behaviours that may suggest a beneficiary is not being treated in a consistent manner, **and should therefore be avoided** could include:

- giving gifts (when this is not the practice with others);
- showing special favours;
- allowing repeatedly to over-step rules.

MHE representatives must be conscious that their position places extra obligations on them and this requires them to model and encourage behaviours that minimise the risk of harm to beneficiaries. MHE representatives should exercise discretion and caution and not engage with beneficiaries in social activities that are not part of the intended activity/programme and that may be considered inappropriate.

In situations where there are relationships between MHE representatives and beneficiaries' families, the MHE representative should ensure that appropriate conduct and boundaries are maintained at all times. Some examples of how MHE representatives are to maintain boundaries include avoiding the following situations:

- inviting beneficiaries to visit their home;
- making telephone calls of a personal nature to beneficiaries;
- sending emails, sms (text) of a personal nature;
- communication of a personal nature using social networking sites.

MHE representatives must avoid, as far as reasonably possible, situations where they are alone with beneficiaries, particularly children and young people. The nature of the work may require an MHE representative to be alone with them (e.g. for counselling). If this happens

the MHE representative should exercise caution. Some examples when a MHE representative should exercise this caution include:

- Transporting a child in their car. A MHE representative should not drive a child in their car unless they have specific permission or in the event of an emergency. MHE representatives should attempt to obtain parental consent or permission to transport the child in their car at the agreed-upon time and to the agreed-upon location.
- When counselling or interviewing children, ensure the setting is appropriate for the activity. For example, in all rooms where children are interviewed, there will be glass windows and/or glass panes in doors, to enable the interactions between the MHE representative and the child to be seen by others outside the room. At no time will doors be locked.
- Supervision of chores: In order to ensure a child is not alone with the supervising MHE representative, at least two children should work together on chores and activities rather than individual children.

Appropriate Behaviour Management

MHE representatives should be aware that the following behaviour management practices are unacceptable:

- any form of corporal punishment
- using an object to gain attention in a hostile or an inappropriate physical manner;
- holding or restraining a beneficiary for any purpose other than a beneficiary's actions causing imminent harm to self or others;
- hitting, kicking, pushing, pulling, shoving, grabbing, pinching, poking, shaking or throwing
- intimidating, swearing at or using sarcasm to humiliate a beneficiary;
- locking a beneficiary in a confined space and/or applying painful or noxious conditions;
- refusing biological necessities as a means of punishment;
- criticising a beneficiary rather than the beneficiary's actions;
- practices which instil fear or using fear or practices which cause a beneficiary to feel alienated as a means of controlling a beneficiary;
- exposing a beneficiary to material that contains concepts or themes that are inappropriate to their age.

Appropriate Physical contact

When physical contact is a necessary part of the activity, MHE representatives must exercise caution to ensure that the contact is appropriate and acceptable for the duty to be performed. MHE representatives are required to develop and exercise prudent judgment and sensitivity regarding appropriate physical interactions with beneficiaries. Examples of situations in which physical contact may be appropriate include:

- assessing a beneficiary who is injured or ill may necessitate touching. A MHE representative should advise of what they intend to do and, where possible, seek consent;
- certain activities may require the physical handling to demonstrate a particular action or skill;
- comforting a distressed beneficiary (but even when providing comfort, MHE representatives should always be attentive to respecting the personal space of the beneficiary);
- guiding a beneficiary in a non-threatening manner;
- gently tapping on the shoulder to gain attention after verbal requests were unsuccessful;
- protecting a beneficiary from imminent danger to himself/herself or to others.

Physical intervention (including physical restraints, removals or escorts) is restricted to occasions when the beneficiary, other beneficiaries, MHE representatives or others are being harmed or are in imminent danger of being harmed. Only such force as is reasonably necessary in the circumstance is permitted. Some examples of when it may be appropriate to use physical intervention as a last resort include:

- a beneficiary attacking a MHE representative;
- a beneficiary attacking another beneficiary;
- beneficiaries physically fighting;
- a beneficiary causing, or at risk of causing, injury to self or others;
- a beneficiary misusing dangerous materials, substances or objects where it is likely that this will cause imminent harm.

All MHE representatives using physical interventions are responsible and accountable for the manner in which they exercise that authority and these interventions should be documented.

Preventing Sexual Misconduct

MHE representatives must not, under any circumstances, engage in intimate and/or sexual relationships with a beneficiary or engage in any conduct or communication (face-to-face or online) of a sexual nature with a beneficiary. In case of children, the age of the child, whether the relationship is heterosexual or homosexual, consensual or non-consensual or condoned by parents or caregivers is irrelevant. Such circumstances may also result in criminal charges. Sexual misconduct includes:

- obscene language of a sexual nature, suggestive remarks, jokes of a sexual nature or obscene gestures;
- unwarranted and inappropriate touching;
- sexual exhibitionism or undressing in front of beneficiaries;
- personal correspondence with beneficiaries in respect of MHE representative's sexual feelings for the beneficiary;
- deliberate exposure of beneficiaries to sexual behaviour of others;

- possession, distribution or display of pornography;
- electronic transmission of messages or files which are sexually explicit, offensive or contain inappropriate jokes;
- sending sms (text) messages or communicating using social networking sites material which is sexually explicit, offensive or contains inappropriate jokes.

MHE representatives must be cautious of the content and context of their discussions and interactions with beneficiaries. MHE representatives must exercise caution when:

- making personal comments about a beneficiary;
- asking questions that probe a beneficiary's sexuality or personal relationships;
- discussing personal details of the MHE representative's or beneficiary's lifestyle;
- disclosing their personal contact details.

MHE representatives must not:

- discuss with a beneficiary matters of a sexual nature relating to themselves or any other person unless a beneficiary reports an abuse or risk of abuse;
- supply or serve alcohol or tobacco to a child;
- Supply or serve illicit drugs to any beneficiary;
- supply or administer medication without the express permission of the beneficiary, a parent or guardian.

Should a beneficiary engage, or attempt to engage, in inappropriate behaviour of a sexual nature with a MHE representative, then immediate steps must be taken to discourage the beneficiary and the matter should be immediately reported to MHE Safeguarding Officer who has the responsibility for overseeing the implementation of the policy.

Appropriate Logistics' Arrangements

Activities of MHE will occasionally imply local and/or international travel. It is paramount to ensure that arrangements related to travel take care of the safety of beneficiaries participating:

- Travel and hotel arrangements will be made taking into account the wellbeing of beneficiaries (e.g. direct flights, one additional hotel night to rest, no public transport at certain hours, safety in relation to gender aspects, etc.)
- Activities will be organised bearing in mind school-related requirements and calendars
- A parent/legal guardian will accompany under-aged children travelling alone to long-distance intra-national or international destinations
- Travel and pick-up will be arranged for under-aged children travelling to short-distance intra-national destinations, and local transport (e.g. from activity venue to hotel) will be supervised by a MHE representative
- Social activities involving children or young people will be organised in group and supervised by a MHE representative

Guidance for use of personal information, photography, video/film, and social media

As part of its activities and at events of various type MHE may take photographs, make videos or carry out social media activities that include use of pictures and videos of beneficiaries.

In line with GDPR provisions, for both face-to-face and online activities MHE will endeavour to respect the following measures:

- Seek consensus for taking and using pictures, recording videos or other media-related activity. Permission will be asked directly to children and young people as well as to a parent/guardian, informing them of the specific purpose(s) and intended use. This applies also to images of groups. Consensus should be received in written form: email, text, social media message or on paper, and stored in a designated folder
- Ensure that the images are respectful and do not impact negatively on dignity and privacy;
- Information that may lead to the identification of children and young people will not be disclosed. Images containing personal information can be used as a means of identifying children and young people, tracing the location where they leave and making contact with them. Images may also be altered or adapted for inappropriate use like identity theft or pornography;
- Images will be stored in a safe place (both digital and physical) with limited access. Images should be destroyed after a period of two years if there is no longer.

Response Measures

Recognising Harm

For the purpose of this policy, harm is defined as “a detrimental effect of a significant nature on a person’s physical, psychological or emotional wellbeing, including self-harm”. Harm may occur in-person or online or via other in-direct means. Harm occurs in different ways; examples of harm that are relevant to this policy include:

Physical abuse:

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food

- Unauthorised restraint, restricting movement (e.g. tying someone to a chair).

Sexual abuse:

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

Psychological or Emotional abuse:

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying
- Stalking

Neglect: depriving a person of his/her essential needs, such as adequate food, water, shelter, and medical care.

Discriminatory abuse:

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Substandard service provision relating to a protected characteristic

Organisational or institutional abuse:

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

Disclosure of abuse

Indirect disclosure

These steps describe actions anyone receiving a disclosure of concern or abuse from a beneficiary should follow to inform MHE Safeguarding Officer:

1. Treat all allegations seriously and always act to show you believe what the beneficiary is disclosing
2. If a concern is disclosed and there is an immediate risk to the beneficiary, contact the appropriate service – police, social services, medical
3. If there is no immediate risk make sure the beneficiary is safe
4. Reassure the beneficiary and acknowledge how difficult this is for them
5. Explain that you will treat the information confidentially but will not keep the information secret, and make sure the beneficiary understand you will be passing this information to MHE Safeguarding Officer to enable a response
6. Do not probe for more information than is offered
7. Contact MHE Safeguarding Officer within 24 hours from the disclosure. Should the SG Officer be absent, instructions will be provided to contact another member of the SG Team
8. Make a careful record of what has been said in the Incident Reporting Form (Annex II) and send the form (signed and dated) to MHE Safeguarding Officer.

Steps 5 and 6 should be taken also in cases you yourself witness an incident.

Direct disclosure

Direct disclosure occurs when beneficiaries who experienced harm disclose directly to MHE Safeguarding Officer.

Beneficiaries should complete the Incident Reporting Form and send the form (signed and dated) to MHE Safeguarding Officer. If the beneficiary is unable to complete the Reporting Form (Annex II) themselves, the MHE Safeguarding Officer will assist in completing the form.

Addressing reported concerns and incidents

In the event that an incident of abuse is reported, the following procedure is to be followed by the MHE Safeguarding Officer in cooperation with the Safeguarding Team:

- Inform the other members of the Safeguarding Team and coordinate the actions with them
- Make sure the beneficiary who experienced the incident is in a safe situation
- Inform the parents, families or legal guardian depending on the beneficiary
- Ensure no contact between the alleged perpetrator and the beneficiary – face-to-face or online – can take place during the period the allegation is investigated
- Using the incident report, assess the severity of the incident using the flag chart available in Annex III. In case of doubt about the criminal nature of the reported misconduct and potential legal repercussions, MHE will seek legal advice before proceeding.

Following the assessment there will be two scenarios to be addressed differently:

Scenario 1 – Allegations of criminal nature

- Allegations of criminal nature will be reported to the local civil authorities, and MHE members or partner organisations will comply with the local requirements regarding mandatory reporting of abuse as the law then exists. The organisation will fully cooperate with the investigation of the incident by authorities
- Should the investigation show that the alleged perpetrator is guilty of the reported misconduct, and when MHE has direct control of the person's engagement, MHE will remove the person from their function. If the perpetrator is engaged by a MHE member or partner organisation or other type of MHE representative, MHE will follow up with the counterpart organization to ensure they proceed with removal of the perpetrator.

Scenario 2 - Allegations of non-criminal nature

- In the event of reported misconduct which is not criminal in nature and thus does not entail legal repercussions, carry out an interview with the alleged perpetrator to obtain their version of the incident. An interview with the alleged victim may be envisaged if needed.

If the perpetrator is found guilty and when the incident is non-criminal in nature, there is a range of possible consequences proportionate to the gravity of the misconduct: e.g. removal from a specific role, training, coaching. The response to be provided by MHE are outlined according to the flag chart.

Yellow flag: training will be offered to the responsible of the misconduct on the safeguarding policy as well as other type of training specific to the nature of the misconduct itself; e.g. in case of aggressive communication, training on non-violent communication will be provided. In the event the subject of the inappropriate behaviour is a MHE employee, intern or volunteer, MHE will cover the costs of training. Consultants and service providers under contract with MHE should get training at their own expenses and provide proof of attendance. Should this not happen, MHE will end the contract.

Red flag: in the event of medium level harm caused MHE will give a written warning, will provide training and will monitor the person's behaviour for the duration of one year with a mid-term review meeting.

In the event of serious harm caused MHE will proceed to ending the contract of their employee, intern or volunteer found guilty of the misconduct. If MHE has no direct control of the contract, and the person is engaged by a MHE member or partner organisation or other type of MHE representative, MHE will follow up with the counterpart organization to ensure they proceed with removal of the person.

Black flag: MHE will proceed to ending the contract of their employee, intern or volunteer found guilty of the misconduct. If MHE has no direct control of the contract, and the person is engaged by a MHE member or partner organisation or other type of MHE representative, MHE will follow up with the counterpart organization to ensure they proceed with removal of the person.

Incidents with serious harm that are assessed with a black flag may fall within cases of criminal nature. In that case steps related to scenario 1 will be followed.

Recording and Storing Information

All records/reports of incidents shall be held securely for a period of three (3) years by MHE. They will be made accessible to MHE Safeguarding Team only and, if necessary to civil authorities. Applicable GDPR provisions will be followed: <https://gdpr-info.eu/>

Annex I - Self-disclosure form

This form is to be filled in by all persons shortlisted for either paid or non-paid work with MHE (employment, internship, consultancy or service contract) who do not reside in Belgium (MHE headquarters), and who are to be in direct contact with MHE beneficiaries, particularly children, young people and adults-at-risk.

The self-disclosure form gives candidates the opportunity to disclose confidentially about any relevant criminal convictions, child protection investigations or disciplinary sanctions they have on their record.

If, at a later date, any non-disclosed prior convictions, investigations or sanctions are brought to light, and these have not been openly declared in this form, you may face instant dismissal or disciplinary action.

Have you ever been convicted of any criminal activity? Yes / No

Have you ever been convicted of any Child Protection incident? Yes / No

If "YES", please write the details below:

| | | |
|--|----------------|-----------------|
| Full name: | | |
| Date of caution, reprimand, conviction or pending hearing | Offence | Sentence |
| | | |
| | | |
| | | |

I hereby declare that all the information I have provided is true and accurate.

Signed:

Date:

Annex II – Incident Reporting Form

This form should be employed by:

- anyone who has directly experienced harm by an MHE representative
- anyone who has directly witnessed or has heard something that raises concerns about someone's safety and wellbeing; more specifically: any beneficiary of MHE's activities and, in particular children, young people and adults at risk.

Anyone representing MHE or working on behalf of/with MHE should take care of recording a safeguarding concern using this form.



In an emergency or where you think someone is in immediate danger, do not delay and call the police or social services.

Please follow these guidelines when filling the form in:

- All the information must be treated as confidential in respect of the GDPR² and reported to the designated MHE Safeguarding Officer within one working day.
- All allegations, complaints or suspicions of harm should be recorded as close to the time of the incident as possible.
- Any record of disclosure of harm by a child, young person or adult at risk should be a reflection of what was actually said. Do not try and interpret any information, just record what was said / witnessed and any response or action taken.
- Please provide your details so we can follow up with you. If you decide not to provide your details, we will log the report however, this may mean we may not be able to follow up and take further action.

Please create a copy and complete this form as fully as possible and send confidentially to MHE Safeguarding Officer: Liuska Sanna, Liuska.sanna@mhe-sme.org

If you prefer to stay anonymous you can submit your report via this link <https://www.mhe-sme.org/mental-health-europe-safeguarding-policy/>

If you would rather report the incident a call - that is fine - please contact MHE Safeguarding Officer: Liuska Sanna, Phone: +32 2 227 27 08, Liuska.sanna@mhe-sme.org

² <https://gdpr-info.eu/>

| Details of person completing the form | |
|---|--|
| Your first and family name | |
| Email | |
| Phone number (including international code) | |

| Date and time of report completed | |
|-----------------------------------|--|
| Date | |
| Time | |

| Details of person affected by harm | |
|---|--|
| First and family name | |
| Email | |
| Phone number (including international code) | |
| Full postal address | |

| Details of alleged perpetrator of harm | |
|---|--|
| First and family name | |
| Email | |
| Phone number (including international code) | |
| Full postal address | |

| Details of the incident | |
|---|--|
| Date & time of incident | |
| Place where the incident took place | |
| Describe the incident with as many factual details as possible | |
| If there were any witnesses, please provide their name and contact details. | |

| Action/s taken in relation to the incident | |
|---|--|
| Was any action taken by you or anyone else? If yes, please provide details. | |
| Do you and/or the person affected by the incident need any immediate support? If yes, please provide details. | |

Annex III - Flag chart for safeguarding team to assess the severity of incidents

| Criteria | Green Flag | Yellow Flag | Red Flag | Black Flag |
|---|--|--|--|--|
| Mutual agreement or consent | Clear mutual agreement/ consent Acceptable behavior | Unclear mutual agreement/ consent OR unclear rejection OR unclear resistance/ freezing Slightly unacceptable behavior, some discomfort | No consent AND clear rejection/ resistance/ freezing Clearly unacceptable behavior Repeated Yellow Flags | No consent AND repeated clear rejection/ resistance/ freezing Very clear unacceptable behavior Repeated Red Flags |
| Equality in terms of: power, age, intellectual and emotional capacity, maturity, ... | Equal relation | Slight inequality | Clear inequality | Major inequality |
| Extent the behavior is voluntary | Voluntary, No coercion, pressure, deception or trickery | Slight coercion or pressure OR request for secrecy Can easily get out of the situation | Clear coercion, ruse or pressure Cannot get out of/escape from the situation | Very severe blackmail, coercion, pressure, deception, threats and/or demands for secrecy Cannot get out of/escape from the situation |
| Appropriate for age and development | (-18) Behaviour is development appropriate (+18) Behaviour with full awareness, competence capability | (-18) Behaviour is slightly inappropriate for stage of development (+18) Mild lack of competence or mild concerns and doubts about competence | (-18) Behaviour is not developmentally appropriate (+18) Clear lack of (emotional and/or behavioural) self-determination OR under the influence | (-18) The behaviour is not at all developmentally appropriate (+18) Very obvious lack of (emotional and/or behavioural) self-determination OR severely under the influence. |

| | | | | |
|---|---|---|--|---|
| Appropriate for intellectual and emotional capacity, state of mind | Behaviour is appropriate Behaviour with full awareness, competence, capability | Behaviour is slightly inappropriate Mild lack of competence or mild concerns and doubts about competence, capability | Behaviour is not appropriate Clear lack of (emotional and/or behavioural) self-determination OR under the influence | The behaviour is not at all appropriate Very obvious lack of (emotional and/or behavioural) self-determination OR severely under the influence. |
| Contextually appropriate | Behaviour is fitting for the context and/or is conducted with appropriate privacy | Behaviour is not quite suited to the context and/or lacks appropriate privacy | Behaviour is not suited to the context. There is no privacy. There are uninvited or unwanted spectators. | Behaviour is clearly inappropriate for the context. There is no privacy. There are uninvited or unwanted spectators. Repeated Red Flags |
| No negative impact | Behaviour has no negative impact or has a positive impact | Behaviour is unpleasant, annoying, causes slight negative emotions/stress, damage to objects and/or slight physical damage (first aid suffices). Behaviour does not affect functioning or only to a very limited extent. | Behaviour causes severe negative emotions/ anxiety/ stress, reliving and/or physical harm requiring physician intervention. Negative impact continues for several days to weeks. Normal functioning is more difficult for a while but possible. Behaviour causes social harm or loss of reputation | Behaviour causes severe, long-term or permanent negative impact: psychological trauma, ongoing stress and/or severe or permanent physical damage requiring surgery or life-saving intervention and/or long-term medical and/or therapeutic treatment. The person's functioning is long-term or permanently impaired. Behaviour causes severe social harm or loss of reputation |