Safeguarding Policy and Code of Conduct

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1. Purpose

Health Equity Matters respects, protects and promotes the dignity and human rights of all people and communities it works with, as outlined in its values. Aligned with these values and its commitment to 'do no harm', Health Equity Matters is committed to safeguarding all children and adults with whom it works, or comes into contact with, across all programs and areas of operation in Australia and overseas.

As Australia's peak national community-based organisation representing the communities at risk of and affected by HIV and as an active regional player through its international program, Health Equity Matters typically does not work directly with children. However, at times, Health Equity Matters' program partners may have contact with young people, typically between the ages of 15-17. Health Equity Matters does work with Governments and program partners to support key populations comprised of vulnerable adults, many of whom are criminalised and the subject of discrimination and exclusion.

Safeguarding is a broad term that encompasses the range of measures that Health Equity Matters takes to create and maintain safe environments that protect people that it works with and alongside from exploitation, harm and abuse of all kinds. It specifically covers the prevention of sexual exploitation, abuse and harassment (SEAH) of adults and child abuse and exploitation (CAE).

This policy outlines the range of measures that Health Equity Matters has implemented to prevent harm, and to respond appropriately when people are harmed, including through the coordinated provision of support and care. It outlines the mandatory expectations and requirements of Health Equity Matters Personnel and Partners aimed at safeguarding children and adults and preventing CAE and SEAH in Health Equity Matters activities. Health Equity Matters acknowledges that preventing and addressing SEAH and CAE begins by acknowledging that 'it can happen here'.

This policy is informed by the Inter-Agency Standing Committee (IASC) minimum Standards for the Prevention of Sexual Exploitation and Abuse, the UN Secretary-General's Bulletin-Special Measures for Protection from Sexual Exploitation and Abuse (IASC Minimum Standards require the Policy to align with the UN Secretary General's Bulletin), the UN Convention on the Rights of the Child, the DFAT Child Protection Policy, the DFAT Protection from Sexual Exploitation, Abuse and Harassment (PSEAH) Policy and the Interim Guidance on the Updated Approach to Risk Assessments and Relevant Standards.

2. Scope

This policy applies to all personnel working with or representing Health Equity Matters in all program and operational activities in its Australian and international operations, including:

a. Health Equity Matters' Personnel, including Board and Committees members, staff employed in Australia and by the AFAO Foundation, volunteers, contractors and consultants; and
b. Health Equity Matters' Partners, including implementing partner organisations contracted by Health Equity Matters domestically or internationally in the delivery of a Health Equity Matters' program or project, including their Board members, staff, volunteers, contractors, consultants and partners.

The policy applies both during, and outside, normal work hours. Actions taken by Health Equity Matters' Personnel Partners outside of working hours that are seen to contradict this policy will be seen as a violation of this policy. The Policy also applies to online conduct and use of digital platforms.

3. Definitions

Term	Definition
Child	Any person under the age of 18, irrespective of local country definitions of when a child reaches adulthood.
Child abuse and exploitation (CAE)	Any form of physical abuse, sexual abuse, sexual harassment, sexual exploitation, emotional abuse or neglect towards a child. It can involve one of more of the following: Physical abuse: When a person purposefully injures or threatens to injure a child. This may for instance, take the form of slapping, hitting, punching, shaking, kicking, beating, burning, shoving or grabbing. Physical abuse can be a single or repeated act. It does not always leave visible marks or injuries. Emotional abuse: Where inappropriate verbal or symbolic acts are carried out towards a child, or where there is a pattern of failure over time to provide a child or adult with adequate non-physical emotional support. Such acts are likely to damage self-esteem or social competence and include ridiculing, intimidating, threatening or isolating the child. Neglect: The failure to provide a child (where able to do so) with the conditions that are culturally accepted as being essential for their physical and emotional development and well-being. Sexual Misconduct: Any form of sexual activity with a child. It is evidenced by an activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. It may include, but is not limited to, contact or non-contact activities, the inducement or coercion of a child to engage in any sexual activity, the use of a child in transactional sex or other sexual practices, exposing a child to online sexual exploitation material, the use of children in pornographic performances and materials, or taking sexually exploitative images of children.
Contact with children	Working on an activity or in a position that involves or may involve contact with children, either under a position description or due to the nature of the work environment.
Complaint	A complaint is any written or verbally notification of a safeguarding incident which may or may not be a formally notified incident.
Fraternisation	Any relationship that involves, or appears to involve, partiality, preferential treatment or improper use of rank or position including but not limited to voluntary sexual behaviour. It could include sexual behaviour not amounting to intercourse, a close and emotional relationship involving public displays of affection or private intimacy and the public expression of intimate relations.

Safeguarding	The measures taken and duty of care exercised by Health Equity Matters Personnel and Health Equity Matters Partners who are in positions of power, authority, trust and responsibility to safeguard all children and adults they come into contact with from the risk of harm, abuse, exploitation and harassment, which may be caused by their behaviour during Health Equity Matters activities and programs, and to respond effectively if harm occurs.
Sexual exploitation, abuse, or harassment (SEAH)	Any form of physical abuse, sexual abuse, sexual harassment or sexual exploitation towards a vulnerable adult or other community member not considered to be CAE.
Sexual abuse	The actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. This covers sexual offences including but not limited to rape (which includes attempts to force someone to perform oral sex); and sexual assault (which includes non-consensual kissing and touching). All sexual activity with someone under the age of consent (in the law of the host country, state or territory, whichever is greater) constitutes sexual abuse.
Sexual exploitation	Any actual or attempted abuse of a position of differential power, trust or vulnerability for sexual purposes. This includes profiting monetarily, socially, or politically from the sexual exploitation of another.
Sexual harassment	Unwelcome sexual advances, requests for sexual favours, or other conduct of a sexual nature, in circumstances which a reasonable person, having regard to all the circumstances, would have anticipated the possibility that the person harassed would be offended, humiliated or intimidated. Sexual harassment can take various forms. It can be obvious or indirect, physical or verbal, repeated or one-off, and perpetrated by any person of any gender towards any person of any gender. Sexual harassment can be perpetrated against program beneficiaries including community members and citizens, as well as against Health Equity Matters Personnel and Health Equity Matters.
Social media	Refers to any internet or mobile-based platform, including personal websites, blogs, Facebook, Twitter/X, LinkedIn, Instagram, and others. This definition applies to both work-related and personal accounts used by Health Equity Matters Personnel and Health Equity Matters Partners.,
Victim-survivor	Any person who has experienced, or is believed to have experienced, harm, abuse, exploitation, neglect, or violence. The term recognises both the immediate experience of being harmed (“victim”) and the person’s inherent agency, resilience, and capacity for recovery (“survivor”). It is used to acknowledge the person without assigning blame, minimising their experience, or making assumptions about their preferred identity. Health Equity Matters uses this term in recognition that in the different contexts in which it works both in Australia and overseas, the term ‘victim’ and ‘survivor’ may both be used or used interchangeably.
Transactional sex	Engage in transactional sex where there is an exchange of employment, goods or services relating to a Health Equity Matters activity for sex or sexual favours, including exchanging assistance that is due to program participants for sex.
Vulnerable Adult	Any person aged 18 or over who may be unable to protect themselves from harm or exploitation due to mental health conditions, physical or learning disabilities, age-related

	challenges, illness, or social circumstances. This includes individuals experiencing domestic abuse, substance dependency, or seeking asylum. Health Equity Matters is committed to safeguarding vulnerable adults across all project activities.
Working with children	Being engaged in an activity with a child where the contact would reasonably be expected as a normal part of the activity and the contact is not incidental to the activity. Working includes volunteering or other unpaid work.
Young People / Youth	Health Equity Matters defines young people as individuals aged **15 to 24**, in line with the UN definition. We acknowledge that youth are not a homogeneous group and may experience varying levels of privilege, marginalisation, and vulnerability. These factors should be considered in program design and delivery to ensure inclusive and equitable engagement.
Zero-tolerance	Health Equity Matters will investigate all reports and allegations, and appropriate disciplinary measures or contractual remedies will be applied where allegations are substantiated.

4. Guiding Principles

Promoting a culture of dignity and respect and safeguarding the rights and safety of children and adults in the workplaces and communities in which Health Equity Matters operates is critical to maintaining the high regard in which Health Equity Matters is held and the trusting relationships on which its work is founded. Health Equity Matters recognises that at times Health Equity Matters Personnel and Health Equity Matters Partners hold a privileged position of power and trust in relation to the people it works with. When carrying out Health Equity Matters work, they must understand it is important not to abuse unequal power relationships in any way.

To ensure that safeguarding is embedded across all Health Equity Matters activities, the following principles inform Health Equity Matters decision-making, operational, project and risk management activities:

Zero-tolerance approach

Health Equity Matters has zero-tolerance for any form of SEAH and CAE and for any breach of this Safeguarding Policy and Code of Conduct. Every allegation of CAE and SEAH will be acted upon in a timely, fair and reasonable way with due regard for procedural fairness.

Health Equity Matters Personnel and Health Equity Matters Partners have an obligation to take all possible steps to ensure the safety of all people that it works with and to minimise the risks of CAE and SEAH incidents, and where those incidents occur, to respond effectively, including through the coordination of support and care for survivors/victims.

Health Equity Matters will not knowingly engage anyone who poses an unacceptable risk to the safety or wellbeing of children or adults. Health Equity Matters will not fund any individual or partner organisation that is not committed to meeting its safeguarding obligations in their operations and program activities.

Prevention of SEAH and CAE is everyone's responsibility

Health Equity Matters is committed to building its own capacity to deal sensitively and effectively with SEAH and CAE that may occur in the course of its work. All Health Equity Matters Personnel and Health Equity Matters Partners have a role to play in taking responsibility for creating SEAH and CAE-free workplaces and ensuring that Health Equity Matters activities 'do no harm', both in terms of their own personal behaviour and by being 'active

bystanders'. People are encouraged to speak up and be active bystanders if they witness or hear about behaviours that are, or may be, in breach of this policy.

Strong leadership promotes the prevention of SEAH and CAE

Health Equity Matters will promote and maintain a safe organisational culture for all people who work for and with Health Equity Matters, including its partners and communities in Australia and in all the countries where it works. Health Equity Matters leaders have a specific responsibility to promote Health Equity Matters commitment to equality, diversity and respect for others and create an environment where it is safe to address sexual exploitation, abuse and harassment, and child abuse, without fear of intimidation or reprisal. Health Equity Matters will ensure high-level oversight and accountability around its safeguarding efforts.

Victim-Survivor-centred approach and recognition of the best interests of the child or adult

Health Equity Matters prioritises the safety, rights, wishes, and interests of survivors above all other considerations, while ensuring procedural fairness for all parties. Our victim-survivor-centred approach means that in every safeguarding action and decision, the dignity and needs of victims and survivors take precedence over organisational or compliance concerns. We commit to treating victim-survivors with compassion and without judgment, safeguarding their physical and psychological well-being throughout reporting and response processes, and providing clear information to support informed choices. Health Equity Matters also pledges to protect privacy, prevent re-traumatisation, and offer trauma-informed, culturally appropriate services and referrals.

Australia is a signatory to the United Nations Convention on the Rights of the Child, and Health Equity Matters is committed to upholding the rights of the child and Australia's obligations under this Convention. In all actions concerning children, Health Equity Matters will ensure that the best interests of the child are the primary consideration.

Procedural fairness

When responding to concerns or allegations of SEAH or CAE, Health Equity Matters abides by the principle of procedural fairness. All those accused will be given a fair hearing and afforded natural justice. Unbiased decisions will be made in response to all incidents, based on the evidence.

Assessing and managing SEAH and CAE risks and impact

As part of Health Equity Matters enterprise risk register, Health Equity Matters will consider the SEAH and CAE risks posed by its Australian and international operations, and work to actively mitigate those risks. The focus is on ensuring that the risk approach is fit for different local and partner contexts.

Safeguarding incidents will be managed through a timely and confidential incident management and reporting system that ensures incidents are investigated and where allegations are true, that proportional sanctions are issued, up to and including termination of employment, Directorships, and relationships with partners.

5. Health Equity Matters' Safeguarding Approach

Health Equity Matters employs a range of measures to ensure adherence to the Safeguarding Guiding Principles.

5.1 Clear Communication About the Safeguarding Policy and Code of Conduct and Related Obligations

Health Equity Matters' Personnel Partners will receive a copy of the Health Equity Matters' Safeguarding Policy and Code of Conduct when they commence employment or engagement with Health Equity Matters.

The Health Equity Matters Safeguarding Code of Conduct at ***Annex 1*** of this Policy and provides clear guidance to Health Equity Matters' Personnel Partners about the standards of behaviour and practice required of them when working with, or coming into contact, with children and adults, during their work with Health Equity Matters. Prior to engagement, Health Equity Matters Personnel and Health Equity Matters Partners are required to read, understand and sign the Safeguarding Code of Conduct.

A signed Safeguarding Code of Conduct is valid for three years. Signed copies of the Safeguarding Code of Conduct will be kept by Health Equity Matters in an online file.

The Safeguarding Policy will be reviewed every three years at a minimum, or more regularly to respond to changes in the external environment including changes in safeguarding standards and legislation. Health Equity Matters Personnel and Health Equity Matters Partners will be required to read the Safeguarding Policy and re-sign the Safeguarding Code of Conduct when these documents are updated.

5.2 Provision of Mandatory Safeguarding Training

Health Equity Matters is committed to providing mandatory safeguarding training to Health Equity Matters' Personnel and Partners to ensure that all personnel are fully aware of their responsibilities to protect children and adults and know how to report concerns or allegations about SEAH, CAE and policy non-compliance.

Mandatory safeguarding training (utilising the HOLA Safeguarding Online Training module, or a similar version delivered in-person where more appropriate) will be provided to Health Equity Matters' Personnel and Partners:

- during orientation or initial engagement with Health Equity Matters. It will outline individuals' responsibilities to prevent, detect and report all safeguarding incidents and explain the processes to support them to do this;
- every year, as safeguarding refresher training; and
- All mandatory safeguarding training completed will be documented in a Compliance Register which will be monitored and updated by the Corporate Services Team.

Health Equity Matters applies a risk lens to the requirement for consultants to complete the safeguarding training. Consultants who directly engage with community members and stakeholder representatives in a program country or in another location, and/or who work with community members images and personal stories, will be required to complete the above training. Consultants that work from their office and primarily engage with Health Equity Matters staff, and therefore present a low safeguarding risk, will not be required to complete this training. Where this distinction is not clear cut, the CEO will make the decision, supported by a recommendation from the Safeguarding Focal Points.

5.3 Robust Recruitment and Background Integrity Screening processes

Health Equity Matters is committed to using robust safeguarding recruitment, selection and screening practices in line with its Recruitment and Selection Policy, with the aim of recruiting the most trustworthy, suitable people to work with Health Equity Matters in its programs and activities.

Health Equity Matters will not knowingly employ, engage or work with anyone who poses an unacceptable risk to children and adults.

Health Equity Matters employment contracts and contain provisions for suspension or transfer to other duties of any employee who is under investigation, and provisions to dismiss any employee after an investigation, if found guilty of breaching this policy.

Health Equity Matters Partners must also require their personnel to abide by the Safeguarding Policy and Code of Conduct and include sanctions if personnel are found to have breached this policy.

The following safeguarding recruitment and background integrity screening procedures are used:

Criminal Record Check

As part of its safeguarding commitments, and consistent with a risk-based approach to child protection, Health Equity Matters requires criminal record checks for all personnel whose roles involve, or are likely to involve, contact with children or vulnerable communities.

Criminal record checks must be completed prior to engagement and will include, where applicable:

- A national police check from the individual's country of current or recent residence;
- Police checks from any country in which the individual has resided for 12 months or more over the past five years; and
- Consideration of criminal record checks from countries of citizenship, where relevant to the risk context.

For individuals who have lived or worked in Australia within the past five years, a National Police Check (NPC) from the Australian Federal Police (AFP) is required.

Where an individual holds citizenship in a country in which they have not resided within the past five years, a criminal record check from that country will be considered and may be waived following a risk assessment.

Where an individual's criminal record check report indicates a conviction, this will be assessed on a case by case basis as to its relevance to the role which the person is being recruited for.

Health Equity Matters recognises that many laws across the countries in which we work disproportionately and unfairly criminalise marginalised communities, including people who use drugs, sex workers, and LGBTIQA+ people, for who they are rather than any harm caused to others. A criminal record arising from such laws is not considered a reflection of character or professional integrity. Health Equity Matters will not automatically disqualify that candidate on this basis alone. Health Equity Matters will utilise its internal guidelines to assess risk and ensure decisions are appropriately documented and communicated.

All information relating to criminal record checks must be handled in accordance with the Health Equity Matters Privacy Policy.

Provision may be made for cases where foreign national criminal record checks have not been completed in time or where a country does not provide criminal record checks of adequate reliability. In these cases, a statutory declaration (in Australia) or equivalent can be used instead of a criminal record check. You can obtain an Australian Statutory Declaration form at https://www.ag.gov.au/publications/pages/statutorydeclarations.aspx .

Health Equity Matters will review these checks when personnel have a change in circumstances, for example where their role requires them to work with communities, and/or where they will be working alongside vulnerable people and children.

Health Equity Matters acknowledges its obligations under relevant state and territory legislation regarding child safety and Working With Children Checks (WWCC). A WWCC is required only where a role is classified as "child-related work" under applicable law; however, Health Equity Matters requires WWCCs for any future role that could involve repeated or structured engagement with children or young people. In addition, WWCC expectations will be communicated to partners and contractors whose roles involve higher levels of child interaction to ensure alignment with child safety standards.

Job Advertisements and Position Descriptions

Health Equity Matters includes statements about its commitment to safeguarding in job advertisements and position descriptions.

Interviews

Safeguarding behaviour-based questions will be asked of all individuals who apply for Health Equity Matters positions.

Reference Checks

Health Equity Matters' Personnel and Partners who are conducting recruitment are required to conduct verbal reference checks that include safeguarding questions. This is mandatory for all potential employees who are being considered for employment. These checks will include questions relating to any concerns about the candidate's conduct in relation to child safety and SEAH.

Disclosures

All Health Equity Matters' Personnel and Partners are required to disclose whether they have been charged with any SEAH or CAE offences and commit to do that as part of signing the Safeguarding Code of Conduct.

5.4 Use of Images and Personal Stories

Health Equity Matters has clear processes in place for seeking consent for the collection, use and storage images and personal stories of children and adults. It ensures that this information is securely maintained and used in a way that protects the dignity and safety of the individual. Health Equity matters approach to using images and personal stories is detailed in its Communications Policy.

5.5 Risk Management

Health Equity Matters has a robust approach to risk identification, assessment and management, as outlined in its Risk Management Policy. The Enterprise Risk Register captures the key risks facing the organisation together with the strategies to mitigate those risks, including specific safeguarding risks. In addition, a standing agenda item at each Audit and Risk Committee includes the Committee's review of key incidents including those specifically related to safeguarding. The Audit and Risk Committee review the Enterprise Risk Register at every meeting and then the Board review it once has been reviewed by the Committee.

Health Equity Matters aligns its tools and templates with DFAT's guidance on risk management and the implementation of new Essential and Comprehensive Standards, as detailed in the updated Child Protection and Protection from Sexual Exploitation, Abuse and Harassment (PSEAH) policies. Health Equity Matters acknowledges that certain contexts (e.g., humanitarian settings) require heightened safeguarding measures, even if direct contact is limited.

5.6 Partnership Management

Health Equity Matters ensures that, when engaging in partnerships, its Partnership Agreements reference Health Equity Matters Safeguarding Policy and require Health Equity Matters Partnership Organisations to abide by this policy by signing the Health Equity Matters Safeguarding Code of Conduct.

Health Equity Matters will work collaboratively with international program partners to assess partner safeguarding capacity and where gaps are identified, work with those partners to strengthen their safeguarding capacity and systems. A commitment to meet safeguarding standards and strengthen safeguarding practice is a condition of partnership with Health Equity Matters and an important part of a 'do no harm' approach. This commitment is tested in pre-screening due diligence risk and capacity assessments of the partner organisation, prior to the establishment of the partnership. If during the life of the partnership, safeguarding issues arise and are not

remedied, then Health Equity Matters, after discussion and exploration of these issues with the partner, may terminate the partnership.

A tiered compliance model is considered to adjust expectations based on risk. Smaller or lower capacity partners are provided with tailored guidance and ongoing capacity building support including in the development of a Safeguarding Policy and system. For those small, civil society organisations with whom Health Equity Matters works with to build broader organisational capacity, there may be a period of early partnership (up to end of first year) where partners are working to develop the expected policy and systems, with Health Equity Matters' support – during which time Health Equity Matters provides additional scaffolding support and risk management in relation to safeguarding risks for that partner.

5.7 Program and Project Management

Prior to approving any international Health Equity Matters program, Health Equity Matters and/or the relevant Health Equity Matters partner will:

- conduct and document a safeguarding risk assessment of the proposed Health Equity Matters program or activity and include mitigation strategies that fit the local context and partners; and
- ensure that this safeguarding risk assessment informs the program design and that risks highlighted are effectively mitigated and monitored.

Health Equity Matters commits to taking all necessary steps to ensure no harm, direct or indirect (including abuse or exploitation of children) takes place during delivery of our programs and activities. As part of the program design and proposal appraisal process, international program staff will assess the level of risks of child safeguarding and sexual exploitation, abuse and harm, abuse, using the Safeguarding Risk Assessment form in the project proposal design template to determine the level of contact with and risk to children and vulnerable people, and the standards and mitigating measures that need to be put in place that fit the local context and partner's practice and procedures. Appropriate to the level of overall risk, this process will ensure that specific risks are identified and measures to mitigate those risks are incorporated into the program design, monitoring, and risk management. In addition, partners and programs are supported to have strong feedback and complaints mechanisms so that any concerns can be reported and acted upon.

Health Equity Matters commits to incorporate intersectionality by identifying overlapping vulnerabilities (e.g., gender, sexual orientation, disability, ethnicity) in risk assessments, using inclusive indicators, and ensuring safeguarding measures are accessible for all.

During international program field visits, Health Equity Matters Personnel may meet children and vulnerable adults that are stigmatised, criminalised, and who experience discrimination and exclusion. Health Equity Matters ensures reasonable precautions are taken to protect against CAE and SEAH. Only Health Equity Matters Personnel and Health Equity Matters Partners that have completed Safeguarding training are permitted to visit project sites.

5.8 Community Engagement

Health Equity Matters Safeguarding Policy is promoted on its website, shared with all personnel covered by this policy and actively discussed with international program partners. Health Equity Matters Safeguarding Code of Conduct clarifies the expectations of personnel that it works with, and these expectations, together with the mandatory reporting of all safeguarding concerns or incidents, are reinforced in the mandatory initial and annual safeguarding training.

Health Equity Matters also promotes its complaints and feedback processes with all personnel with whom it works and assesses and supports program partners to strengthen their own feedback and complaints processes for the benefit of their community constituents. When safeguarding concerns or incidents are raised, Health Equity Matters seeks to identify any changes suggested by the complainant or deemed to be necessary by Health Equity

Matters safeguarding focal points and managers, in order to mitigate the risk of this concern/incident occurring in the future.

5.9 Continuous Improvement

Health Equity Matters reviews this policy every three years at a minimum. Reviews outside of this standard policy review cycle timeframe may occur in response to changes in legislative, industry and/or donor requirements, reflections on lessons learned from incidents and breaches, and feedback from staff and other external stakeholders, including program partners. Safeguarding Focal Points keep the Policy active and effective by conducting internal reviews and health checks, gathering feedback from staff, volunteers, and partners through the annual survey, and documenting lessons learned in the annual safeguarding report.

6. Reporting and Responding to Incidents

The process for reporting, investigating, and resolving complaints of CAE or SEAH is as follows and the process is diagrammatically summarised in ***Annex 2.***

This process is the same for everyone lodging a report or complaint to Health Equity Matters, whether in Australia or in another country where Health Equity Matters works.

6.1 What sort of concerns should be reported and by whom?

It is mandatory for all those within scope of this policy to promptly report any witnessed, suspected or alleged incidents of SEAH or CAE by a person engaged by Health Equity Matters to contribute to, or work, on any Health Equity Matters' activities. It is their responsibility to report any allegations, NOT to investigate. Individuals do not need to have proof of their concerns or answers to all questions to make a report.

Reports can be raised by anyone, including but not limited to program participants, children, parents, guardians, carers, parents, community members, Health Equity Matters' Personnel and Partners.

All complaints regarding SEAH and CAE issues will be treated seriously, confidentially, and immediately with due regard for the rights of the alleged survivor/victim, the notifier and the accused person/people.

6.2 When should concerns be reported?

Reports of a SEAH or CAE concern or incident must be made immediately, or as soon as practically possible. Health Equity Matters' Personnel must immediately report (without individual investigation) any reasonably suspected breach of this policy. Immediately in this context means within two working days of becoming aware of any alleged incident. If there is any doubt, the incident should be reported in line with Health Equity Matters' zero tolerance principle. Individuals who do not report reasonably suspected breaches of this policy will be viewed as non-compliant.

All reports will be taken seriously and treated with sensitivity respect and confidentially in accordance with Health Equity Matters' Privacy Policy. Anyone who makes a report can do so without fear of retaliation and their identity and that of the alleged perpetrator will be protected. All reports made in good faith will be viewed as being made in the best interests of the child / young person, or other vulnerable person regardless of the outcomes of any investigation. Health Equity Maters will ensure that the interests of anyone reporting child abuse or SEAH of vulnerable adults in good faith are protected.

6.3 Who should safeguarding concerns be reported to and how?

All safeguarding concerns and incidents should be immediately reported via the Stopline service and the CEO (unless the alleged complaint involves the CEO if so, to the President of the Board)available on Health Equity

Matters website. The Stopline is an independent, confidential whistleblower hotline and complaints reporting platform who will take full details of the complainant's concerns via telephone, mail, email or this website. It is also important to remember this service enables individuals to maintain anonymity should they so desire.

All safeguarding complaints made via the Stopline service will be referred to Health Equity Matters' Safeguarding Focal Points for follow-up.

6.4 What will happen next?

Once Health Equity Matters is notified of an alleged SEAH of CAE incident:

Safeguarding Focal Points will immediately conduct a preliminary assessment to determine if the incident:

- violates safeguarding policies (for example, child protection, SEAH, Code of Conduct)
- involves criminal behaviour
- is substantiated
- engages donor specified mandatory reporting requirements (that is, DFAT, Global Fund, Centre for Disease Control and any governing federal or state and territory laws as well as any Reportable Conduct Schemes)
- involves staff, board members, or partners
- indicates gaps in process or reporting mechanisms

in order to prepare an assessment report for the CEO.

Notwithstanding the application of these points, the CEO will be immediately notified whenever a complaint is reported, and before the preliminary assessment is conducted.
If the incident involves the CEO, the initial notification and preliminary assessment reports will be submitted to the President.

External reporting considerations are based on:

- Donor mandated and legal requirements
- Wishes of the victim/survivor (or best interests of the child)
- Advice from the Leadership Team and legal advisors

Reported incidents of child protection and SEAH in programming funded by DFAT must be reported to DFAT. Where a reported incident occurs in programming not funded by DFAT, we will consult DFAT's Safeguarding Policy to assess if DFAT need to be notified of the reported incident. Safeguarding focal points must notify DFAT within 24 hours, if it is determined DFAT must be notified of the reported incident. Focal points should refer to the Safeguarding Focal Points terms of reference to notify DFAT.

Should Health Equity Matters receive a report of suspected CAE or SEAH that does not involve Health Equity Matters' Personnel or Partners, Health Equity Matters will assist the complainant in making a report to the appropriate authorities.

6.5 What support will Health Equity Matters provide to the victim-survivor?

Health Equity Matters is committed to ensuring the victim-survivor receives appropriate support or assistance, subject to their wishes, and will:

- assess the immediate safety needs of the victim-survivor and ensure necessary support is provided. This will include immediate health, psychological, or safety support; and

- offer or refer the victim-survivor to services that support longer-term recovery, such as medical, psychological, socio-economic, or legal services. The use of Country Safeguarding Services Maps will support this referral and reporting process in countries outside of Australia where Health Equity Matters conducts international programs.

7. Investigating an Incident

Not all reports require a full investigation. Based on the findings of the preliminary assessment, the internal investigation will be launched within 48 hours of report receipt and will be carried out by the Safeguarding Focal Points unless the CEO are implicated. In such cases, the Leadership Team and/or Board must be involved. Investigations will be conducted in a sensitive, prompt and confidential manner with primary concern for the victim-survivor. Note, depending on the requirements of the donor involved Health Equity Matters may need to follow the processes as outlined by the donor. However, this process does not prevent Health Equity Matters from taking necessary action to protect individuals or to suspend staff or operations, while an investigation is conducted.

Accused personnel employed by Health Equity Matters may be suspended (with full pay) pending the investigation. All parties are given time to prepare for meetings. Investigations must be fair, responsible, and fact-based. If impartiality is needed or internal resources are insufficient, an external investigator will be appointed by the Leadership Team in consultation with the Board.

The following protection principles will be followed:

- The rights and welfare of the child are paramount; no child should be put at further risk due to actions taken
- The process should be centred on victim-survivor needs and safety
- Support services (medical, psychological, legal, socio-economic) must be available regardless of investigation participation

The following measures will be taken, as appropriate:

- Health Equity Matters will seek assistance from internal or external experts, including a child protection agency, as required to aid with investigations;
- the individual whom the complaint has been made against will be removed from Health Equity Matters activities while the investigation is undertaken;
- investigations will not be disclosed or discussed with anyone other than those who have a legitimate need to know the situation. Investigation reports and outcomes are to be marked confidential and will not be released to any third party other than law enforcement agencies, should their assistance be required with investigations;
- the victim-survivor (or guardians of the child) will be kept informed and advised of the proposed action;
- If abuse/exploitation occurred but is not criminally prosecutable, disciplinary action may be taken, up to and including dismissal. Once all appropriate information has been gathered, the CEO or President will decide whether the allegations are substantiated and what action will be taken. The Board will be kept informed of the outcome of any investigation; and all documentation relating to the report, investigation and subsequent response will be marked confidential and stored securely. Information sharing is on a need-to-know basis only.

8. Consequences of Policy Breaches

Breaches of the Safeguarding Policy and Code of Conduct constitute gross misconduct and are grounds for termination. Depending on the nature and severity of the breach, disciplinary action for breaches of this policy may include:

- suspension from work, pending an investigation;
- Health Equity Matters internal investigation or an external investigation;
- formal warning and monitoring;
- referral to law enforcement where behaviour constitutes a criminal offence;
- termination of employment, volunteer arrangement, or Directorship; and
- termination of a program partnership.

9. Document Management and Confidentiality

All confidential documents and sensitive information will be handled in accordance with the Privacy Policy. They will be securely stored online in restricted access areas of Health Equity Matters network. Confidential and sensitive safeguarding documentation includes all information relating to police checks, verbal referee checks, and any information in relation to a safeguarding incident.

However, there are some limits to confidentially, where there is the risk of a serious threat to life, health or safety of the child or adult concerned. This may include situations where:

- there is the threat of ongoing harm to the survivor/victim; and where the need to protect them overrides confidentiality requirements.
- laws or policies require mandatory reporting of certain types of violence against children and adults; and/or
- the survivor/victim is at risk of harming themselves or others, including threats of suicide.

In these cases, Health Equity Matters will be obliged to share information in order to prevent serious harm or death.

10. Roles and Responsibilities

Who	Responsibility
Board	• Cultivate and maintain a culture of zero tolerance towards SEAH and CAE • Oversee and assure the robustness of Health Equity Matters safeguarding system • Approve this policy and any updates
Audit and Risk Committee	• Review all safeguarding incidents as part of reviewing the Complaints and Incidents Registers, assure integrity of organisational safeguarding systems, and ensure that matters are being effectively managed
CEO/ Complaints and Whistleblower Protection Officer	• Ensure the application and accountability of this policy is established within Health Equity Matters operations • Report all safeguarding matters to the President and matters of relevance to the Board • Handle matters requiring investigation • Ensure policy is regularly reviewed every three years • Act as a key contact for safeguarding complaints and allegations
Safeguarding Focal Point/s	• Promote safeguarding through communications, training, and day-to-day compliance with the Safeguarding Policy and Code of Conduct.
Managers	• Raise awareness of, and train Health Equity Matters Personnel regarding the application of this policy across all Health Equity Matters programs and projects and ensure a safe environment for all • Ensure Health Equity Matters Partners are aware of this policy and have appropriate safeguarding mechanisms in place
All Health Equity Matters Personnel	• All Health Equity Matters Personnel share the responsibility for the prevention, detection, and reporting of suspected CAE and SEAH, as per this policy

11. Related Policies and Documents

Policy	Title and Hyperlink
006	Code of Conduct Policy
049	Complaints Handling Policy
050	Whistleblower Policy
038	Communications Policy
001	Delegations of Authority Policy
029	Partnership Policy
012	Privacy Policy
022	Recruitment and Selection Policy
037	Risk Management Policy
Templates/Tools	
	Safeguarding Concern Reporting Form
	Complaints Register
	Incidents Register

	Compliance and Training Register
	Due Diligence Pre-Screening Checklist
	Partner Capacity Assessment and Development Plan

12. Policy History

Date of update	Version	Key changes	Endorsed by	Approved by	Next review
23 July 2026	7	Updated to the section on criminal checks requirements to reflect a risk-based and proportionate approach, and to align with relevant provisions in the Recruitment and Selection Policy	Audit and Risk Committee	Board	June 2028
20 February 2026	6	1. Purpose section has been updated to reflect utilisation of DFAT policies to update this policy. 2. Scope section updated to reflect the inclusion of online conduct and use of digital platforms. 3. Definitions section updated to include complaint, social media, vulnerable adult and young people. 4. Victin-survivor section updated 5. Health Equity Matter Safeguarding Approach section updates made to criminal record checks, updates to reflect Audit and Risk Committee name change, and updates to risk, partnership and program management and continuous improvement. 6. Reporting ad Responding to Incidents Section updated when and who incidents should be reported to and what will happen next. 7. Investigating an Incident Section updated 10. Roles and Responsibilities Section updates to reflect	Audit and Risk Committee	Board	January 2028

		name change of Audit and Risk Committee and removal of SKPA 2 staff focal point reference. Annex 1 – updates to Online Engagement Standards and replaced 'child pornography' to child sexual abuse material. Annex 2 – New poster created describing the process in addition to existing annex 2. Annex 3 - deleted as no longer use form, Stopline is now used.			
18 November 2024	5	Updated to include a risk-based assessment to guide whether consultants need to complete Safeguarding training. This minor modification has been informed by expert advice.	CEO	CEO	November 2027
11 July 2024	4	Updated to include reference to SKPA-2 program Safeguarding Focal Point and implement remainder of Management Response to Safeguarding Policy Review in late 2023.	Finance and Audit Committee	Board	July 2027
April 2023	3	Consolidated and updated the two formerly separate policies: Child Protection Policy; and Prevention of Sexual Exploitation, Abuse and Harassment Policy.	Finance and Audit Committee	Board	April 2026
May 2020	2	Establishment of inaugural Prevention of Sexual Exploitation Abuse and Harassment Policy	Management Team	Board	May 2022
June 2020	1	Establishment of inaugural Child Protection Policy	Management Team	Board	June 2022

ANNEX 1 - Safeguarding Code of Conduct

Health Equity Matters Safeguarding Policy and Code of Conduct defines the safeguarding conduct to be followed to protect anyone from sexual harassment, exploitation and abuse, and child abuse by Health Equity Matters Personnel and Health Equity Matters Partners. It also aims to protect those working at or with Health Equity Matters from misunderstandings by providing clear behavioural guidelines and expectations that assist in establishing and maintaining clear professional boundaries when working or having contact with children and adults.

Any violation of this Safeguarding Code of Conduct is a serious concern and may result in disciplinary action, up to and including dismissal, in accordance with the disciplinary procedures of Health Equity Matters and applicable laws. All those covered are required to read and sign this Safeguarding Code of Conduct to indicate their agreement to adhere to the Code while performing their duties on Health Equity Matters activities.

I acknowledge that I have read and understood Health Equity Matters *Safeguarding Policy* and agree to abide by its Safeguarding Policy and Code of Conduct.

I agree that while performing my duties with Health Equity Matters, *I must*:

1. create and maintain a safe and equitable organisational culture that prevents and opposes sexual exploitation, abuse and harassment, and child abuse.
2. treat everyone with dignity and respect and challenge attitudes and behaviours that contravene the Health Equity Matters Safeguarding Policy and Code of Conduct.
3. immediately report any concerns I have regarding possible violations of the Health Equity Matters Safeguarding Policy and Code of Conduct, by Health Equity Matters Personnel or Health Equity Matters Partners. I understand that failure to report any concerns may lead to disciplinary action. I will ensure I am aware of the options available to me to report and that when I report a concern or allegation, I will do so confidentially.
4. share sensitive information that I may be aware of, that relates to concerns of sexual exploitation, abuse and harassment, or child abuse, whether involving staff, program participants or others in the communities where Health Equity Matters works, through the reporting options available to me. I understand that for the respect, dignity and safety of everyone involved, it is essential that I maintain confidentiality about any concerns or information I am aware of and only share information with staff of the appropriate function who need to know such information. I am aware that breach of this policy may put others at risk and will therefore result in disciplinary procedures.
5. disclose to Health Equity Matters any civil judgment or criminal conviction that relates to allegations made against me of sexual exploitation, abuse and harassment or child exploitation and abuse.
6. always ensure that I have another adult present when working with children.
7. always ensure that for work-related purposes when I photograph or film a child, I:
    - comply with local traditions or restrictions for reproducing personal images.
    - obtain informed consent from the child and parent or guardian of the child, before photographing or filming a child, explaining how the photograph or film will be used.
    - ensure photographs, films, videos and DVDs present children in a dignified and respectful manner and not in a vulnerable or submissive manner.
    - ensure children are adequately clothed and not in poses that could be seen as sexually suggestive.
    - ensure images are honest representations of the context and the facts; and

- ensure file labels do not reveal identifying information about a child, for example, name and exact location.

8. protect, manage and use Health Equity Matters resources appropriately and never use Health Equity Matters resources, including computers, cameras, mobile phones or social media, to exploit, groom or harass participants of Health Equity Matters programs, children or others in the communities in which Health Equity Matters works. I am aware that it is prohibited for staff to access, display or transmit offensive material on any Health Equity Matters-provided or subsidised electronic device (e.g. computer, tablet, phone) at any time, or on any personal electronic device on a Health Equity Matters network in the workplace.

As a member of Health Equity Matters Personnel or a Health Equity Matters Partner, *I will not*:

1. misuse my authority, either within Health Equity Matters, or externally with other stakeholder groups.
2. sexually exploit, abuse or harass anyone and understand that these behaviours constitute acts of gross misconduct and are therefore grounds for disciplinary action, up to and including dismissal.
3. engage in any form of sexual activity or develop physical/sexual relationships with children (persons under the age of 18) regardless of the age of consent locally. I understand that ignorance or mistaken belief in the age of a child is not a defence.
4. engage in transactional sex where I exchange employment, goods, or services relating to a Health Equity Matters activity for sex or sexual favours. I understand this means I must not exchange assistance that is due to program participants for sex.
5. fraternise with or engage in any sexual activity or sexual relationship with program participants. I am aware that such relationships are prohibited. I understand that such relationships are based on an improper use of my position and inherently unequal power dynamics and may undermine the credibility and integrity of Health Equity Matters work. I understand I must declare any previously existing relationships with program participants to my line manager.
6. request any service or sexual favour from participants of Health Equity Matters programs, children or others in the communities in which Health Equity Matters works, nor engage in sexually exploitative, abusive or harassing relationships.
7. support or take part in any form of sexually exploitative or abusive activities, including, for example, child sexual abuse material, trafficking of human beings or child marriage.
8. hire children for domestic or other labour, which is inappropriate given their age or developmental stage, which interferes with their time available for education and recreational activities or which places them at significant risk of injury or exploitation.
9. use language or behave towards children in inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate ways.
10. invite children into my private residence or hotel, nor sleep close to unsupervised children.

Health Equity Matters – Online Engagement Standards

As a member of Health Equity Matters' personnel or a partner organisation, I commit to upholding the following standards when engaging online in a professional capacity and when interacting with program participants or individuals encountered through my role:

I Will Not:

- Engage in threatening, bullying, abusive, or harassing behaviour online, including inappropriate sexual messaging (e.g., flirtatious or explicit content).

Note: Professional discussions about sexual health, STIs, or HIV prevention are permitted when conducted respectfully and within program guidelines.

- Use personal social media accounts or email to conduct Health Equity Matters-related work or communicate with program participants under the age of 18.
- Tag program participants or vulnerable individuals or share their photos or personal information on public platforms without proper consent and a valid program-related purpose.
- Add, follow, or "friend" program participants who are children on personal social media accounts.
- Communicate privately one-on-one with children or youth volunteers via social media or messaging apps, unless transparency measures are in place (e.g., group chats or supervisor copied).
- Contact program participants (adult or child) for non-work-related reasons.
- Seek to make contact with, or spend time with, any child encountered in my role outside designated activities or times, including via email or social media.

Commitment to abiding by the Safeguarding Code of Conduct

I understand that the onus is on me, as a person working on Health Equity Matters activities, to abide by this code of conduct and all relevant Australian and local laws and avoid actions or behaviours which may be construed as sexual exploitation, abuse and harassment, or child exploitation and abuse.

I commit to adhere to the Health Equity Matters Safeguarding Code of Conduct. I have read and understood the Code and will uphold it to the best of my ability.

Annex 2 - Safeguarding Reporting Guidelines

Key Protection Principles

1. **Child-Centred Approach:** The rights and welfare of the child are paramount. No action should place a child at further risk.
2. **Victim-Survivor Focus:** All processes must prioritise the safety, dignity, and needs of the victim-survivor.
3. **Access to Support:** Medical, psychological, legal, and socio-economic support must be available—regardless of whether the individual participates in an investigation.
4. **Confidentiality:** Information is shared strictly on a need-to-know basis. All parties must maintain confidentiality.
5. **Media Protocol:** Only the CEO is authorised to communicate with the media regarding safeguarding matters.

1 WHO Can Report?

Reports may be made by:

- Children or young people
- Parents or adults
- Staff and volunteers of overseas partners
- Health Equity Matters staff, consultants, and volunteers
- Members of the public (Australia and overseas)

2 WHAT Should Be Reported?

- Allegations, disclosures, or observations of child abuse
- Suspected sexual exploitation, abuse, or harassment (SEAH)
- Breaches of the Safeguarding Policy or Code of Conduct

3 WHEN Should It Be Reported?

- All concerns must be reported immediately, ideally within 24 hours, or as soon as practically possible, noting that this is an initial report intended to raise concerns and trigger the appropriate next steps.

4 HOW To Make A Report?

All reports must be submitted via Stopline.

If you need help, please reach out to your Health Equity Matters' contact or one of the Safeguarding Focal Points:

- **Karen Hill – Principal Director, Corporate Services**
- **Jess Hill – International Program Specialist**

Escalation Pathways:

- If the Safeguarding Focal Points are the subject of the report → report to the CEO
- If the CEO is the subject of the report → escalate to the President of the Board

5 What Happens After a Report Is Made?

Preliminary Assessment Report to the CEO

Once receiving the report, Safeguarding Focal Points will immediately conduct a preliminary assessment to determine with hours if the incident:

- Violates safeguarding policies (e.g. child protection, SEAH, Code of Conduct)
- Involves criminal behaviour
- Presents reputational, legal, or operational risk
- Requires mandatory reporting (DFAT, NDIS, state laws)

Notifying CEO immediately

The CEO will be immediately notified whenever a safeguarding incident is reported and before the preliminary assessment is conducted.

All assessment reports are submitted internally to the CEO, who manages any necessary external reporting.

External Reporting Considerations

Decisions are based on:

- Donor mandated and Legal requirements
- Wishes of the victim/survivor (or best interests of the child)
- Advice from the Leadership Team and legal advisors

6 Investigation Process

- Not all reports require a full investigation. Based on the findings of the preliminary assessment, the internal investigation will be launched within 48 hours of report receipt, led by the Safeguarding Focal Points unless they or the CEO are implicated. In such cases, the Leadership Team and/or Board must be involved.
- Accused personnel may be suspend (with full pay) pending the investigation.
- All parties are given time to prepare for meetings. Investigations must be fair, responsible, and fact-based.

External Investigator Responsibilities:

- Gather facts
- Interview relevant parties
- Provide independent assessment
- Ensure adherence to Health Equity Matters' Safeguarding Policy and legal requirements

7 Possible Outcomes

At conclusion:

- Personnel, child, and/or family are informed of findings and corrective actions
- Support is provided to help the victim-survivor cope with trauma
- False reports are followed up with the accused, child, and reporter
- Disciplinary action may be taken, up to and including dismissal

HEALTH EQUITY MATTERS
HIV. LGBTIQA+. COMMUNITIES.