Philippine Cancer Society

Child Protection and Safeguarding Policy

Policy owner: Philippine Cancer Society
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1. Policy statement

The Philippine Cancer Society (PCS) is committed to protecting every child and young person who comes into contact with its programs, services, facilities, personnel, volunteers, partners, communications, research, fundraising, and digital platforms.

PCS will not tolerate abuse, neglect, exploitation, violence, discrimination, harassment, bullying, grooming, harmful practices, or any conduct that compromises a child's safety, dignity, rights, or well-being. The best interests of the child shall be a primary consideration in every decision and action under this Policy.

PCS recognizes that children affected by cancer—including pediatric patients, survivors, siblings, children of adult patients, bereaved children, and children in communities reached through PCS programs—may experience additional medical, psychosocial, financial, and safeguarding vulnerabilities. PCS will therefore provide safe, inclusive, trauma-informed, age-appropriate, and accessible services.

2. Purpose

This Policy establishes the minimum standards and procedures by which PCS shall:

1. Prevent abuse, exploitation, neglect, and other forms of harm to children.
2. Create safe environments for children in PCS activities and services.
3. Ensure that concerns, disclosures, allegations, and incidents are recognized, reported, documented, assessed, and acted upon promptly.
4. Ensure appropriate referral to emergency, medical, psychosocial, social welfare, law-enforcement, and child-protection services.
5. Protect the confidentiality, privacy, participation, and dignity of children while prioritizing their safety.
6. Hold PCS personnel and partners accountable for safeguarding responsibilities.

3. Scope and application

This Policy applies to all PCS trustees, officers, employees, physicians and allied health professionals engaged by PCS, consultants, trainees, interns, researchers, volunteers, student volunteers, contractors, donors participating in PCS activities, and partner organizations or individuals acting for or with PCS.

It applies to all PCS-related settings and activities, including:

- Cancer education, prevention, screening, patient navigation, treatment-support, survivorship, palliative-care, bereavement, and psychosocial programs.
- Pediatric cancer activities, camps, support groups, events, outreach missions, home or community visits, transportation, and fundraising activities.
- Hospitals, clinics, community venues, schools, partner facilities, and online or hybrid services.
- Telephone, text, email, messaging applications, websites, social-media platforms, telehealth, and other digital communications.
- Photography, videography, media engagement, storytelling, research, advocacy, and fundraising materials involving children.

All PCS agreements with contractors and partners whose personnel may interact with children shall require compliance with this Policy or demonstrably equivalent safeguarding standards.

4. Definitions

Child or young person means a person below 18 years of age. It also includes a person aged 18 years or older who is unable to fully care for or protect himself or herself because of a physical or mental disability or condition, consistent with applicable Philippine child-protection law.

Child protection/safeguarding means measures to prevent and respond to abuse, neglect, exploitation, violence, discrimination, and other harm affecting children.

Abuse includes physical, sexual, emotional, psychological, verbal, economic, or online abuse, as well as cruelty, maltreatment, degrading treatment, or conduct that harms or is likely to harm a child's health, safety, dignity, or development.

Neglect means a failure to provide or arrange appropriate care, supervision, protection, food, shelter, medical care, education, or emotional support where there is a duty or ability to do so, and where this seriously endangers or is likely to endanger the child.

Sexual abuse or exploitation includes any sexual activity with a child, grooming, coercion, inducement, exposing a child to sexual content or conduct, production or sharing of child sexual abuse or exploitation material, and any commercial or non-commercial sexual exploitation.

Grooming means behavior intended to build trust, emotional connection, secrecy, dependency, or access in preparation for abuse or exploitation.

Disclosure means information shared by a child or another person that raises a concern that a child may be experiencing or may have experienced harm.

Designated Child Protection Officer (DCPO) means the person formally appointed by PCS to receive safeguarding reports, coordinate risk assessment and response, maintain records, facilitate referrals, and advise the Board and management on safeguarding.

5. Legal and policy framework

This Policy shall be implemented consistently with applicable Philippine law, regulations, and local referral procedures, including as applicable:

- The 1987 Constitution of the Republic of the Philippines, Article XV, Section 3.
- Presidential Decree No. 603, or the Child and Youth Welfare Code.
- Republic Act No. 7610, the Special Protection of Children Against Abuse, Exploitation and Discrimination Act, as amended.
- Republic Act No. 9208, the Anti-Trafficking in Persons Act of 2003, as amended by Republic Act No. 10364 and other applicable laws.
- Republic Act No. 9262, the Anti-Violence Against Women and Their Children Act of 2004.
- Republic Act No. 9775, the Anti-Child Pornography Act of 2009, as amended or superseded by applicable laws.
- Republic Act No. 10173, the Data Privacy Act of 2012.
- Republic Act No. 11036, the Mental Health Act.
- Republic Act No. 11313, the Safe Spaces Act.
- Republic Act No. 11648, strengthening protection against rape and sexual abuse and exploitation.
- Republic Act No. 11930, the Anti-Online Sexual Abuse or Exploitation of Children and Anti-Child Sexual Abuse or Exploitation Materials Act.
- Applicable issuances of the Department of Social Welfare and Development (DSWD), Department of Health (DOH), Department of Education (DepEd), National Privacy Commission, local government units, and other competent authorities.
- The United Nations Convention on the Rights of the Child.

Where this Policy provides a higher level of protection than a minimum legal requirement, PCS shall apply the higher safeguarding standard, unless prohibited by law.

6. Guiding principles

PCS shall apply the following principles:

1. **Best interests of the child.** The child's safety, welfare, dignity, and developmental needs are paramount.
2. **Do no harm.** PCS will identify and reduce safeguarding risks in every program, activity, communication, and partnership.
3. **Non-discrimination.** Every child shall be treated fairly regardless of sex, gender identity or expression, sexual orientation, age, disability, health status, cancer diagnosis, ethnicity, religion, socioeconomic status, family circumstance, geographic location, or any other status.
4. **Child participation.** Children shall be heard and their views considered according to their age, maturity, and evolving capacity.

5. **Family engagement.** Parents or legal guardians shall ordinarily be engaged in decisions affecting the child, unless doing so may place the child at further risk or is otherwise not in the child's best interests.
6. **Confidentiality with safeguarding limits.** Information shall be protected and shared only with persons who need it to protect the child or comply with law and referral responsibilities.
7. **Accountability.** All covered persons shall report concerns in good faith and cooperate with safeguarding processes.
8. **Trauma-informed response.** PCS will respond without blame, disbelief, retaliation, or unnecessary repetition of a child's account.

7. Safeguarding governance and responsibilities

7.1 Board of Trustees

The Board shall:

- Approve, oversee, and review this Policy at least annually.
- Appoint or authorize appointment of a DCPO and an alternate DCPO.
- Ensure adequate resources for training, background checks, reporting mechanisms, referrals, and program risk management.
- Receive de-identified safeguarding reports and ensure corrective action, while preserving case confidentiality.

7.2 Executive Director or authorized senior officer

The Executive Director shall ensure implementation of this Policy, including personnel compliance, partner requirements, training, and adequate operational resources.

7.3 Designated Child Protection Officer

PCS shall appoint a DCPO and at least one alternate, with contact details prominently available to personnel, participants, and families. The DCPO shall:

- Receive and assess reports and disclosures.
- Coordinate immediate safety planning and referrals.
- Consult appropriate clinical, legal, psychosocial, and social welfare professionals as needed.
- Maintain secure, restricted-access safeguarding records.
- Advise management on risk mitigation and required notifications.
- Ensure that reporting persons and affected children are protected from retaliation.
- Maintain an updated directory of referral agencies, including DSWD, local social welfare and development offices, hospitals, the Philippine National Police Women and Children Protection Desk, emergency services, and child-protection organizations.

7.4 All personnel and representatives

Every covered person shall:

- Read, understand, sign, and comply with this Policy and the Code of Conduct.
- Complete required safeguarding training before unsupervised child contact and undertake refresher training at least annually.
- Report any concern, disclosure, allegation, or suspected breach immediately or as soon as safely possible.
- Cooperate with authorized safeguarding reviews, referrals, and investigations.
- Maintain appropriate professional boundaries and protect children's privacy.

Failure to report a safeguarding concern may result in disciplinary action, termination of engagement, and referral to authorities where appropriate.

8. Safer recruitment and engagement

Before an individual is permitted to undertake a role involving regular or direct contact with children, PCS shall apply risk-proportionate screening, consistent with law and privacy requirements. Measures may include:

- Verification of identity, qualifications, licenses, and relevant work history.
- At least two professional or character references, where appropriate.
- Interview questions addressing safeguarding awareness, professional boundaries, and suitability for child-facing work.
- Criminal-record, clearance, or background checks where legally available and appropriate, including relevant National Bureau of Investigation clearance or comparable documentation.
- Written acknowledgment of this Policy and the PCS Code of Conduct.
- Probationary supervision and performance review for child-facing roles.

No person shall be given unsupervised access to children solely because of professional status, donor status, personal connections, or prior volunteer service.

9. Code of conduct

All covered persons shall:

- Treat every child with respect, dignity, patience, and fairness.
- Use age-appropriate, culturally sensitive, and non-discriminatory language and behavior.
- Maintain clear professional boundaries.
- Ensure that contact with children is observable and interruptible whenever reasonably possible.
- Obtain parent or legal guardian consent and child assent, where appropriate, for participation in services, events, research, media, or digital activities.
- Use official PCS communication channels for work-related contact with children whenever possible.

- Report safeguarding concerns promptly.

All covered persons must not:

- Hit, slap, shake, punish physically, threaten, shame, humiliate, ridicule, intimidate, or use degrading language toward a child.
- Engage in sexual activity, sexualized conversation, flirting, grooming, sexual jokes, or sexual contact with a child.
- Ask a child to keep secrets about interactions, gifts, communications, or conduct.
- Share pornography, sexual content, violent content, or other harmful material with a child.
- Meet a child privately outside an authorized PCS activity without documented authorization and appropriate safeguards.
- Transport a child alone in a private vehicle except in a genuine emergency, and then only with prompt documentation and notification to the DCPO or supervisor.
- Sleep in the same room or bed as a child during PCS activities, except where the person is the child's parent or legal guardian, or where a documented clinical emergency requires it.
- Give gifts, money, favors, employment opportunities, or special treatment that could create dependency, secrecy, or an inappropriate relationship.
- Use a personal social-media account or personal messaging account for private, non-work-related communication with a child.
- Photograph, record, publish, or share a child's image, story, diagnosis, location, or personal data without required consent and safeguards.
- Discriminate against, retaliate against, or blame a child or reporting person for raising a concern.

10. Safe program delivery

10.1 Risk assessment

PCS shall conduct and document child-safeguarding risk assessments before pediatric or child-inclusive activities, including camps, outreach missions, group activities, home visits, educational sessions, research, fundraising events, online programs, and transport arrangements.

Risk assessments shall address venue safety, staffing ratios, supervision, access control, emergency contacts, medical needs, transport, accommodation, child protection referral arrangements, accessibility, digital safety, and procedures for separation from parents or guardians.

10.2 Supervision and one-to-one interactions

- PCS shall use appropriate adult-to-child supervision ratios based on age, needs, activity risks, and venue.
- One-to-one contact must be necessary, time-limited, professionally appropriate, and conducted in a visible or otherwise accountable setting whenever possible.

- For clinical, psychosocial, counseling, or sensitive conversations requiring privacy, a child may request a trusted support person, and the staff member shall comply where clinically appropriate and safe.
- Doors should remain open, windows unobstructed, or another adult should be nearby or aware, unless this would compromise legitimate clinical privacy.

10.3 Transport and overnight activities

- Transport and overnight activities require prior written authorization, a risk assessment, emergency contacts, appropriate supervision, and parent or guardian consent.
- Children shall not be transported alone with a single PCS representative unless an emergency makes this unavoidable.
- Sleeping arrangements must be age-appropriate, safe, gender-sensitive, adequately supervised, and separated from non-family adult personnel.

10.4 Children of adult cancer patients

PCS personnel supporting adult patients shall recognize that a child in the household may be affected by illness, caregiving burdens, bereavement, financial hardship, domestic violence, neglect, or emotional distress. Where concerns arise, personnel shall sensitively assess immediate safety, offer appropriate psychosocial support, and follow the reporting and referral process in this Policy.

11. Digital safeguarding, privacy, and media

PCS shall protect children in all digital, communications, research, advocacy, and media activities.

- Digital sessions involving children shall use approved platforms with appropriate access controls, moderation, and privacy settings.
- Children shall not be asked to disclose personal information, medical information, location, contact details, or images in public online spaces.
- Direct electronic communication with children shall be professional, necessary, documented where practicable, and include a parent, guardian, or authorized PCS account where appropriate.
- Staff and volunteers shall not connect with children through personal social-media accounts or private messaging for non-authorized purposes.
- PCS shall obtain documented informed consent from a parent or legal guardian and age-appropriate assent from the child before collecting, using, recording, publishing, or sharing a child's image, voice, story, diagnosis, or other personal information, unless a lawful exception applies.
- Consent must be specific, voluntary, informed, time-bound, revocable, and separate from consent for clinical or program services.
- PCS shall avoid using full names, exact locations, detailed clinical information, or other identifiers that could expose a child to stigma, discrimination, exploitation, or unwanted attention.

- Any suspected online sexual abuse or exploitation, harmful online contact, or sharing of child sexual abuse or exploitation material shall be reported immediately to the DCPO and competent authorities. Personnel must not download, forward, reproduce, or independently investigate such material.

All handling of personal data shall comply with the Data Privacy Act of 2012 and PCS privacy policies.

12. Recognizing safeguarding concerns

Safeguarding concerns may arise from a disclosure, observation, report by another person, concerning behavior by an adult or child, a pattern of missed care, an online interaction, or circumstances suggesting a child may be at risk.

Possible indicators include unexplained injuries; fearful or withdrawn behavior; sudden changes in mood or functioning; sexualized behavior or knowledge inappropriate for age; repeated absence from treatment or school without explanation; hunger, poor hygiene, or inadequate supervision; coercive behavior by an adult; threats of self-harm; signs of trafficking or exploitation; harmful online contact; or statements by a child indicating abuse, neglect, or fear.

Indicators do not prove abuse. Personnel must not conduct their own investigation; they must report concerns promptly so that qualified agencies and professionals can assess and respond.

13. Responding to a disclosure or immediate concern

When a child discloses harm or a person reasonably suspects a child is at risk, the receiving person shall:

1. Ensure immediate safety. If there is imminent danger, urgent medical need, or risk of serious harm, call emergency services or seek immediate hospital emergency care and notify the DCPO as soon as possible.
2. Listen calmly and take the child seriously. Allow the child to speak in their own words.
3. Reassure the child that it was right to speak up and that the concern will be taken seriously.
4. Do not promise secrecy. Explain in age-appropriate language that information may need to be shared with people who can help keep the child safe.
5. Do not investigate, ask leading questions, confront an alleged perpetrator, or attempt to mediate between parties.
6. Record the facts promptly, accurately, and objectively. Include date, time, location, persons present, observations, exact words used where possible, actions taken, and the name of the person making the record.
7. Report immediately to the DCPO or alternate DCPO. If the concern involves the DCPO, report directly to the Executive Director, Board-designated safeguarding lead, or appropriate external authority.
8. Preserve privacy and share information only with authorized persons who need it to protect the child or fulfill legal duties.

PCS shall provide appropriate support and follow-up to the child, family, and reporting person, while avoiding interference with formal investigation processes.

14. Reporting, referral, and escalation

14.1 Internal reporting

All concerns, including concerns about another PCS worker, volunteer, partner, or donor, shall be reported immediately to the DCPO or alternate through the designated reporting channels:

- **DCPO name and contact:** Mr. Romeo Marcaida, Executive Action Team - Operations Manager
- **Alternate DCPO name and contact:** Ms. Jennifer Guinto, Executive Action Team-Operations Manager
- **Confidential email:** pcsi@philcancer.org.ph
- **Confidential hotline or reporting channel:** Tel. no. +63 2 8734 2126 | 8733 3486, Mobile no. +63 917 576 2909

A report made in good faith shall be protected from retaliation, even if the concern is later unsubstantiated.

14.2 External referral

The DCPO shall promptly determine the appropriate referral in consultation with relevant professionals and authorities. Depending on the circumstances, referrals may be made to:

- The hospital child-protection team, social service department, emergency department, or treating clinical team.
- The Local Social Welfare and Development Office (LSWDO) or DSWD.
- The Philippine National Police Women and Children Protection Desk or nearest police station.
- The National Bureau of Investigation, when appropriate.
- Barangay Council for the Protection of Children or other local child-protection mechanisms.
- Emergency services, mental-health providers, shelters, legal aid, or other specialized child-protection services.

In situations of immediate danger, a PCS representative may make an emergency referral directly to appropriate emergency, medical, social welfare, or law-enforcement services without waiting for internal approval. The DCPO must then be informed as soon as possible.

14.3 Concerns involving PCS personnel

If an allegation concerns a PCS trustee, employee, consultant, volunteer, partner representative, or other covered person:

- PCS shall take immediate steps to protect the child and others who may be at risk.

- The individual may be removed from child-related duties or placed on administrative leave pending assessment, consistent with due process and applicable employment or contractual rules.
- PCS shall not conduct an internal inquiry that compromises a criminal, administrative, medical, or statutory child-protection investigation.
- PCS shall cooperate with competent authorities while maintaining fair process and confidentiality.

15. Case documentation and records

The DCPO shall maintain a secure, confidential safeguarding case record for every report. Records shall include the report, chronology, risk assessment, actions taken, referrals, communications, follow-up, and outcome where known.

Records shall:

- Be factual, dated, signed or attributable, and clearly distinguish observations from opinions.
- Be stored securely with access restricted to authorized personnel.
- Be retained and disposed of according to law, safeguarding needs, and PCS records-retention requirements.
- Not be placed in general program, fundraising, volunteer, or clinical files unless necessary and authorized.

Information shall be shared only on a need-to-know basis and in accordance with law. Privacy must not be used as a reason to withhold information necessary to protect a child or make a legally required referral.

16. Support, non-retaliation, and complaints

PCS shall provide or facilitate appropriate psychosocial support, clinical referral, practical assistance, and information to children and families affected by safeguarding concerns, without making support conditional on participation in an investigation or complaint.

PCS prohibits retaliation against any child, family member, witness, employee, volunteer, or other person who raises a safeguarding concern in good faith, cooperates with a safeguarding process, or declines to participate in conduct that may harm a child.

Children and families may make a complaint or raise a concern through child-friendly, accessible, confidential, and age-appropriate channels. PCS shall make reasonable accommodations for children with disabilities, language needs, communication difficulties, or other barriers to reporting.

17. Training and awareness

PCS shall provide:

- Safeguarding orientation before personnel begin child-facing work.
- Refresher training at least annually.

- Enhanced training for DCPOs, senior leaders, counselors, healthcare workers, researchers, event leads, communications staff, and personnel conducting outreach or home visits.
- Training on recognizing abuse, receiving disclosures, reporting procedures, professional boundaries, online safety, trauma-informed care, data privacy, and documentation.
- Child-friendly information for children and caregivers on their rights, expected standards of behavior, and how to seek help or report concerns.

Attendance and completion of required training shall be documented.

18. Partner, donor, and vendor safeguards

PCS shall assess safeguarding risks when selecting and managing partners, vendors, sponsors, media collaborators, researchers, and service providers who may have access to children or child data.

Contracts, memoranda of agreement, and partnership documents shall include, where appropriate:

- Compliance with this Policy or equivalent standards.
- Staff and volunteer screening and training requirements.
- Reporting and referral obligations.
- Data-protection and confidentiality obligations.
- Rights of PCS to suspend activities or terminate the agreement for safeguarding breaches.
- Requirements to cooperate with lawful investigations and corrective action.

No donor, sponsor, or public figure shall receive private access to a child or child beneficiary as a condition of support, promotion, or fundraising.

19. Breaches and disciplinary action

A breach of this Policy, the Code of Conduct, or safeguarding procedures may result in corrective action, retraining, supervision, removal from duties, suspension, termination of employment or volunteer engagement, contract termination, exclusion from PCS activities, and referral to regulatory, professional, social welfare, or law-enforcement authorities.

PCS will distinguish between a concern requiring support or additional training and serious misconduct requiring formal action. However, conduct that creates a risk of harm to a child shall be treated seriously.

20. Monitoring, review, and continuous improvement

PCS shall review this Policy at least annually and sooner following a serious incident, material legal or regulatory change, major program change, or identified safeguarding gap.

The DCPO shall provide the Board and Executive Director with periodic de-identified reports on safeguarding activity, including training completion, reported concerns, response timeliness, referral patterns, program risks, lessons learned, and recommended improvements.

PCS shall involve children, caregivers, personnel, and relevant partners in reviewing the accessibility and effectiveness of safeguarding measures where safe and appropriate.

Annex A. Child safeguarding reporting form

This form is confidential. Complete factual information only. Do not include speculative conclusions.

- Case/reference number:
- Date and time report received:
- Name and role of reporting person:
- Contact details of reporting person:
- Child's name, age, sex, and relevant communication/accessibility needs:
- Parent/legal guardian name and contact details, if safe and appropriate:
- Date, time, and location of incident or concern:
- Nature of concern:
- Exact words used by the child or other reporting person, where possible:
- Observations, including injuries or behavior:
- Person(s) allegedly involved, if known:
- Immediate safety action taken:
- Persons notified internally and date/time:
- External referral made, including agency/contact/date/time:
- Current risk assessment and safety plan:
- Follow-up action and responsible person:
- Name/signature or electronic attribution of person completing form:
- Date and time completed:

Annex B. Quick response guide

If a child is in immediate danger

1. Seek emergency medical or police assistance immediately.
2. Take reasonable steps to ensure the child is not left with a person who may pose an immediate risk, where safe and lawful to do so.
3. Notify the DCPO or alternate as soon as possible.
4. Document actions and referrals.

If a child discloses abuse or harm

1. Listen.
2. Reassure.
3. Do not promise secrecy.

4. Do not investigate or confront the alleged perpetrator.
5. Record factual information promptly.
6. Report immediately to the DCPO or alternate.

If the concern involves the DCPO

Report to the Executive Director, Board-designated safeguarding lead, or directly to the appropriate external authority if there is risk of harm or delay.

Annex C. Minimum safeguards for events involving children

Before the event, the event lead shall confirm:

- Completed safeguarding risk assessment.
- Identified event safeguarding focal person and contact number.
- Verified staff/volunteer roles, briefing, and supervision plan.
- Parent/guardian consent and child assent process, where appropriate.
- Child medical, allergy, accessibility, and emergency information, handled confidentially.
- Safe registration, attendance, pickup, and release procedures.
- Adequate adult-to-child supervision ratio.
- Appropriate venue access control, toilets, changing areas, and privacy arrangements.
- Transport and accommodation safeguards, if applicable.
- Emergency, hospital, DSWD/LSWDO, and police referral contacts.
- Photography, video, media, and social-media consent controls.
- Incident reporting forms and a private space for addressing concerns.

Annex D. Acknowledgment

I confirm that I have received, read, understood, and agree to comply with the Philippine Cancer Society Child Protection and Safeguarding Policy and Code of Conduct. I understand my duty to report safeguarding concerns promptly and that breaches may lead to disciplinary action and referral to competent authorities.

Name: _____

Role: _____

Signature: _____

Date: _____