

# HealthProm

Ensuring vulnerable children have the best start in life

## **Child Protection Policy**

**Registered Charity 1100459**

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### **Healthprom Child Protection Policy**

***HealthProm's Child Protection Policy is based on the UN Convention on the Rights of the Child, which states that Parties shall protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse while in the care of parents, legal guardians or any other person (UN Convention on the Rights of the Child (1989), Article 19)***

#### **Who is bound by this policy?**

This policy is binding for all people who work for or with HealthProm in whatever capacity: board members, staff, consultants, interns and volunteers. All concerned are required to read and sign this policy as a declaration that they have understood and accept this policy.

HealthProm works with partners who have child protection policies in place, and some who are working towards having child protection policies in place with the support of HealthProm or other partners. When representatives of HealthProm visit partner organisations in other countries, in whatever capacity they are also subject to the child protection policies of the partner organisations. They must therefore ensure that they read and are act in accordance with the partner organisations' child protection policies also.

In the event that a child protection concern is raised about a HealthProm employee or consultant whilst abroad, the HealthProm Child Protection Officer will therefore investigate and take action under both the HealthProm child protection procedures and the partner organisation's child protection procedures.

## **Who is covered by this policy?**

This policy covers all children with whom any person working for or with HealthProm interacts with during the course of their work (mainly within projects).

However, all people working for or with HealthProm are also expected to observe this policy when interacting with children outside of their work.

## **Towards a child safe organisation**

***Child abuse consists of anything that individuals, institutions or processes do or fail to do which directly or indirectly harms children or damages their prospect of safe and healthy development into adulthood.***

***Report of the UK National Commission of Inquiry into the Prevention of Child Abuse and Neglect, 1996***

HealthProm rejects all forms of abuse and exploitation of children, and seeks to ensure that throughout its work it commits and adheres to policies, practices and procedures that are consistent with protecting children and promoting their best interests at all times.

In this, it is guided by international obligations, such as the UN Convention on the Rights of the Child ("UNCRC"), legal protection afforded children and young people by the state, and by the professional demands of best practice.

In this regard, HealthProm believes that any person working for or with HealthProm, or all those over whom it has any authority and influence, must demonstrate behaviour that is not simply consistent with protocols and legislation, but also with an appropriate set of personal and professional standards.

Child protection is both an individual and an organisational responsibility. HealthProm is committed to best practice in recruitment and training, to ensure all those working for and with HealthProm have a clear understanding of and commitment to child protection principles. HealthProm is also committed to advising partners of its policies (and binding them to these policies).

HealthProm as an organisation understands that certain people such as *paedophiles* deliberately set out to abuse children. They are vocational abusers of children, who seek to take advantage of a particular situation, create opportunities or opportunistically use circumstances to abuse a child. HealthProm understands that children need to be protected from people who may try to obtain access to vulnerable children by achieving a trusted and respected position in an organisation such as HealthProm.

HealthProm also understands that individuals may cause harm to a child without intending to do so, simply because they are unaware of what they may and may not do

The best protection for children is prevention, and HealthProm is committed to protecting children. It understands the nature and risks of child abuse and has an open and aware culture. Policies and procedures have been developed to protect children and all people working for or with HealthProm. Establishing and maintaining a child safe environment is a guiding principle in all our activities and management practices.

HealthProm will ensure that children and their parents are listened to and consulted and that their rights are met. HealthProm, through its local partners who work directly with children and families will ensure that, where a child has reached sufficient age and maturity, his or her views, wishes and feelings will be taken into account. HealthProm, through its partners, will also, as appropriate, consult with children's parents and guardians.

It is the policy of HealthProm that all matters relating to child protection will be examined in accordance with the principles and requirements of the UNCR as well as the legislative

frameworks and administrative procedures of the countries in which we work, and that procedures will be put in place to ensure effective compliance and consistent application across all projects and activities involving children. HealthProm will ensure that all those who work for or with HealthProm, including local partners working with children, are aware of and abide by these principles at all times.

The Child Protection Officer ("CPO"), reporting to the DIRECTOR OF OPERATIONS, is responsible for ensuring that this child protection policy is reviewed every year. The CPO is also responsible for ensuring its effective implementation.

The CPO will be advised and assisted by the Child Protection Advisor(s) to HealthProm in the monitoring and updating of these policies and procedures and for providing training to staff and local partners on how children will be kept safe.

Children and parents/carers will be consulted as part of these reviews of safeguarding policies and practices.

### **HealthProm's approach to evaluating risks to children:**

HealthProm adopts a straightforward approach to evaluating risk and planning for the mitigation of harm. This is a three stage approach:

First, clearly identify the harm that has befallen or could befall a child. This involves naming and describing the harm or potential harm (HealthProm acknowledges that children need protection before they have been harmed as well as following an incident when they are harmed.) HealthProm sets out the range of potential harm to children below. This is not an exclusive list and harm comes in many different forms and combinations.

Second, make a judgment about the impact of the harm by evaluating how likely the harm is to happen or to continue to happen to the child, and evaluating how serious the harm would be to the child if it happened or continued to happen.

Third, make a plan for the child to be protected from harm, or for the effects of the harm to be manageably small.

HealthProm does not strive to remove all the hazards from children's lives and recognises that child development involves taking risks. These risks must be understood and evaluated if they are to be managed and sometimes lived with.

Where HealthProm believes a crime has been committed against a child, the CPO will report the matter to the police. HealthProm is aware that the police are able to bring prosecutions in the UK for offences that have taken place overseas.

### **Recruitment**

Risk management prompts HealthProm to think more broadly about the work that it does. It involves identifying the potential for an incident to occur, evaluating the likelihood and seriousness of the incident happening, and taking steps to reduce the possibility of it occurring. It strengthens and adds value to the activities that we offer.

In order to minimise the possibility that people will become part of HP who have a history of abusing children we will:

- Require two professional references (referees will be informed in the reference request that employees might have access to children. They will be asked to draw to HealthProm's attention any matter of child protection concern they may have. They are invited to telephone a reference should they wish).
- Conduct DBS (Disclosure and Barring Service) checks (formerly CRB checks) on people who work for or with HealthProm who will have contact with children

- Require external consultants to show recent DBS checks before they may work for HP's projects involving children
- Require consultants whose DBS checks are 3 years old to renew
- Consultants living overseas in countries where CRB checks (or similar) are not feasible must provide HealthProm with details of two organisations that will provide professional and character references. Satisfactory references must be obtained before the consultancy can commence.
- Only allow interns and volunteers working with HP to have contact with children under supervision of an employee or external consultant who has been through the DBS checking process All new board members, staff, consultants, interns and volunteers will be given a copy of the child protection policy and professional code of conduct policy and asked to sign it, them confirming they have read and understood both documents and agree with their terms.

### **Management and training**

HealthProm believes that every employee and local partner should be aware of the principles and procedures of child protection, and how to recognise and respond to child abuse.

Newcomers to HealthProm shall, before they undertake any work for HealthProm, read this policy in the company of the HealthProm CPO. They will discuss with the CPO any matters about which they are unclear and then both the new worker and the CPO shall sign that they have read the policy and had the opportunity to talk with the CPO. The newcomer shall attend the first possible training workshop.

In the UK, HealthProm will run an annual workshop about child protection to inform all people working for or with HealthProm about recognising child protection and responding to child abuse through use of the HealthProm child protection policy.

### **Working with partner organisations**

Project Managers with the support of the CPO will ensure that HealthProm's local partners have appropriate child protection policies and procedures in place. In the absence of these, HealthProm will assist its partners in developing them, as part of its capacity-building function. It will also work with them to ensure that children are made aware of their right to be safe from abuse. Where necessary, induction and training will be provided by HealthProm's Child Protection Advisor and Consultant.

In each country in which HealthProm conducts activities involving work with children, contacts will be established at a national and/or local level with the relevant child protection/welfare agencies as appropriate.

### **Visitors to partner projects**

HealthProm mainly works through its partners overseas. Partners determine who may visit and when. HealthProm cannot and will not seek to influence our partners in this matter. With their agreement, we can put visitors such as volunteers and researchers in touch with our partners overseas. However, even this brief association with HealthProm will require visitors to sign up to HealthProm's Child Protection Policy. Failure to do so will be made known to our partner overseas.

## **Reporting processes**

All incidents, allegations of abuse and complaints will be recorded and monitored by the CPO.

- Should a person travelling as a representative of HealthProm refuse to accept, or to agree to be bound by HealthProm's child protection policies, the visit will be called off, and the partner informed.
- Should a partner identify a case of abuse, or suspect the behaviour or intent of a HealthProm employee, or someone acting on behalf of HealthProm, this should be reported as a matter of urgency to HealthProm's CPO (using the form attached as Appendix 2), who will advise the DIRECTOR OF OPERATIONS and the Board.
- In the event of an allegation of child abuse, HealthProm will request that, when still in country, the matter is reported immediately to the Project Manager and the local authorities. Visitors from HealthProm in foreign countries are, of course, subject to the laws of those countries.
- When the allegation is made after the HealthProm staff member's departure from the country in which the alleged offence takes place, a formal enquiry will be initiated that could lead to disciplinary measures and police action being taken.

## **HealthProm's Communications Guidelines**

HealthProm will sometimes use text and imagery from its partners' projects. We recognise a child's right to be accurately represented and accept our responsibility not to portray a manipulated or sensationalised depiction of the child's life and circumstances. All information will be handled in accordance with HealthProm's Data Protection Policy.

## Appendix 1: Recognising Signs of Abuse<sup>1</sup>

“Recognising indications of potential abuse is complex and there is no simple checklist to allow easy recognition.”<sup>2</sup> “There are potential warning signs that [you] can be alert to but they should be observed and assessed with care.”<sup>3</sup> “It should not be automatically assumed that abuse is occurring, and talking to the child may reveal something quite innocent. It is important, however, not to dismiss significant changes in behaviour, fears, worries, and physical indicators a child is exhibiting. [...] Do not ignore these signs, but remember it is not your role to become an investigator.”<sup>4</sup> Report any concerns to the designated child protection contact in your organisation.

<p><b>Possible signs of physical abuse<sup>5</sup>:</b></p> <ul style="list-style-type: none"> <li>• Bruises, burns, sprains, dislocations, bites, cuts</li> <li>• Improbable excuses given to explain injuries</li> <li>• Refusal to discuss injuries</li> <li>• Withdrawal from physical contact</li> <li>• Arms and legs kept covered in hot weather</li> <li>• Fear of returning home or of parents being contacted</li> <li>• Showing wariness or distrust of adults</li> <li>• Self-destructive tendencies</li> <li>• Being aggressive towards others</li> <li>• Being very passive and compliant</li> <li>• Chronic running away</li> </ul>	<p><b>Possible signs of neglect<sup>6</sup>:</b></p> <ul style="list-style-type: none"> <li>• Frequent hunger</li> <li>• Poor personal hygiene</li> <li>• Constant tiredness</li> <li>• Inappropriate clothing, e.g. summer clothes in winter</li> <li>• Frequent lateness or non-attendance at school</li> <li>• Untreated medical problems</li> <li>• Low self-esteem</li> <li>• Poor social relationships</li> <li>• Compulsive stealing</li> <li>• Drug or alcohol abuse</li> </ul>
<p><b>Possible signs of emotional abuse<sup>7</sup>:</b></p> <ul style="list-style-type: none"> <li>• Physical, mental and emotional development is delayed</li> <li>• Highly anxious</li> <li>• Showing delayed speech or sudden speech disorder</li> <li>• Fear of new situations</li> <li>• Low self-esteem</li> <li>• Inappropriate emotional responses to painful situations</li> <li>• Extremes of passivity or aggression</li> <li>• Drug or alcohol abuse</li> <li>• Chronic running away</li> <li>• Compulsive stealing</li> </ul>	<p><b>Possible signs of sexual abuse:</b></p> <ul style="list-style-type: none"> <li>• Age inappropriate sexualised behaviour (Sense International, 5.2.3)</li> <li>• Physical indicators (general and in genital and anal areas)<sup>8</sup></li> <li>• Behavioural indicators (general and sexual) which must be interpreted with regard to the individual child’s level of functioning and development stage<sup>9</sup></li> </ul>

<sup>1</sup> This material has been based on information compiled from Sense International Child Protection Policy, section 5.2.and ECPAT Australia, *Choose with Care*, pp.34-35.

<sup>2</sup> Sense International Child Protection Policy, section 5.2.1.

<sup>3</sup> Sense International Child Protection Policy, section 5.2.2.

<sup>4</sup> ECPAT Australia, *Choose with Care*, p.34.

<sup>5</sup> ECPAT Australia, *Choose with Care*, p.34.

<sup>6</sup> ECPAT Australia, *Choose with Care*, p.35.

<sup>7</sup> ECPAT Australia, *Choose with Care*, p.35.

<sup>8</sup> Detailed indicators are outlined in ECPAT Australia, *Choose with Care*, p.36.

<sup>9</sup> Detailed indicators are outlined in ECPAT Australia, *Choose with Care*, p.37.

**Possible signs of concern regarding adult behaviour:**

- A person in whose presence a child or children becomes unusually distressed or agitated can be a cause for concern (Sense International, 5.2.5)
- A member of staff, volunteer, or parent asks a child to lie about anything (especially if it is about meeting that child) is a cause for concern (Sense International, 5.2.7)
- Any member of staff, volunteer, or parent who asks you lie about a situation involving a child – particularly if that child looks distressed – is a cause for concern (Sense International, 5.2.6)
- Any person who persistently fails to follow the organisation's Code of Conduct / behavioural protocols (detailed in the child protection policy) is a cause for concern, particularly if reasons are evasive (Sense International, 5.2.4)
- Private (i.e. outside of work) meetings between a child and a member of staff or volunteer are a cause for concern (Sense International, 5.2.8)



**APPENDIX 2: Sample Report Form for Suspected Abuse<sup>10</sup>**

If you have knowledge that a child’s safety might be in danger, please complete this form to the best of your knowledge. Please note that child protection concerns must be reported directly to HealthProm’s Child Protection Officer immediately (preferably within the same working day). You may wish to complete this form *before* contacting the designated person in your organisation’s reporting process *or* you may wish to complete the report *after* contacting the designated person. This report is to be used as a tool to develop the most un-biased information-based report possible. For confidentiality reasons, the report should be written and signed solely by you. It should only be sent *only* to the designated contact person. It will be held in a safe and secure place and treated in the strictest confidence.

**1. About You**

Your name: \_\_\_\_\_  
Your job title: \_\_\_\_\_  
Workplace: \_\_\_\_\_  
Your relationship to the child: \_\_\_\_\_  
Contact details: \_\_\_\_\_

**2. About the Child**

Child’s name: \_\_\_\_\_  
Child’s gender: \_\_\_\_\_  
Child’s age: \_\_\_\_\_  
Child’s address: \_\_\_\_\_  
Child’s guardians: \_\_\_\_\_

**3. About your Concern**

Was the abuse observed or suspected? \_\_\_\_\_  
Is this concern based on first hand information or information divulged to you by someone else?  
(If so who?) \_\_\_\_\_  
Did the child disclose abuse to you? \_\_\_\_\_  
Date of the alleged incident: \_\_\_\_\_  
Time of the alleged incident: \_\_\_\_\_  
Location of the alleged incident: \_\_\_\_\_  
Name of alleged perpetrator: \_\_\_\_\_  
Job title: \_\_\_\_\_

<sup>10</sup> Based on tools and resources from Child Protection Policies of SENSE International and Tearfund. Approved on 7 June 2011. Revised 26/09/13 Revised 24/06/2017

Nature of the allegation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your personal observations (*visible injuries, child's emotional state, etc.*) [N.B. Make a clear distinction between what is fact and what is opinion or hearsay]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Exactly* what the child or other source said to you [if relevant] and how you responded to him or her: [Do not lead the child. Record actual details]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other information not previously covered:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there any other children/people involved in the alleged incident?  
\_\_\_\_\_

Action Taken:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## **Declaration by board member, employee, consultant, intern or volunteer**

I have read and understand this child protection policy and by signing here, indicate my commitment to the policy. I sign in the presence of the HealthProm Child Protection Officer and confirm that I have reviewed the policy with the CPO and had the opportunity to ask questions.

Name:

Signature:

Name of CPO:

Signature:

Date of signatures :