



Child Protection Policy and procedures for working with children

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Section 1

Philosophy and principles

Introduction

As an international non-governmental organisation concerned with health and development, Healthlink Worldwide has a moral and legal responsibility to protect children and other vulnerable groups. A child protection policy is needed, not only to protect children (especially vulnerable children, for example those affected by HIV and AIDS, those who are destitute and those with disabilities) but also the organisations and individuals who work with and for them. Without proper policies and procedures in place, NGOs can unwittingly support an abusive environment, are vulnerable to false allegations of child abuse and risk damaging their reputation. A child protection policy is also increasingly necessary to fulfil our obligations to donors, and the Charity Commission also requires appropriate safeguards to protect children. Whilst the focus of this policy is on child protection, many of the procedures and formats are also of relevance to working with other groups who may be vulnerable to abuse.

Key definitions used in this policy:

Child: A child as defined in the *UN Convention on the Rights of the Child* is anyone under the age of 18.

Child abuse: The World Health Organization defines “child abuse” or “maltreatment” as all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power¹. Child abuse is categorized under four main forms – physical, sexual, emotional and neglect. Child abuse takes place both within the family and outside it – for example, in institutions (the criminal justice system), at work (child labour), on the streets (street children), in war zones (child soldiers) and emergencies. Abuse can also be perpetuated by professionals or other adults employed in positions of trust who work with children. Discrimination, harassment and bullying are also abusive and can harm a child both physically and emotionally.

Physical abuse is the actual or likely physical injury to a child, or failure to prevent physical injury or suffering to a child.

Sexual abuse is the actual or likely sexual exploitation of a child or young person. Sexual abuse includes rape, incest, and all forms of sexual activity involving children including pornography.

Emotional abuse is the actual or likely adverse effect on the emotional and behavioural development of a child caused by repeatedly rejecting and humiliating them or denying their worth and rights as human beings.

Child protection is the broad term used to describe the philosophies, policies, standards, guidelines and procedures to protect children from both intentional and unintentional harm.

¹ The WHO definition of Child Abuse as defined by the Report of the Consultation on Child Abuse Prevention WHO 1999.

Direct contact with children involves being in the physical presence of a child or children. In the context of Healthlink Worldwide's work, it encompasses occasional or short overseas visits to project sites and attending conferences at which children are also present.

Indirect contact with children involves having access to information on children – for example, children's names, addresses, photographs and case studies.

1.1 Statement of intent and position in relation to child protection issues

Healthlink believes in human rights and equal opportunities for all its staff, partner agencies and project beneficiaries. We are concerned about the safety, protection and well being of children involved in our programmes. We work with the principles of participatory communication which promotes dialogue and gives a voice to the voiceless including vulnerable children. By definition, children are vulnerable and at a greater risk of abuse and exploitation from older children, adults and peers. We believe that children's access to relevant communication and information are critical to their empowerment and will contribute to bringing about effective change at the different levels of society.

Healthlink believes that a child protection policy is crucial to:

- ensure that effective procedures and guidelines are put in place to protect children under 18 years of age from coming to intentional or unintentional harm
- fulfill our legal, moral and organisational obligations
- raise awareness and increase understanding of staff and partners

Healthlink is an intermediary organisation and does not work primarily or directly with children although there are a significant number of its projects with partner organisations that work directly with orphans and vulnerable children. As an intermediary organisation Healthlink has a limited mandate to act or enforce the policies and practices of partner agencies, but still bears a responsibility for the impact their work has on children. Therefore, Healthlink cannot guarantee a safe and supportive environment within countries. However it can play the important role of initiating dialogue and convincing partners and stakeholders that child abuse is an unacceptable behaviour and needs to be high on their development agenda. We can facilitate discussions and dialogue with partners on the issue and provide relevant support on dealing with incidences of abuse where appropriate. More on our approach to working with partners on child protection is outlined in section 3.

1.2 Healthlink's child protection principles and values

The legal basis: Healthlink's child protection policy is firmly based on the principles of the UN Convention on the Rights of the Child (www.ohchr.org/english/law/pdf/crc.pdf). The UNCRC provides a comprehensive framework for the protection, provision and participation of all children without discrimination to ensure their survival and maximum development.

The moral basis: Healthlink believes that any individual or organisation working for the rights of vulnerable children has an absolute duty to protect them from abuse, mistreatment and exploitation from within organisations. Without adequate standards and

mechanisms of protection in place, an organisation is not only failing in its primary duty of care but may also be negligently or recklessly encouraging an abusive environment.

An end to silence and challenging complacency: Silence breeds abuse and exploitation of children. Healthlink therefore believes in transparency which breaks through cultures of silence, taboo, secrecy and fear in which child abuse thrives². Resistance to addressing child protection issues may come from a lack of understanding of the nature of child abuse, a lack of commitment to the organisation or programme, or a sense that 'child abuse happens everywhere'. Healthlink will challenge any complacency regarding child abuse through the following approaches:

- Creating an environment where child protection issues are discussed openly in a non-threatening, safe and supportive environment within Healthlink and with our partners
- Promoting open lines of communication both internally and externally within and between organisations to improve awareness and to document learning from the implementation of child protection policies and procedures.
- Creating a framework to deal openly, consistently and fairly with allegations concerning both direct and indirect abuse where information is properly recorded, signed, dated clearly marked as opinion or fact, whether witnessed by anyone else etc.
- Supporting our partners to create an environment where children are better able and willing to speak out about abuse (where this is appropriate within the context of a programme of work.)
- Healthlink will actively raise awareness and provide support for ongoing dialogue to challenge inappropriate behaviour and/or practice that does not support and respect a children's rights.³

Taking it further: Having a child protection policy is not just about reading and signing a document. A child protection policy provides a framework of principles, standards and guidelines on which to base individual and organisational practice in relation to a number of areas, including recruitment procedures, staff induction and training, marketing and communication, and working with partner organisations. This policy outlines Healthlink's commitments and guidelines to child protection, in response to the areas outlined.

² Child Protection Policies and Procedures Toolkit - How to Create a Child-Safe Organisation, Elanor Jackson, Marie Wernham, ChildHope, March 2005

³ Consortium for Street Children Policy document: selected articles from the United Nations Convention on the Rights of the Child.

Section 2

Code of practice and behaviour

Introduction: Healthlink's child protection policy and code of practice recognises that Healthlink is an intermediary organisation and as such, staff are not often in direct contact with children. However, there is occasional direct contact with children when staff and/or consultants visit projects. Members of staff may have access to information about children or be responsible for producing communication and educational materials portraying children's lives and the challenges they face. The following code of practice attempts to provide guidelines for Healthlink staff and consultants who may have direct or indirect contact with children in Healthlink's projects in developing countries. This section also has practical advice on behaviour protocols when working children, and action required in case of accusations of suspected child abuse. Our approach to working with partners on child protection is covered in Section 3.

2.1 Code of Practice

The code of practice outlines Healthlink's approach to the practicalities of implementing a child protection policy.

A Council of Management: the Council of Management has the overall responsibility to ensure that a Child Protection Policy is in place although it is the responsibility of the Executive Director and the staff to ensure that the Child Protection Policy is implemented. The following steps outline the links between the Council of Management and the implementation of the child protection policy.

1. Members of the Council of Management will commit to implementing Healthlink's child protection policy and code of practice for working with children (see Appendix 3b for sample form)
2. The Council of Management will monitor Healthlink's commitment to child protection through the annual and 3 yearly review process, and ensure it is included in the risk register.
3. The recruitment of members of the Council of Management will follow the steps outlined under personnel recruitment in this Code of Practice as appropriate
4. If a member of the Council of Management is visiting a project or partner where children are a central part of the project, a more detailed orientation on child protection will be necessary as per the guidelines around staff training and awareness

B Personnel recruitment: A clear and proactive inclusion of child protection in recruitment of staff can deter applications from individuals who may place young people at risk during their employment. For this reason, Healthlink will include reference to child protection at various stages of the recruitment process, particularly for roles that are likely to have a higher level of contact with projects and partners.

Recruitment and advertising

1. Advertisements for jobs should make it clear that the organisation has a child protection policy in place.
2. Application packs should include a statement on the Child Protection Policy, itemising what will be required in the recruitment process as a result, and should make it clear that employment is contingent on commitment to the policy.

3. The interview panel should be made aware of the implications of the policy for a recruitment interview, including some knowledge of appropriate questions and signs to look out for during the interview.
4. Job offers should be made subject to satisfactory checks.

Offers of employment

As a condition of working with the organisation, all UK staff will be required to:

1. read and commit to implementing Healthlink's child protection policy and code of practice for working with children (see Appendix 3 for sample form)
2. sign a personal declaration stating any criminal convictions including spent convictions (see Appendix 1 for sample form)
3. provide 2 contacts for character referees they have known for two years (excluding family members) which are taken up, preferably by telephone.
4. undergo an appropriate level of police disclosure check through the Criminal Records Bureau. All UK staff will be subject to a basic check. In some circumstances it may be necessary for staff, particularly those who travel to projects, to undergo a standard police disclosure check conducted through the Criminal Records Bureau. Healthlink Worldwide reserves the right to make staff undergo a police check (whatever level they deem fit) at any time throughout their employment. Refusal to comply could result in disciplinary action.

All Overseas staff will be required to follow steps 1-3 as above and will be required to get whatever check is practically available to them in country.

All staff will then be obliged to undergo a police check once every three years.

Policy regarding travel prior to the receipt of CRB check results

Where possible, Healthlink Worldwide will not endorse the overseas travel of staff for whom they have not yet received CRB check results. However, should the occasion arise that a member of staff is required to travel overseas prior to the receipt of their CRB check, a decision will be made by their Line Manager depending upon the nature of the trip and who that person will come into contact with while there. For example, if the person is attending a conference where no children will be present then it is likely that they will be permitted to travel. However, if the staff member will come into contact with children then it is unlikely they will be allowed to travel, unless constantly supervised by another member of staff.

C Management of staff: in this context, management includes anyone within the organisation who has a line management responsibility for staff. The following steps are to ensure that child protection is integrated into current management systems.

1. There will be a designated person, currently the Office Manager, responsible for the implementation, supervision and monitoring of the child protection policy.
2. Staff appraisals will be used to review child protection issues on an individual basis with staff, including any concerns around the policy as it is being implemented.
3. Debriefing of individual staff members (through supervision) on visits to partner organisations or projects will include a review of child protection issues.
4. Management will promote awareness of the policy throughout the organisation and identify staff training needs in a regular training needs assessment.

D Training and awareness- raising with staff: Training and education are essential in the effective implementation of the policy. All staff working with the organisation must understand and be committed to promoting Healthlink's child protection policy and therefore the philosophies, code of practice and guidelines which it contains. These procedures also apply to volunteers working with Healthlink. The opportunities for raising awareness of child protection with staff will include:

1. Inclusion of a child protection session in the induction for new staff to familiarise them with the child protection policy and procedures. The induction will be done by either the Office Manager, or for staff who are expected to travel frequently, their line manager. An induction process may also be necessary for volunteers or consultants depending on the nature of their assignment
2. Implement regular training for staff who are in direct contact with children on the child protection policy with particular emphasis on the behaviour protocols and guidelines and how to recognise/ respond to child abuse
3. Regular evaluation of the training and the implementation of the policy will be undertaken to maintain an up-to-date awareness of child protection issues in the organisation.
4. Ensure that at least one member of staff, likely to be the Office Manager has received training on child protection, and that this is updated every 3 years.

Appendix 5 contains tools to support induction and training of staff.

E Working with consultants: Healthlink frequently works with consultants who carry out capacity development interventions on our behalf. We also work with individuals and agencies who support the production of our publications. Therefore, Healthlink has a legal and moral responsibility to ensure that any individual or organisation contracted for consultancy are aware of, and abides by its Child Protection Policy. The following steps are relevant and necessary when contracting consultants to carry out assignments on projects that have children as their focus, when assignments will involve a visit to a project site or partner organisation:

1. Consultants will be sent a copy of the policy as part of the contract and receive basic orientation on Healthlink's CP policy
2. Consultants will be obliged to sign a declaration that they will abide by the conditions of the policy
3. Consultants may be required to undergo a CRB check depending on the nature of the assignment and the level of engagement with children
4. Healthlink will request details of child protection policies of agencies that have contracted us to deliver work that concerns children or involves direct engagement at community level.

F External communications about children: Information about children and adolescents is often communicated externally to support Healthlink's marketing activities and programme work. Extra precautions are required where these activities involve children and adolescents to protect the minors. Our external communications will follow these guidelines:

1. All electronic or print publications, including websites, which include images of children or text about children, will avoid manipulated or sensationalised text and/or images, discriminatory and degrading language, images in which children are inappropriately clothed or represented, and information that could be used to identify the location of the child and put them at risk of abuse.

2. When a professional photographer is commissioned we will ensure that the person is aware of the policy, signs the declaration of commitment, and undergoes a police check. References will also be obtained.
3. Where Healthlink Worldwide take the photos themselves and the photos are intended for use in electronic or print publications, we will endeavour to obtain informed verbal consent from the children involved. Where the children are less than 16 years of age, this consent will be sought from the children's parents or guardian. In both instances, while consent is being sought, a member from the partner organisation will be present and will sign a record of consent on behalf of the child/guardian. Existence of a record of consent must be checked before publication. These records must be handed over to the Office Manager for filing.
4. Management and partners have a responsibility to ensure that images of children from our projects meet the standards we have set in this policy.

G Information management

1. All incidents, allegations of abuse and complaints relating to staff, partners or projects will be recorded, with relevant confidentiality guaranteed, and monitored. There is a separate filing system for child protection issues, managed by the Office Manager. This system must be secured with a minimum of staff access.
2. Copies of the Child Protection Policy are distributed to all staff as part of induction. A copy is also available on the shared electronic database, along with reporting formats and other resources.
3. Personnel information relating to child protection (eg CRB checks, declarations of commitment) will be held securely, in confidence, in the personnel files.
4. The disclosure of personal information about children involved in projects will be limited to those employees, consultants, and trustees who need to know.

2.2 Behaviour protocols ("dos and don'ts"): These protocols provide advice to minimise risk situations for staff or consultants travelling or coming into contact with children.

Appropriate standards of behaviour (DO):

- Wait for appropriate physical contact to be initiated by the child (e.g. holding hands)
- Ask permission from children, parents and guardians before taking photographs
- Be aware of the power balance between an adult and child, and avoid taking any advantage this may provide
- Try and ensure that a second adult is present

Inappropriate standards of behaviour (DON'T):

- hit or physically assault a child
- use language that will mentally and emotionally abuse a child
- spend excessive time alone with a child away from others
- have a child to stay overnight at home unsupervised
- sleep in the same room or bed as a child
- develop a physical or sexual relationship with a child
- develop relationships with children which could be deemed exploitative or abusive
- act in any way that embarrasses, shames, humiliates or degrades a child
- initiate physical contact (e.g. holding hands unless initiated by the child)

- stand aside when inappropriate action is being inflicted by children on other children e.g. sexually provocative games
- show discrimination of race, culture, age, gender, disability, religion, sexual persuasion or any other status

2.3 Reporting and reacting to allegations of suspected child abuse:

a) Reporting and reacting to allegations of suspected child abuse: The following procedure will be followed for reporting and reacting to any witnessed, suspected or alleged incident of child abuse or violation of the child protection policy by a UK staff member, consultant or volunteer.

- 1) The staff member (where the allegation has come from a named individual and from a verifiable source) will automatically be suspended from all activities (on full pay if relevant) pending the outcome of an investigation. If they are in - country, they should immediately remove themselves from the project and wait instruction directly from the Executive Director (ED)
- 2) Any trustees, staff or consultants are obliged to report all concerns immediately to the Office Manager. Any action taken will be guided by the principle of the best interests of the child, which include confidentiality and protection of the child from further harm. There will be a system in place for reporting incidents, making referrals and storing records securely and confidentially.
- 3) All allegations will be reported to the Executive Director who will assess the situation with the Office Manager and determine the next steps.
- 4) The Executive Director will convene a panel of three to look at the allegations and gather evidence. The three person panel will consist of a trustee, an expert in the field of child protection and the HR advisor. This panel will have total authority in deciding a response to the situation and advise and manage any actions and communication with and between all parties. They will set up a method to inform the Council of Management, the Executive Director and Office Manager. They will have complete authority regarding communication relating to the issue until the situation is resolved. This will include the gathering of evidence; determining what action should be taken and how; and how and on what, staff should be briefed.
- 5) Arrangements will be put in place to provide supervision and support to those affected during and following an allegation
- 6) Healthlink will do everything it can to ensure that the interests and identity of anyone reporting such incidents is protected.

b) Consequences of misconduct: Healthlink will take immediate action against any staff or consultants where it is judged that serious professional misconduct has occurred. Such action may include:

- suspension or immediate dismissal of staff (appropriate to the circumstances)
- in the case of consultants, immediate termination of contract and removal from our database.
- outlining disciplinary and other steps which may include reporting to the police.

Section 3

Our approach to working with partners on child protection

3.1 Introduction: our approach to child protection with partner organisations takes into account our position as an intermediary organisation with a responsibility for the impact that our partners' work has on children. Healthlink needs to strike a balance between awareness raising and capacity development in this area in order to support our partners, particularly those who are working directly with children, to develop their own policies and procedures on child protection.

We are conscious that we are not experts in this field, and that we cannot demand that partners comply with our policy nor necessarily develop their own. On the other hand, we have a legal and moral responsibility to make sure that our child protection policy is communicated effectively to partners and to establish that non compliance would potentially jeopardise that partnership. We are aware that child protection is increasingly an area of enquiry and concern by donors when applying for funds, and may be a conditionality for receiving funds in future. Most partners are also increasingly aware of child protection issues and are exploring how to put in place policies and procedures.

At the very least, our work with partners will be underpinned by the principles outlined in the first section of this policy. Wherever Healthlink is working with partner organisations who work **directly** with children, the provisions of this policy will be reflected in the partnership arrangements. In the spirit of participation and empowerment, it is hoped that agreement will be reached with partners on a joint commitment to safeguarding children from abuse and creating child-safe organisations.

3.2 Minimum requirements for working with partners: Healthlink will work with partners to achieve the following standards:

- i. All partner agreements will include a statement of commitment to developing and implementing their own child protection policies and procedures where these are not in place
- ii. Where a project is directly working with children, there will be a statement of commitment and action plan to implement child protection policies and procedures included within the project agreement
- iii. Where a project is directly working with children, Healthlink will work with the partner organisation to ensure the development of a child protection policy where this does not already exist
- iv. Annual partner reviews will include monitoring and discussion on the current child protection policy and reflection on learning from its implementation
- v. Healthlink will initiate discussion around child protection when project design with a partner takes place
- vi. Healthlink will promote a participatory approach to developing a child protection policy within a partner organisation, recognising the importance of involving all staff or key personnel
- vii. Discussion and fact-finding on child protection policies and procedures will be included in partner selection processes

In situations where it is not possible to secure partner organisations' commitment to these principles and standards or where it is important to work with partners despite their

objections to them, specific arrangements will need to be set out to mitigate against any form of child abuse. In these cases, it is still necessary to make clear Healthlink's position and approach to working with children and how it proposes to respond to any instances of abuse.

3.3 Awareness raising and support to partners: Healthlink offers the following support to partners who wish to strengthen their own policies and practice regarding child protection.

1. Signposting partners towards relevant resources.
2. Putting partners in touch with organisations who specialise in this area. Where possible Healthlink will assist partner agencies to use local training and support services with expertise on understanding and identifying abuse.
3. Where appropriate or necessary, funding can be built into projects to enable partners to strengthen their approaches to developing and implementing child protection policies and procedures.

3.4 Dealing with suspected or alleged child abuse: Healthlink staff may come into contact with, or suspect, instances of child abuse when visiting a partner organisation or project. There are a number of scenarios where child abuse could be taking place, and these are likely to demand different responses (e.g if a staff member at a partner organisation is accused of abuse). The advice provided below should be followed.

- Discuss your concerns with a senior staff member at the organisation concerned if appropriate, and where you are certain it will not jeopardise your personal safety. Where a case of child abuse concerns senior management at a partner organisation, it is recommended to speak initially to your line manager or to the Executive Director of Healthlink Worldwide.
- It is not recommended to confront the person directly
- Notify either your line manager or Executive Director, and Office Manager of your concerns on your return. This can be done through filling in a report form (included in Appendix 3). This will be kept on file in accordance with data protection guidelines. The line manager or Executive Director will establish the appropriate course of action.
- If a member of staff from a partner organisation is accused of child abuse, Healthlink will investigate the matter in line with the way it would investigate any potential charge of gross misconduct by a partner organisation. This action would be handled by the Executive Director, Head of Partnerships and Networks, and Director of Programmes, and may involve contact with the senior management team or Board of the partner organisation requesting their official response to the situation.
- Whilst an investigation is proceeding, transfers to a partner would be suspended.

Healthlink will be unable to continue a partnership when it has serious doubts about the actions and behaviour of the organisation or individuals within the organisation with regard to child protection.

Section 4 Managing implementation of Healthlink Worldwide's child protection policy

Introduction: Implementation of Healthlink's child protection policy and procedures involves informing staff and other stakeholders of the existence of the policy. It also requires further planning to support the implementation of measures required by the policy. This section looks at the roles and responsibilities of senior management and staff in Healthlink and the process for reviewing the policy.

4.1 Roles and responsibilities of management:

Senior managers will ensure that:

- issues relating to child protection and abuse are fully integrated into existing management processes, including recruitment and selection, induction, supervision and team meetings.
- appropriate procedures are in place for reporting and responding to concerns and that clear links to other policies and procedures such as the disciplinary and complaints protocol are easily accessible
- measures for raising awareness of the policy and procedures and identification of training needs are in place and that a training schedule is drawn up
- appropriate support is provided for staff and personnel who work with children on behalf of Healthlink
- issues and processes are fully documented so that appropriate action can be taken and lessons from the experience drawn together at local and UK levels
- procedures for supporting partners are developed and implemented in accordance with Healthlink's values and principles as set out in the policy
- monitoring and review systems are put in place and followed.

4.2 Roles and responsibilities of all staff

All those on the Healthlink payroll or contracted to act on behalf of Healthlink Worldwide will be expected to:

- Maintain the highest standards of professional and ethical conduct, and act with integrity at all times when working with children in their role in Healthlink Worldwide, and in their personal lives
- Familiarise themselves with the Child Protection Policy and practical steps outlined in the Code of practice in Section 2 and understand how it affects their role and work
- Immediately raise issues of concern on child protection relating to staff, management, projects and partners
- Reflect on their own experience of working in accordance with the Child Protection policy, and participate in reviews of the policy as appropriate

4.3 Monitoring and review

Purpose of review: Regular review of the Child Protection Policy is important in order to:

- Ensure full implementation across the organisation
- Identify practical difficulties in implementing the policy
- Identify support needs in relation to implementation of the policy
- Gather information and learning on how the policy works in practice

Process of review: Reviews of this policy will be led by the Office Manager, Head of Partnership and Networks and Executive Director. It is intended that the review will be participatory and involve all staff in reflecting on our commitment to child protection and the practical experience and challenges of implementing this.

The review will be based on the following:

- Status of implementation of the recommendations in the Healthlink Code of Practice outlined in Section 2 and the procedures for working with partners outlined in Section 3.
- Changes in legislation or good practice on child protection that may require the Code of Practice or Child Protection policy to be updated
- Updating of needs of Healthlink Worldwide and partners in relation to child protection issues
- Reflection on our practical experiences, challenges and learning from implementing the Code of Practice
- Reflection on the relevant sections of framework outlined in *Setting the Standard: A common approach to child protection for international NGOs*. This framework outlines 11 standards, with checkpoints and examples of evidence for international NGOs.

Timetable for review: The progress of the policy implementation in the UK and overseas will be monitored and reviewed annually. A more detailed review is necessary after 3 years. The next annual review is scheduled to take place in September 2007, with a detailed review required in September 2009.

Useful publications

The following publications have been used in developing this policy, and contain many useful resources and tools on dealing with child protection, as a UK agency and in working with partners. The Office Manager has copies of these.

1. *Setting the standard : A common approach to Child Protection for international NGOs*
Tearfund and NSPCC (2003)
2. *Child Protection Policies and Procedures Toolkit*
ChildHope UK and Consortium for Street Children (2005)
3. *The role of HR in Child Protection: A Practical Guide*
People in Aid (2004)

Appendix 1: Declaration of Criminal Convictions

To be completed after initial job offer, returned to Office Manager and kept on personnel files assuming offer of employment is accepted.

Have you ever been convicted of a crime ? Yes No

If yes, please provide details of all criminal convictions including those considered “spent” and declare any previous investigations or allegations made against you. These will be kept confidential by the Office Manager and line manager at Healthlink Worldwide who will assess whether they pose any risk or not in relation to child protection

Appendix 2: Report Form for use by staff visiting projects

This should be filled in and passed to the Office Manager, as designated Child Protection Officer. The completion of the form can take place before or after notifying the Office Manager of your concerns. The form aims to compile a factual un-biased account of the concerns, and Healthlink's actions in reaction to these. It is also intended to provide a mechanism for a review of the situation. The form will be kept securely in accordance with data protection guidelines. For further information, please refer to Section 3 of the Child Protection Policy on working with partners on child protection.

Details of person completing form

Name:

Job title:

Date of completion of form:

Description of incident or concern: please provide a description of your observations or concerns, clearly distinguishing what is fact and what has been reported to you or is opinion. The following questions are a guide.

- Who is involved (including name, gender, ages of children if available, name and roles of adults involved)?
- Has any abuse been directly observed? Provide details of incidents of abuse if available.
- Is this concern based on first hand information divulged to you by someone else? If so who?
- Has a child made any allegation of abuse?

Action taken whilst at partner organisation: Please note that it may not be appropriate or safe to pursue any course of action whilst at the partner organisation. Healthlink's Child Protection Policy suggests that talking to a senior member of staff to highlight any concerns but this depends on your relationship with the partner and the individuals involved. If in any doubt, say nothing, and record concerns on this form.

Action Taken by Healthlink Worldwide

Next steps:

Review:

Signed

Date

Appendix 3a): Statement of Commitment of staff to Healthlink Worldwide's Child Protection Policy

To be completed during induction, and kept in Personnel files

Staff member:

Line manager:

I have read and understood the standards and guidelines outlined in the Healthlink Worldwide Child Protection Policy. I agree with the principles contained therein and accept the importance of implementing the policies and practices while working with Healthlink Worldwide.

I confirm that I have:

- Received a copy of Healthlink Worldwide's child protection policy
- Had the opportunity to read and discuss the policy and procedure with my line manager
- Discussed and recorded training requirements for further action

Signed: _____
Staff member

Date:

Signed: _____
Line Manager

Date

Appendix 3b): Statement of Commitment of Trustees to Healthlink Worldwide's Child Protection Policy

To be completed during induction, and kept in Personnel files

Trustee:

I have read and understood the standards and guidelines outlined in the Healthlink Worldwide Child Protection Policy. I agree with the principles contained therein and accept the importance of implementing the policies and practices while working with Healthlink Worldwide.

I confirm that I have:

- Received a copy of Healthlink Worldwide's child protection policy

Signed: _____
Trustee

Date: _____

Appendix 3c): Statement of Commitment of consultants to Healthlink Worldwide's Child Protection Policy

To be completed during induction, and kept in Personnel files

Consultant:

Staff member reporting to:

I have read and understood the standards and guidelines outlined in Healthlink Worldwide Child Protection Policy. I agree with the principles contained therein and accept the importance of implementing the policies and practices while working with Healthlink Worldwide

I confirm that I have:

- Received a copy of Healthlink Worldwide's child protection policy
- Had the opportunity to read and discuss the policy and procedure with the staff member I am reporting to
- Discussed and recorded training requirements for further action

Signed: _____
Consultant

Date:

Signed: _____
Staff member reporting to

Date

Appendix 4: Information on Criminal Records Bureau (CRB) Disclosure Process

Contact details:

Information Line: 0870 90 90 811

Overseas Enquiry Line: 0870 0 100 450

Address: Customer Services, CRB, PO Box 100, Liverpool L3 6ZZ, UK

Website: www.crb.gov.uk

The CRB is the government institution responsible for administering criminal record checks for England and Wales for recruitment and licensing purposes. It operates as an executive agency of the Home Office. It is run by a Chief Executive who is responsible to the Home Secretary. It was conceived under Part V of the Police Act of 1997 largely in response to public concern about the safety of children and vulnerable adults. The CRB helps organisations to perform better by screening out candidates who may be unsuitable for certain kinds of work. In doing this it particularly helps to provide protection for children and other vulnerable members of society. The general principle of the new checks is that organisations have different levels of need to access information, so three levels of check (renamed disclosure) have been introduced. These are :

A Basic Disclosure : which shows all convictions held at national level which are not “spent” under the Rehabilitation of Offenders Act 1974. This is available for anyone. (Charge for this type of disclosure not yet announced.)

A Standard Disclosure : is available for posts or purposes involving regular contact with vulnerable people. Groups eligible to apply to this certificate will include those whose duties involve regular contact with children and young people under the age of 18 and elderly, sick or disabled people, those involved in the administration of the law and those employed in certain other sensitive areas and professions. The certificate will include details of convictions, including convictions “spent” under the Rehabilitation of Offenders Act, and cautions, reprimands and warnings recorded at national level; and for those working with children or vulnerable adults the Disclosure will include a check of the DfEE (Department for Education and Employment) and DoH (Department of Health) lists of people barred from working with the vulnerable. This check is free for volunteers but £12 for staff

An Enhanced Disclosure which will be available for those applying for positions which involve regularly caring for, training, supervising or being in sole charge of persons aged under 18, or vulnerable adults, for certain statutory licensing purposes and for those being considered for judicial appointments. Like the Standard Disclosure, and Enhanced Disclosure will contain information on spent and unspent convictions and cautions held at national level but, in addition, will include information from local police records including relevant non-conviction information. The DfEE and DoH lists will also be checks for those working with children and the vulnerable. This check is free for volunteers and £12 for staff

Source : Consortium for Street Children Policy doc and National Centre for Volunteering Information Sheet

Appendix 5: Tools for training and induction: Scenarios relating to child protection

These are intended as a tool for discussion with staff (as part of an induction process or ongoing training), or partners. They aim to support reflection on good practice around child protection, although there is not necessarily a 'correct' answer to the scenarios.

Scenario 1 - Power struggle / Complacency

Deborah, a Healthlink Programme Manager, is visiting a partner organisation in Africa, when an allegation of child abuse is made against one of the senior staff members. The child making the accusation is widely regarded as a trouble maker in the local village and his father is in prison. The staff member against whom the accusation was made is high up within the partner organisation and is a respected member of the community. Deborah notices that the allegation is not treated seriously and appears to have been disregarded without any further investigation, with many of the other employees reluctant to address the issue. Deborah is not content that the complaint has been dealt with appropriately and believes the people involved are being judged by their positions within society. She does not feel that the child is being given a fair hearing; however, she is also reluctant to cause anxiety amongst the organisation staff.

Discussion Points

1. What could Deborah do to ensure that the allegation is treated seriously?
2. What measures can be put in place to ensure that staff do not feel they are in a vulnerable position when a colleague is accused of child abuse?
3. How would you feel if you were in Deborah's position?

Scenario 2 - A Moral issue

Marie, Healthlink's Programme Manager for Africa paid a monitoring visit to one of the programme areas in Uganda. During a trip to the communities she came into contact with a male counsellor who was working with the partner organization and provided counseling to the vulnerable children affected by HIV and AIDS in the project. The young people, the majority of whom are girls visited the counselor at all times for counseling, advice and support without supervision. Marie was very uneasy about the situation because even though the counselor was a good man, there were no guidelines or checks in place to monitor his activities with the children.

Discussion Points

1. What questions are raised in this scenario?
2. What could Marie do in this situation? What steps should be taken to avoid these risks?
3. What can the partner organization in Uganda do to protect the children and counsellor?
4. How can the children take responsibility for protecting themselves?

Scenario 3 A case of Confidentiality and Consent

One of Healthlink's partners has complained about Healthlink using photos of children in a joint project for their annual review and other publications without seeking their permission. The children in the photos were scantily dressed and their names and the communities in which they live have not been changed. Thus breaching the code of confidentiality and exposing the children to possible abuse.

Discussion Points

1. What should Healthlink do?
2. What could you do to prevent it happening again?
3. How does the situation make you feel?

Scenario 4 Reference Requests

Marcus has recently started working for Healthlink Worldwide. His Manager is scheduled to give an important presentation at a youth conference in China, however, he has suddenly been taken ill. The presentation would involve working closely with local children. Marcus has been working alongside his Manager, helping her with a lot of the preparation and research for the presentation and could easily step in and attend in her place. Faith, the Office Manager, is aware that only one of Marcus's references has been received, and this only gave very basic information i.e. start date, end date, salary. Faith's colleagues are anxious for Marcus to attend the presentation as a lot of time and resources have been put in to it, however, she does not feel that one, purely factual, reference is sufficient.

Discussion points

1. What would you do in Faith's position?
2. What systems could be put in place to prevent this from happening again?