



Child Protection Policy

February 2014

1 Introduction

1.1 What is a Child Protection Policy?

A child protection policy is an organisation's commitment to protect children from abuse, exploitation, and organisational negligence. This is reflected in the way an organisation conducts its activities and the way staff and other representatives behave.

Given the different contexts in which Medair works and the diversity of our operations, certain elements of child protection may vary from programme to programme. This policy establishes a framework for child protection and outlines minimum expectations for all Medair staff and representatives. Country programme leadership should determine how to implement the policy to take into account local operating conditions, cultural differences, and applicable local laws. Medair draws a clear distinction between acceptable cultural differences and behaviour which harms, abuses, or exploits children – this is never to be tolerated.

Although prevalent in many countries, child labour is a form of child abuse. Medair will follow the framework set out in the International Labour Organisation Convention No. 138 on the Minimum Age for Admission to Employment (1973) and will not employ individuals who are younger than the relevant legal minimum age for employment (**see Appendix 1 for description of the framework**).

Where it is not possible to comply with the minimum requirements of the policy (for example, local laws governing employment which affect local recruitment practices) this must be brought to the attention of the Executive Office Director who will advise and assist in finding alternative, practical solutions.

1.2 Purpose of a Child Protection Policy

The purpose of this Child Protection Policy is to:

- Establish a common understanding of child protection issues;
- Establish good practices of protecting children across the diverse and complex areas in which Medair operates;
- Provide guidelines on how to protect children in the course of our work;
- Ensure that Medair staff and other representatives are protected from unfair practices and processes; and
- Provide a framework to ensure all reasonable steps are taken to protect children from abuse, exploitation, and harm.

1.3 Why does Medair have a Child Protection Policy?

Because Medair engages with children directly and indirectly as part of its programming activities, it is essential to have a policy to ensure that the children with whom we work and engage are adequately protected. The risk of abuse of children can arise from unintentional acts or deliberate actions.

- **Unintentional acts** can happen due to a lack of ‘due diligence’ and/or organisational negligence. It can lead to acts of harm such as child injury or abduction due to inadequate care and supervision or lack of policies and procedures to inform staff planning and practice.
- **Deliberate actions** are taken by people with intent to abuse children. Research shows that predatory offenders with the intent to abuse children sometimes deliberately place themselves in an organisation and/or job that gives them access to children.

1.4 Definitions

Who is a Child?

For the purpose of this policy, the definition of a child is “every human being below the age of 18 years.”

What is Child Abuse?

The definition of abuse commonly used by the World Health Organization is the following: ‘Child abuse’ or ‘maltreatment’ constitutes 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 power (**see Appendix 1 for descriptions of forms of abuse**).

1.5 Principles Behind Medair’s Child Protection Policy

Medair’s Child Protection Policy is based on the following principles:

- **Child abuse is never acceptable.** All child abuse involves the abuse of children’s rights.
- **Best interests of the child are paramount** and shall be the primary consideration when making decisions.
- **Taking responsibility** in order to meet our obligations regarding our duty of care towards children, and taking action where we believe that a child is at risk or is actually harmed.
- **Being honest and transparent** by informing those we work with, including children, about our Child Protection Policy, and the way we work to try to protect children.
- **Maintaining confidentiality** to protect sensitive personal data. Information should only be shared and handled on a need-to-know basis; access to the information must be necessary for the conduct of one’s official duties.
- **Supporting and training** those working with Medair to recognise and respond to child protection risks and incidences.
- **Working with others to protect children.** This includes involving law enforcement and specialist child welfare agencies where necessary.

- **When we work through partners**, they have a responsibility to meet minimum standards of protection for children in their programmes.
- **Monitoring the implementation** of the Child Protection Policy. The Child Protection Policy should be reviewed every three years.

1.6 Medair's Commitment to Child Protection

Medair is committed to child protection and the welfare and safety of children. Medair will meet its commitment to protect children from abuse through the following means:

- **Awareness:** we will ensure that all staff and others are aware of the problem of child abuse and the risks to children.
- **Prevention:** we will ensure, through awareness and good practice, that staff and others minimise the risks to children.
- **Reporting:** we will ensure that staff and others are clear about which steps to take when concerns arise regarding the safety of children.
- **Responding:** we will ensure that action is taken to support and protect children when concerns arise regarding possible abuse, to put an end to any abuse that comes to our attention, and to alleviate the immediate effects.

1.7 Scope of the Child Protection Policy

This policy applies to all Medair staff worldwide. For the purposes of this policy, 'staff' is defined as anyone who works for Medair, either in a paid or unpaid, full- or part-time capacity. This includes directly employed staff, contractors, trustees, volunteers and implementing partners.

Everyone shares the responsibility for safeguarding and promoting the welfare of children, irrespective of individual roles. All Medair staff members will be responsible for implementing this policy and the reporting procedure detailed in Section 4 below.

2 Key Child Protection Staff

2.1 Child Protection Coordinator (CPC)

The Child Protection Coordinator (CPC) is the Executive Office Director and is the main contact when any child protection concerns arise.

2.2 Child Protection Supervisor

Every Medair country programme will appoint a Child Protection Supervisor (CPS) to facilitate the implementation of the Child Protection Policy. Ideally, the CPS will be someone who is trusted in the community, has the necessary skills and commitment to take on this new role,

and where possible speaks the local language. If the CPS is not a senior staff member, he/she will require support from a senior responsible officer who has the necessary status and authority within the country management team to ensure the policy is implemented effectively.

In many countries, a single CPS will be sufficient, but a deputy should be available to act in their absence. In larger country programmes, it may be appropriate to have more than one CPS where there is a wide geographic area or in large operations where different parts of the operation may be working with children.

The CPS is responsible for:

- Supporting the Country Director in implementing the Child Protection Policy;
- Acting as a first point of contact for staff on all child protection issues;
- Maintaining a list of local child welfare specialists, health, and law enforcement contacts;
- Providing advice and support to staff concerned about a child protection issue and deciding what action to take;
- Escalating all child protection concerns by notifying senior managers as appropriate;
- Referring cases to local child welfare specialists and/or law enforcement agencies as appropriate;
- Keeping accurate records that are data-protection compliant and kept confidential at all times; and
- Reporting all child protection issues that arise to the CPC.

3 Preventative Actions

3.1 Standards for Staff Behaviour

Medair staff must **never**:

- Allow staff to work alone with a child somewhere which is secluded or where they cannot be observed.
- Use physical punishment or chastisement, however acceptable or moderate it may seem.
- Use language intended to belittle, humiliate, or degrade children.
- Act in ways that may place a child at risk of abuse.
- Abuse children in any way (including not engaging in any sexual activity with anyone below the legal age of sexual consent or 18, depending upon which is higher).
- Have a child/children with whom they are working to stay overnight in their living quarters unsupervised.
- Sleep in the same room or bed as a child with whom they are working.
- Discriminate against, show differential treatment, or favour particular children to the exclusion of others.
- Pay for sexual services of any kind.

Medair staff in contact with children must **always**:

- Create and foster a climate where complacency is not tolerated and every staff member, no matter how trusted, is held to account.
- Be aware of situations that may present risks to children and try to manage them.
- Plan and organise the work and the workplace so as to minimise risks.
- As much as possible, be visible while working with children and never alone.
- Ensure that a culture of openness exists to enable any issues or concerns to be raised and discussed.
- Ensure that a sense of accountability exists between staff so that poor practice or potentially abusive behaviour does not go unchallenged.
- Report any concerns about the protection of children in accordance with this policy.
- Observe confidentiality and not talk about any situations of actual or suspected abuse that occurs, except in accordance with this policy.

There may be occasions when a staff member has suspicions about an individual or situation that they are unable to verify. In such circumstances, Medair encourages the use of undisclosed protective measures to safeguard those involved.

3.2 Recruitment and Employment

Medair will take all reasonable measures to prevent unsuitable individuals from working with children. Although the majority of people who want to work with Medair are motivated by altruistic values, some individuals may use the organisation to gain access to children for abusive and exploitative motives. As a result, it is therefore crucial to have some sort of screening process for individuals entrusted with the care of children.

Medair will take the following measures so that all Medair staff members are properly screened prior to beginning any work with children:

- All job, contract and service advertisements must state that Medair works to protect children and that those seeking work will be assessed regarding their suitability to work with children.
- Before employing any staff, appropriate due diligence should be conducted to ensure their suitability.
- When hired, Medair staff members will be given a copy of the Child Protection Policy and the Code of Ethics, and asked to sign Medair's Child Protection Declaration. By signing the declaration, staff members confirm that they do not have any criminal convictions or convictions for any offence involving any type of harm to a child or children. Staff will also have to declare anything that may affect their suitability to work with children. A false declaration that results in employment will render the person liable to immediate dismissal.
- Staff working directly with children should go through a second level of screening that includes, to the extent possible and useful, checking of

identification, qualifications, criminal records and obtaining references from previous employers.

- In exceptional circumstances or during an emergency situation, it may not be possible to obtain background checks and references. In these instances, a careful assessment should be made as to whether it is appropriate for the person to be put in the position of working alone with a child.
- Where allegations are made about staff, there should be careful consideration about the appropriateness of the person continuing to work with Medair. This may include suspension during any internal or external investigation and dismissal if the allegation is proved (see '**Complaint and Response Process**' in **Appendix 3**). Human Resources should be consulted and involved in all processes concerning directly employed staff to ensure that workers' employment rights are respected. It is particularly important that such investigations remain confidential.

3.3 Training, Supervision, and Support

Once a staff member has been hired, they should be adequately trained and supervised to make sure that any risks to children are minimised. This means that all new staff members:

- Are informed about the Child Protection Policy and given the opportunity to discuss its implications for them with both their line manager and the CPS as part of their induction/orientation;
- Have access to supervision, support, and training regarding child protection and the implementation of the Child Protection Policy via the CPS and senior management;
- Sign the Child Protection Declaration before working with children; and
- Are informed about Medair's policy on the use of computers and mobile phones, and understand that they must not use this technology for the purpose of accessing, producing, or distributing any information or violent or sexual images that are harmful for children. This includes adult pornography.

4 Reporting – Responding to Allegations and Concerns

Child protection is a tricky and complex topic. Speaking out when there is child abuse can be difficult. The nature of child abuse means that acquiring concrete evidence is often difficult. Staff are more likely to be faced with indirect statements from children, or nonverbal clues and signs, which can be inconsistent (see **Appendix 2 – Recognising the Signs of Child Abuse**).

When actual disclosures of abuse are made, they are often retracted. For this reason, when faced with child abuse, staff are more likely to have feelings of concern; an intuition or suspicion that something is happening. Staff can begin to doubt their judgment and/or feel uncomfortable about saying anything or raising the concern, as they do not believe they have

enough evidence. Because of the often secret and intimidating nature of abuse and the severe impact it can have on children, however, it is essential that people speak out.

It is not the responsibility of staff to decide whether or not child abuse has taken place. All staff members, however, have a responsibility to report any concerns to the CPS and/or CPC at Medair headquarters. **All allegations** must be reported to the CPS and CPC at Medair headquarters – **without exception**.

To ensure that all such situations are handled appropriately and effectively, these response and reporting principles should be followed:

- All allegations and concerns of abuse must be listened to and taken seriously, regardless of how 'unbelievable' the situation may seem.
- The best interest of the child should always guide the reporting and responding process in accordance with the Complaint and Response Process (**see Appendix 3**).
- No staff member can agree to keep information regarding actual or suspected abuse 'private' as a personal confidence. If such an undertaking has been unwittingly given by a staff member then this must be retracted by them.
- Medair staff should seek to discuss their concern with the child in a way that is appropriate to the child's age and understanding, and with their parents/guardians, and seek their agreement if making a referral to a specialist agency.
- The CPS should be consulted on any decision to refer the incident to a specialist agency without informing the child and without obtaining the consent of their parents/guardians.
- Medair is not a law enforcement organisation. It is therefore essential that referrals be made as appropriate, in accordance with the Complaint and Response Process, to the relevant child welfare and law enforcement agency to ensure that protection and support is given to the child, and that any evidence is collected in accordance with the law.
- All sensitive and personal data must be kept confidential (including the names of anyone who makes a report of abuse) and be shared on a strictly 'need to know basis'; access must be necessary for the conduct of one's official duties.
- If a report of abuse is made or concerns are raised, even if the situation is ultimately found to be untrue, no retaliatory action will be taken against the person making the report.
- If a report against a staff member is found to be malicious, the staff member will be offered support and Human Resources will decide on the course of action relating to disciplinary and suspension issues for the person making the report.
- Any questions, difficulties or confusion regarding how to apply the Complaint and Response Process should be referred to the CPC for further assistance and guidance.

Appendix 1 – Forms and Consequences of Child Abuse

I. Forms of Child Abuse

Internationally, four main categories of abuse are generally recognised:

Physical Abuse: This may involve hitting, shaking, throwing, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or caregiver feigns the symptoms of, or deliberately causes, ill health to a child who they are looking after.

Emotional Abuse: This is the persistent emotional ill treatment of a child such as to cause severe and long lasting effects on the child's emotional development. It may involve conveying to children that they are worthless and unloved, inadequate, or valued only so far as they meet the needs of another person. It can also involve age or developmentally inappropriate expectations being imposed on children, or causing children frequently to feel frightened or in danger. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

Neglect: This is the persistent failure to meet the child's basic physical and / or psychological needs, likely to result in the serious impairment of the child's physical or cognitive development. For example, inadequate care and supervision, which leaves a child in a dangerous situation where they could be harmed (but only where this can be avoided).

Sexual Abuse: This involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening or gives consent. The activities may involve physical contact, including penetrative (e.g. rape) or non-penetrative acts. They may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic materials or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Child Labour: Medair will follow the framework set out in the International Convention No. 138 on the Minimum Age for Admission to Employment (1973) and will not employ individuals who are younger than the relevant legal minimum age for employment.

Convention No. 138 Framework

| | The minimum age at which children can start work | Possible exceptions for developing countries |
|---|---|---|
| Hazardous work Any work which is likely to jeopardise children's health, safety or morals should not be done by anyone under the age of 18 | 18 (16 under strict conditions) | 18 (16 under strict conditions) |
| Basic Minimum Age The minimum age for work should not be below the age for finishing compulsory schooling, which is generally 15 | 15 | 14 |
| Light work Children between the ages of 13 and 15 years old may do light work, as long as it does not threaten their health and safety, or hinder their education or vocational orientation and training. | 13-15 | 12-14 |

Other types of abuse commonly recognised, such as commercial sexual exploitation and trafficking, are complex manifestations of a combination of the above categories. It is important to highlight that bullying is also a form of abuse, as it is an act of aggressive behaviour in order to intentionally hurt another person or persons, mentally, physically and/or sexually. Abuse can take place in many forms and anywhere—in the family, in the

community, or on the internet. Abuse also manifests itself in digital and augmented technologies such as smart phones. This can be virtual or real and can take many forms including sexual harassment and child pornography. It should be remembered that although we commonly think of adults as those who abuse children, children could also be the perpetrators.

II. Consequences of Child Abuse

Child sexual abuse damages children physically, emotionally, and behaviourally. Both its initial effects and long-term consequences impact the individual, the family, and the community.

Initial effects of child sexual abuse may include:

- Medical problems such as sexually transmitted diseases, pregnancy, and physical injury;
- Emotional problems such as guilt, anger, hostility, anxiety, fear, shame, lowered self-esteem;
- Behavioural problems such as aggression, delinquency, nightmares, phobias, eating and sleeping disorders; and
- School problems and truancy.

Long-term consequences may include:

- Sexual dysfunction (such as flashbacks, difficulty in arousal, avoidance of, or phobic reactions to sexual intimacy);
- Promiscuity;
- Prostitution;
- Discomfort in intimate relationships;
- Isolation;
- Marital problems;
- Low self-esteem;
- Depression; and
- Mental health problems.

Appendix 2 – Recognising the Signs of Child Abuse

I. Recognising the Signs of Child Abuse

Who is most likely to abuse a child?

- Someone who is known to the child.
- Someone who the child trusts.
- Someone who the family trusts, i.e., not a stranger.
- Someone who has access to the child.
- Someone who has experienced abuse as a child.

How to recognise abuse

Listed below are a number of indicators of abuse; however, they may vary by cultural and economic context. It should be noted that this list is not exhaustive but is a guideline to help establish whether some form of child abuse or exploitation has taken place.

Emotional signs of abuse

- Sudden under-achievement or lack of concentration;
- Inappropriate relationships with peers and/or adults;
- Changes or regression in mood or behaviour, particularly where a child withdraws or becomes clingy;
- Depression or extreme anxiety;
- Nervousness, frozen watchfulness;
- Obsessions or phobias;
- Persistent tiredness; or
- Running away/stealing/lying.

Indicators of possible physical abuse

- Any injury inconsistent with explanation given to them;
- Injuries to the body in places not normally exposed to falls, rough games, etc.;
- Reluctance to change for, or participate in, games;
- Repeated urinary infections or unexplained stomach pains;
- Bruises, bites, burns, fractures, etc., which do not have a reasonable explanation;
- Infections and/or symptoms of sexually transmitted diseases; or
- General bruises, scratches, or other injuries not consistent with accidental injury.

Indicators of possible sexual abuse

- Any allegations made by a child concerning abuse;
- Excessive preoccupation with sexual matters and detailed knowledge of adult sexual behaviour, or engaging in age-inappropriate sexual play;
- Sexually provocative or seductive with adults;

- Sudden changes in mood or behaviour;
- Open displays of sexuality;
- Lack of trust in familiar adults, fear of strangers;
- General bruises, scratches, or other injuries not consistent with accidental injury; or
- Acting-out behaviour – aggression, lying, stealing, unexplained running away, drug and alcohol abuse, suicide attempts.

Indicators of possible neglect

- Frequent lateness or non-attendance at school; or
- Inadequate care (e.g., child appears untidy, dirty, or constantly tired).

II. How child sex offenders choose and “groom” children

Child sexual abuse is different from other forms of abuse that children may experience in that it is usually premeditated. Sexual offending is not a random act; it is frequently carefully thought out and well-planned. Offenders will take time to groom their victim. This appears to have two elements: choosing a victim that appeals to the offender, and picking someone the offender believes he/she can safely victimise.

What follows is a process called “grooming.” This process means that the offender will manipulate people and situations in order to gain and maintain access to their victim(s). Some sex offenders work alone; others operate in a network.

Grooming is an insidious process; it is a dual process of: a) building a trusting relationship with the child and his/her caregivers; and b) isolating the child in order to abuse them.

Grooming occurs before the sex offence in order to access the child and after the offence in order to: a) maintain access to the child; and b) ensure the child’s silence, and the caregiver/adults’ continued trust.

III. Why don’t children tell?

Sex offenders frequently justify their behaviour long after the fact by saying that the victim didn’t say no. The assumption that children will resist the abuse, preferably violently, is based both on ignorance about the power relationship between adults and children and an underestimation of the skilfulness of offenders.

A number of barriers to children speaking out and revealing abuse have been identified. Children do not speak out because they:

- Are scared;
- Think they are to blame;

- Think they are strange in some way;
- Do not want the abuser to get into trouble;
- Feel embarrassed;
- Feel guilty; or
- Feel alone.

Appendix 3 – Complaint and Response Process

1. Any allegation/staff concern/complaint regarding a child should be communicated to his/her line manager or the CPS.
2. If the line manager or CPS cannot resolve the complaint informally, a **Child Protection Incident Report (CPIR)** should be completed (**see Appendix 4**).
3. Once the CPIR form is completed, it should be passed to an assessment team established by the Country Director and the Head of Country Programme which will evaluate the allegations.
4. The CPC at Medair HQ should be informed of all complaints/concerns and involved in their assessment.
5. The assessment team should conduct a prompt and appropriate investigation into the matter (in coordination with Medair HQ as appropriate), including an evaluation of whether local authorities (medical, police, and/or social welfare) should be informed/involved.
6. If there is sufficient evidence indicating there has been improper conduct, the next steps will depend on whether the conduct involves a staff member.
7. If the matter involves a staff member and is not a criminal matter, Human Resources should apply the standard disciplinary procedures (in all cases HQ Human Resources must review and agree proposed actions). If it involves a staff member and is a criminal matter, the Executive Office Director should be informed and involved in the handling of the matter.
8. If the matter involves someone who is not a Medair staff member, the assessment team should refer the matter to specialist agencies (social welfare or law enforcement) in consultation with the parent or guardian where appropriate.
9. Referrals must be made to a specialist child welfare and law enforcement agency when sufficient evidence exists that an allegation or concern is a serious welfare and/or criminal matter. Apart from referrals to child welfare and law enforcement agencies, no details regarding the circumstances of children and their families should be passed to other individuals or organisations without the express permission of the child and their parents/guardians.
10. Where abuse involves material sent or received via the internet or other technologies (such as child pornography images), even if this is received in the form of 'Spam' or passed on to Medair from another organisation, the images **must not** be sent via the internet to law enforcement agencies or to any other person working for Medair,

including executive management. Instead, law enforcement should be contacted and asked to advise how to send the information. This is because the distribution of child abuse images (i.e. child pornography) is illegal under international (and in some cases domestic) law. Links to websites can be sent to law enforcement agencies by email.

11. Each country office should maintain a Child Protection Briefing Note, which includes information about specialised child welfare and law enforcement agencies and the appropriate mechanism under the national law for reporting concerns, so that this information is readily available.

12. All decisions and actions should be documented, including corrective actions taken and any lessons learned.

Appendix 4 – Child Protection Incident Report Form

If you have knowledge that a child's safety might be in danger or you have received a complaint or allegation from someone concerning a child, please complete this form to the best of your knowledge. All child protection concerns must be reported directly to the CPS as soon as possible. It is critical that you complete this form immediately after speaking with the person expressing their concern in order to ensure that the facts of the incident are reported as accurately as possible. For confidentiality reasons, the report should be written and signed solely by you. It should be sent only to the CPS and Country Director. 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 or location:

Child's parents or 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:

Nature of the allegation:

Your personal observations (visible injuries, child's emotional state, etc.):

Exactly what the child or other source said to you [if relevant] and how you responded:

Any other information not previously covered:

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

Action already taken and planned action:

Signed _____

Date _____