

Child Protection Policy:

- **Purpose**

All over the world, children are at risk from abuse and they also risk exploitation from people in their communities. Children with disabilities are at least twice as at risk from abuse as able bodied children. The majority of CCBRT's clients at the disability hospital and clients on the community program are children with disabilities and it is our aim to provide a safe and comforting environment for them.

Why do we need a child protection policy?

1. To protect the children, we care for.
2. To protect our staff, volunteers and visiting doctors/community workers, board members and other stakeholders from false allegations of child abuse or other breach of their human rights and to lay down procedures should CCBRT representatives witness or suspect child abuse.
3. To protect CCBRT as a corporate entity. As well as being an individual responsibility, child protection is also a corporate responsibility so CCBRT must ensure it protects the children within its care from infiltration from child abusers who target organizations which care for children.

Definitions

CCBRT adheres to the definition of a 'child' as laid down in the UN Convention on the Rights of the Child.

A child "means every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier." (UN Convention on the Rights of the Child)

What is child abuse?

The World Health Organization defines child abuse 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 power."

Physical abuse can include: hitting, burning, twisting limbs, shaking, throwing, poisoning, scalding, drowning, suffocating, restraining.

Sexual abuse can include: forcing or enticing a child to engage in sexual activities, whether or not they understand what is happening. This may include physical contact or non-contact activities such as encouraging children to behave in sexually inappropriate ways. (Often the first sign of sexual abuse is when a child tells someone rather than physical signs.)

Neglect is a persistent failure to meet a child's physical or mental needs which is likely to lead to significant harm in a child's health or development.

Emotional abuse is the continuous ill-treatment of a child causing severe and persistent adverse effects on the child's emotional development. It includes, threatening to injure a child, making them feel unloved, unwanted, and making them feel frightened or inadequate.

CCBRT's Child Protection Policy

It is our policy to ensure that all children under our care, both with disabilities and without disabilities, are protected from any abuse whether it be sexual, physical, emotional or neglectful abuse. CCBRT considers any kind of abuse against children or exploitation (including commercial/ child labor) of children to be completely intolerable. CCBRT supports and is guided by the UN's 'Convention on the Rights of the Child' as the benchmark for upholding children's rights. The Convention clearly stipulates that no form of child abuse is acceptable. Integral to this policy is a Code of Conduct which all CCBRT staff members, consultants, visiting doctors, journalists and other representatives are required to sign up to. This Code of Conduct lays down clearly defined standards, rights and responsibilities of all of CCBRT's stakeholders in respect of child protection.

Reporting protocol

What to do if you suspect child abuse?

CCBRT's first priority is protection of the child. If child abuse is suspected, all cases must be treated seriously and immediately and the alleged victim's safety is paramount. If you suspect child abuse, it is mandatory to report it to your head of department immediately. The head of department in conjunction with CCBRT's CEO or his/her deputy will decide on the course of action (police / internal investigation). All cases of suspected child abuse must be reported within 36 hours. CCBRT's lawyer will be informed on all cases. Where the accusation involves a CCBRT staff member, the human resource manager will also be informed immediately.

If child abuse is suspected in the field, CCBRT will engage local social workers to investigate the case and may also involve local leaders in the case as well. CCBRT will collaborate with the social workers during the investigation and will follow up the case.

What to do if you are falsely accused of child abuse?

1. Report it immediately to your line manager
2. If at the disability hospital, before the accuser leaves the premises, go with the accuser and a CCBRT representative to the CEO's office or his/her deputy.
3. If you are working in the community program, ask the accuser to make their complaint in writing, make sure you have witnesses with you and invite them to come immediately to CCBRT Community Program offices to see the Director so as to clear the matter up.

Visitors

CCBRT welcomes visitors and we appreciate the opportunity to share with them the extent of what we do. Many of our visitors come from different walks of life whether it be abroad or in the country, the below must be followed;

1. All visits must take place accompanied by a field worker/member of staff. For reasons mentioned above, it is CCBRT's policy that no visitor is left alone with a child either at the hospital or during field visits.
2. Visitors are respectfully asked to refrain from taking photographs (see below).
3. Visitors are requested to refrain from touching children unless with the express consent of the parent/caregiver.

Photography/filming/case studies

We receive many requests from our partners and stakeholders to hear from the patients/clients who have benefited from interventions at CCBRT. Our patients are entitled to privacy and to be treated with dignity. While visitors may take photos of themselves at CCBRT Disability Hospital or during field visits, they are politely requested to refrain from

taking images of our patients when at CCBRT, unless by special prior arrangement. Once or twice a year, CCBRT employs a professional photographer to take a bank of images and the communications department compiles case studies for sharing with our partners. CCBRT will endeavor to ensure that our partners are equipped with enough photographs and stories for their requirements. When photographing/filming/interviewing patients, it is CCBRT policy that:

1. Before the filming/photography/interview takes place, it must be clearly explained to patients/clients/caregivers what the purpose of the filming/photography/interview is and what their image/story will be used for;
2. All patients/clients must agree in writing to their image and story being used for reporting, press or other promotional purposes;
3. In the case of a child, the parent or guardian must sign their consent in writing for the child's story to be used;
4. CCBRT has a standardized patient consent form available in English and Kiswahili. This must be completed by the patient/client/parent before the interview/photography takes place. If the signing authority is unable to read or write, they must place their thumb print in the allotted box. All forms must be returned to the communications department.
5. When CCBRT is writing up patient/client stories, all children's names must be changed. The location they are from must be changed and there must be no reference to the actual school attended. It is important to ensure that any signage indicating location is also excluded from any images used.
6. The child's dignity must be upheld during the photography. This means the child must be properly dressed, not positioned in an undignified or provocative manner and, in the case of community shots, free from flies around the face.
7. No pictures or stories appearing in CCBRT materials may be reproduced without prior permission from CCBRT.

Use of restraint

Sometimes, for the child's own protection, it is necessary to use restraint in order to prevent them from injuring themselves. For example, a child with mental health problems with an open sore may need to be prevented from picking this sore to avoid it becoming a serious

health problem. When required to use restraint, CCBRT staff, as learned from their training, must exert this sympathetically with the utmost concern for the child's dignity, safety and wellbeing.

Names: Cleoplace Kajetani

Signature:User Signature

Date: 13 January 2025