



**Australian Government**

**Department of Foreign Affairs and Trade**



# **DFAT CHILD PROTECTION GUIDANCE NOTE**

## **HEALTH ACTIVITIES**

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## CHILD PROTECTION IN HEALTH ACTIVITIES

### PURPOSE

This Guidance Note provides **DFAT staff and partner organisations** with practical information and recommended procedures to incorporate child protection standards into health programming to ensure children are safe and protected from harm, abuse and exploitation.

### BACKGROUND

It is crucial that an organisation implementing health programs ensures children and young people accessing those services are kept safe and protected. Organisations have a duty of care to consider child protection risks, and to incorporate child protection standards as part of designing and implementing an effective health program. Children and young people come into regular and direct contact with health workers, either as direct beneficiaries of the health service or when accompanying parents, legal guardians, families and friends to the service.

Health programs are also important contact points for families, children and young people who require referrals for child protection concerns. Health workers are trusted and accessible people in the community who can play a vital role in keeping children safe. Organisations therefore need to ensure staff and volunteers working with or in contact with children, always act in the best interests of children and provide a child-safe environment.

Organisations often work in partnership with government health departments or within existing structures such as hospitals. Understanding governments' and other authorities' existing child protection standards, and ensuring staff and volunteers are briefed on these are an important part of providing a child-safe environment, as well as working with government to promote child protection policies and procedures in all partnership agreements.

Please read this guidance note in conjunction with:

- DFAT's Child Protection Policy (<http://dfat.gov.au/about-us/publications/Pages/child-protection-policy.aspx>)
- DFAT's Establishing Child Protection Risk Context Guidance Note (<http://dfat.gov.au/about-us/publications/Documents/child-protection-risk-assessment-guidance.pdf>)
- DFAT's Aid Programming Guide (<http://dfat.gov.au/about-us/publications/Pages/aid-programming-guide.aspx>).

## RISK IN HEALTH ACTIVITIES

This table outlines some common child protection risks within Health Programs, and provides some ways to mainstream child protection into health programming. You'll find practical measures to mitigate the risks in program design and as part of service provision. You'll also find activities that can influence change in attitudes and beliefs, by working with communities as well as local and national governments.

### RISK

1. Child suffers harm or abuse and exploitation due to program and building design
2. Child suffers abuse or exploitation by program and partner staff, volunteers or consultants

## MITIGATION STRATEGIES

### Consider the impact on children at the concept and design stage

– See also *DFAT Child Protection Guidance Note – Infrastructure Activities*.

- As an organisation, undertake a child protection risk assessment of all health programs and activities at the design stage, and then at intervals throughout the program, taking into account the results of regular monitoring and evaluation processes.
- When constructing a health clinic, consider the physical safety of children.
- As part of design elements, ensure there are open and highly visible spaces that reduce the opportunity for abuse to occur.

### Children are considered in monitoring and evaluation

– See also *DFAT Child Protection Guidance Note – Monitoring and Evaluation*.

- Ensure that all health programs have monitoring mechanisms focused on child protection. These will evaluate whether child protection standards are being implemented, and will identify any new child protection risks that may emerge, so that those emerging risks can be addressed.
- Include children and young people in consultations to inform M&E frameworks.

### Safe recruitment measures are undertaken

– See also *DFAT Child Protection Guidance Note – Recruitment and Screening*.

- Comply with, or build on, the compliance standards within DFAT's Child Protection Policy.
- Ensure the level of contact with children by non-health worker staff and volunteers (security personnel, cleaners, drivers, carers) is considered, and appropriate recruitment screening measures are undertaken.
- Ensure child-safe recruitment screening is undertaken for visiting health workers, independent researchers, overseas volunteers and visitors.

### Ensure adequate policies and procedures are implemented

- Supervise visiting health workers and independent researchers to the program, and have them sign the code of conduct.
- In particular, brief ex-patriate staff and volunteers on the local context and cultural requirements when examining children and young people, especially girls.
- Develop procedures to keep children and young people safe and informed when participating in research or consultation.
- Ensure all participants provide age-appropriate informed consent and are aware that they can withdraw that consent at any time.
- If possible, appoint one or two staff members to be the child protection focal points for the program. They can be the champions for the child protection policy and standards, and be a contact point for workers to ask questions or raise any concerns.
- Provide clear guidelines on:
  - one-on-one consultation with children and young people, including when another health worker should be present (such as during physical examinations)
  - obtaining consent from children and/or adults
  - confidentiality – the guidelines should provide information on:
    - » how to explain confidentiality to children
    - » what can be kept confidential
    - » if they tell a health worker they are being harmed, the health worker cannot keep that confidential
  - physical examinations
  - local cultural considerations
  - safe and secure storage of confidential and sensitive medical records of children and young people
  - gender considerations – children being able to request to see male or female staff, and having male and female staff available
  - use of children’s images to ensure the privacy and dignity of children, and secure the storage of images.
- Develop specific procedures for home visits and outreach services that include child protection standards. For home visits it is recommended to:
  - always have two staff present
  - pre-arrange the appointments with those being visited (this removes the risk of staff being able to visit without a prior formal appointment)
  - not continue with the appointment if children are alone in the house
  - however, in the case of child-headed households, put additional procedures in place such as asking an extended family member or community leader to be present
  - keep clear records of visits that are signed by patients
  - provide opportunity for feedback from patients, including children and young people.
- Develop specific procedures for mobile or remote clinics that include:
  - monitoring who is coming into the service
  - health workers and ancillary staff wearing identification

- a child-friendly space for children to wait for parents/caregivers that is appropriately supervised by staff
- obtaining feedback from children and community members about the service, and responding to feedback
- oversight by staff from a child protection perspective during the clinic operating hours.

### **Training**

- Provide information and training for all personnel and industry/business partners in:
  - child protection
  - child and women's rights
  - safe and appropriate interactions with young women
  - the organisation's child protection policy, code of conduct and reporting mechanisms.



## RISK

### 3. Children do not access the service

- lack of confidentiality
- staff not comfortable talking about some issues
- stigma
- accessibility.

### 4. Children do not report unsafe behaviours or actions of staff member or volunteer

### 5. Health workers do not respond appropriately to child protection concerns, and children are left in unsafe situations

## MITIGATION STRATEGIES

### Programs and service provision take into account the impacts of health programs on children

- As an organisation, obtain input from staff, volunteers, and children and young people on how to make the clinic, service or space more child and youth friendly so they feel comfortable to access the service.
- As an organisation, understand local laws and customs about:
  - the age at which children can legally access health services independently
  - what age children/young people can consent to medical treatment
  - when they can legally make decisions on their health care and see a health worker on their own.
- Health workers should ensure they ask a young person whether she/he wants a parent or other trusted adult present during a health appointment. Some young people will feel safer with a trusted adult present.
- Provide information to children and young people that health workers are people they can talk to if they are worried about being abused or are being abused.  
Train health workers to discuss this with children and young people.  
Provide guidance to health workers on how to handle disclosures, and ensure they are aware of appropriate referrals or responses before sending out this message.

### Service delivery is accessible

- Consider how children with disabilities can access a health service.
- Ensure health workers are trained to ensure children with a disability or living with HIV/AIDS are treated without discrimination in all aspects of health, including sexual reproductive health services.
- Consider how the clinic is sign posted. Saying it is a HIV/AIDs clinic or sexual reproductive clinic may stop young people from accessing the service, due to concerns of stigma or getting into trouble with adults.

### **Implement clear and robust complaint mechanisms**

- Ensure children and the community are aware of the organisation's complaints mechanism.
- A child-friendly version can be developed and put in poster form in local languages or pictures.
- Have one or two staff members listed as the child-friendly and safe contact people for children to raise any concerns.
- Provide options for organisations to have a suggestion box for children and young people to write down any complaints or provide feedback/suggestions.
- Consider developing postcards with pictures or words that children can tick/circle.
- Develop a child protection reporting and referral information sheet for health workers. This will assist them with referrals to local agencies or authorities able to provide support, counselling or advice, such as:
  - family support services
  - safe houses
  - supported community groups
  - local community or faith-based organisations
  - youth services
  - police (especially specialised police)
  - community child protection committees
  - legal services.

### **Staff are well trained**

- Train staff and volunteers to ensure they do not make children and young people feel ashamed or judged for raising sexual reproductive health, or drug and alcohol issues.
  - Organisations need to provide health workers with clear guidance and support to be able to handle these issues and respond in the best interests of the child or young person, considering any risks to safety and following organisational child protection policies.
  - If health workers are not skilled or comfortable in discussing these issues, a referral list of local services able to provide this advice should be developed and provided to children and young people.
- Provide guidance and training to all workers on how to identify and respond to any signs of child abuse or if a child discloses abuse.
  - Health workers play a vital role in early detection and prevention of child abuse; however, they need guidance and support to feel confident in handling child protection concerns.
  - This includes information on:
    - » the signs of possible abuse (physical, sexual, emotional abuse and neglect) and exploitation
    - » identifying risk behaviours of parents/carers, such as violence or other issues that may place a child at risk of harm
    - » how to speak to children who disclose abuse or sexual exploitation
    - » how to speak to parents/carers
    - » what steps should be taken when abuse is suspected or disclosed.
- Train Maternal and Child Health (M&CH) workers:

- to recognise signs of child abuse or parent stress/not coping, so that early intervention steps can be implemented
- on the stages of child development, so they can provide valuable information to parents and caregivers on age-appropriate behaviours and milestones
- on nutrition and healthy development for children and young people, so they can provide information to parents
- in skills on alternatives to physical or humiliating punishment. Positive discipline training for workers is highly recommended.
- M&CH workers engaging with parents at an early stage are able to strengthen parenting capacity. They can provide advice and support on creating a safe and nurturing family and community environment for children.  
Involving both parents from the beginning in the care of babies and young children is an effective preventative measure in the protection of children from harm.

#### **Work with communities and local and national governments to influence change**

- Health workers are key people to join local child protection networks or committees. They can share knowledge, work together to protect children, and add strength to child protection systems in-country, within the government and community.



## RISK

### 6. Child suffers harm or exploitation and abuse by partner staff, consultants or volunteers linked to the program

- Lack of screening for:
  - adequate child protection policies and training
  - adherence to relevant local labour laws and other legislation that protects against workplace risks such as sexual harassment
  - child-safe recruitment.
- Organisations do not undertake capacity building of their training and industry/business partners in child safeguarding and protection, sexual harassment and local labour laws.

## MITIGATION STRATEGIES

### Assess partner capacity

- Conduct a child protection/safeguarding due diligence on all partners to ensure adequate child protection policies, procedures and practices are in place prior to engaging.
- Ensure partner organisations are complying with, or building on, the minimum standards within DFAT's Child Protection Policy.
- Undertake capacity building of downstream partners in child safeguarding and protection, sexual harassment, local labour laws and DFAT's requirements under its Child Protection Policy.

## RISK

### 7. Child suffers harm due to product or services provided by health service

- Health supplies and pharmaceuticals are not adequately labelled.
- Lifesaving products or services are not accessible or available to some children.

## MITIGATION STRATEGIES

### Ensure health supplies are accessible and adequately labelled

- Ensure that products and services for children or to which children may be exposed are safe and do not cause mental, moral or physical harm.
- Restrict access to products and services that are not suitable for children or that may cause them harm.
- Ensure that products and services are available, accessible and provided to marginalised children and their families, particularly those that are essential to children's survival and development.
- Consider that products and services could be used to abuse, exploit or harm children, and work to mitigate the risks posed to children.
- Ensure that product labelling and information is clear, accurate and complete so that parents and children can make safe and informed decisions.  
For example, make sure that age restrictions for product use and age requirements for adult supervision are included on labels.