



Child Protection Policy

Saving Arms International

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Child protection policy

Introduction

Saving Arms International strives to ensure that all children are able to enjoy their life in a safe and secure environment.

All young people have the right to get protection from abuse.

The definitions of child abuse we use at Saving Arms are as follows. These are taken from the British council website (<http://www.britishcouncil.org/africa-child-protection-policy.pdf>).

Physical Abuse: This may involve hitting, shaking, throwing, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. physical harm may 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 give consent. The activities may involve physical contact, including penetrative (e.g. rape) or 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.

Other types of abuse, commonly recognized, such as commercial sexual exploitation and Trafficking, are complex manifestations of a combination of the above four categories. It is important to highlight but *bullying* is also a form of abuse as it is an act of aggressive behavior in order to intentionally hurt another person or persons, mentally, physically or sexually.

Abuse can take place in many forms and anywhere, that is, in the family, community or the internet. Abuse is also manifesting itself in digital and augmented technologies such as smart phone. This can be virtual or real and can take many forms including sexual harassment and child pornography.

Aims

To establish a safe environment in which a child's welfare is of paramount importance.

- To ensure that everyone within SAI's staff, whether paid or voluntary, full time or part time follow the same procedures consistently.
- To ensure that all incidents, or suspicion of poor practice, or allegations of abuse, will be taken seriously and responded to swiftly and appropriately.
- To raise awareness of child protection issues and equips staff with the skills and knowledge in how to deal with a situation if it may occur.
- To raise awareness of child protection with children and empower them to know ways to keep themselves safe.
- To take all reasonable steps to ensure that unsuitable people are prevented from working with children by ensuring we practice safe recruitment in checking the suitability of all staff and volunteers who work with children.

Within the home, we will ensure that:

- All staff and volunteers understand their responsibilities in being alert to the signs of abuse and referring any concerns to the direct
- All records about concerns are kept securely, separate from the main pupil file, and in secure locations.

The role of Saving Arms

Our policy applies to all staff members and volunteers working within SAI.

- All staff must remain alert to any unusual or in appropriate behavior on the part of any staff member or volunteers. In the event of suspicion or allegation of abuse, they should seek advice from the Director. Any member of staff or volunteer who is concerned about the welfare of a child or the behavior of a member of staff or volunteer must report their concerns to a member of the management team.
- All allegations of child abuse will be taken seriously and all appropriate steps will be taken.
- In the selection and appointment of all staffs and volunteers, reference will be taken up. If the information revealed gives any cause for concern, then an appointment will not be made.
- Health and safety regulations must always be adhered to.
- There will be regular opportunities for children to openly share their worries.

Saving Arms procedures

At all times the safety and welfare of the children within our care is our greatest priority.

We will Endeavour to:

1. Always give a listening ear to child or staff concerns. Be careful to not ask leading questions, just allow the person time to talk as you listen non-judgmentally.
2. If visible signs of abuse are evident then the adult has a duty to take confidential notes and share these with the Director. These must be dated and kept in a secure place. This information could be deemed harmful if used in an inappropriate way.
3. Any concerns, however small, should be shared with the Director.
4. All information should be kept confidential and shared on a need -to-know basis only.

Supporting children

All children are encouraged to report on situations of upset, pain, neglect and abuse. children are instructed to share problems with an adult that they feel comfortable with. This is in conjunction with the adults (usually the home supervisors) paying close attention to changes in children's behavior, working attitudes, emotions etc.

We recognize that children who are abused or witness violence may find it difficult to develop a sense of self- worth. They may feel helplessness, humiliation and some sense of blame.

Facebook

To protect each child, we encourage sponsors not to add their sponsor child on to their Facebook page.

Past Experiences

As these children have come from the streets, we are aware that they have most likely experienced some kind of abuse in the past, whether this was on the streets or at their home. We will be sensitive to this and encourage the children to talk about it when they are ready.

Safety, Health, Hygiene and Personal policy

Aims

Saving Arms recognizes the need to provide a safe, healthy and hygienic environment for all children in all our established and licensed Transitional Homes. It is the policy to make every reasonable effort in the area of accident prevention, injury protection and the promotion of the health, safety, hygiene and welfare of all children.

The following areas of responsibility are essential to ensure the successful implementation of this policy.

Senior Management Responsibility

- To undertake to provide a safe, healthy and hygienic working environment for children.
- To include education on health, safety and hygiene matters within the transitional homes.
- To provide education and instruction for employees in the correct use of all children safety, health, hygiene related equipment and materials used with.

Home Supervisors Responsibility

The Home supervisors in the Transitional homes are responsible for the safety and health of all children in their care. And these include,

- Will at all times give first priority to the safety, health and hygiene of the children.
- Will provide education on health, safety and hygiene.
- Will take initiative and provide follow-up action on all matters concerning health, safety and hygiene.
- Are required to report without delay any health, safety or hygienic hazards that they may observe.

Children's Responsibility

The children are expected to co-operate willingly in the aim of making this a safe, healthy and hygienic home. They will:

- Follow instructions from the home supervisors and adult employees in matters relating to health, hygiene and safety including emergency situations.
- Follow rules and regulations relating to health, hygiene and safety.
- Immediately report to a member of staff any health, hygiene and safety hazard that they may observe.
- Ensure they are using their mosquito nets every night.

Safety Procedures

In order to avoid the risk of accidents we maintain safety by following these safety procedures.

- All visitors will be asked to phone in to the head of department who will then inform the director and book an appointment before they visit the house.
- We aim for our environment to be safe.
- Procedures for fire/evacuations drills will be known by the adults in the setting.
- There will be a first aid box kept in the house.
- A named person will be responsible for checking the first aid box regularly.

Hygiene

In order to avoid the spread of infection, we maintain personal hygiene by following these hygiene procedures:

- Everyone is encouraged to wash their hands after hands after using the toilet;
- Encouraging children by example word to cover their mouths when coughing and sneezing.
- Opening cuts and sores will be covered with suitable dressings.
- Always wash hands before preparing foods or after preparing raw meat.
- Every child is provided with his separate towel.
- He is given a separate bed with all its beddings to cover him in the night.
- Every child will be given a cup, a plate, fork to use for his meals.
- Every child in all our transitional home will be required to bath at least twice in a day, that is in the morning and in the evening.
- Every child will be required to clean his bed, shared rooms, toilets and bathrooms.
- Every child will be provided with a tooth brush for cleaning his teeth.
- Every child will be provided with a nail cutter every month to cut of his long nails.
- Every child will be given small amounts of money to able him shave his long hair, it is a crime to allow any boy child in all our Transitional Homes with long hair, any child wishing to keep long hair his case should be forwarded to the head of department who will forward it to the directors for considerations.
- Every child will be provided with a separate bathing sponge.
- It will be in our quarterly budgets to set aside funds to be given to every child to go and do personal shopping of his personal items such as underwear, vests, stocks, deodorants, sandals, etc.

Other cases

If a child has an accident which results in bleeding or vomiting, the following procedures will be followed:

- Wear disposable gloves.
- Wash the wound with water.
- Apply a suitable dressing.
- Wrap blood stained tissues or waste paper in a separate plastic bag and dispose it separately to other waste.
- Clean area affected by blood, vomit, urine or faces with antibacterial cleaner.
- Waste cleaning materials will be put in to separate bag and disposed of separately to other waste material.
- Clothes, soft toys or soft furnishings stained by blood fluids will be washed by hand using hot water and detergent or disposed of it appropriate.

Special Note regarding HIV/AIDS

No one has the right to know if another child in all our Transitional Home is HIV positive or has AIDS. Only the Management Team and the appropriate staff members should be advised if a child has HIV/AIDS. This is done to avoid stigmatization of that sick child by other boys in a home.

This information should Only be shared with staffs and care takers of the boys so that they are able to support him with his medication, prepare him extra meals and put him under 24 hours monitoring his healthy.

Health

In order to avoid risks to health we aim to always follow these health procedures:

- When a child enters the home, within 48hrs he will be taken for a comprehensive health check.
- Mosquito nets will be provided for each child.
- No smoking will be allowed on the premises.
- Cuts and open sores will be covered with a plaster.
- Health records are kept in each child 's file and regularly updated.
- Health education is provided, including sexual health.
- Toilets /pits latrines are kept clean at all times.

Diet

- To ensure children are kept healthy.

- Children receive a balanced diet.
- Special dietary needs are addressed.
- Every child will be given breakfast, lunch and supper.
- There will be at least three time change of meals in a week.

Privacy

In order for the children to feel safe and secure in all our Transitional Homes:

- Children have their own bed and place for their belongings;
- Care -givers are sensitive to wishes of the child for privacy;
- Care -givers are sensitive and discreet about child's affairs or for the child to meet visitors

Children are treated with dignity and respect at all times

- Care-givers recognize that children are individuals and have different personal needs.
- Decisions are taken with children not for them.
- Children are listened too.
- Care-givers speak and record information in a way that signifies respect.
- Care -givers understand the boundaries of privacy and confidentially.
- Children feel that what they are saying will remain confidential in all but exceptional circumstances.

Children 's sense of identify

- Tribal- language ability, ethnic identify, and religion is recognized as important and maintained where possible.
- Children are provided with necessary identity papers or other documentation and have access to these at all times.
- Siblings are kept together.
- Care -givers talk to children about their lives before the placement.
- Contact with family members is promoted and facilitated; When we conduct home visits, we will be sensitive to the situation that we are putting the child back into.
- If we suspect abuse, we will not leave the child alone. If a child informs us of an abusive situation within their homes, we will remove the child and inform the police.
- When the child enters the home, they will get a medical review within 48 hours. If the doctor's reports that the child has been abused, we will take every step to comfort and council the child.

Allegations from a child

- When a child informs you that, he is uncomfortable or concerned with a specific person's (adult's or child's) behavior towards them or another child, the following steps must be taken:
- Reassure the child that he is right to report the behavior.

- Listen carefully and calmly to him and if absolutely necessary, ask open and non-leading questions to clarify the allegation so that you will be able to later report the incident correctly.
- Avoid questioning where possible. Rather, make a referral to an appropriately qualified person. (One of the keys fails in dealing with disclosures of abuse is to contaminate the disclosure by inappropriate questioning and a failure to report to the appropriate body immediately.)
- If it is necessary to ask questions, try not to repeat the same questions to the child, this gives him the impression that he did not give correct information the first time and is not fully believed.
- Do not promise secrecy to the child, inform him that you must report the incident or inappropriate behavior as it is in his best interest.
- Take proper steps to ensure the physical safety and psychological well-being of the child. This may include referring him for medical treatment or a psychologist.
- Make certain that you distinguish between what the child has actually said and the inferences you may have made. Accuracy is paramount at this stage of the procedure.
- Do not permit personal doubt to prevent you from reporting the allegation.
- Let the child know what you are going to do next and that you will let them know what will happen.
- Make an immediate note of conversation and store this somewhere safe where the contents will remain confidential.
- Contact the director immediately. Where any significant child protection disclosures are made, usually a referral to the police should be considered. It is therefore vital that every organization has a designated child *protection Officer* who has the appropriate experience and expertise to advise on and make. If necessary, any appropriate referrals.
- Please note that, where the child makes allegations of physical or sexual abuse of any description, a medical examination and consideration of evidence gathering is highly likely to be required as a matter of urgency. Under no circumstances should any examination take place other than in consultation with the appropriate referral agencies such as the police and other than by an appropriately qualified medical officer.

To all SAI- staff & Volunteers

Please observe the following

- We have staffs and volunteers *Code of Conduct* and this should be interpreted in a spirit of transparency and common sense, with the best interests of the child as the primary consideration.
- All staff must make an attempt to understand the local norms around physical contact between children and adults.

Minimizing risk situations:

- **Try to:** Avoid placing yourself in a compromising or vulnerable position. Be accompanied by a second adult where possible, meet with in a central, public location whenever possible immediately note, in a designated organizational *Child protection Log Book* or *incident report sheet*, the circumstances of any situation which occurs which may be subjected to misinterpretation. Keep in mind that actions, no matter how well intended, are always subject to misinterpretation by a third party.
- **Try not to:** Be alone with a child, including in the following situations: in a car (no matter how short the journey), overnight (no matter where the accommodation), in your home or the home of a child. Do not show favoritisms or spend excessive amounts of time with one child

Sexual behavior

- **Do not:** Engage in or allow sexually provocative games with children to take place kiss, hug, fondle, rub, or touch a child in an inappropriate or culturally insensitive way. Don't sleep in the same bed as a child. Don't do things of a personal nature that a child could do for him/herself, including dressing, bathing and grooming. Don't encourage any crushes by a child.

Physical behavior

- **Do:** wait for appropriate physical contact, to be initiated by the child.

Psychosocial behavior

- **Do:** Be aware of the vulnerability inherent in adult-child relationships and avoid taking any advantage this may provide.
- **Do not:** Use language that may mentally or emotionally harm any child. Don't suggest inappropriate behavior or relations or any way that intends to embarrass, shame, humiliate, or degrade a child. Don't encourage any inappropriate attention- seeking behavior, such as tantrums, by a child. Don't show discrimination of race, culture, age, gender, disability, religion, sexuality, or political persuasion.

Peer abuse

- **Do:** Be aware of the potential for peer abuse. Develop special measures/supervision parameters to protect younger and especially vulnerable children. Avoid placing children in high- risk peer situations (e.g. unsupervised mixing of older and younger children).
- **Do not:** Allow children to engage in (sexually) provocative games with each other.

Physical environment

- **Do:** Ensure the physical environment within the home is safe and that there are no dangers around the home.

Child Protection Declaration

For visitors only:

- The safety and welfare of each child in our care is paramount to everything that we do at Saving Arms International. We aim to provide a place where each child is in a safe and secure environment.
- By signing your name, you have read, understood and agree to comply with Saving Arms Child protection policy. While visiting us you will follow the Code of Conduct provided.
- By signing your name, you are declaring that you have never been convicted of a criminal offence against a child and there are no reasons why you should not have substantial, unsupervised, contact with children.
- Please sign and print your name and give a brief outline the purpose of your visit at any of the boy's house.
- Thank you for your involvement within the Saving Arms.
- Name:
- Signed:
- Date:

Purpose of your visit at Saving Arms:

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.....
.....
.....

Inclusion policy

Saving Arms International believes that every child has the right to have their basic needs met and to not be living on the streets. Saving Arms wants to treat every child equally that they come into contact with.

Saving Arms will not discriminate against the following:

- Health status (including children living with HIV/Aids)
- Race
- Tribe
- Education
- Children who have special needs
- All children will be welcomed to our Sunday Program and our Street School.
- When choosing children to come into the transitional home, as long as they come through our street outreaches program in both Kampala and Soroti and they are not able to be resettled back with their families, they will not be discriminated against according to the above criteria.

If a child come into the transitional home who is HIV positive, we would ensure the following:

- The child has a healthy diet
- The children have access to the appropriate medicine
- There is a record of the medicine that the child is taking
- The child is involved in counseling sessions.

If a child come into the transitional home who has special needs, we would ensure:

- The house is furnished according to their needs
- The child is receiving any medication that he needs
- The child is attending a school that is catering for the needs of the child.

Missing child policy

Policy on when a Child goes missing or runs away from any of SAI Transitional Home.

When a child goes missing or runs away the following procedures will be carried out:

- Contact the Directors as soon as possible.
- Have a house meeting to find out when the boy was last seen and if he had mention what he was going to do from any of the boys.
- Go to his school and local hang out near the home (football pitch/ shops etc.).
- Go to his local hang out when he was on the streets (Kivulu, Wandeyeya, Kisenyi, Soroti market, bus park, cinema halls). Ask the other street boys if they have seen him.
- Contact the local council so that they are aware.
- If he had not made contact within 48 hours, contact his relatives to keep them up to date with the situation. Encourage them to contact back if they hear their child.

Resettlement policy

Aim

- The aim of this policy is to outline the procedure Saving Arms International takes to resettle a child back to his family.
- Saving Arms firmly believes that the family is the best place for the child. But feels that it is important to monitor every family satiation to ensure that it is safe and secure environment for the child involved.
- We believe that, it is important for each child to have a connection with his family/ relative so that he knows where he comes from and the culture that his family follows.
- To ensure that resettlement is a success, it involves the family of the child leaders, local council and family and friends of the child and family. We believe... 'it takes a village to raise a child.'

Procedure

- Our programs are set up in a way that we feel is best to encourage street children to return home. Only if a child is requesting to go back home or requesting to attend school, we do invite them to our Thursday/Friday sports program. If they commit to this program then we know that they are willing to commit to changing their future.

The following are the steps we take:

- Child commits to all our street outreach programs and is showing a willingness to change his life.

- He shows a willingness to changing his life- he wants to learn, he wants to go back home, he wants to get off the streets.
- He is invited to Thursday/Friday program.
- We take the child's back ground information.
- We talk to him and counsel him on the benefits of going home.
- We find out if going home is a possibility and the child's feelings on this.
- We talk to the child about making a home visit.
- The child is taken on a home visit.

At this stage the child can go in three different directions:

Direction 1 The child expresses an interest in staying home.

- The family are told of this and asked their opinions
- An assessment of the families living conditions is undertaken
- A decision is made as to whether the child will need his school fees paid for
- The local council/ church leader is informed that the child has returned home.
- A church is found for the child, if the family do not attend a church already
- Follow up visits are made to monitor and evaluate the situation

Direction 2 The child chooses that he does not want to go home fully but would like to visit over the holidays.

- The child is placed in a home
- A care order is obtained
- The child goes home every holiday
- It is hoped that after a period of time, the child will ask to be fully resettled, when this happens, we will then follow Direction 1.

Direction 3 The child decides that he does not want to go home:

- At this point we encourage the child to make a connection with a different family member.
- We counsel the child and explain the importance of family
- We encourage home visits, even if they are for a short period of time.
- (Our hope at this stage is that the child will find a suitable family members to be resettled with, if this is not the case or if this is not the case or if he is an older child (16+), he will follow the ' Exit Strategy '(see overleaf)
- According to the Ministry of Gender a child should not exceed 3 years in a home.

Death Policy

Aim

The policy will outline the process that staffs are required to follow in the event of a child in our care or a sudden death of a child occurs.

Deaths fall into two main categories, expected death or sudden death:

- **Expected deaths:** Those whereby the General Practitioner/ Consultant/ Medical Officer concerned has diagnosed the patient as suffering from a terminal illness.
- **Sudden death:** Is any violent or unnatural death, a death of which the cause is unknown or unanticipated and may also include those that occur in unexplained or suspicious circumstances.

In the event of an expected death:

- The child's family will be contacted as soon as possible.
- They will be encouraged to come to the hospital, transport money will be provided if this is needed.
- The child will be made to feel as comfortable as possible.
- At the child's wishes his friends will visit.
- If the child is able to go home (from hospital) we would encourage the parents/ guardians to take him home (to his village).
- When the child dies, Saving Arms will help the family plan and cater for the funeral (if they desire the help)
- The probation officer/LC will be informed of the situation
- The children in the transitional home will be given counseling to help them respond to what has happened.

In the event of a sudden death:

- Phone an ambulance straight away.
- Phone the Director.
- Phone the police if it looks like there were other people involved.
- Do not disturb the scene. i.e. don't touch anything or move anything.
- Phone the child's parents and arrange with them to take the body.
- Assist the parents with any funeral arrangements.
- Inform the probation officer/LC.
- Provide counsel and support to the children in the TH transitional home; encourage them to grieve in their own way.

Final Resettlement Form (From the streets)

Name of child:

Date of first home visit:

Information on parent/Guardian child is being resettled with:

Name:

Relationship with child:

Occupation:

Telephone number:

If not a parent, where are the child's biological parents:

Reason why the child is resettled with this person:

Address of family /Guardian's child is being resettled with:

Local council /villages:

Sub -county:

District:

Current needs of the child:

Emotional:.....
.....

Physical:.....
.....

Educational:.....
.....

Spiritual:.....
.....

Details on the resettlement home /environment:

Family dynamics:

Parenting capacity (ability to look after the child).....
.....
.....

Means of livelihood for the family:

House condition (size, quality, number of people living there):
.....

Are there any illnesses in the family?

Community environment (local church, local schools, local football field):.....

Resettlements Details:

Items given to the child/family:.....

Any continued support (school fees, school materials, school uniform)
.....

Comments on home visit:
.....

Next step for the child (before the follow-up visit)
.....

Social worker:

parent/Guardian:

Name:

Name:

sign:

sign:

Date:

Date:

We are Saving Arms because God is Able.