



DEFENSA DE NIÑAS Y NIÑOS INTERNACIONAL DNI  
DEFENSE DES ENFANTS INTERNATIONALE DEI  
DEFENCE FOR CHILDREN INTERNATIONAL DCI  
*the worldwide movement for children's rights*

ZIMBABWE

# CHILD PROTECTION POLICY

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## DCI-ZIMBABWE CHILD PROTECTION POLICY

**This policy applies to everyone who works with DCI-Zimbabwe (DCI-Z) in any capacity, whether paid or unpaid (collectively called DCI-Z employees and volunteers) and covers incidents that have occurred both before and after the start of the relationship with DCI-Z.**

**Insofar as a provision in this policy is in conflict with any provision in DCI-Z's Governance, Policies & Procedures Manual, this policy shall prevail.**

**All DCI-Z employees and volunteers must be provided with a copy of this policy and agree to adhere to and be bound by it in writing.**

### **I. ABOUT THIS POLICY**

DCI-Z's vision is a society where every child (any person under 18 years) has the right to grow and develop to their full potential in secure, safe, environments, free from any form of violence, poverty and exploitation. The environments are the home, community, school and other institutions mandated to look after children.

DCI-Z aims to safeguard children from abuse and exploitation in line with article 19 of the UN Convention on the Rights of the Child (UNCRC), which states that:

“States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s)/guardian(s)/caregiver(s), legal guardian(s) or any other person who has the care of the child.”

Over the past 15 years DCI-Z has worked actively with children who are affected and/or exposed to violence and child abuse. DCI-Z provides additional support through counselling, court support, shelter services and public education activities, including community-based programmes.

This policy:

1. Aims to clarify roles, responsibilities, procedures, reporting and referral requirements, to promote awareness of child protection issues and to provide for training of and additional support for DCI-Z employees and volunteers. It aims to provide a framework to assist all DCI-Z employees and volunteers in carrying out their duties to safeguard children's rights
2. Makes clear DCI-Z's position on child protection
3. Will be promoted and publicized through DCI-Z's website and shared with and made available to networking partners, clients, donors, government agencies and the general public
4. Will be reviewed every year or sooner if appropriate

Every effort will be made to educate all DCI-Z employees and volunteers about this policy, and explaining this policy and the procedures set out in it will form part of the induction process for all new DCI-Z employees and volunteers.

Networking partners of DCI-Z will be encouraged to develop their own child protection policies and procedures.

Practices to communicate and maintain this policy will be implemented to ensure that it is understood by all DCI-Z employees and volunteers.

### **Good Practices for Safety and Protection of Children**

Working by itself or with its partners, DCI-Z will meet its commitment to conduct programmes that

are safe for the children they serve, and will help protect the children it comes into contact with, through the following means:

- a) Awareness - Notifying all DCI-Z employees and volunteers and others associated with DCI-Z, including its partners, of this policy, and making them aware that they are expected to comply with it. Providing any appropriate training and support to everyone associated with DCI-Z for strict compliance.
- b) Prevention - Taking appropriate steps to minimise the risks to children through awareness and good practices, and taking positive steps to help protect children who are or may become the subject of any concerns.
- c) Reporting - Ensuring that all DCI-Z employees and volunteers and partners know what steps to take when concerns arise regarding the safety of children.
- d) Responding - Engaging in action that supports and protects children when concerns arise regarding their safety; supporting and protecting those who raise such concerns; investigating or cooperating with any subsequent process of investigation, and taking appropriate responsive action.
- e) Reviewing - Putting in place a process for discussing and resolving practical issues or questions arising under this policy. All issues must be referred to DCI-Z Child Protection Officers.

## **II. THE LEGISLATIVE CONTEXT OF THIS POLICY**

The Children's Act partially provides for action to be taken when a child is known to be or suspected of being abused or at risk of abuse. The safety and protection of children are paramount and must have priority over all other interests.

This policy provides guidance and procedures applicable to DCI-Z's compliance with its obligations under the Children's Act.

## **III. CHILD PROTECTION OFFICERS**

1. A minimum of two DCI-Z board members and or volunteers shall be appointed DCI-Z Child Protection Officers (individually & collectively CPOs) by the board of the DCI-Zimbabwe.
2. All CPOs must have undergone child protection training prior to their appointment.
3. The position of CPO is an entirely voluntary one.
4. A CPO is required to have had consistent association with DCI-Z for a minimum of 3 years.
5. A CPO should have a minimum of 3 years' experience working with children.
6. A CPO should be familiar with the applicable legislation.
7. CPOs are individually and collectively responsible for:
  - a) Ensuring that this policy is implemented throughout DCI-Z's activities;
  - b) Ensuring that all necessary child protection-related enquiries, procedures and investigations are carried out;
  - c) Reporting results of screening enquiries and preserving "need to know" levels of confidentiality and access to secure records;
  - d) Conducting investigations into allegations against DCI-Z employees and volunteers;
  - e) Ensuring the making and maintaining of secure and confidential records relating to child protection matters;
  - f) Liaising with the board and partners to ensure implementation of the policy by all DCI-Z employees and volunteers;
  - g) Networking and Liaising with other Child Protection Agencies at formal and informal levels on child protection matters. This includes reporting allegations of abuse and cases when

- children are in need of protection;
- h) Following up on reports made to the CPA and other agencies, and, if necessary, making a report to the board for follow up with relevant Ministries within the Government;
  - i) Reporting to meetings of the board on the implementation of this policy;
  - j) Ensuring that there is adequate orientation and training relating to child protection matters;
  - k) Ensuring that each activity carried out by DCI-Z is sound in terms of child protection as regards personnel, practices, and premises, and
  - l) Checking all incident reports made, countersigning them, and making such reports to relevant authorities as are appropriate.
8. The appointment of a CPO shall terminate upon:
- a) The CPO ceasing to be a DCI-Z board member and or volunteer,
  - b) The CPO submitting a written resignation to the board, or
  - c) The board's revocation of appointment if in the board's opinion the CPO is not adequately performing her/his responsibilities

#### **IV. CHILD PROTECTION**

##### **1. The Need for Child Protection**

Children need protection and safeguarding for many reasons. They may need protection from the effects of violence, poverty, disadvantage, exclusion and discrimination.

But in addition to the economic, social, and political problems affecting large numbers of children, individual children may also be at risk from specific forms of abuse by adults or other children.

##### **2. The Best Interests of the Child**

The best interests of the child should always be the overriding concern. They are determined by considering the following factors:

- ⇒ The child's safety and health
- ⇒ The child's educational and developmental needs
- ⇒ Where possible, the child's views and wishes
- ⇒ The importance of stability and continuity in the child's care
- ⇒ The continuity of the child's relationship with her/his family, including childcare and the school environment
- ⇒ The child's geographic and social environment
- ⇒ The child's supportive environment outside the family, including childcare and the school environment
- ⇒ The effect upon the child of a delay in judicial or other proceedings with respect to the child
- ⇒ Any issues to be considered where the child is **HIV positive** or has special needs

##### **3. Need for Balance**

DCI-Z aims to create a safe organisation for children, but also to keep child protection concerns proportionate and to guard against the growth and promotion of over-zealous attitudes.

##### **4. Services for Children**

DCI-Z offers the following services to children:

- a) Child rights monitoring and counseling services for those recovering from abuse;
- b) Intervention services to ensure that children suffering from abuse are no longer exposed to abuse;
- c) Referral services;
- d) Public education on child abuse and domestic violence;
- e) Information for school children who are researching domestic violence and child abuse;
- f) Court support services;
- g) Shelter and related services for female and under-14 who can residents for up to

- approximately 3 months.;
- h) Emergency shelter and related services for up to 14 days for:
- i. unaccompanied girls aged 12-18 who are referred by any CPA or any other agency that has statutory authority to make the referral, or who are assessed by a CPO as having reached the age of i. discretion, and
  - ii. unaccompanied boys aged 12-14 who are referred by any CPA or any other agency that has statutory authority to make the referral, and
  - iii. Arranging appropriate accommodation for at-risk children.

## V. **CHILD RIGHTS**

### 1. **DCI-Zimbabwe Mission & Policy**

DCI-Z's mission is to work towards the elimination of violence in all its forms by helping to create a society where attitudes to the use of violence and practices of violence have been transformed.

DCI-Z's policy in relation to children is aimed at full compliance with [Article 19 of UNCRC](#) quoted on page 1.

### 2. **What is Child Abuse and Neglect?**

Child abuse is a difficult and complex issue. A person may abuse a child by inflicting harm or by failing to prevent harm. Children may be abused in a family, institution or community setting by those known and trusted by them, or by a stranger.

Some children are particularly at risk of abuse. Vulnerable children include those with disabilities, street children, orphans and disadvantaged children living in state-run or private institutions, and those who live with families where there are alcohol, drug or mental health problems, or domestic violence.

The following general definition of child abuse, adapted from the [World Health Organisation](#), guides this policy:

“Child abuse or maltreatment constitutes all forms of physical, psychological and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment, including lack of medical 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.”

We recognise that children can abuse other children, and that children may be victims of abuse that may not be considered as such by adults.

### 3. **Physical Abuse**

Physical abuse of a child is that which results in actual or potential physical harm from an interaction which is reasonably within the control of a parent/guardian/caregiver or person in a position of responsibility, power or trust. This can include hitting, shaking, burning, slapping, or kicking a child. There may be single or repeated incidents.

### 4. **Bullying**

Bullying may be seen as particularly hurtful behaviour, usually repeated over a period of time, where it is difficult for those being bullied to defend themselves. It can take many forms, including children being bullied by adults, their peers and in some cases by members of their families. Bullying can be difficult to identify because it often happens away from others and those who are bullied often do not tell anyone.

**Examples of bullying:**

- a) Physical e.g. hitting, kicking, theft of personal belongings
- b) Verbal (including teasing) e.g. racist or sectarian remarks, spreading rumours, threats or name-calling, ridicule or humiliation
- c) Emotional e.g. isolating a child from the activities or social acceptance of the peer group
- d) Harassment e.g. using abusive or insulting behaviour in a manner intended to cause alarm or distress

**Action to help the victim and prevent bullying:**

- a) Take all signs of bullying very seriously
- b) Encourage all children to speak and share their concerns. Help the victim to speak out and tell the person in charge or someone in authority. Create an open environment
- c) Take all allegations seriously and take action to ensure the victim is safe. Speak with the victim and the bully(ies) separately
- d) Reassure the victim that you can be trusted and will help, although you cannot promise to tell no-one else
- e) Keep records of what is said, i.e. who did what and when
- f) Report any concerns to the person in charge at the organisation where the bullying is occurring

**Action towards bullies:**

- a) Talk with the bullies, explain the situation and try to get them to understand the consequences of their behaviour
- b) Seek an apology from the bullies to the victim
- c) Inform the bullies' parent(s)/guardian(s)/caregiver(s)
- d) If appropriate, insist on the return of 'borrowed' items and that the bullies compensate the victim
- e) Impose sanctions as necessary
- f) Encourage and support the bullies to change their behaviour

**A written record of action taken should be kept.**

5. **Emotional Abuse**

Emotional abuse includes the failure to provide an appropriate, supportive environment, including the availability of a primary caregiver, so that the child can develop his or her potential. There may also be acts towards the child that cause or have a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. Emotional abuse includes restriction of movement, patterns of belittling, denigrating, cursing, threatening, scaring, discriminating, ridiculing or other non-physical forms of hostile or rejecting treatment.

6. **Neglect and Negligent Treatment**

Neglect is the intentional or unintentional failure to provide for the development of the child in all spheres - health; early stimulation; education; emotional development; nutrition; shelter and safe living conditions - which causes or has a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. Child neglect includes the failure to properly supervise and protect children from harm, or failure to provide medical attention as much as is feasible. Poverty that results in the lack of resources could be a contributing factor to neglect if the parent(s)/guardian(s)/caregiver(s) do not attempt to find the appropriate resources to ensure care. Abandonment is also an act of neglect.

Another form of abuse as a result of neglect is the non-organic failure of children to thrive, i.e. the significant failure of children to reach normal growth and developmental milestones where physical and genetic reasons have been medically eliminated and a diagnosis of non-organic failure to thrive is established.



**Examples of neglect:**

- a) Exposing a child to extreme weather conditions e.g. heat and cold
- b) Failing to seek medical attention for health problems/injuries
- c) Exposing a child to a health risk, or risk of injury
- d) Exposing a child to a hazardous environment
- e) Failing to provide adequate nutrition and water

**7. Child Sexual Abuse**

Child sexual abuse occurs when an activity that is sexual in nature is used to gratify or satisfy the needs of an adult or another child who by age or development is in a relationship of responsibility, trust or power. This may include but is not limited to:

- a) The inducement or coercion of a child to engage in any unlawful sexual activity
- b) The exploitative use of a child in prostitution or other unlawful sexual practices
- c) The exploitative use of a child in pornographic performances and materials

Child sexual abuse includes vaginal, anal and oral penetration, and touching and fondling. It also includes grooming for sexual activity. "Grooming" refers to any (including electronic) form of communication with a child with the intention of procuring the child to engage in or submit to sexual activity with another person, who may be but is not necessarily the sender.

**8. Exploitation**

Commercial or other exploitation of a child refers to use of the child in work or other activities for the benefit of others. This includes but is not limited to child labour and child prostitution. Exploitation is to the detriment of the child's physical or mental health, education, or spiritual, moral or socio-emotional development.

The term '**child labour**' refers to forms of employment or unpaid work that violate the rights of children and should be prohibited. These violations include slavery, trafficking, forced labour, sexual exploitation, the use of children in the production and trafficking of illegal drugs, and forced recruitment into armed forces.

Child labour does not include reasonable household chores that do not result in the child being unable to fulfill his/her other development needs. A child can help his/her parent(s)/guardian(s)/caregiver(s) in the home or in the family business, as long as the work is not dangerous and does not interfere with school attendance and other normal childhood activities. This is referred to as light work.

**9. Corporal Punishment**

Corporal punishment refers to the intentional application of physical pain as a method of changing behavior. It includes a wide variety of methods such as hitting; slapping; spanking; whipping; flogging; 'blowsing'; punching; kicking; pinching; shaking; choking; use of various objects (belts, sticks, whips, rulers, pins etc.), painful body postures or prevention of urine or stool elimination. These acts are usually perpetrated by adults or older children against younger children.

DCI-Z employees and volunteers will advocate against the beating of children as a form of punishment or discipline. DCI-Z will encourage parent(s)/guardian(s)/caregiver(s) and teachers to learn alternative methods of discipline and to practice them. DCI-Z employees and volunteers are expected not to beat children as a form of discipline.

**10. Who are Abusers?**

Children can be abused by adults to whom they are or are not related and by other children. Abusers come from all walks of life.

Most children are loved and cherished by their parents and communities. DCI-Z recognises that people working with children have influence and power over them and that it needs to be vigilant,

as those who would abuse and harm children exist in all societies, cultures and organisations, and that it takes great care to identify them.

## 11. **Risk Factors associated with Child Abuse**

There are a number of risk factors or attributes commonly associated with child abuse. Children in families and environments where these factors exist have a higher probability of experiencing maltreatment.

A greater understanding of risk factors can help those working with children and families to identify maltreatment and high-risk situations so that they can intervene appropriately. It must be emphasized, however, that while certain factors are often present in families where maltreatment occurs, this does not mean that the presence of these factors will *always* result in child abuse and neglect.

### a) **Parental Factors**

A number of parental factors can contribute to abuse, including:

- i. Personality/mental health characteristics, such as low self-esteem; belief that events are determined by chance or outside forces beyond one's personal control; poor impulse control; depression; anxiety and antisocial behavior.
- ii. History of abuse - Some abusive parents are victims of child abuse and neglect themselves. Some individuals who are abused as children will subject their children to abuse, further contributing to the cycle of violence. Children who either experience abuse or witness violence between their parents may learn violent behavior and may also learn to justify that behavior.
- iii. Substance abuse – There is a link between substance abuse and child abuse. The number and complexity of co-occurring family problems often make it difficult to understand the full impact of substance abuse on child abuse. Prenatal exposure of children to drugs and alcohol and its potentially negative developmental consequences is an issue of particular concern.
- iv. Child-rearing approaches - Negative attitudes about a child's behavior and inaccurate knowledge about child development may play a contributing role in child abuse. Mothers who physically abuse their children have both more negative and higher than normal expectations of their children, as well as less understanding of appropriate developmental norms. A parent's lack of knowledge about normal child development may result in unrealistic expectations and culminate in inappropriate punishment.
- v. Teenage mothers - Teenage mothers tend to exhibit higher rates of child abuse than older mothers. Other factors, such as lower economic status, lack of social support, and high stress levels, may contribute to the link between adolescent mothers and child abuse.

### b) **Family Factors**

Specific life situations of some families, such as single parenting, domestic violence, and stressful life events, can contribute to the likelihood of abuse.

- i. Family structure - Some children living with a single parent may be at higher risk of experiencing physical and sexual abuse and neglect than children living with two parents. Some single parent households are more likely to have incomes below the poverty line. Lower income, increased stress associated with the total burden of family responsibilities and fewer supports are thought to contribute to the risk of single parents abusing their children.
- ii. Domestic violence – Child abuse may occur in families where spousal abuse is prevalent. Children in violent homes may witness parental violence, be victims of physical abuse themselves and be neglected by parents who are focused on their partners or unresponsive to their children due to their own fears. Even if children are not abused, they may experience harmful emotional consequences from the violence they witness.

### c) **Environmental Factors**

The following environmental factors may contribute to an increased risk of abuse:

- i. Poverty and unemployment - While most poor people do not abuse their children, poverty can increase the likelihood of abuse, particularly when poverty interacts with other risk factors such as depression, substance abuse and social isolation.
- ii. Social isolation and social support - Compared with other parents, parents who abuse their children report experiencing greater isolation, more loneliness and less social support.
- iii. Violence in communities - Children living in dangerous neighbourhoods have been found to be at higher risk of neglect, physical abuse, and sexual victimisation.
- iv. Societal attitudes and the promotion of violence in cultural norms and the media have been suggested as risk factors for physical abuse.

## **VI. CHILDREN IN NEED OF PROTECTION**

A child is in need of protective intervention where s/he:

- a) Is or is at risk of being physically or emotionally harmed, sexually abused or exploited and the child's parent(s)/guardian(s)/caregiver(s) or other person(s) responsible for the child's rights do not protect, or seek protection for the child
- b) Is in the custody (**legal or de facto**) of a person who refuses or fails to obtain or permit essential medical, psychiatric, surgical or remedial care or treatment to be given to the child when recommended by a qualified health practitioner
- c) Is abandoned
- d) Has no living parent/guardian/caregiver or has a parent/guardian/caregiver who is unavailable to care for her/him and who has not made adequate provisions for her/his care
- e) Is living in a situation where there is violence
- f) Has -
  - i. Been left without adequate supervision
  - ii. Allegedly killed or seriously injured another person or has caused serious damage to another person's property
  - iii. On more than one occasion caused injury to another person or other living thing or threatened, either with or without weapons, to cause injury to another person or other living thing, either with the parent(s)/guardian(s)/caregiver(s)' encouragement or because the parent(s)/guardian(s)/caregiver(s) do not respond adequately to the situation
  - iv. Been exposed to drugs (legal and/or illegal) or any substance that is in such quantity that it may be harmful to the child
  - v. Been exposed to any obscene or pornographic material or object
  - vi. Been exposed to alcohol or tobacco products

## **VII. GUIDELINES AND PROCEDURES**

DCI-Z employees and volunteers are expected to abide by these guidelines and procedures in all their interactions with children. They have a duty of care to report any allegations of child abuse or suspected child abuse concerns made by a child, parent/guardian/caregiver, neighbour, professional, or others to help safeguard the child's best interest.

A list of contact names and numbers is given in Appendix 5.

Guidelines for what to do if a child tells you about abuse are set out in Appendix 2.

### **1. Reporting Procedures**

#### **Duty to Report**

Any DCI-Z employee or volunteer who has direct information that a child is or may be in need of protective intervention must immediately report the matter to DCI-Z or any partner CPA, to a probation officer appointed by the Government or a police officer. Where this is not practical or possible a report must be made to a CPO for referral to the CPA.

Child protection is a very serious issue. All actual abuse and all reasonable suspicions of abuse

must be reported.

- ⇒ If in doubt – **ASK**
- ⇒ If there is no one to ask – **ACT**

## 2. Guidelines for making a Referral to any CPA

- a) Give your name; designation and contact number (always mention DCI-Z)
- b) Give the child's name and any other name s/he is known by; address; date of birth; age; sex; ethnic origin; school; names of parent(s)/guardian(s)/caregiver(s) and siblings (if available)
- c) Give details of the child's situation
- d) Take the name of the officer to whom the report is made, and document the date and time of the report
- e) If the person to whom the referral is made is reluctant to give her/his name, make a note of this fact

## 3. Guidelines for Counsellors

If you witness, suspect or are told of some form of child abuse or child exploitation occurring to a child client or the child/ren of a client, do the following:

Step 1: Immediately make a verbal report to any partner CPA or the nearest police station

Step 2: Complete a Child Protection Report (see Appendix 4) within 24 hours

Step 3: Update the Child Protection Report and the partner CPA on progress, major challenges or further referrals

## 4. Guidelines for Community-Based Workers

Step 1: Immediately make a verbal report to any partner CPA or the nearest police station

Step 2: Complete a Child Protection Report (see Appendix 4)

Step 3: Submit the DCI-Z Child Protection Form to a CPO as soon as possible (within 24 hours) and indicate on the form whether you made contact with any partner CPA or police and any further action you were asked to take

Step 4: Update the CPO and/or any partner CPA on progress, major challenges or further developments in case

## 5. Emergency Placement of Children at the Shelter

a) DCI-Z will at the request of partner CPA take placement of children at the shelter in emergency situations. Such placements should only be for as long as is necessary for the CPA to make alternative arrangements and in any event should not be for more than 14 days

b) The CPA will:

- i. be solely responsible for arranging for children who have not been medically examined prior to placement to be medically examined within one working day of placement
- ii. Within 2 working days of placement provide the shelter manager with a care plan, which shall:
  - i) assess the child's health, educational, cultural and other needs,
  - ii) Indicate how these are to be met during the placement and
  - iii) Depending on the level of understanding of the child, be subject to adjustment to take into account her/his views
- iii. be solely responsible for providing transportation and a CPA officer or other CPA-authorized social worker to accompany children on each occasion that they leave the shelter
- iv. within 14 days of the placement arrange for children to be either reintegrated with their family or placed in another home

c) The age criteria for emergency placement are:

- i. 12-18 years for females
- ii. 12-14 years for males

d) If siblings are in need of emergency placement, once one of them is 12 years or older, siblings under 12 will be accepted

- e) The draft care plan shall be finalised following discussions between the CPA and the shelter counsellor and manager. It should set out the assessed needs of the child and the way in which those needs will be catered for during the placement. Depending on the child's level of understanding, s/he should be given an opportunity to participate in the care plan finalisation process and in reviews of the plan
  - f) The shelter counsellor and manager must ensure that the care plan is implemented and reviewed and amended as necessary in consultation with the CPA and after giving due consideration to the views of the child
  - g) Any and all contact between the child and parent(s)/guardian(s)/caregiver(s) must be arranged by the CPA and take place away from the shelter
6. **Reporting Children not in School**  
DCI-Z employees and volunteers must report any case where a child is not attending school regularly . DCI-Z will also encourage school-aged mothers to have access to education.
7. **Reporting Children Working**  
DCI-Z employees and volunteers must report any cases where a child is seen or thought to be working in contravention of laws against child labour.
8. **Referrals for Medical Attention**  
Any urgent medical need should be addressed as a priority. DCI-Z employees and volunteers shall not dispense any medical care to a child but shall refer the child to a health care worker or professional.
9. **Death of or Injury to a Child where there is DCI-Z Involvement**
- a) DCI-Z employees and volunteers must:
    - i. Notify the police immediately, especially if the whereabouts of the body is known and DCI-Z employees and volunteers are working with child and family;
    - ii. Notify CPO, and
    - iii. Notify the parent(s)/guardian(s)/caregiver(s) of the child.
  - b) CPO must:
    - i. Notify the board and/or seek legal advice;
    - ii. Notify partner CPA in writing;
    - iii. Promptly secure DCI-Z's case records regarding the child and/or the family;
    - iv. Prepare a chronological report of DCI-Z's involvement with the child and/or the family, highlighting relevant approaches taken by DCI-Z employees and volunteers, and
    - v. Submit the report to the police, the CPA and the board for further investigation.
10. **Follow-up on Reports**  
The CPO will follow up on all reports made using the Child Protection Report (Appendix 4) and take all reasonable steps to ascertain whether the issue has been resolved or at least adequately addressed. (See Section III.7)
11. **Records & Monthly Reports**
- a) Every report made shall be documented electronically and a copy provided to the CPO.
  - b) A log of all reports made and the status of each report shall be maintained by the CPO and be made available to the board on request.
  - c) The CPO shall submit monthly reports to the board, including the number of cases reported, the types of report and the current status of each case.
12. **Allegations against non-DCI-Z Employees and volunteers**
- a) All information relating to any concern about child abuse by a person must be sent to The National Director .
  - b) All information received by a CPO must be kept securely and confidentiality must be respected except where disclosure is necessary to protect the best interests of a child.

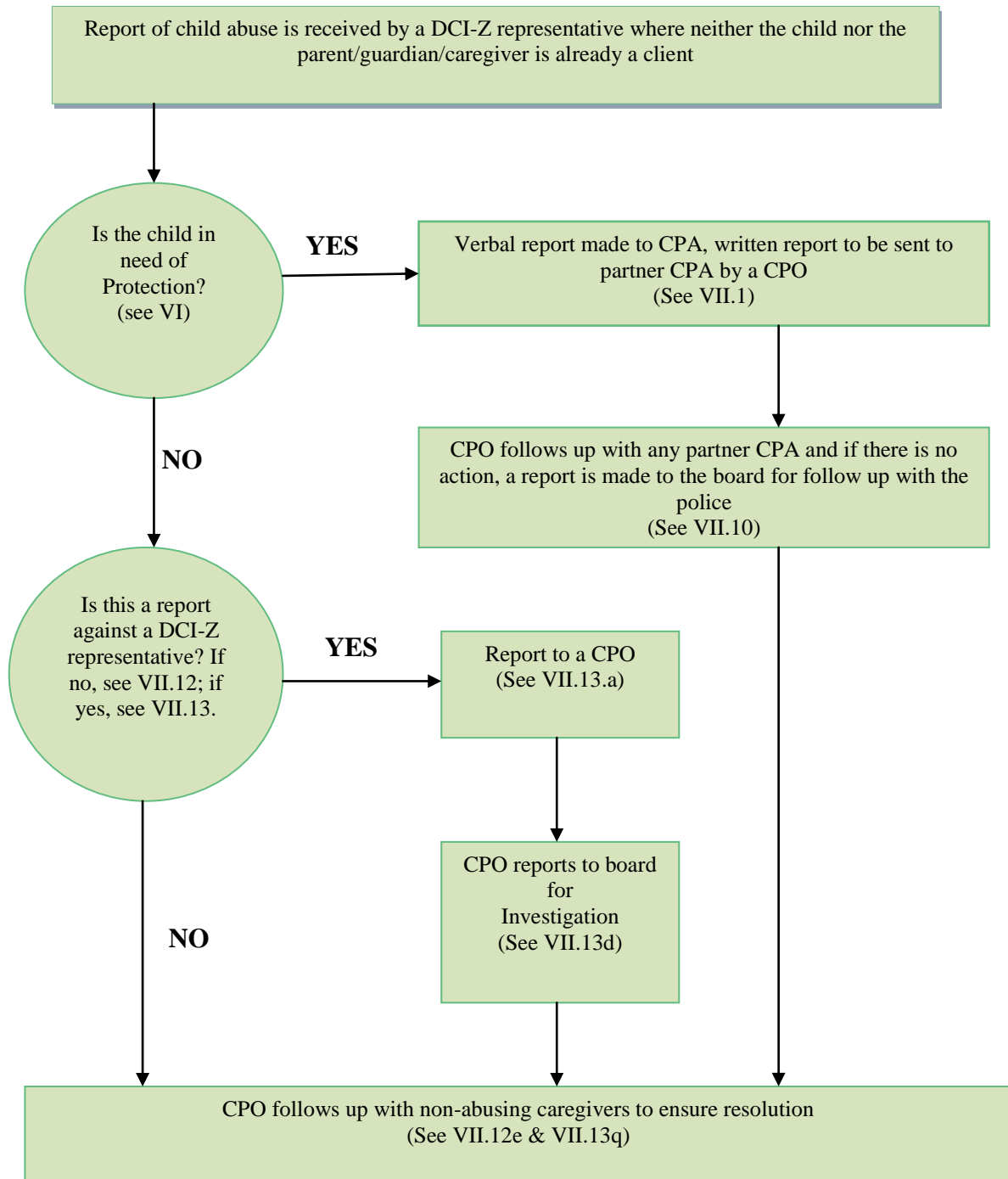
- c) The reporting format is set out in Appendix 1. It is essential that the person making the report provide her/his name and contact information as anonymous reports will not be investigated.
- d) Every report received must be immediately recorded and an investigation must begin as soon as possible thereafter without assumptions being made or prejudging of the victim or the accused.
- e) The CPO will follow up with non-abusing caregivers to ensure resolution.

### 13. Allegations against DCI-Z Employees and volunteers

- a) All information relating to any concern about child abuse by a DCI-Z employee or volunteer, whether the concern relates to an incident that may have occurred before or after s/he became involved with DCI-Z, and/or any other violation of this policy must be sent to a CPO.
- b) All information received must be kept securely and confidentiality must be respected except where disclosure is necessary to protect the best interests of a child.
- c) The reporting format is set out in Appendix 1. It is essential that the person making the report provide her/his name and contact information as anonymous reports will not be investigated.
- d) Every report received must be immediately recorded and reported to the board and an investigation must begin as soon as possible thereafter.
- e) The purpose of the investigation will be to determine whether the DCI-Z employee or volunteer has been guilty of child abuse and/or any other violation of this policy. Any criminal matters will be reported to the police.
- f) The CPO shall inform the DCI-Z employee or volunteer of the investigation and shall provide her/him with sufficient information regarding the allegations made to enable her/him to address them when given an opportunity to be heard.
- g) On being informed of the investigation, the DCI-Z employee or volunteer shall immediately withdraw and take leave of absence (with pay if applicable) from all DCI-Z activities pending the outcome of the investigation.
- h) The DCI-Z employee or volunteer shall be given an opportunity to be heard not less than five days after the commencement of the investigation.
- i) Statements will be taken from all persons who are willing and able to assist the investigation.
- j) The child/children involved shall not be interviewed without the consent of a non-abusing parent/guardian/caregiver or social worker and only in their presence.
- k) All contacts made during the investigation will be documented and that documentation and all statements taken will be kept securely and confidentially unless disclosure is necessary to protect the best interests of a child.
- l) The investigation should be completed within four weeks and within one week thereafter a detailed report shall be submitted to the board with a conclusion as to whether, on the balance of probabilities, the DCI-Z employee or volunteer has been guilty of child abuse and/or any other violation of this policy, and recommendations for action.
- m) Within one week of receipt of the report, the board will, unless there are compelling reasons to the contrary, ratify the report and adopt the recommendations made with or without such changes as are considered appropriate.
- n) The DCI-Z employee or volunteer shall be informed of the board's decision within five days thereafter.
- o) One or more of the following disciplinary actions may be taken against a DCI-Z employee or volunteer who has been found to have been guilty of child abuse and/or any other violation of this policy:
  - i. Warning
  - ii. Censure
  - iii. Probation
  - iv. **Suspension (without pay if applicable)**
  - v. **Summary termination of employment or contract**
  - vi. Expulsion from volunteership
  - vii. Expulsion from membership, for the purpose of which the requirement of the opportunity to be heard provided for in the applicable by-law shall have been satisfied by the opportunity to be heard given during the investigation.

- p) In the event of a finding that the DCI-Z employee or volunteer has not been guilty of child abuse and/or any other violation of this policy, s/he will be given utmost support, include personal counselling. to enable him/her to continue representing DCI-Z.
- q) The CPO will follow up with non-abusing caregivers to ensure resolution.

### CHILD PROTECTION FLOWCHART



## **VIII. PREVENTION**

### **1. Recruitment of DCI-Z Employees and volunteers**

All prospective DCI-Z employees and volunteers will be assessed by an interview panel (which shall include at least one CPO) for their suitability for working with children and their understanding of child protection, and in addition to providing a statement as to whether any allegations of violence (physical, sexual, psychological etc.) have ever been made against them, with full details of such allegations, including the outcome, may be required to provide other documents, including but not limited to:

- i. Confirmation of identity
- ii. Police clearance
- iii. Proof of qualifications
- iv. Character references

### **2. Temporary Attachments to DCI-Z**

All non-DCI-Z employees and volunteers temporarily attached to DCI-Z must be assessed for their knowledge and attitudes to child protection. This will be done by including a CPO on any interview panel or by an assessment conducted by a CPO.

### **3. Duty of Care for Planned Outdoor or Indoor Activities Involving Children**

DCI-Z takes its duty of care very seriously and the following must be complied with:

#### **a) Transporting children for planned activities**

- i. Written permission to transport a child must be obtained from a non-abusing parent/guardian/caregiver, a partner CPA social worker or teacher in advance of planned activity.
- ii. The coordinator of the relevant project should be informed of the activity by a letter on DCI-Z letterhead.
- iii. The type of transport should be suitable for the nature of the journey, e.g. larger buses are more comfortable for long distances and 4 wheel-drives for driving off-road.
- iv. Children must be seated at all times while the transport is in motion.
- v. Supplies of fluids for the duration of the journey must be carried.
- vi. Minimum supervision requirements for activities and visits:
  - i) At least two adults present at all times.
  - ii) Children under 8 years old: one adult for every eight participants (minimum of two adults).
  - iii) Children over 8 years old: one adult for every ten participants (minimum of two adults).

#### **b) Visual Images**

- i. Written material and visual images used by DCI-Z must be checked as being appropriate and not denigrating any child.
- ii. Visual images of child beneficiaries shall not be used without the written consent of the child (if 16 or over) or of a non-abusing parent/guardian/caregiver in all other cases.
- iii. Photographs and films of children on linked websites must show respect for children and be in their best interest.

#### **c) Children's Counselling Bill of Rights**



Every child client and non-abusing parent/guardian/caregiver must be given a copy of the Children's Counselling Bill of Rights set out in Appendix 3.

d) **Assistance with Toilet Functions**

Children who need assistance with toilet functions should be encouraged to clean themselves if possible. When the child is under 6, one person is required to assist the child and when the child is 6 or over, two persons are required to assist and another adult should be aware of the assistance being given.

4. **Meeting Children of Adult Clients**

Meetings with the children of DCI-Z clients should take place at the Socio Legal Defence Centre or during planned home visits. A record of such meetings must be made.

## **IX. PRACTICE AND BEHAVIOUR**

1. DCI-Z's principles, standards, codes and procedures aim to help build a safe organisation. Through defining what is and is not acceptable behaviour, good practice can be promoted and opportunities for abuse minimised.
2. Programmes that implement projects for children, families and communities, including child sponsorship projects, need to be implemented in a safe environment, where the risk to a child is monitored and managed.
3. DCI-Z's Governance, Policies and Procedures Manual includes the organisation's Policy on Sensitive and Other Important Issues and the Code of Ethics of Counsellors.
4. DCI-Z reserves the right to take interim measures against its employees and volunteers who have been reported to be in violation of this policy pending the results of an investigation. This may include making a police report.
5. **Code of Practice**
  - a) All interactions with children should as far as possible promote their physical, personal, social, mental, moral and intellectual development.
  - b) Children's participation is vital: their views should be taken into consideration and respected without exclusion on the basis of gender, disability or any other status.
  - c) Any act that involves the touching of a child in inappropriate or culturally insensitive ways, such as kissing, hugging, fondling or rubbing, is unacceptable.
  - d) Any act that is intended to embarrass, shame, humiliate or degrade a child is unacceptable.
  - e) DCI-Z employees and volunteers must abstain from having unnecessary physical contact with children without the competent and informed consent of the child.
  - f) DCI-Z employees and volunteers should not spend excessive time alone with children away from others unless absolutely necessary.
  - g) Formal meetings with children should not take place in closed secluded environments and a non-abusing parent or guardian or a partner CPA or a social worker should at all times be present.
  - h) Children should not be taken in vehicles without the presence or permission of a non-abusing parent, guardian or caregiver or a duly authorised partner CPA or social worker.
  - i) DCI-Z employees and volunteers should not engage in any provocative or rough physical games with children, such as football, basketball, karate, tag (commonly called ready-catcher) etc.
  - j) It is not recommended that DCI-Z employees and volunteers take children in need of protection into their homes at any time, but if an emergency situation arises s/he should immediately seek the guidance of a CPO.

## **6. Sexual Activity with a Child**

- a) Sexual activity with any child is prohibited regardless of the fact that the age of consent in Zimbabwe is 16 years. Mistaken belief about the child's age is not a defence.
- b) Breach of a. above will constitute an act of gross misconduct and be grounds for summary termination of the relationship with DCI-Z.
- c) If and when a DCI-Z employee or volunteer develops a concern or suspicion regarding sexual activity by a colleague with a child, s/he must report such concern immediately to a CPO.

## **X. COMMUNICATION AND IMPLEMENTATION**

1. All DCI-Z beneficiaries, including children, are to be made aware of this policy and of their right to be protected from abuse.
2. Information will be presented in an appropriate format and in language that children can understand.
3. All children and their non-abusing parent(s)/guardian(s)/caregiver(s) are to be informed that they can communicate any child protection concerns to a CPO or any DCI-Z employee or volunteer.

## **XI. TRAINING IN CHILD PROTECTION**

1. All DCI-Z employees and volunteers will receive basic training in understanding the need for child protection and in child protection skills.
2. Additional training should be requested as and when necessary.
3. The cost of training is to be budgeted for.

## **XII. MONITORING AND EVALUATION**

1. The board of the DCI-Zimbabwe is responsible for monitoring the implementation of this policy with a view to ensuring that all safeguards are in place and are being applied.
2. The board shall have an evaluation of the implementation of this policy conducted at least once a year and shall make such changes to this policy as may be appropriate in light of the evaluation report and any additional or amended legislation.
3. All major stakeholders, including children, families and communities are to be consulted as part of evaluations.

## **XIII. SUPPORT**

DCI-Z will offer counseling support to those who witness and/or disclose abuse.

**APPENDIX I**

**FORMAT FOR REPORTING ALLEGATIONS OF ABUSE**

**About Your Concern**

1. Are you reporting your own concerns or passing on those of somebody else? If the latter, give details.
2. Give a brief description of what has prompted the concerns (include dates and times of any specific incidents).
3. What have you observed? Physical signs? Behavioural signs? Indirect signs?
4. Have you spoken to the child? If so what was said?
5. Has anybody been alleged to be the abuser? If so give details.
6. Have you consulted an external agency or reported this to anyone else? If so, give details (name of person, name of organisation, date and time).
7. Does the child require medical attention?

**About You (we will not investigate anonymous reports)**

1. Your name, phone numbers and email address:
2. Your relationship to DCI-Zimbabwe:
3. Your relationship to the child/children concerned, if relevant:

3. **About the Child/ren**

1. Name(s):
2. Age(s) and date(s) of birth
3. Whom do the child/children live with?

Address/place of residence (and telephone no. if available):

.....  
.....

Signature ..... Date.....

## APPENDIX 2

### WHAT TO DO IF A CHILD TELLS YOU ABOUT ABUSE

Allegations of abuse must always be taken seriously. False allegations are very rare. If a child says or indicates s/he is being abused or information is obtained that gives concern that a child is being abused, the information must be responded to on the same day in accordance with the following procedure.

#### **Respond -**

- ⇒ **React** calmly so as not to frighten the child
- ⇒ **Listen** to the child and take what s/he says seriously. Do not show disbelief
- ⇒ **Reassure** the child s/he is not to blame and was right to tell someone
- ⇒ **Be aware** of interpreting what a child says, especially if s/he has learning or physical disabilities which affects her/his ability to communicate or English is not her/his first language
- ⇒ **Do not** assume that the experience was bad or painful - it may have been neutral or even pleasurable
- ⇒ **Avoid** projecting your own reactions onto the child
- ⇒ **If possible**, avoid asking questions. If necessary, only ask enough questions to gain basic information to establish the *possibility* that abuse may have occurred. Do not ask leading questions
- ⇒ **Do not** introduce personal information from either your own experiences or those of other children.

#### **Avoid -**

- ⇒ Panicking.
- ⇒ Showing shock or distaste
- ⇒ Probing for more information than is offered
- ⇒ Speculating or making assumptions
- ⇒ Making negative comments about the person against whom the allegation has been made
- ⇒ Approaching the individual against whom the allegation has been made
- ⇒ Making promises or agreeing to keep secrets and giving a guarantee of confidentiality

If you are uncertain about what to do with the information, consult a CPO for advice on the appropriate course of action.

If a CPO is unavailable and an immediate response is required, consult office of the National Director and Deputy any partner CPA or the police for advice. They have a statutory responsibility for the protection of children and they may already hold other information about the child. Record any advice given.

#### **Record**

Make a written record of the information as soon as possible using the Child Protection Report (see Appendix 4), completing as much of it as possible. The information will help partner CPA and police and decide what action to take .

#### **Sharing Concerns with Parents**

Where there are concerns that the parent(s)/guardian(s)/caregiver(s) may be responsible for or have knowledge of the abuse, sharing concerns with the them may place the child at further risk. In such cases advice must always first be sought from any partner CPA or the police .

## APPENDIX 3

### **CHILDREN'S COUNSELLING BILL OF RIGHTS**

Every child has the right to:

- ⇒ **Refuse counselling**
- ⇒ **Know the reasons for counselling**
- ⇒ **Know what is going to happen during the counselling process**
- ⇒ **Know how long the counselling is likely to last**
- ⇒ **Know what records will be kept and who will have access to them**
- ⇒ **Know what information the counsellor has to share due to legal reasons and with whom the information is to be shared**
- ⇒ **Know in advance when the counselling relationship is expected to end**
- ⇒ **Participate in selecting goals**
- ⇒ **Choose to speak or remain silent about any topic**
- ⇒ **Decide when to talk about his or her fears**
- ⇒ **Be touched only with his or her permission, and only in ways that are comfortable**
- ⇒ **Ask questions and receive answers on topics being addressed**
- ⇒ **Be taught skills that will help lessen risk of abuse**
- ⇒ **Report any action of the counsellor that seems inappropriate. This report can be made to any DCI-Zimbabwe Child Protection Officer**

**APPENDIX 4**

# DCI-ZIMBABWE

## CHILD PROTECTION REPORT

### Instructions

1. A separate form should be completed for each child.
2. Three copies of the form are required: one for partner CPA, one for the CPO and one for DCI-Zimbabwe records.
3. The form may be completed by hand and photocopied or completed electronically & printed.
4. When you have completed the form, deliver all three copies to a CPO as soon as possible.
5. If the form is completed electronically, in order to ensure confidentiality, ensure that you delete it from the computer hard drive and do not save a copy to a CD or flash drive.

Child's First Name(s)		Child's Surname			
AKA					
DOB	Gender	Nationality	Religion	Language	
Reasons for report: .....					
<b>Types of incidents occurring</b> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Medical Neglect <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Psychological/Mental Abuse <input type="checkbox"/> Mental Illness <input type="checkbox"/> Delinquency <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Gang Violence <input type="checkbox"/> Children exposed/harm in DV <input type="checkbox"/> Learning Disability <input type="checkbox"/> Neglect <input type="checkbox"/> Orphan & Vulnerable Child <input type="checkbox"/> Trafficking <input type="checkbox"/> Give details of type of incident occurring: .....					
<b>Name of Parent/Carers:</b>					
Current Address: ..... .....			Next of Kin Address: ..... .....		
Telephone number(s) Cell:            Landline:			Telephone number(s) Cell:            Landline:		
<b>Ethnicity</b> African Indo Amerindian Chinese Mixed Other (Non-Zimbabweans please specify)..... Not indicated					
Name of alleged/perceived perpetrator(s) if known:					
Current Address: ..... .....			Work Address if known: ..... .....		
Telephone number(s) Cell:            Landline:			Telephone number(s) Cell:            Landline:		
<b>Ethnicity</b> African/American/European/Asian/Arabian Other (Non-Guyanese-please specify)..... Not indicated					
Who does the child/ren live with?					
Name of family member caregiver/guardian	Age/(DOB)	Relationship to child/ren	School attending Nursery. Primary. Secondary, etc	Workplace Employed, self-employed	Contact numbers
Contact information of agencies involved with child/ren and family					

Name	Address	Contact Number (s)	Contact Person(s)
Health Centre(s)			
School			
Church/ Youth Group			
Any other			
Agencies involved if known			
Relevant information regarding the parents and wider family (including relationships, friendships, behaviour, emotional support, stability, safety, health and other issues) ..... .....			
Relevant information regarding environmental factors (including housing, who is working in the household, financial situation, community, social involvement, presence of domestic violence, alcohol abuse, drug abuse): ..... .....			
Any other relevant information (including previous referrals): ..... .....			
Parent's or child's views: ..... .....			
Is there a perceived risk of violence or other matters that could place those making contact with this family in danger (such as an unsafe neighbourhood, persons of a violent nature, an untethered dog, etc.)? YES      NO      If Yes, specify.....			
Consent: I agree to the information in this referral being passed through DCI-Zimbabwe to partner Childcare and Protection Agency. Name of Parent/Legal Guardian..... Signature of Parent/Legal Guardian..... Date.....			
Consent not sought because (indicate which applicable): To do so may place the child or associated persons at risk of significant harm To do so may compromise evidence or an investigation To do so may hinder the prevention or detection of a crime This is an urgent referral and it is not possible/appropriate to seek consent Other.....			
Referrer: Name ..... Position..... Contact Details..... Email address..... Signature..... Date.....			
<b>FOR OFFICIAL USE ONLY</b>			
Designated Child Protection Officer: Remarks: ..... ..... ..... Name ..... Contact Details..... Email address..... Signature..... Date.....			

**APPENDIX 5**

**CONTACT INFORMATION**

**Child Protection Officers**

**Childcare and Protection Agency**

The National:  
24 hour hotline:  
Working hours:

**Ministry of Justice**

Telephone:

**Police Stations and Probation and Rights Departments**

**Region 1**

<b>Name</b>	<b>Telephone Nos</b>
