



Child Protection & Safeguarding Policy



Bantra St.Thomas' Home Welfare Society

158, Belilious Road, Bantra,
Howrah, Pin – 711101, West Bengal

1. Introduction and Purpose:

Bantra St. Thomas' Home Welfare Society (BSTHWS) is a peripheral health institution that runs wards for the indoor medical treatment of women, children and female adolescents who have seriously fallen ill with tuberculosis, as well as a large ambulatory tuberculosis program with around 250–300 ambulatory TB patients at any time. BSTHWS does social work for its

beneficiaries, which includes food supply to impoverished families of TB patients and stipends for children affected by TB, and it has a own branch that vaccinates underprivileged children.

Jointly with the partner and funding organization in Germany, German Doctorse. V., BSTHWS has developed a Child Protection Policy to identify, mitigate and reduce the risk of child abuse by all people who are involved in delivering the project activities.

The Secretary of BSTHWS and the child social worker oversee jointly the implementation of and adhere to this guideline. The guideline is reviewed in intervals of two to three years by the Secretary of the Home, staff and the child social worker. Before a review, the staff members of the Home are encouraged to provide feedback on what works and what does not work, and to make suggestions.

This Child Protection and safeguarding Policy shall help to protect children and adolescents under the care of BSTHWS from any harm that may happen in the premises of BSTHWS. This document outlines the guiding principles and the practical steps to prevent the abuse of children and vulnerable adults. BSTHWS recognises that it is not possible to eliminate risks entirely but will do everything possible to reduce the opportunities for child abuse. The Child Protection Policy also serves to protect BSTHWS as an organisation and all employees from false accusations by providing definitive guidelines regarding appropriate behaviour in the Code of Conduct.

This policy is also a testimony of BSTHWS commitment to all four sets of rights of children i.e. Rights to Survival, Development, Protection and Participation and is based on the principles of best interest of the child, non-discrimination and right of every child to be heard.

This guideline clarifies for all employees of BSTHWS including the Board and Consultants, all other persons (visitors, contracting parties, volunteers, interns) and donors and partners who may come in contact with the children and adolescents of BSTHWS, how they shall interact with them and how they shall care for any child or adolescent who is under treatment of the indoor or outdoor department of BSTHWS or otherwise under the responsibility of BSTHWS.

2. Our Commitment

Inspired by the United Nations Convention on Child Rights (UNCRC), BSTHWS believes, that every child has the right to the enjoyment of the highest attainable standard of health and access to facilities for the treatment of illness and rehabilitation of health. BSTHWS therefore pledges to uphold the rights of children to protection from abuse and exploitation. In BSTHWS, every child is treated without discrimination of any kind, irrespective of the child's or their parents or legal guardian's sex, language, religion, political or other opinion, national, ethnic, or social origin, property, disability, birth, or other status.

BSTHWS aims to secure the children under its responsibility from their diseases, especially from tuberculosis and wants to provide a good experience in the life of each individual child under its responsibility, not only about its health but also to its overall personal development.

Especially, every mentally or physically differentially able child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance, and facilitate the child's active participation in the community. BSTHWS seeks to ensure that all differentially able children under its responsibilities have effective access to and receive education, training, health care services, and rehabilitation services, in a manner conducive to the child's social integration and individual development, including their cultural and spiritual development.

BSTHWS always keeps children safe from harm, and it promotes their well-being and development. Moreover, BSTHWS takes all administrative, social, and educational measures to protect the children under its responsibility from all forms of physical and mental violence, sexual abuse and exploitation as well as negligence.

3. Definitions:

- i. **CHILD** - For the purpose of the document, any person under the physical age of 18 years would be deemed to be a Child and as defined by the UN Convention on the Rights of Children , The National Policy for Children 2012.
- ii. **PROTECTION OF CHILDREN** - Child Protection means and includes:
 - Protecting a child from any perceived risk or danger to their life, their personhood, and their childhood.
 - Reducing their vulnerability to harmful situations and protecting them against social, psychological, and emotional insecurity and distress.
 - Ensuring that no child falls out of the social security and safety net and those who do, receive necessary care and protection to be brought back into the safety net.
 - Believing that a child is entitled to express her/his opinion and can take decisions for herself/himself and acting accordingly.
- iii. **CHILD ABUSE** - Child abuse constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.
- iv. **PHYSICAL ABUSE** - Physical abuse occurs when a person purposefully harms or threatens to harm a child. This may involve hitting, slapping, punching, shaking, kicking, burning, shoving, suffocating or grabbing.
- v. **EMOTIONAL ABUSE** - Emotional abuse is persistent and severe emotional mistreatment. Emotional abuse attacks a child's self-esteem. It can take the form of name calling, threatening, ridiculing, intimidating or isolating a child.
- vi. **SEXUAL ABUSE** - Sexual abuse occurs when someone involves a child in a sexual activity by using their power over them or taking advantage of their trust. Child sexual abuse includes touching a child's genitals, forcing them to watch or take part in child pornography or other forms of sexual violence on the internet, or coercing them to have sex or engage in sexual acts.
- vii. **NEGLECT OR NEGLIGENT TREATMENT** - Neglect is the extreme failure to provide a child with important aspects of care such as protecting them from exposure to danger or withholding medical attention, or the basic things needed for their growth and development.

- viii. **EXPLOITATION** - Exploitation includes severe forms of child labour, such as forced labour, prostitution, drug trafficking, and the misuse of children as soldiers. Children are not to carry out work that is dangerous or harms their development. Children also have the basic right to go to school.
- ix. **CHILD PROTECTION VIOLATION** - Child Protection Violation in this policy amounts to:-
- Any actor behavior that puts a child at risk of abuse.
 - Any actor behavior that could potentially increase the risk of abuse.
 - A failure to act in a situation where a child is being abused.
 - Failure to follow the code of conduct or any other prescribed protocol without suitable justification.
 - Failure to report any act of abuse and exploitation to the appropriate authorities for due action as per the laws

GUIDELINES AND INITIATIVES FOLLOWED FOR CHILDREN AT BSTHWS

4. Admission of Children

BSTHWS admits children who are seriously ill with tuberculosis or who are suspected to suffer from tuberculosis to its indoor wards. For organizational reasons, BSTHWS limits the number of children admitted to its wards to altogether 10 individuals below the age of 18 years.

Female children are admitted only with their mother or a female guardian.

Male children at the age of <10 years are admitted only with their mother or a female guardian. Male children at the age of ≥ 10 years are not admitted to BSTHWS, but, in case that hospitalization is needed, referred to Howrah Hospital. Their admission to the referral hospital is supervised and confirmed by OPD staff, who also visits the child in the referral hospital regularly.

The Child Social Worker (CSW) of BSTHWS gets immediately informed about the admission of a child and is in charge of the child's proper settling in at BSTHWS. A newly admitted child at BSTHWS must be seen by a doctor on the very first day of admission, and by a pediatric doctor as soon as possible to ensure immediate improvement of the health condition.

4.1 Identity Verification and Data Protection

During admission, the identity of the child is verified by checking the child's birth certificate and its aadhar card. Children without birth certificate are not admitted to BSTHWS to avoid legal complications in case of a death of a child in the hospital. While the availability of an aadhar card is appreciated, in a situation of imminent danger to the life of a child, it may be admitted with the birth certificate only.¹

However, the parents of the child must show their aadhar cards, and their residency is verified by CSW of BSTHWS immediately after the admission of a child. Parents or guardians of girl children must show a birth certificate of the girls as well before admission. No child is admitted without the consent of the parents or guardians.

All data of admitted children and adolescents contained in their medical files is handled with utmost care and confidentiality, so that no unauthorized third party can gain access to their information.

¹The parents are supported by the CHILD SOCIAL WORKER to get an Adhaar card for the child as soon as possible and as long as the child is admitted in BSTHWS. The CHILD SOCIAL WORKER also clarifies which documents of the child are available and which need to be issued. Moreover, she explores whether a child is eligible to get a handicap certificate from the government and assists the parents/guardians in the application process.

Inspection of the files is allowed to the CSW, doctors and nurses assigned to the child, and few key administrative staff only. These files are kept in a locked file cabinet in the medical room.

4.2 Contact with Parents/Guardians during the stay

Parents/guardians sign the application for admission to BSTHWS including the adherence to the rules of the Home. Parents/guardians and children are informed about the visiting hours and are encouraged to visit their children as often as possible during the visiting hours (Wednesday, Friday, and Sunday between 4:00 p.m. and 5:00 p.m.) and to spend time with them. Apart from visits by parents/guardians, the parent / guardian of the child is allowed to keep a mobile phone with them so that they can contact the family as per their convenience. In case, any patient does not have a phone, parents/guardians are allowed to use the BSTHWS phone free-of-charge every day.

If a child goes outside of BSTHWS, for example for a diagnostic test or for a consultation in another health facility, one parent of the child has to accompany the child, along with a staff member of BSTHWS. All staff members adhere to the 2-adult-rule and under no circumstances take a child on their own outside of BSTHWS. All staff members ensure that at least one other adult is always present or within eye contact when conducting one-to-one appointments, instructions, and medical or rehabilitation procedures with a child or children. Male BSTHWS staff including doctors enter the ward only after they have used a bell at the door, which gives patients time to cover themselves if they want to do so.

4.3 Conduct among admitted Patients

With every admission of a child, all other patients of the ward are instructed by the nurse on duty to adhere to safeguarding principles, e.g. not telling their visitors details about the children, not using inappropriate language, or showing inappropriate contents to children on a mobile phone etc. The CSW endorses such advice once she visits a new coming child for the first time. In cases of non-adherence or misconduct from other patients on the ward, a warning is issued, and in case of repeated misconduct, a patient can be discharged from the ward immediately to continue her treatment in another ward (as far as no children are there) or in an ambulatory setting. Children, doctors, nurses, and support staff can report such incidences to the CSW.

5. Role of Child Social Worker (CSW) at BSTHWS:

The CSW clarifies in detail the school education of the child through consultation with the parents/guardians and the school administration. An individual plan to keep up the learning is agreed upon and the learning materials are organised and provided for the child. Since each child gets a bed locker for the storage of his/her clothes and private items, the learning materials can be kept in there as well.

The CSW, in cooperation with the doctor-in-charge, ensures that the child's health is not compromised by the enforcement of learning activities. While academic engagement is encouraged, all staff are advised to motivate the child in a supportive manner, without being impatient or forceful.

The CSW closely monitors the child's academic progress through regular communication with the school, reporting both achievements and setbacks. This helps ensure that the child can reintegrate into school and continue their academic journey after recovery.

In addition, the CSW visits the school, meets with class teachers to discuss lessons the child may miss due to illness, and develops an individualized schooling plan in collaboration with the teachers. The CSW also ensures that the necessary learning materials are provided to the child.

Regular communication between the CSW and the school is maintained, while the CSW works closely with in-house teachers to follow up on and support the scholastic activities of each child.

Children are also encouraged to draw pictures or do hand work. If a child does not want to participate in any learning activities, it must be respected. Children can have some quiet time in the garden or on the terrace. Recreational activities, for example monthly outings in a park, are organized and offered to the children. The fitness of an individual child to take part in outings is confirmed from doctors and nurses of BSTHWS beforehand.

CSW is responsible for conducting group activities with the children. Whether a child is able to participate or not, will depend on the health condition of the child. The group activities involve playing games, discussing on social issues, resolving conflicts, awareness on the disease, and value education for the children. During such discussions, CSW also involves that guardian of the child to strengthen the parents-child relationship and helping in understanding the development of the children.

The CSW visits the child's home shortly after admission and documents the household conditions, taking into account the child's illness, the family's socio-economic situation, and any vulnerabilities that may affect the child's well-being. All relevant findings are shared with the treating team. Where confidentiality is necessary, the CSW gives it priority and discloses only the information that is essential for the child's treatment and care.

The CSW familiarizes herself regularly with the medical reports of each child and has regular meetings with the medical staff in charge of the children to keep up to date with their treatment progress. This includes food and exercise requirements as well. The CSW also serves as the link between the parents/guardians and BSTHWS and updates them about the progress and wellbeing of the child. When parents/guardians do not keep in touch with their children, it is the CSW's responsibility to find out the reasons and to extend support. The CSW visits every child who has been transferred to a different health institution and finds out whether the child needs any assistance there and overall wellbeing.

If a child cannot return home or refuses to return home, the situation is communicated to the child protection specialists in India and Germany, the Governing Board of BSTHWS including legal specialists in the bishop's house, and to the Child Protection Unit of the District of Howrah, West Bengal. A solution for the child is found within this interaction.

The CSW is also responsible for looking into the vocational needs of a child, during the stay and also after the patient is discharged. CSW establishes contact with such institutions and ensures admission and follow up with the child and the family in regular intervals.

The CSW advocates for and protect children facing challenges by connecting families with resources, providing counseling and intervening in cases of abuse or neglect. The CSW collaborate with various agencies and legal systems, coordinate foster care and adoptions, and work to improve children's well-being by addressing their emotional, social, and physical needs.

6. Discharge procedure for children from BSTHWS:

Before the completion of the tuberculosis treatment, the medical team and the CSW informs parents or guardians about the need for access to education after discharge, and parents or guardians are informed about follow-up visits, basics of child health and nutrition, and the advantages of breastfeeding, hygiene, environmental sanitation, and prevention of the disease. Any additional information as per relevance for the patient is also shared.

Some children may require continuation of their anti-tubercular treatment at a local DOT centre after hospital discharge. The future treatment plan is explained to the parents or guardians, and they are informed about the nearest DOT centre to their residence to ensure uninterrupted treatment. During the child's first visit to the local DOT centre, as planned by the CSW, an assigned staff member of BSTHWS accompanies the child and their parents or guardians. This helps them understand the procedure and facilitates an introduction to the DOT provider.

Upon discharge, the family receives a discharge letter from the attending doctor along with all original medical documents that were held by BSTHWS during the child's stay. While BSTHWS retains its own file in the archive, all original documents, such as test reports, are handed over to the family. These documents are to be kept by the family for future consultations with other doctors or for admission to hospitals other than BSTHWS.

The BSTHWS file contains a copy of the discharge letter, nursing and medical notes, notes from the CSW and a record of the last prescribed medications. A discharge plan is also maintained by CSW in the patient file.

In case of re-admission, the old file is handed out to the doctor and the nurses of the Home. The parents or guardians of the child acknowledge in writing that the handover of the child has been done correctly and that the child's documents are complete.

As part of the discharge plan prepared by the CSW, discussions are held with the parents or guardians. Topics such as the child's reintegration into education, vocational opportunities, and related limitations are addressed. If required, the attending doctor issues a fitness certificate for the child. In cases where the family faces financial challenges, the CSW, in coordination with the Secretary of the Home, consults specialized NGOs to explore possible support. Post-discharge, the CSW conducts follow-up visits at the child's home. The frequency of these visits depends on the child's medical and social background, but occurs at least once every quarter for a period of two years following discharge.

7. Reporting of Concerns on Child Safeguarding:

Anyone whose eyes or ears see something suspicious must not ignore it but must speak up immediately.

- any suspicion of sexual, physical or emotional abuse (past or present);
- a breach of the BSTHWS Code of Conduct.
- a breach of the Visitor Protocols by project visitors.
- a child presenting symptoms of abuse during medical examination by BSTHWS staff, doctor, visitor, relative of a child, and contractual party to the child social worker of the Home.
- A child with complaints of neglect, discrimination, peer related issues, inappropriate behavior, harsh punishments and any such issues that are threats to child safeguarding.

The CSW responds to any report within 24 hours. The CSW first ensures that the survivor is protected from further abuse or victimisation and receives counselling support and any other assistance, if required. All matters are first communicated to the Secretary of the organization. Confidentiality is maintained to the highest standard throughout the handling of such cases. Depending on the nature of the allegation, the following parties may be informed as appropriate: donors, staff members, parents or guardians, and relevant authorities.

A preliminary assessment of the situation determines the following steps. The CHILD SOCIAL WORKER will fully document the allegation using the Child Protection Incident Report Form.

Contact details for the CSW, the national child helpline in India, and local child protection networks are clearly displayed in each office for ease of reference by all personnel.

Complaint mechanism:

STH has three letterboxes placed within the facility. Each child is shown where suggestions or complaints can be dropped, and it is explained to them what steps will follow once a complaint is lodged.

The letterboxes are opened fortnightly in the presence of both the Secretary and the Child Social Worker (CSW) of the Home. The key to the letterboxes is kept exclusively with the Secretary, ensuring that they are not accessible to any other person.

In addition, the CSW holds weekly group meetings with all children and adolescents, during which individual statements are also heard. Complaints and suggestions are treated confidentially, with due consideration to their nature.

- Issues requiring one-to-one attention are handled individually.
- Matters suitable for collective discussion are addressed in group sessions.
- Concerns requiring urgent attention by the Secretary or other Home authorities are taken up immediately.

Staff members of the Home may also raise safeguarding-related complaints or suggestions. These can be submitted through any of the following channels:

- Discussing the matter directly with the CSW
- Dropping the issue in the letterbox
- Writing an email to the CSW at the following address: childprotectionpolicybsthws@gmail.com

The process remains the same for the parents/ guardians as well.

8. Awareness Building and Training in Child Safeguarding:

BSTHWS ensures that all staff members receive training on child safeguarding. The CSW identifies and elaborates the type of training required for the organization as a whole, for teams, for individual staff members, and for community members, in order to strengthen understanding and capacity on child protection. The CSW coordinates with BSTHWS management to arrange such training opportunities.

- At least one refresher training on child safeguarding is conducted annually, involving all staff. This may be facilitated by the CSW, depending on available capacity and resources, or in collaboration with other organizations with expertise in child protection, to ensure staff remain updated and informed.
- Every staff member is required to sign the Child Protection Policy (CPP) as a mandatory regulation to ensure adherence.
- Every new staff member receives an orientation on child protection from the CSW and must sign the Child Protection Policy upon joining.

The CSW also seeks guidance from other organizations working in the field of child protection and builds strong networks, for example, with government departments and personnel to stay informed about new guidelines and policies.

BSTHWS is committed to raising awareness about child protection. The responsibilities of the CSW are clearly communicated to staff, children, and their parents/guardians, so that any concerns are raised and addressed without delay. Staff, children, and parents must know exactly whom to contact if there are concerns about child abuse.

9. Recruitment and Induction:

BSTHWS applies child protection measures in recruiting and selecting personnel in order to deter possible offenders. The following actions are taken:

1. BSTHWS' commitment to child protection is clearly stated in recruitment advertisements, publications, and on its website.
2. All applicants must complete a general application form, which requires the applicant to provide formal proof of their identity, asks questions about any criminal convictions or proceedings, and a

declaration that their application is accurate.

3. At least one reference from a former employer, which refers to child protection, as well as a certificate of good standing or reference that illustrates their attitude and behaviour towards children is requested from the applicant.
 4. BSTHWS requires a police clearance check for all staff who are directly working with children.
- Employment is not considered, if the applicant refuses to sign the declaration, undergo a clearance check or sign the Code of Conduct.

10. The Code of Conduct:

The Code of Conduct (Annex 2) of BSTHWS is a direction for anyone working with children on behalf of BSTHWS. It promotes the highest standards of ethical and professional conduct by outlining the acceptable behaviours and appropriate boundaries that are expected of any staff who works directly with children. All BSTHWS staff are required to sign and follow the Code of Conduct.

11. Project Visits and Behaviour Protocols for Volunteers and other Visitors:

BSTHWS welcomes national and international visitors and partners each year who often make valuable contributions to BSTHWS. In order to ensure that the visitors have a safe and rewarding visit that fulfils their expectations, it is important that all visits are properly planned. When welcoming visitors, BSTHWS must be aware that offenders target organizations that work with children, so it is particularly important that situations of possible abuse by visitors are actively prevented. BSTHWS refers to the Visitor Protocol for more information.

- Visitors must submit a written explanation of the purpose of their visit at least two months in advance of the proposed date. The stated purpose must be communicated to both the CSW and the management. Only after reviewing the explanation, the Secretary of BSTHWS will issue a written response of either approval or disapproval.
- All visitors are required to read, sign, and adhere to the Visitor Protocol before their visit.
- BSTHWS ensures that all visitors comply with the Visitor Protocol during their stay.
- Any breaches of the Visitor Protocol must be immediately reported to the CSW.
- Visitors must always be accompanied by a BSTHWS staff member while on the premises.

Code of Conduct

BSTHWS is committed to the safety and well-being of all children involved in our projects. All BSTHWS' staff must read and understand, agree to, sign, and abide by the following Code of Conduct:

As a representative of BSTHWS, I will always keep in mind that I must act as a role model to others and that I have to behave in a way that does not harm the reputation of the organization as a whole.

I will

- Follow and uphold the BSTHWS Child Protection Policy and make myself aware on the laws, rules and guidelines related to child protection as amended from time to time.
- Respect and involve all children without selection or exclusion based on gender, disability, ethnicity, religion or any other status.
- Encourage and respect children's voices and views and ensure that a culture of openness exists that allows children to interact and express their issues and concerns with staff for children's personal, physical, social, emotional, moral, and intellectual development.
- Create a safe and positive environment for children.
- Avoid placing myself in a compromising or vulnerable situation when meeting with children and always follow the 'Two-Adults-Rule'. This means that I will ensure that another adult is present or within eye contact when conducting one-to-one appointments, instruction, medical or rehabilitation procedures. If I have to conduct a personal conversation with a child, I shall ensure that another adult is within eye contact. If individual consultation or treatment is required, I shall obtain the consent of the legal guardian and inform another adult in advance, about where and when the consultation will take place.
- Immediately report any situation, which may be subject to misinterpretation and all concerns regarding actual or potential child abuse, mistreatment, or any other violation of the CoC and/or the child protection policy.
- Keep data about children at BSTHWS confidential.
- Refrain from creating, viewing, downloading or distribution any inappropriate or offensive material, including, but not restricted to, abusive images of children, pornography, or child pornography.
- Ensure if I am aware, that an appropriate staff member or responsible official of BSTHWS accompanies all people visiting BSTHWS.

I will not

- Act in any manner that puts children at risk or act in any way that intends to embarrass, shame, humiliate or degrade a child.
- Use the power and influence of my position to abuse or exploit children.
- Engage in inappropriate physical contact with children including hitting, cuddling, and kissing in an inappropriate or culturally insensitive way.
- Use language that is inappropriate, harassing, abusive, threatening, sexually provocative or demeaning.
- Develop a sexual relation with a child. I will not engage in any form of sexual acts with children, including paying for sexual services.
- Allow children to engage in sexually provocative games with each other and stand aside when children inflict inappropriate actions on one another.
- Spend time alone with children. I will always ensure another adult is present or in close proximity to observe my activities (see the 'Two Adults Rule' above).
- Invite unaccompanied children into my home, residence or hotel. I will also not turn out a child from the residential home/facility.
- Develop relationships with children that are deemed exploitative or abusive in any way and employ persons below 18 years as domestic helpers.

- Requestor share the personal contact details of children.
- Use corporal punishment or tolerate corporal punishment by staff.
- I will not give cash or any kind of gifts directly to children.
- I will not take any photograph that would or could potentially violate the child's dignity, or privacy in any way.

I understand that a child is a person under the age of 18 years. I understand that mistaken belief of the age of the child is not a defense. I understand that any breach of the Code of Conduct may result in my dismissal and judicial consequences according to Indian law. With this signature, I give my assurance that I have carefully read, clearly understood, and agree always to abide by the BSTHWS Code of Conduct.

Name: Monika Nair
 Signature: [Signature]
 Date: 13/09/2025

BANTRA ST. THOMAS' HOME WELFARE SOCIETY
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