

Policy for protection of children

Principles and purpose of the policy

This policy is a statement of intent that demonstrates a commitment from Indian Association of Palliative Care (IAPC) to safeguard children from harm and to ensure that the procedures are in place to minimise the risk of and deal with any abuse and exploitation of children.

This policy is being developed because of the involvement of IAPC in various projects for children with national and international partners.

The Constitution of India has special provisions for children guaranteed through Fundamental Rights and Directive Principles (e.g. Article 15(3), Article 21(A), Article 23, Article 24, Article 39(e & f), Article 45 and Article 51A). National Policy for children 1974, National Charter for Children 2004, National plan of action for Children 2005 and National commission for protection of Child rights 2006 are some of the government's initiatives realizing Child rights and Child Protection. India is a signatory to the international conventions like CRC and ILO Convention. The UN Convention on Rights of Child (CRC-1989) outlines the fundamental rights of children including the right to be protected from all forms of abuse and exploitation and physical and mental violence.

The child protection is crucial to ensuring that children have the rights, confidence and environment in which they can make choices, express their views and communicate effectively with other children and adults. Children cannot become empowered change agents to improve their lives and that of their families and communities if they are not safeguarded from abuse, discrimination and harm of any kind, be it physical, sexual, emotional or neglect.

A child is anyone under 18 years of age.

Scope of the Policy

This policy applies to the following and IAPC will make them aware of the policy and expect them to abide by it:

1. IAPC staff, council members and engaged consultants visiting projects which may involve contact with children
2. Any other person who visit projects as representatives of IAPC who may come into contact with children (donors, journalists, celebrities, politicians etc).
3. This policy will be outlined and used as appropriate with any partner organisations who receive funds or resources from IAPC for programmes/projects which will result in them having contact with children.

As a responsible organisation IAPC recognises its legal obligations to notify relevant authorities of any concerns it has in relation to the treatment of children.

Policy Framework

This Child Protection Policy provides following principles and guidelines on which to base individual and organizational practice in relation to areas such as:

Recruitment

All employees, council members, project staff and volunteers (paid or unpaid, full time or part time) having direct or indirect contact with children have to face a standardized recruitment and interview process. While appointing these personnel following issues/documents have to be considered:

- Specific responsibilities included in job description
- Questions on child protection issues relevant to the role
- Original evidence of qualification
- Two reference checks to be verified either over telephone or in writing.
- Resolution of employment gaps, frequent changes of employment or reasons for leaving employment
- Requirement to sign a statement of commitment to the organization's CPP ["I will abide by the Organization's Child Protection Policy". This statement is to be mentioned in the contract letter of all new recruits]
- Orientation to the organization and its work

Induction and Training

IAPC have to develop and maintain the necessary skills and understanding, to safeguard children supported by them.

- All new recruits should be briefed about the Child Protection issues within 1 month of joining with a copy of the policy for reference to be given to them. This briefing to be done by either the Honorary Secretary or the President of the organisation.
- Orientation of all existing staff on Child Protection policies and procedures within 30 days after the Child Protection Policy comes into force.
- Regular engagement of personnel at least once in a year, to remind them of procedures and update on new developments.
- Orientation of donors and visitors to the IAPC offices and projects on behaviour and communication protocols (Appendix 2) before interaction with children.

- Behaviour protocols to be displayed on notice boards where IAPC projects for children are run.

Procedures for reporting and action

IAPC can receive reports of child abuse by staff, council members, representatives, or a person connected to a certain project and this could come from a number of sources.

All information relating to any concerns about abuse must be notified to the Honorary Secretary or in her/his non-availability to the President of the organisation in the prescribed format. (Annexure 3)

Dialogue with concerned/ abused child to understand the depth of allegation and its extent should be done by an experienced persons delegated specifically for the task by IAPC.

The reports and personal information on children are kept confidential and should be revealed only to relevant authorities.

IAPC must never act or make a decision alone where abuse or exploitation is suspected and will ensure appropriate action and enquiry is undertaken.

Any person found to be supporting, engaged, or suspected of being engaged in the any acts or any form of abuse as defined in the appendix in relation to children will be reported to the relevant authorities which may include law enforcing officials.

If the incident involves a member of its own staff, IAPC will take appropriate steps outlined in this policy.

Precautions with publicity

Images of children can not to be taken without the written consent of their guardians and prior permission from the hospital/organisational authorities. Degrading images of children should not be taken or published. Confidentiality and dignity of the child has to be maintained. The media will interact only with the designated persons at the institutions/organisations and prior information to be given regarding date of publication/telecast/broadcast.

Dissemination of the policy

The policy will be displayed the IAPC website, copies will be readily available at the IAPC office/s.

The policy will be shared with all those listed under ‘Scope of the policy’ (vide above) and this includes partners of IAPC in project involving children.

Precautions with research activities involving children

Children comprise an especially vulnerable population and must be provided added protection against violation of their individual rights and exposure to undue risk. This situation imposes special considerations when inviting their participation in studies and clinical research. Issue is further complicated when research is to be done on the mentally ill, who may not have adequate capacity to give informed consent. Obtaining the assent of a child and the permission of a parent or guardian is not the same thing as obtaining informed consent from a competent adult. The consent and other procedures should be carried out as per the ICH-GCP (1997) and ICMR guidelines (2000).

References

Policies Reviewed and Referred for the Draft

From India:

- CINI (Child in Need Institute) Asha
- XI Five Year Plan - Govt. of India 2007-12
- Udyan Care Child Protection

From outside India:

- UNICEF Protection Policy
- SLAM Child Protection Policy
- Help the Hospices document on children and vulnerable adults
- BHH & S and Child safety policy
- GRAHAMSTOWN HOSPICE Policy on the care of young dependent children

Policy review date

This Child Protection Policy of IAPC is to be reviewed on 1st of January 2016.

Annexure 1

Definitions

Who is a child?

According to the UN Convention on the Rights of the Child (Article 1) a child is every human being below the age of 18 years.

What is Child Protection?

Child protection is a broad term to describe philosophies, policies, standards, guidelines and procedures to protect children from both intentional and unintentional harm. In the current context, it applies particularly to the duty of organizations and individuals associated with the organizations- towards children in their care.

What is Child Abuse?

‘Child abuse’ or ‘maltreatment’ 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.’ (WHO, 1999)

Types of Child Abuse:

1. Physical Abuse

Physical abuse of a child is that which results in actual or potential physical harm from an interaction or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be single or repeated incidents (WHO, 1999).

2. Sexual Abuse

Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent or, that violates the laws or special taboos of society. Child sexual abuse is evidenced by an activity between a child and adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to the inducement or coercion of a child to engage in any unlawful sexual activity; the exploitative use of a child in prostitution or other unlawful sexual practices; the exploitative use of children in pornographic performances and materials.

Sometimes there are no obvious physical signs of signal abuse, and a physical must examination the child to confirm the abuse.

3. Emotional Abuse

Emotional abuse includes the failure to provide a developmentally appropriate, supportive environment , including the availability of a primary attachment figure, so that the child can develop a stable and full ran of emotional and social competencies commensurate with her or his personal potential, and in the context the society in which the child dwells. 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. These acts must be reasonably within the control of the parent or person in a relationship of responsibility, trust or power. Acts includes restriction of movement, patterns of belittling, denigrating, scape-goating, threatening, scaring, discriminating, ridiculing, or other non - physical forms of hostile or rejecting treatment. (WHO 1999)

4. Neglect

Persistent failure to prevent the exposure of a child to danger, or the extreme failure to carry out important aspects of care, medical or physical which results in the significant impairment of the child’s health or development.

Annexure II

Behaviour Protocols

1. Be empathetic rather than sympathetic towards children
2. Act on children's concern/problems immediately
3. As far as possible work with children in a place within the view of others
4. Never engage, encourage or support abuse, in any terms
5. Never stigmatize or humiliate children
6. Never use corporal punishment
7. Do not use slang words or abusive language in front of children
8. Never develop sexual relationship with any child
9. Permission of children and relevant staff to be taken before taking their images
10. Images of children not to be taken when they are not properly clothed.
11. In case of case studies, confidentiality has to be maintained.
12. Must wear clothes that are appropriate keeping in mind the local context in which the children live
13. Never give information regarding any child, sensitive incident to media over telephone
14. Inform about purpose and guide children prior to media coverage
15. Ensure confidentiality at the time of disclosing case studies to media.

Annexure III

Reporting Format

(This is a confidential document and should be handled by only by designated persons)

Reporting authority: (Honorary Secretary/ President of IAPC)

1. The incident has been disclosed by child/staff/others/ observed by reporting staff him/her self:

2. The incident that was observed /suspected?

3. (About the child) Child's Name:

- a. Sex: _____ Age _____ Place/Centre:

4. Incidental Details:

- a. Date, time and place of incident:

- b. Date when the incident came to the knowledge of the staff:

- c. Name of the alleged person:

5. Details of the person:

- a. IAPC staff/council member/engaged consultants/ representatives of IAPC/from partner organisation/other

6. Nature of allegation: _____

7. Personal Observation of the reporting staff (visible injuries, child's emotional state etc.):

8. Immediate action taken by the reporting staff:

9. Were there any other people or children involved in the incident:

10. Remarks (If Any):

11. Action taken by reporting authority:
