Policy for Protection of Children and Vulnerable Adults

Principles and purpose of the policy:
This policy is a statement of intent that demonstrates a commitment from Institute of Social Research and Development (ISRD) to safeguard children from harm and to ensure that the procedures are in place to minimize the risk of and deal with any abuse and exploitation of children and vulnerable adults.

ISRD believes that all children and vulnerable adults, regardless of age, ability or disability, gender reassignment, race, religion or belief, sex or sexual orientation or socio-economic background, have the right to be protected from abuse, neglect or exploitation. We believe that the welfare and interests of children and vulnerable adults is paramount in all circumstances. ISRD acknowledges that some children and vulnerable adults such as those with disabilities, those who have been displaced and those who hold refugee status, can be particularly vulnerable to abuse and we accept the responsibility to take reasonable and appropriate steps to ensure their welfare.

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 (CRC1989) 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.

An adult at risk is "any person aged 18 years and over who is or may be in need of community care services by reason of mental health issues, learning or physical disability, sensory impairment, or unable to protect themselves due to age or illness and who may be unable to take care of themselves or unable to protect themselves against significant harm or serious exploitation". An adult at risk of abuse or neglect is defined as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs is unable to protect themselves.

Application
This Policy applies to all ISRD employees, independent of their location, grade, type or duration of appointment, and including Temporary Appointment holders, notwithstanding their contractual or remuneration status: i.e. individuals who have a contractual relationship with ISRD, such as temporary advisers, Special Service Agreement holders, consultants and interns,

as well as third party entities such as vendors, contractors or technical partners. Unless otherwise specified in the policy.

Scope of the Policy

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

1. ISRD staff, council members and engaged consultants visiting projects which may involve contact with children;
2. Managing Committee will discuss Safeguarding issues as a main agenda in the board meeting;
3. Any other person who visits projects as representatives of ISRD who may come into contact with children (donors, journalists, celebrities, politicians etc);
4. Protecting the rights of adults to live in safety, free from abuse and neglect;
5. people and organisations working together to prevent and stop both the risks and experience of abuse or neglect;
6. People and organisations making sure that the adult's wellbeing is promoted including, where appropriate, taking fully into account their views, wishes, feelings and beliefs in deciding on any action and
7. This policy will be outlined and used as appropriate with any partner organisations who receive funds or resources from ISRD for programmes/projects which will result in them having contact with children and vulnerable adults.

As a responsible organization, ISRD recognizes its legal obligations to notify relevant authorities of any concerns it has in relation to the treatment of children and vulnerable adults.

Zero Tolerance

ISRD has amended a zero-tolerance approach to all forms of harassment, abuse and exploitation to children and other vulnerable adults. ISRD is committed to ensuring that no employee or witness who brings forward a harassment complaint or testifies to it, is subject to any form of retaliation. Any employee who retaliates against an employee who has reported in good faith, a sexual harassment claim, will be subject to disciplinary action, which may include dismissal. Any reprisal will be considered as a separate case of misconduct. Anyone who abuses this procedure (for example, by maliciously putting an allegation knowing it to be untrue) would also be subject to disciplinary action including dismissal from service. In the event that the Complainant or any Witness of the Complainant is being supervised by the Respondent or any of its Witnesses, then such reporting assignments will be changed to the extent possible by ISRD. ISRD will not victimize or discriminate against a Complainant or Witnesses while dealing with complaints of sexual harassment. Further, as per the applicable statute, the Complainant and/or the Respondent (if a woman) can file an Appeal before the Court or Tribunal against the recommendations of the Managing Committee within a period of 90 days.

Policy Framework

This Child and vulnerable Adult 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] and
- Orientation to the organization and its work.

Scope of Safeguarding at organization level:
The issue of safeguarding will be included as a specific risk on the organisational risk register and standard agenda item at Board meetings as per need based.

Induction and Refresher Training:
ISRD have to develop and maintain the necessary skills and understanding, to safeguard children and vulnerable adults supported by them.

- All new recruits should be briefed about the Child Protection and Vulnerable Adults 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 Secretary or the President of the organisation.
- All the staffs need to sign the policy as a token of acceptance;
- 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 ISRD offices and projects on behaviour and communication protocols (Appendix 2) before interaction with children.
- Behaviour protocols to be displayed on notice boards where ISRD projects for children are run and
- All the staffs of the organization will attend the refresher training on existing policies of the organization.

Maintaining Safe Environment:
Every employee is responsible maintaining a safe and respectful workplace. ISRD has a zero-tolerance approach to all forms of violence, abuse, harm, exploitation and/or threating or bullying behaviour. All employees and related personnel will commit to not:

- Making harassing or threatening phone calls;
- Sending harassing or threatening emails or other written communications to anyone;
- Treat colleagues, partner employees or related personnel in an undignified or disrespectful manner;
- Intentionally causes harm to others;
- Using unlawful, derogatory or intimidating language as a way of communication;
- Stalk any other person;
- Destroy personal and/or Organisation assets;
- Possess dangerous items of any nature such as weapons, explosives or firearms and
- Steal assets belonging to ISRD.

Any violations of these Policy for maintaining a safe environment are grounds for disciplinary action, up to and including potential termination in accordance with local laws.

Procedures for reporting and action:
ISRD can receive reports of child and vulnerable children 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 Secretary, Director or in her/his non-availability to the President of the organisation in the prescribed format. (Annexure 1)

1) **Informal procedure**: If someone believes they are being bullied or harassed, they should try to resolve the issue informally first and explain to the individual concerned that their behaviour is not welcome, and it offends or upsets them. Often the perpetrator is not aware that their behaviour is having this effect on others. If it is not possible to address this informally, the individual must keep a record of events and raise any allegations with their line manager. This may be done verbally or in writing, should include full details and, if possible, supporting evidence. Where this is not possible, for example their line manager may be involved, or because they raised the issue before and feel that their allegation was not taken seriously, they should raise this with skip manager, or Director, Secretary or President.

2) **Formal procedure:**
   i. The issue should be raised under the local Grievance procedure. The complaint will be formally investigated and if necessary, addressed using the disciplinary procedure, principles and steps relevant to the context.
   ii. When an allegation of bullying or harassment has been made, both parties should be advised there should be no communication between them in relation to the complaint, and consideration should also be given to precautionary suspension or temporary redeployment of the alleged bully or harasser to enable an unbiased investigation to proceed.
   iii. Suspension is not in any way a disciplinary sanction and does not imply that any decision has already been made about the case under investigation. The purpose is only to ensure free and fair investigations.

iv. At the relevant stages of these procedures, the complainant, or individual accused has the right to appeal using the relevant appeal procedures.

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

ISRD 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, ISRD will take appropriate steps outlined in this policy.

A register for the reporting of safeguarding issues will also maintain at the organization level to measure overall assessment. (Annexure II)

Concern complaints can be made through following designated person for any related issues:

Sl. No.	Name	Designation	Telephone No.	Email
1	Ms Heigrujam Loidang Devi	Secretary	+91 7005107722	office@isrdmanipur.org
2.	Mr. Ksh. Dinesh Singh	Director	+91 9612569116	isrdimphal@gmail.com
3.	Ms M. Gomita Devi	Treasurer	+91 9862623340	Isrd_imphal@yahoo.co.in

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 copies will be readily available at the ISRD office/s. The policy will be shared with all those listed under ‘Scope of the policy’ (vide above) and this includes partners of ISRD in project involving children.

Precautions with research activities involving children and Vulnerable Adults

Children and vulnerable 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.

References
Policies Reviewed and Referred:

From India:

- CINI (Child in Need Institute) Asha
- XI Five Year Plan – Govt. of India 2007-12
- 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 and Vulnerable Adult Protection Policy of ISRD is reviewed and amend on September 2023.

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.

Who is vulnerable adult?
An adult at risk is "any person aged 18 years and over who is or may be in need of community care services by reason of mental health issues, learning or physical disability, sensory impairment, or unable to protect themselves due to age or illness and who may be unable to take care of themselves or unable to protect themselves against significant harm or serious exploitation".

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 6

Behaviour Protocols

1. Be empathetic rather than sympathetic towards children and vulnerable adults
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 1

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

Reporting authority: ..... (Secretary/Director/ President of ISRD).

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 or vulnerable adult) Name:

   _____

   a. Sex:___ Age __ Place/Centre: _____

4. Incidental Details:
   - Date, time and place of incident:

     _____

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

     _____

   - Name of the alleged person:

     _____

5. Details of the person:
   - ISRD staff/council member/engaged consultants/ representatives of ISRD/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:

    _____

    _____

    _____

REGISTER FOR THE REPORTING OF SAFEGUARDING ISSUES

Sl. No.	Date of Incidence	Date of Reporting	Nature of Offence	Name of Person filing the Complain (Name can be alias)	Reason for complain	Date of Action Taken	Current Status/Observation	Remark