CHILD PROTECTION POLICY

MANASADHARA TRUST

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CHILD PROTECTION POLICY (CPP)

Manasadhara Trust values young people and children as being a vital part of our organisation and desires to see them grow, mature and be challenged in a healthy and safe environment.

Purposes

The purpose of Manasadhara Trust children and young people's programme is to offer the children a safe and welcoming environment with fun activities where the children can grow and learn. Whether this is through activities or through other independent groups working in partnership with our organisation.

Aims

- To provide activities for children and young people to help them develop from childhood into adulthood and to provide support for them.
- To enable the children to express themselves.
- To assist the children in integrating into the community.
- To help children/young people appreciate the diversity of their cultures.

INTRODUCTION TO THE TRUST:

Manasadhara trust ® was established in the year 2006 by the Late Dr. K A Ashok Pai, a psychiatrist, writer, film maker and thinker. Mental health in India is largely a neglected and stigmatised area. The population in need is very large as compared to the resources available for treatment. It is also true that the care for mental ill health varies from physical ailments in the treatment protocols, the long duration of treatment (in many cases) and rehabilitation which requires expertise and a sense of long-term commitment. The WHO recommends 3 psychiatrists per 100000 populations. Currently the Indian ratio is 0.85 to 100000. Due to this gap, we end up treating mainly acute ailments. Long term care, psychosocial rehabilitation and integration of people with special needs into the mainstream society usually take a backseat. It is this gap that Manasadhara aims to fill. The aims of the trust were to work in tandem with professionals in acute care to design individual specialised programs for different mental health concerns and to personalise care.

The first institute which was started by the trust was a psychosocial rehabilitation centre called Manasadhara. When patients recover from chronic psychiatric illnesses, they would have lost their jobs, their cognitive faculties and their socialising ability. At Manasadhara, we care for such patients and work towards improving their social,

cognitive and vocational abilities so that they can return as a productive, functional and confident member of the society. We have a group of psychiatrists, clinical psychologists, psychiatric social workers, counsellors and special educators who cater to the needs of the patients. Our vocational training programs are unique because they keep in mind the socio-economic milieu of the community that the patients live in. We train patients in weaving, farming, mushroom cultivation, cooking and digital skills which they can use to make a living for themselves once they are out of the centre. We help rehabilitate individuals with drug abuse with a special 21-day program designed by the team of experts. In an effort to sustain abstinence from the drug habit, we hold alumni meets every year of former patients who have successfully quit their habit and have now become respectable members of the society. This in turn motivates the current patients who are struggling with the same.

We work in collaboration with NGOs like Craftizen and Amba computers to help patients learn occupations like making Holi colours from left over flowers in the temples, crafts for gifting and digital skills which can then translate into an occupation once they are ready to go back home.

Keeping in mind the financial difficulties of our patient families (which happens commonly when the earning member of the family falls mentally ill for a long time), we have 15 % of the beds reserved for patients who will be taken care of at the expense of the trust (apart from their food costs).

After the covid pandemic, we realised the need for special rehabilitation services for the geriatric mentally ill. With the burgeoning geriatric population in India and the advent of nuclear and double income working families, older adults with mental illness are often sidelined and difficult to care for. Patients with dementia, stroke and chronic mental illnesses need extra care and support which is time consuming. Expensive and causes burn out in the care takers. Hence, we started Mukunda, a 50-bed centre for geriatric patients with special needs with a team of dedicated, trained and caring staff.

A typical day at this centre is more laid back with sessions in light yoga, play therapy, physiotherapy, cognitive retraining, spiritual sessions and community interactions by way of holding concerts and plays within the centre. The centre is surrounded by a well curated garden which gives the space a warm cozy feeling, something which we feel our older patients thrive in. We have collaborations with multiple centres in Shivamogga which perform dance, music, plays for the patients which helps bring them closer to the community as well.

Another area of the mental health spectrum that we have ventured into is children with special needs. Started in 2016, Manaspoorthi, which started off as a resource centre, is now a special school. The centre was started as provision for a safe space to children coming from economically vulnerable and dysfunctional family backgrounds. The centre was equipped with a library, computers and counsellors who had the skills to help out in areas of career, behavioural problems and emotional distress. India is among the few nations which has a huge population of young adults. But in today's world, children, teenagers and young adults are faced with myriad problems such as academic difficulties, drug abuse, addiction to technology and many others. Children who come from dysfunctional families where parental drug addiction fights and financial difficulties cause distress are largely left to fend for themselves. At Manaspoorthi, we have two wings. One, to help children with intellectual difficulties and learning disability and the second, a centre where children can come and spend time with counsellors and learn to use technology and have access to a well curated library which can help shape their future. We cater mainly to the children who come from difficult circumstances and hence most services are given at nominal costs and sometimes for free.

We hold a 15-day free summer camp once a year in which integrates normal children with special children which helps in cultivating a sense of inclusivity. We partner with organizations like Namma halli theatre, Agasthya foundation, Ishanya foundation, FM radio, Samanvaya and IMA Shivamogga to provide the children with varied, interesting and useful experiences during the time.

We run programs of Jan Shikshana Samsthe (JSS) which trains our children in tailoring, mobile repair and Amba computers which trains them in digital skills so that they can be employed.

We help train out of school children in appearing for their NIOS and KOS (open schooling programs) exams. We also conduct outreach programs for Government school teachers, students and CREs educating them about topics like identifying intellectual disability and learning difficulties, handling exam stress and good parenting practices. The centre has so far conducted about 300 plus programs for the same.

As of today, statistics state that Shivamogga stands second in the number of child marriages and third in registration of POCSO cases in the state. We see that girl children after class 10 or 12 drop out of school and start working due to economic difficulties, lack of facilities and cultural norms. Many a times, these children are victims of child marriage and early pregnancies. As a part of Manasadhara trust's initiative, we have started a diploma program for girl children from rural and lower socio-economic backgrounds. "Diploma in patient care assistance" is a course recognised by the National council of vocational research and training (NCVRT). It is a two-year program which involves both

theory and practical training as nursing and geriatric care assistants. The beneficiaries of this program are given free board, lodge and teaching programs for a span of two years followed by an internship of one year. A monthly stipend is paid to them since their first month into the course. Manasadhara has trained about 150 girl students so far, who now work in various hospitals across the state and in peripheral clinics.

The trust is committed to scaling its services by transitioning from just clinical intervention to a holistic community integrated model. Future initiatives prioritise technological integration and providing tele counselling services to the remote peripheries. The trust also remains dedicated to dismantling the systemic stigma and trying to ensure that every individual with an intellectual disability or mental illness is treated with respect and dignity.

Manasadhara has a multi-disciplinary team consisting of psychiatrists, neurologists, clinical psychologists, physiotherapists, counsellors, general physician, consultant diabetologist, nurses, special educators and skill imparting specialists. They help in identifying the abilities of patients, so that adequate and appropriate support is provided to maximize their functioning capabilities. After assessment, individualized support plans are designed, considering social, emotional behavioural and cognitive needs of the patient's family. The communication difficulties experienced by many of these people compounds the distress. Hence, special emphasis is paid to managing inter personal relationships, communication and behaviour management skills.
As a part of best practices, Manasadhara trust has formulated a Child protection policy which the trust is committed to abiding by.

CHILD PROTECTION POLICY.

Children are more vulnerable than adults, to conditions under which they live. Hence, they are more affected than any other age group by the actions as well as inactions of society. As children spend a significant part of their childhood and formative years in schools, it is imperative that the ambience in schools is positive and nurturing, where they feel safe and secure on the premises and with the care providers. The Prevention of Children from Sexual Offences (POCSO) Act, 2012 maintains that all children have an equal right to access education in an environment that is safe, protective and conducive to the overall development. The challenges of gender inequality, eve teasing and sexual abuse in school environment call for increased awareness and creating synergy among parents, teachers and schools. The National Policy for Children, 2013, recognizes that "childhood is an integral part of life with a value of its own". One of the key priorities of

the Policy mandates the State to "create a caring, protective and safe environment for all children, to reduce their vulnerability in all situations and to keep them safe at all places, especially public spaces" and "protect all children from all forms of violence and abuse, harm, neglect, stigma, discrimination, deprivation". Providing opportunity and space for children to share their grievances, concerns, fears as much as their suggestions and views with regard to their own safety is imperative and will go a long way in creating the desired 'child sensitive' atmosphere.

Purpose of Child Protection Policy

The present Child Protection policy attempts to provide clear direction to staff and others about expected codes of behaviour in dealing with Child Protection issues. It also makes explicit the school's commitment to the development of good practice and sound procedures. This ensures that Child Protection concerns and referrals may be handled sensitively, professionally and in ways which prioritizes the needs of the child.

Introduction

The school recognizes the contribution it can make to protect children and support pupils in school. This policy applies to all teaching and non- teaching staff in school.

ROLES AND RESPONSIBILITIES

Child Protection Representative

Manasadhara Trust has appointed a child protection representative.If any worker has any child safety concerns; they should discuss them with him/her. He/she will take on the following responsibilities:

- Ensuring that the policy is being put into practice;
- Being the first point of contact for child protection issues;
- Keeping a record of any concerns expressed about child protection issues;
- Bringing any child protection concerns to the notice of the Management Committee and contacting the Local Authority if appropriate;
- Ensuring that paid staff and volunteers are given appropriate supervision;

Ensuring that everyone involved with the organisation is aware of the identity of the Child Protection Representative.

The head of the Special School will be considering as the Child Protection Representative (CPR).

The most important role is that of the CPR of the school. He/She will be acting as the source of advice/ information within the school Safeguarding and Child Protection policy and other related procedures; Delegating powers and responsibilities to the co-teachers to

ensure everyone connected with Child Protection Policy Referral of individual cases of suspected abuse as per mandated procedures Liaising with relevant agencies about individual cases. Ensuring that all staff knows what to do if they suspect that a child is being abused. Ensuring wide dissemination among parents of the School's duties and responsibilities under the Child Protection Procedures Continuous training program for children and staff .Reviewing annually all safeguarding policies and procedures.

Role of the Co-Teachers

The teachers will: Ensure the implementation of this policy. All procedures and other related policies ensure everyone connected with the school is aware of this policy. Work closely with the designated teacher and parents for child protection Undertake training in safeguarding and child protection

- Be aware of the background of the children in their care.
- Be made aware of this policy and all other safeguarding policies and procedures during induction
- Be aware of the names of the designated teachers be trained in identifying signs of harm and abuse.
- Be aware of the effects of abuse and neglect on children Undertake training on responding to a child be alert at all times to the signs of abuse namely physical, emotional, and sexual or neglect.
- Know how to report any suspected case of harm or abuse respond immediately to any child. Report any concerns to the designated person or the deputy designated person.
- Know what to do if a child makes a disclosure; Report any concerns they have on any aspect of the school community

New Workers

Workers and assistants are by far the most valuable resource the group has for working with young people. When recruiting and selecting paid workers and volunteers the following steps will be taken:

- Completion of an application form;
- An Identifying reasons for gaps in employment, and other inconsistencies in the application;
- Checking of the applicants' identity (Aadhar Card, driving license, etc);
- Taking up references prior to the person starting work;
- Ensuring criminal record checks have been carried out through relevant local agencies approved by the Criminal Records Bureau;
- Taking appropriate advice before employing someone with a criminal record;
- Allowing no unaccompanied access to children until all of the above have been completed;
- A probationary period of 3 months for new paid workers and volunteers;
- On-going supervision of paid workers and volunteers;

- Ensuring good practice is followed in working with children and young people by providing appropriate training and guidance;

Types of Abuse to be looked into as a Part of Child Protection Policy

Abuse and neglect are forms of maltreatment. A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children and young people may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by a stranger.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development and may involve:

Conveying to children that they are worthless or unloved, inadequate, or valued only so far as they meet the needs of another person.

Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction

Serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

- Adults who use children to meet their own sexual needs abuse both girls and boys other children of all ages, including infants and toddlers. Usually, in cases of sexual abuse it is the child's behaviour that may cause you to become concerned, although physical signs can also be present. I n all cases, children who tell about sexual abuse do

so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

- It is also important to remember that it not just adult men who sexually abuse children – there are increasing numbers of allegations of sexual abuse of children against women and sexual abuse can also be perpetrated by other children or young people.
- The physical signs of sexual abuse may include:
- Pain or Itching in the genital area
- Bruising or Bleeding near genital area
- Sexually transmitted disease
- Vaginal discharge or infection
- Stomach pains
- Discomfort when walking or sitting down
- Pregnancy
- Changes in behaviour which can also indicate sexual abuse include:
- Sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
- Fear of being left with a specific person or group of people
- Having nightmares
- Running away from home
- Sexual knowledge which is beyond their age, or developmental level Sexual drawings or language
- Bedwetting
- Eating problems such as overeating or anorexia
- Self-harm or mutilation, sometimes leading to suicide attempts Saying they have secrets they cannot tell anyone about Substance or drug abuse. Suddenly having unexplained sources of money Not allowed to have friends (particularly in adolescence) Acting in a sexually explicit way towards adults.

Neglect

Neglect can be a difficult form of abuse to recognize, yet have some of the most lasting and damaging effects on children.

The physical signs of neglect may include:

- Constant hunger, sometimes stealing food from other children Constantly dirty or 'smelly' Loss of weight, or being constantly underweight I nappropriate clothing Changes in behaviour which can also indicate neglect may include: Complaining of being tired all the time not requesting medical assistance and/or failing to attend appointments having few friends Mentioning being left alone or unsupervised.

Bullying

Bullying is not always easy to recognize as it can take a number of forms. A child may encounter bullying attacks that are:

Physical: pushing, kicking, hitting, pinching and other forms of violence or threats Verbal: name-calling, sarcasm, spreading rumours, Persistent teasing

Emotional: excluding (sending to Coventry), tormenting, ridiculing, humiliating.

Persistent bullying can result in:

- Depression
- Low self-esteem
- Shyness
- Poor academic achievement
- Isolation
- Threatened or attempted suicide

Signs that a child may be being bullied can be:

- Coming home with cuts and bruises Torn clothes Asking for stolen possessions to be replaced Losing dinner money.

- Falling out with previously good friends being moody and bad tempered wanting to avoid leaving their home.

- Aggression with younger brothers and sisters doing less well at school Sleep problems.

Anxiety

Becoming quiet and withdrawn:-

These definitions and indicators are not meant to be definitive, but only serve as a guide to assist you. I t is important too, to remember that many children may exhibit some of these indicators at some time, and that the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behavior

such as a death or the birth of a new baby in the family or relationship problems between parents/carers. I n assessing whether indicators are related to abuse or not, the authorities will always want to understand them in relation to the child's development and context.

CONFIDENTIALITY

It is imperative that confidentiality is observed at all times as the protection of the child is paramount. School personnel have a professional responsibility to share information with other professionals who are investigating a case. A child, when confiding information to a member of staff, must be made aware that for the child's own sake this information cannot be kept secret. The child must be reassured that the information will only be shared with the designated teacher who will decide which information needs to be shared, when and with whom.All child protection records are regarded as confidential and will be kept in a secure place.

INTERVENTIONS / MEASURES TAKEN

Taking into consideration the safety needs of the students and owing to the unfortunate events pertaining to students, the school has revised and tightened its security policies.

In this regard:

Teachers and all employees of institutions were also made aware about the provisions of the POCSO Act In- house induction sessions will be held for all teachers to include a specific module on gender sensitization. The documents pertaining to teachers and support staff will be updated with the school.

- Duties for teachers listed out for gate duty during dispersal and break time.
- Teachers will be put on rotation before students come and will stay till students go back. They will not leave the students unsupervised during play time.
- The access to school building by outsiders is controlled and visitors are monitored.
- The child will not be allowed to leave the school with people other than the designated ones during time of admission.
- Various committees including Internal Complaints, Grievance Redressal, Sexual Harassment, Child Welfare, Anti- Bullying etc. are set up to serve as complaints and redressal bodies.
- Complaint/ Suggestion box is provided in school so that students can make written complaints. Any complaint of sexual abuse, whether received through the drop box or otherwise will be acted upon immediately.

- CCTV cameras were installed in school premises at all strategic places along with the warning.
- Toll Free number and child helpline will be provided and made known and displayed on notice board along with names of teachers designated to handle such cases. Centralized Child helpline number 1098 will be popularized and displayed at prominent places in the schools.

APPENDIX: A - TALKING AND LISTENING TO CHILDREN

If a child wants to confide in you, you SHOULD

- Be accessible and receptive;
- Listen carefully and uncritically, at the child's pace;
- Take what is said seriously;
- Reassure children that they are right to tell;
- Tell the child that you must pass this information on;
- Make sure that the child is ok ;
- Make a careful record of what was said.

You should NEVER

Investigate or seek to prove or disprove possible abuse;

- Make promises about confidentiality or keeping 'secrets' to children;
- Assume that someone else will take the necessary action;
- Jump to conclusions, be dismissive or react with shock, anger, horror etc;
- Speculate or accuse anybody;
- Investigate, suggest or probe for information;
- Confront another person (adult or child) allegedly involved;
- Offer opinions about what is being said or the persons allegedly involved;
- Forget to record what you have been told;
- Fail to pass this information on to the correct person (CPR)

Children with communication difficulties, or who use alternative/augmentative communication systems

While extra care may be needed to ensure that signs of abuse and neglect are interpreted correctly, any suspicions should be reported in exactly the same manner as for other children;

Opinion and interpretation will be crucial.

Recordings of any complaints should

- State who was present, time, date and place;
- Be written in ink and be signed by the recorder;
- Be passed to the Principal immediately (certainly within 24 hours);
- Use the child's words wherever possible;
- Be factual/state exactly what was said;
- Differentiate clearly between fact, opinion, interpretation, observation and/or allegation.

What information do you need to obtain?

Schools have no investigative role in Child Protection. Never prompt or probe for information, your job is to listen, record and pass on; I deally, you should be clear about what is being said in terms of who, what, where and when. The question which you should be able to answer at the end of the listening process is 'might this be a Child Protection matter?';If the answer is yes, or if you're not sure, record and pass on immediately to the Principal.

If you do need to ask questions, what is and isn't OK?

Never asked closed questions i.e. ones which children can answer yes or no to e.g. Did he touch you?

Never make suggestions about who, how or where someone is alleged to have touched, hit etc e.g. Top or bottom, front or back?

If we must, use only 'minimal prompts' such as 'go on … tell me more about that … tell me everything that you remember about that … … '

Timescales are very important: 'When was the last time this happened ?' is an important question.

What else should we think about in relation to disclosure?

Is there a place in school which is particularly suitable for listening to children e.g. not too isolated, easily supervised, quiet etc.;

We need to think carefully about our own body language – how we present will dictate how comfortable a child feels in telling us about something which may be extremely frightening, difficult and personal;

Be prepared to answer the 'what happens next' question;

We should never make face-value judgments or assumptions about individual children. For example, we 'know that [child] tells lies';

Think about how you might react if a child DID approach you in school. We need to be prepared to offer a child in this position exactly what they need in terms of protection, reassurance, calmness and objectivity;

Think about what support you could access if faced with this kind of situation in school.

12. Conclusion

There is an official obligation and an individual obligation to fulfil the intent of this Policy. The Policy will be prominently displayed in all Manasadhara Trust office premises and it is expected that every employee will have a working knowledge of permissible activities in the work place and will seek guidance from HR department.

Details of Manaspoorthi Child Protection Policy Committee members are mentioned below:

- **Chairperson**: Mrs. Ranganayaki
- Min. 2 members from employees who have had experience in social work or have legal knowledge or are committed to the cause of women.
  - Mrs. Padmini
  - Mrs.Annapurna
- One member from Governing Board
  - Dr. Praveen Chiluka

- One External Member
    - Mr. Samanvaya Kashi

13. As Appendix Attached

- POCSO
- Letters of all appointment of ICC & acceptance
- Poster copy
- Meeting Minutes book
- JJB ACT
- Manasadhara Certificate KPMEA
- Manaspoorthi Special School Register Certificate