

# TAMIL NADU STATE CHILD POLICY

The Tamil Nadu Commission for Protection of Child Rights has prepared the Tamil Nadu State Policy for Children Policy, 2020, setting out the strategies for implementation of the Policy for the holistic development of all children in the State in an inclusive manner leaving no one behind.

**The Chairperson and the Members  
TNCPCR**

# CONTENTS

Chapter No.	Title	Page No.
1.	Vision and Mission of the Tamil Nadu State Child policy	2
2.	<b>Part I</b> Tamil Nadu State Child Policy	4
3.	<b>Part II</b> State Action Plan for Child policy	24
<b>ANNEXURES</b>		
A	Early Children Care and Development (ECCD)	24
B	Children in the current growth and Development Scenario	28
C-1	Child care and protection inclusive of special children	31
C-2	Children under Institutional Care	41
D	Institutional framework for the children in Tamil Nadu	54
E	After care programmes	57
F	Complaints and Grievance redressal	59
G	Partnerships, advocacy, Research and Documentation	62

## VISION

A State where every child is happy and is able to enjoy equitable rights and opportunities towards his/ her holistic development.

## MISSION

The State of Tamil Nadu will ensure that every child is protected from all forms of violence, abuse, exploitation and discrimination. They shall have to access quality healthcare, education and nutritious food. To create conducive environment for their overall development in all dimensions of life cycle and to create access for their voice to be heard

## 1. Introduction and Background

Since 1924, when the League of Nations adopted the Geneva Declaration of the Rights of the Child, the international community had made a series of firm commitments to children to ensure that their rights- to survival, health, education, protection and participation, among others are met. The **Convention on the Rights of the Child**, adopted by the UN General Assembly in 1989 is an international statement of the civil, political, economic, social and cultural rights of children. It has laid down out that the children's survival, development and protection are a moral and legal obligation of Governments. The principles and rights enshrined in the Convention with the relevant Articles are set out below.<sup>1</sup>:

### 1. Guiding principles: General requirements for all rights

#### Article 1. (definition of the child)

Everyone under 18 years of age has all the rights in this convention.

#### Article 2. (without discrimination)

The convention applies to everyone whatever their race, religion, abilities, whatever they think or say, and whatever type of family they come from.

#### Article 3. (best interests of the child)

All organizations concerned with children should work towards what is best for every child.

#### Article 4. (protection of rights)

Governments must do all they can to fulfill the rights of every child.

#### Article 6. (survival and development)

Every child has the right to life. Governments must take necessary steps to ensure that children survive and grow up well.

#### Article 12. (respect for the views of the child)

Children have the right to say what they think in all matters that may affect them and to have their opinion taken into account.

## 2. Survival and development rights: The basic rights to life and achieving one's full potential

#### Article 7. (registration, name, nationality, care)

Children have the right to a legally registered name and nationality. They also have the right to know and as far as possible, to be cared for, by their parents.

<sup>1</sup><http://vikaspedia.in/education/child-rights/convention-on-the-rights-of-the-child>

### **Article 9. (separation from parents)**

Children should not be separated from their parents unless it is for their own good, for example, if a parent is abusing or neglecting a child. In the event of their parents getting separated, they have the right to stay in contact with both parents, unless this might harm them.

### **Article 20. (children deprived of a family)**

If the children cannot be looked after by their own family, governments should ensure that they are looked after properly by people who respect their religion, culture and language.

### **Article 22. (refugee children)**

If children have come into the country as refugees, then it is important that they have the same rights as children born here. Also adequate steps are to be taken to make sure that these children are reunited with their families, wherever possible.

### **Article 23. (with disability)**

Every child with a disability has the right to live a decent life with dignity, independence and an active role in the community. They are entitled to special care and support to lead such a life..

### **Article 24. (health and health services)**

Children have the right to good quality health care, clean water, nutritious food and a clean environment, so that they stay healthy.

### **Article 25. (review of treatment in care)**

Those children who are under the care of any local authority (hospital, custody etc), rather than by their parents, have the right of review of their treatment and situation regularly.

### **Article 26. (social security)**

Children have the right for help from the Government if they are poor or in need.

### **Article 27. (adequate standard of living)**

Every child has the right to a standard of living that is good enough to meet their physical and mental needs. The Government should help their families, if they cannot afford to provide this.

### **Article 28. (Right to Education)**

Every child has the Right to Education. Primary education must be free. Secondary education must be available to every child.

### **Article 29. (goals of education)**

Education should develop the child's personality and talents to the maximum extent. It should encourage the child's respect for human rights as well as respect for their parents, their own and other cultures and the environment.

### **Article 30. (children of minorities)**

Every child has the right to learn and use the language, customs and religion of their family, whether or not these are shared by the majority of people in the country.

### **Article 31. (leisure, play and culture)**

Children have the right to relax, play and join in a wide range of cultural and extra-curricular activities.

### **Article 42. (awareness of rights)**

The Government should make the convention known to all parents, children and general public.

## **3. Protection rights: Keeping safe from harm**

### **Article 19. (protection from violence)**

Governments should ensure that the children are properly cared for and protected from violence, abuse and neglect by their parents, or anyone else who looks after them.

### **Article 32. (child labour)**

The Government should protect children from work that is dangerous, or that might be harmful to the child's health or education.

### **Article 36. (other forms of exploitation)**

Children should be protected from any activities that could harm their development.

### **Article 35. (abduction)**

The Government should make sure that children are not abducted or sold.

### **Article 11. (kidnapping or trafficking)**

The Government should take steps to protect children from being taken out of their place of habitation illegally.

### **Article 34. (exploitation)**

The Government should protect children from all forms of abuse including sexual abuse.

### **Article 37. (detention)**

No child shall be tortured or suffer cruel treatment or punishment, while being detained for an offence. They can be apprehended only as the last resort and that too for the shortest possible time and they are entitled to be in contact with their families during the period of custody.

### **Article 40. (juvenile justice)**

Children who are alleged to have committed a crime or breaking the law, are entitled to receive legal help and a fair trial which takes into consideration their age and situation.

## 4. Participation rights: Having an active voice

### Article 15. (freedom of association)

Every child has the right to receive and to share information, to meet together and to join groups and organizations as long as it does not infringe the rights of others.

### Article 13. (freedom of expression)

Every child has freedom to say what they think and to seek and receive information of any kind as long as it is within the law.

### Article 16. (right to privacy)

Children have a right to privacy. The law should protect children from attacks against their way of life, their families and homes.

### Article 17. (access to information from mass media)

Children have the right to reliable information from the mass media. Television, radio and newspapers should provide information that they can understand, and should not promote materials that could harm them.

As in the Human Development paradigm, it is necessary to enlarge the children's choices, freedoms and participation in community life and decisions that affect their life. They should be able to live a long and healthy life and have access to knowledge. Their development would necessitate removing all obstacles to illiteracy and ill health.<sup>2</sup>

**Child Development Index (CDI)<sup>3</sup>** - Children are the potential assets of a nation. Integrated development is quite important during their childhood, the period during which most of their cognitive, emotional and social skills and physical development as individuals, takes place. Computation of CDI helps policy makers to promote and develop public policies dedicated towards development of children. The CDI was developed by the "Save the Children" campaign in the United Kingdom (UK), in 2008. The indicators of CDI conventionally used are related to health, nutrition and education. At the international level, the three indicators used for measuring CDI are:

- **Health:** Under-five mortality rate (the probability of dying between birth and five years of age, expressed as a percentage on a scale of 0 to 340 deaths per 1,000 live births). This means that a zero score in this component equals an under-five mortality rate of 0 deaths per 1,000 live births, and a score of 100 implies upper bound of 340 deaths per 1,000 live births.
- **Nutrition:** The percentage of children below five years who are moderately or severely under-weight. The common definition of moderately or severely under-weight, which has been used, is being below two standard deviations of the median weight for age of the reference population.
- **Education:** The percentage of primary school-aged children who are not enrolled in school.

<sup>2</sup>Tamil Nadu Human Development Report 2017

<sup>3</sup>Tamil Nadu Human Development Report 2017

The set of indicators used for computing the CDI in Tamil Nadu are probability of surviving until age five, proportion of children malnourished in the age group of 12-23 months, enrolment in primary and secondary levels, transition rates from primary to upper primary and upper primary to secondary, children never enrolled and child sex ratio. Each indicator captures an important aspect of the well-being of children : survival until age five, adequate nourishment, educational attainment, and sex ratio respectively. The last indicator focuses on girls specifically, to impart some gender sensitivity to the index. Dreze and Khera point to Tamil Nadu's lead in the field of child development (2012). They highlight that while Kerala's achievements in this regard are well known, Tamil Nadu is not far behind.

The **Millennium Development Goals (MDGs)** and the document '**A World Fit for Children**', emphasize the importance of taking actions in the best interests of children to ensure that children are put first, that every child is taken care of and that no child is left out. Childhood is a critical period for the development of human and social capital, and is decisive in preparing societies to be prosperous, sustainable and inclusive in the future. Several of the targets in **Sustainable Development Goals (SDG)** are explicitly directed toward infants and children.

The Sustainable Development Goals have embraced children's development in order to catalyze the transformation that the world seeks to achieve by 2030. Embedded in the SDGs on hunger, health, education and justice are targets on malnutrition, child mortality, early learning and violence – targets that outline an agenda for early childhood development. The UN Secretary General's Global Strategy for Women's, Children's and Adolescents' Health 2016 – 2030 has synthesized the new vision under the objectives of Survive, Thrive and Transform.<sup>4</sup>

Never before has the opportunity for energizing investment in early childhood development been as strong as it is now.

In the **State of the World's Children Report 2019** of UNICEF, it has been brought out that one third of the world's children under 5 are malnourished – stunted, wasted or overweight – while two thirds are at risk of malnutrition and hidden hunger because of the poor quality of their diets. These patterns reflect a profound triple burden of malnutrition – under nutrition, hidden hunger and overweight – that threatens the survival, growth and development of children and of nations. At the center of this challenge is a broken food system that fails to provide children with the diets they need to grow healthy.

The document **Tamil Nadu Vision 2023**, unveiled in March, 2012 projects the State to become India's most prosperous and progressive state with no poverty, where its people enjoy all the basis services of a modern society, live in harmonious engagement and with environment and with the rest of the world. Themes 2, 3 and 4 of the vision document set out below are relevant to children.

"Tamil Nadu will exhibit a highly inclusive growth pattern - it will largely be a poverty free state with opportunities for gainful and productive employment for all those who seek it, and will provide care for the disadvantaged, vulnerable and the destitute in the state".

"Tamil Nadu will be India's leading state in social development and will have the highest Human Development Index (HDI) amongst all Indian states".

"Tamil Nadu will provide the best infrastructure services in India in terms of universal access to Housing, Water & Sanitation, Energy, Transportation, Irrigation, Connectivity, Healthcare and Education".

<sup>4</sup>[https://www.who.int/maternal\\_child\\_adolescent/child/nurturing-care-framework-rationale/en/](https://www.who.int/maternal_child_adolescent/child/nurturing-care-framework-rationale/en/)

India is a young nation. The Government of India in its National Policy for Children 2013 has reaffirmed that every child is a supremely important national asset.

Tamil Nadu has about 30 percent of its total population of 7.21 crore (2011 Census) under 18 years of age. The Constitution of India, in particular Articles 21A, 23, 24, 39(e), 39(f) and 45, and several enactments, both Central and State, provide the framework for ensuring protection, development and welfare of all children.

Tamil Nadu has always been in the fore-front in formulating and implementing policies and programmes in social welfare and security, particularly for women and children. Soon after attainment of independence, Tamil Nadu (the then Madras State) was the first State to establish a Department of Women's Welfare (now Dept. of Social Welfare) in 1947, even before the Central Social Welfare Board was formed. It is axiomatic that if women's welfare is taken care of, the benefits would percolate to children. In addition to nutrition, rehabilitation of juvenile delinquents also formed a major portion of the child welfare programmes upto the end of the Third Five Year Plan (1961 - 66). Tamil Nadu is the first state in the country to have such a large number of enactments relating to children. The earliest enactment, the Madras Children Act, 1920, paved the way for the enactment of Juvenile Justice Act, 1986.

Tamil Nadu has had a long history of providing organized child care services which emphasis on nutrition to children outside home under institutional care. The Mid Day Meal programme which now covers the entire country has its origin in the programme of the Madras Corporation was implemented from 1925 under Mr. K. Kamaraj, the then Chief Minister of Tamil Nadu. Starting on 1st July 1982, Tamil Nadu saw the beginning of one of the largest phased expansions of mid-day feeding through the Noon Meal Programme (NMP) under the leadership of Mr.M.G.Ramachandran, the then Chief Minister of Tamil Nadu and the scheme came to be called as "Puratchi Thalaivar M.G.R Nutritious Meal Programme". This is a major programme that addresses hunger with the objective to provide a substitute hot meal in centres to combat hunger. Starting with rural pre-schooler (2+ to 5 years), the scheme was expanded in phases to cover urban areas, school children up to 15 years of age, pregnant and lactating women and various categories of pensioners for social security.

A major objective was to retain all school going children besides bringing an improvement in their education level. Apart from universalization of free noon meal scheme, distribution of free text books, free bicycles and free uniforms served a trend setting model for the entire country. The State to save children from infanticide introduced the Cradle Baby Scheme, Girl child protection programme and to this day, these programmes are being implemented to cover the entire State. The Integrated Child Development program was improvised so that early childhood education is also being provided besides nutritious food and supplementary feeding. The Tamil Nadu State Policy for Child Protection aims to achieve the goal of "Malnutrition Free Tamil Nadu".

## **2. Guiding Principles of the State Policy:**

The State needs to invest on its children so that they grow up to become robust citizens, physically fit, mentally alert and morally healthy, endowed with the skills and motivation provided to contribute and benefit by the society and also keenly follow the administration of this policy. The Guiding Principles of the State Policy are based on the General Principles of Care and Protection of Children

contained in Chapter 2 of The Juvenile Justice (Care and Protection of Children) Act, 2015 which essentially capture the spirit of the Convention on the Rights of the Child set out above.

- (i) **Principle of presumption of innocence:** Any child shall be presumed to be an innocent of any malafide or criminal intent up to the age of eighteen years.
- (ii) **Principle of dignity and worth:** All human beings shall be treated with equal dignity and rights.
- (iii) **Principle of participation:** Every child shall have a right to be heard and to participate in all processes and decisions affecting his interest and the child's views shall be taken into consideration with due regard to the age and maturity of the child.
- (iv) **Principle of best interest:** All decisions regarding the child shall be based on the primary consideration that they are in the best interest of the child and to help the child to develop full potential.
- (v) **Principle of family responsibility:** The primary responsibility of care, nurture and protection of the child shall be that of the biological family or adoptive or foster parents, as the case may be.
- (vi) **Principle of safety:** All measures shall be taken to ensure that the child is safe and is not subjected to any harm, abuse or maltreatment while in contact with the care and protection system, and thereafter.
- (vii) **Positive measures:** All resources are to be mobilised including those of family and community, for promoting the well-being, facilitating development of identity and providing an inclusive and enabling environment, to reduce vulnerabilities of children and the need for intervention under this Act.
- (viii) **Principle of non-stigmatising semantics:** Adversarial or accusatory words are not to be used in the processes pertaining to a child.
- (ix) **Principle of non-waiver of rights:** No waiver of any of the right of the child is permissible or valid, whether sought by the child or person acting on behalf of the child, or a Board or a Committee and any non-exercise of a fundamental right shall not amount to waiver.
- (x) **Principle of equality and non-discrimination:** There shall be no discrimination against a child on any grounds including sex, caste, ethnicity, place of birth, disability and equality of access, opportunity and treatment shall be provided to every child.
- (xi) **Principle of right to privacy and confidentiality:** Every child shall have a right to protection of his privacy and confidentiality, by all means and throughout the judicial process.
- (xii) **Principle of institutionalisation as a measure of last resort:** A child shall be placed in institutional care as a step of last resort after making a reasonable inquiry.
- (xiii) **Principle of repatriation and restoration:** Every child in the juvenile justice system shall have the right to be re-united with his family at the earliest and to be restored to the same socio-economic and cultural status that he was in, before coming under the purview of this Act, unless such restoration and repatriation is not in his best interest.

- (xiv) **Principle of fresh start:** All past records of any child under the Juvenile Justice system should be erased except in special circumstances.
- (xv) **Principle of diversion:** Measures for dealing with children in conflict with law without resorting to judicial proceedings shall be promoted unless it is in the best interest of the child or the society as a whole.
- (xvi) **Principles of natural justice:** Basic procedural standards of fairness shall be adhered to, including the right to a fair hearing, rule against bias and the right to review, by all persons or bodies, acting in a judicial capacity under this Act.

These principles should be reflected in the State plans for the development of human resources.

The Policy will focus on children as individuals with broad spectrum of rights and not just as an extension of family, neither as property nor as product of adults. The Policy solemnly affirms that every child in Tamil Nadu deserves full enjoyment of all his or her rights and utilization of their potential. Children must be protected from any form of violence including abuse and exploitation, must have access to quality healthcare and education, and should be able to express their views freely on matters affecting them. The children need to be cared for adequately and to live in an environment of safety, happiness and love. These are the ultimate objectives of the child rights instruments and policies towards which state child rights efforts should be directed. This will encompass

- Securing the full attainment of children's fundamental rights without any discrimination;
- Upholding their best interests in all development endeavors;
- Ensuring their basic rights to life, development and protection ; and
- Involving them in decisions affecting their lives.

### 3. Key Priorities

- a. **Ensuring on a real time - the Best Interests of the Child:** The best interest of the child must be a primary consideration of all stakeholders while making any decision concerning the child. The State shall endeavor to the maximum extent possible that all other child related policies are formulated and resources distributed in the best interest of the child. This in particular underpins the rights and duties of the State, as well as parents, guardians, educators and all other individuals legally and morally responsible for care and well-being of the children.
- b. **Ensuring Inclusiveness- Equality, Universality and Non-discrimination:** All children shall be given equal opportunity and treatment. There shall be no discrimination against any child on any grounds including that of gender, religion, caste, class, geographic area, disability or transgender or any other status. This policy shall be equally applicable to all persons between the ages of zero to eighteen in the State of Tamil Nadu, subject to any special provision made for the girl child or any other marginalized or particularly vulnerable sections of children.
- c. **Ensuring the Right to Survival and Development:** Combining all rights applicable to the right to survival and development, this policy is based on the principle that every child has the right to life, that takes into account the living conditions, the quality of life and the right of every

child to develop to his or her maximum potential taking into their capabilities and aspirations. The Government and the community at large shall provide a conducive environment to ensure that no child is left behind.

- d. **Ensuring the Right to Participation:** Children have the right to be heard, listened to and to participate in all matters concerning them, at almost all levels of society. This right has been emphasized in the JJ Act, RTE and the POCSO Act. Based on this principle this policy explicitly recognizes the State's obligation to create an environment for others to be able to hear children's views (with due regard to the age and maturity of the child) and to create spaces for communication based on mutual respect between adults and children.
- e. **Right to Development - Dignity and Self-worth:** All children shall be treated with respect for the child's sense of dignity and worth. The TNCPP is geared towards ensuring that all verbal and non-verbal communication with children is child sensitive and respectful of the child's self-worth.
- f. **Ensuring the Right to Protection along with required confidentiality:** Child Policy includes the child's right to protection, privacy and confidentiality except as prescribed by law, the right to privacy and confidentiality shall be maintained while addressing all forms of abuse. This principle mandates that the confidentiality of the identity of the child involved is strictly protected. Identity of a child includes his or her name, address, photograph, family details, school, neighborhood, or any other details that may lead to disclosure of identity. The media as a stakeholder is in particular also bound by this governing principle of confidentiality and right for the protection of the child.

#### 4. Definitions:

- a. A Child covers all the following groups or categories
  - a) Any person who has not completed 18 years
  - b) Foetus - the unborn child which can be extended through the care and support for the expectant mother
  - c) Infant - the new born baby
  - d) Toddler
  - e) Early childhood
  - f) Child
  - g) Pre-adolescence
  - h) Adolescence
- b. "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.'
- c. "Child friendly": means any process and interpretation, attitude, treatment and environment, that is humane, considerate, non-discriminatory and is in the best interests of the child.

- d. "Child sensitive environment": is one where the ambience of a place makes a child feel comfortable, be herself/himself without inhibition, and is non-threatening.
- e. "Competent Authorities": shall mean and include the authority recognized under applicable laws including, the Child Welfare Committees, Juvenile Justice Board, Special Juvenile Police Units, mandated under the Juvenile Justice (Care & Protection of Children) Act , Special Court under the Protection of Children from Sexual Offences Act 2012, Tamil Nadu State Commission for Protection of Child Rights under the Commissions for Protection of Child Rights Act, 2005, and any other competent authorities recognized under any other laws pertaining to children .
- f. "Destitute children":Children who are orphans lost one or both the parents or one of the parent is incapacitated, children who are neglected, abandoned or a vagabond and lives on the pavement, lost their parents due to any natural calamity, accident, rioting, war, insurgency, substance abuse and poisoning .
- g. "Forms of Abuse": Child abuse includes physical, emotional or psychological abuse, sexual abuse, criminal, neglect, maltreatment, discrimination and etc.
- h. "Harm": An act or behavior, often intentional, that hurts, causes grievous injury, pain or trauma to the child. Most often this is physical and sometimes could also be self-inflicted, such as cutting, burning, misuse of substances etc.
- i. "Neglect": A condition where there exist a failure on the part of the caretaker to protect the child from exposure to any kind of harm or danger that results in significant impairment in the health and development of the child. Neglect is often committed for a prolonged duration and includes starvation or not providing adequate food and nutrition, not providing emotional support, or medical, educational, and other basic care such as shelter, clothing etc or leaving child un-supervised.
- j. "Sexual Abuse": Acts or behavior that constitute an offence under the Protection of Children from Sexual Offences Act, 2012 (POCSO) and/or the Indian Penal Code, 1860.
- k. "Exploitation": Any willful or coerced act or behavior of an adult or care provider with children, for economic gain or not, that places them in a difficult, harmful, dangerous situation or impedes their overall development for eg. beggary, child marriage, forced labour, trafficking for various purposes etc.
- l. "Persons in direct contact with children": Persons who are in the physical presence of a child or children as part of their professional/honorary/volunteering services, be it regular/occasional/temporary/long term.
- m. "Persons in indirect contact with children": Persons whose work does not require them to be in the physical presence of a child as part of their professional/honorary/volunteering services, be it regular/ occasional/temporary/long term, but encompasses access to information about the child such as personal details and other data including photographs, medical records, case files etc.
- n. "Child protection": Means the fundamental right of every child to be protected from neglect, discrimination, all forms of violence & abuse, and exploitation while in the care of any individual, institution, system, or authority.

## 5. Lifecycle approach to Child Care and Protection and Early Children Care and Development (ECCD)

After passing through the family health cycle as an infant, a child, and an adolescent, a boy or girl often cycles through different stages. Each stage carries with it age and gender specific risks and thus calls for different health interventions. Interventions at each stage can be viewed as inputs to help the individuals survive and benefit from lower morbidity until the next stage, when new intervention inputs are required. This framework also helps to identify different kinds of interventions—biomedical, social, economic, and environmental—that are likely to be most effective at each stage of the cycle.

The Lifecycle Approach to development explores how rights-based programming can be applied to the different stages of the life-cycle of a child. It examines the issues that affect children across four stages (in utero & birth, early childhood, school age, and youth & adolescence) encountered during the particular life-stage. Malnutrition profoundly harms children's growth and development. Unless it is addressed, children and societies will struggle to reach their full potential. This challenge can be met only by addressing malnutrition at every stage of the child's life and by putting children's unique nutritional needs at the heart of food systems and the supporting systems of health, water and sanitation, education and social protection.

The window of first 1000 days of the life of a child is critical to lay the nutritional foundation for a child's lifelong health, cognitive development, and future potential<sup>5</sup>. This period is between a woman's conception and when her child turns 2-years-old.

The Lancet Series Advancing Early Childhood Development: from Science to Scale (2016), chaired by WHO and UNICEF, brought together state-of-the-art evidence highlighting that the time is right to strengthen programming for early childhood development. The series emphasized that 'nurturing care'—is the foundation for child development. Nurturing care refers to a stable environment created by parents and other caregivers that ensures children's good health and nutrition, protects them from threats, and gives young children opportunities for early learning, through interactions that are emotionally supportive and responsive. The way mothers, fathers and other caregivers nurture and support children in the early years is among the most decisive factors for healthy child development, with lifelong and intergenerational benefits for health, productivity and social cohesion.<sup>6</sup>

- The beginning of a child's life (pregnancy to age 3) is a period of special sensitivity for child development;
- The most formative experience of young children come from nurturing care received from parents and other caregivers;
- To create an enabling environment for nurturing care, policies and services are essential;
- Investing in Early Childhood Development is smart; it increases health, productivity and social cohesion along the life course and has intergenerational benefits. The beginning of a child's life (pregnancy to age 3) is a period of special sensitivity for child development;

<sup>5</sup> Papers published by R.E.Black, L.H.Allen, et al, and C.G. Victoria, L. Adair, et. al, in TheLancet 2008 (Vol. 371)

<sup>6</sup> [https://www.who.int/maternal\\_child\\_adolescent/child/nurturing-care-framework-rationale/en/](https://www.who.int/maternal_child_adolescent/child/nurturing-care-framework-rationale/en/)

- The most formative experience of young children come from nurturing care received from parents and other caregivers;
- To create an enabling environment for nurturing care, policies and services are essential;
- Investing in Early Childhood Development is smart; it increases health, productivity and social cohesion along the life course and has intergenerational benefits;

The interventions for **Early Children Care and Development (ECCD)** have been set out in the Action Plan/**Annexure A**.

Multi-sectoral interventions are essential. Health, nutrition, education, social welfare and child protection all have a role to play. The health sector, with its direct reach to families and children from pregnancy through the newborn period, infancy and toddlerhood, has a critical role to play. Because of its extensive reach to pregnant women and young children, the health sector is uniquely positioned to serve as an entry point for multi-sectoral collaborations that support families and reach very young children.<sup>7</sup>

The multi-sectoral nature of children's rights makes it almost impossible for a single agency to implement them fully. The overarching responsibility of Government, therefore, is to put in place a child rights governance system that ensures the visibility, advancement and realization of all relevant role-players. A strong supporting institutional framework and effective governance system are required to make this happen. A shared vision for children among the different departments and offices is imperative to see a transformation in the development of children. In line with the UNCRC there is also a need to include the voices of children in planning and implementing of their rights.

The Tamil Nadu State Policy for Children (TNSPC) will apply to all government departments, non-government agencies, personnel, institutions, statutory bodies, civil society organizations who come in direct or indirect contact with children. The scope of this policy covers the responsibility of the State Government as well as the role of several other institutions, NGOs, local bodies, educational and other institutions for children etc. to ensure the care, safety and protection of all the children in all situations and contexts. A different approach and set of measures are required for children who are differently situated and in different environments.

## 6. Enactments and Policies

Justice V.R. Krishna Iyer said that it is our obligation to the generation by opening up all opportunities for every child to unfold its personality and rise to its full stature physical, moral, mental and spiritual and it is the birth right of every child that cries for justice from the world as a whole.

During World War-II Winston Churchill said "there is no finer investment for any community than putting milk into babies." This appeal to the people everywhere, this fundamental faith in Juvenile Justice, this reorganization of the worth of the infants born and unborn, is the beginning of Juvenile Justice, says Justice Krishna Iyer.

### **Constitutional Provisions Relating To Children:**

The framers of our Constitution were well known of the fact the development of the nation can be achieved by the development of the children of the nation & it is necessary to protect the children from exploitation as well.

<sup>7</sup>[https://www.who.int/maternal\\_child\\_adolescent/child/nurturing-care-framework-rationale/en/](https://www.who.int/maternal_child_adolescent/child/nurturing-care-framework-rationale/en/)

### **Constitutional Guarantees that are meant specifically for children include:**

Article 21A provides that the State shall provide free and compulsory education to all children of the age of six to fourteen years in such manner as the State may, by law, determine.

Article 24 provides that no child below the age of fourteen years shall be employed to work in any factory or mine or engaged in any other hazardous employment.

Article 39(e) provides that the state shall, in particular, direct its policy towards securing that the health and strength of workers, men and women, and the tender age of children are not abused and that citizens are not forced by economic necessity to enter avocations unsuited to their age or strength.

Article 39(f) provides that the state shall, in particular, direct its policy towards securing that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment.

Article 45 provides that the State shall endeavor to provide early childhood care and education for all children until they complete the age of six years.

### **Besides, Children also have rights as equal citizens of India, just as any other adult male or female:**

Article 14 provides that the State shall not deny to any person equality before the law or the equal protection of the laws within the territory of India.

Article 15 Right against discrimination

Article 21 provides that no person shall be deprived of his life or personal liberty except according to procedure established by law.

Article 21A provides for free and compulsory education of all children in the age group of six to fourteen years as a Fundamental Right.

Article 23 -Right to being protected from being trafficked and forced into bonded labour.

Article 29 - Right of minorities for protection of their interests.

Article 46 - Right of weaker sections of the people to be protected from social injustice and all forms of exploitation.

Article 47 - Right to nutrition and standard of living and improved public health.

### **Other Legislations:**

Apart from the Constitution there are a number of legislations which deals with children. The following are some of them:

- The Children (Pledging of Labour) Act, 1933
- The Factories Act, 1948

- The Mines Act, 1952
- The Apprentice Act, 1961
- The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992
- The Pre-Natal Diagnostic Technique (Regulation and Prevention of Misuse) Act 1994
- Guardian and Wards Act, 1890
- Merchant Shipping Act, 1958
- The Hindu Adoption and Maintenance Act, 1956
- The Hindu Minority and Guardianship Act, 1956
- Probation of Offenders Act, 1958
- Madras Prevention of Begging Act, 1959
- Bonded Labour System (Abolition) Act, 1976
- Immoral Traffic Prevention Act, 1986
- Child and Adolescent Labour (Prohibition and Regulations) Act, 1986 (as amended in 2016)
- Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act, 1988
- The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (as amended in 2003)
- The Medical Termination Of Pregnancy Act 1971
- Commissions for Protection of the Rights of the Child Act, 2005
- Prohibition of Child Marriage Act, 2006
- The Reformatory Schools Act, 1876
- The Madras Child Act, 1920
- Food Safety and Standards Act, 2006
- The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992
- Mental Healthcare Act, 2017
- The Protection of Children from Sexual Offences Act, 2012

- The Juvenile Justice (Care and Protection of Children) Act, 2015
- The Rights of Persons With Disabilities Act, 2016
- The Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013
- Right of Children to Free and Compulsory Education Act, 2009
- The Tamil Nadu Hostel and Homes for Women and Children (Regulation), Act, 2014

**Right to Education (RTE) Act, 2009** providing for free and compulsory education to all children of India in the 6 to 14 age group. No child shall be held back, expelled or required to pass a board examination until the completion of Elementary Education. If a child above 6 years of age has not been admitted in any school or could not complete his or her elementary education, then he or she shall be admitted in a class appropriate to his or her age. However, if a case may be where a child is directly admitted in the class appropriate to his or her age, then, in order to be at par with others, he or she shall have a right to receive special training within such time limits as may be prescribed. Provided further that a child so admitted to elementary education shall be entitled to free education till the completion of elementary education even after 14 years. For the purpose of admission to elementary education, the age of a child shall be determined on the basis of the birth certificate issued in accordance with the Provisions of Birth, Deaths and Marriages Registration Act 1856, or on the basis of such other document as may be prescribed. No child shall be denied admission in a school for lack of age proof.

Apart from the above enactments, the judicial response to the cases filed in the Supreme Court has resulted in measures being taken by the Government for welfare of children.

#### **Policies of the Government regarding Children:**

The important policies regarding the physical, mental & social development of the children of the country as well as on the health & education of the children are as follows:

- National Policy on Education, 1986
- National Policy on Child Labour, 1987
- National Nutrition Policy, 1993
- National Charter for Children, 2003
- National Policy for Children 2013
- National Early Childhood Care and Education (ECCE) Policy (2013)
- National Policy for Youth 2014
- National Mental Health Policy 2014
- National Plan of Action for Children, 2016
- National Health Policy, 2017

## 7. Constraints and Challenges

The constraints and challenges to, and gaps in, implementation of the Policy for Children include inter alia:

- Limited understanding of the protection requirements under national and international laws among the people in general and among the functionaries responsible for protection of children;
- Insufficient understanding and attention to violence in the home and other related environments;
- Lack of recognition that protection can be of as many types as there are children with different needs and circumstances which includes disability and children with special needs.
- Inadequate personnel who are experienced, sensitized and trained social workers, teachers, medical staff, counselors, police and other personnel connected with child care services.
- Inadequate sensitization and training of personnel delivering child services.
- Inadequate resources and budget for providing child protection services
- Gaps in enforcement and implementation of laws and schemes like ICPS for protection of children; and lack of monitoring mechanisms for the same.
- Insufficient promotion of child-sensitive justice system.

**Challenge of Technology** - Technology is transforming how we perceive the world and more families are migrating than ever before. The impact of social media on young minds can be often baneful. There is a need to protect children from bullying and exposure to harmful content. As children go about their daily online lives, browsing social media, using search engines, e-commerce and government platforms, playing games, downloading apps and using mobile geo-location services, a digital footprint composed of thousands of pieces of data is accumulating around them. Some of the data may even have been gathered before birth and certainly before children are able to knowingly consent to its collection and use. It is therefore necessary to ensure cyber security in the case of children using internet. Children also become addicted to online games like PUBG, Blue Whale, Tik-Tok thereby compromising their mental health. It is therefore necessary for parental supervision and regulatory and monitoring mechanisms to ensure that the digital space is not misused. Children lack the ability to judge the credibility of online information – found that when evaluating information on social media, children and young people are easily corrupted. It is also known that the impact of misinformation is pernicious and has real-world impacts that could be misled by misinformation that can be spread through social media and mobile messaging apps.

**Impact of Climatic Changes on Children**- The climate is changing beyond recognition. Climate change is a direct threat to a child's ability to survive, grow, and thrive. As extreme weather events such as cyclones and heat waves increase in frequency and ferocity, they threaten children's lives and destroy infrastructure critical to their well-being. Floods compromise water and sanitation facilities, leading to diseases such as cholera, to which children are particularly vulnerable. Children are more vulnerable to vector-borne diseases than adults. They face greater dangers from under nutrition and diarrheal diseases. Children and families who are already disadvantaged by poverty – those with the

fewest resources for coping – are likely to face some of the most immediate dangers of climate change. This can create a vicious cycle: a child living in poverty or deprived of adequate water and sanitation before a crisis will be more affected by a flood, drought or storm, less likely to recover quickly and at even greater risk in a subsequent crisis. While climate change poses universal threats, tackling it is also an imperative for equity. Unaddressed, climate change will harm the poorest and most vulnerable children first, hardest and longest.

The measures to be taken in regard to mitigating the adverse effect of social media/ technology and climatic changes have been set out in Action Plan/ Annexure B.

The relatively high level of malnutrition and anemia among small children is a matter of concern. This foregrounds the need for nutrition education, awareness programmes and provision of food through the ICDS and the PT MGR NMP.<sup>8</sup>

The Government of Tamil Nadu has taken the lead in launching several initiatives to improve access to and enrolment and retention in early schooling (primary and up to elementary) so as to attain the goal of UEE (universal elementary education). One important indicator of access is number of schools, and increase over time in this indicator implies improvement in access. The State government or local bodies and government aided schools still continue to be the major providers of primary education, but the percentage of government schools offering primary education in the State has declined over last 10 years. On the other hand, the percentage of private-unaided schools has shown a large increase. The ways in which this trend affects the access to primary education of children from the disadvantaged sections of society is a matter of concern. The provisions of the RTE and their effective implementation can point to possible solutions.<sup>9</sup>

A critical and most powerful indicator of gender inequality in India is the strong preference for a son, which manifests itself as adverse sex ratio, limiting the birth and survival of girls. The adverse changes in child SR (sex ratio) in the State indicates a strong case of son preference in the State. Ensuring that girls continue their education for a longer time has twin benefits, in terms of knowledge attainment and also delaying the age of marriage.<sup>10</sup>

Declining child sex ratios necessitates that the special girl protection schemes and cradle babies scheme be extended across all districts and throughout the State. The various programmes to check foeticide and female infanticide that have been devised with focus on ante-natal care including special surveillance to check foeticide can be replicated and scaled up across the State and continued till the time that the adverse the sex ratio is normalized.<sup>11</sup>

## 8. Children in need of Special Care and Protection

Children are the most vulnerable section in the society. Among children there are some who are more marginalized and neglected in the economic cultural circumstances needing special care and attention. These may be considered under the following heads:

- A. Differently abled including those having Autism Spectrum Disorders, Learning Disabilities and those mentioned in Rights of Persons with Disability (RPD) Act, 2016
- B. Street Children

<sup>8</sup>Tamil Nadu Human Development Report 2017 |  
<sup>10</sup>Tamil Nadu Human Development Report 2017

<sup>9</sup>Tamil Nadu Human Development Report 2017 |  
<sup>11</sup>Tamil Nadu Human Development Report 2017

- C. Child Labour/ Bonded Labour/ Working Children
- D. Child Marriage
- E. Migrant Children
- F. Missing Girl Children
- G. Marginalized Children
- H. Tribal Children
- I. Children of Prisoners
- J. Missing children
- K. Children in conflict with law
- L. HIV infected / affected children
- M. Children of single parent/ Women headed families
- N. Incapacitated Father/MotherTrafficked children
- O. Children affected by Disaster
- P. Victimized Children
- Q. Children of manual scavenging
- R. Parentless children
- T. Destitute children
- U. Refugee children
- V. Child with Sexual Non Conformity
- W. Children affected in internal conflicts like caste / communal clashes
- X. Children in Institutional Care
- Y. Children of Commercial Sex Workers

The measures to be taken for their amelioration and upliftment and utilization of their latent potential have been set out in the Action Plan/ Annexure C.

The rights of the child with regard to survival, safety, protection good health and nutrition are inalienable rights and the State shall ensure that these rights are available to all in a manner that is inclusive and that no one is left behind. All development indicators with respect to the Child shall be on par with the developed countries and the State shall be the foremost in the care and protection of children. This will necessitate focused attention to all the priority areas and meeting the challenges set out above.

## **9. Institutional Framework**

It is imperative that the existing institutional framework for the protection and welfare of children and involving them in their uplift and development is activated and widened. This will include educational institutions, Gram Sabhas, Urban and Rural Local bodies, Youth Clubs, NGOs, Child Protection Committees, Child Care Institutions (CCIs), etc. Measures in this regard are in Plan of Action/ Annexure D.

## 10. Children under Institutional Care

Life without a family is hard to imagine for next to everyone who has been brought up amidst such an environment of love and care. But for millions of children around the world, this is an unfortunate reality. According to United Nations, there are approximately 8 million children living in institutional care across the globe presently, and the actual number goes even higher. Surprisingly, every 4 out of 5 of these children have at least one living parent or kin. This is a more common sight in rural and semi-urban areas owing to a scarcity of resources and more prevalent poverty. The concept of institutional care came into existence to provide love, care and necessities to the abandoned and orphaned children. Several organizations that have worked with vulnerable children advocate that there is no substitute to a family, however well-managed, well-equipped and caring a certain institution is. Children who are raised under institutional care away from or in absence of their families are more likely to have limited positive impacts which often remain for the rest of their lives. Being away from the love, care and attention of a family, children who grow up in institution suffer from depression and related disorders. This hinders children from concentrating on their studies and other recreational activities. Also, since these institutionalized children witness their caregivers being changed constantly, they find it extremely difficult to foster strong attachments, a sense of security, and subsequently stable and long-lasting relationships. This also impacts their attachment with their own birth parents as the bond gets hampered overtime. There have been cases of slowed physical growth among children living in institutions across the world. Lack of proper nutrition, unhygienic conditions, limited resources for proper healthcare very often results in issues such as stunted body growth which often results in delayed or early puberty. Apart from delayed physical development, children living in institutional care are also prone to major developmental issues like poor cognitive development which further results in subpar intellectual performance. Growing up in a children's home, constraints a child from all the opportunities life has to offer; education or career. The children's home staff often have a limited educational horizon, lack resources and knowledge in order to guide and counsel children for their education and career. And that is why it is important for children to be a part of families and grow up in communities where they not only get the education of their choice but also have the awareness and freedom to make decisions towards their career. Be it social discrimination and isolation, scarce employment opportunities, inability to lead a physically and financially independent life, or even seeking a shelter after turning 18 years, growing up in an institution has long and irreversible impacts on the lives of children. This often leads to them being unable to safeguard and live up to the expectations, once they grow up and start their own families. Therefore, institutional care may result in a long-lasting and often irreversible impact not just on these young minds, but also on their future families and communities.

The first alternative for children's secure and favorable future is to provide them with family-based care. Institutions should be the last resort. Through schemes supporting causes against institutional care, additional support and capacity-building, the Government has to provide every child with the minimum standard quality of care. Through an efficient ecosystem of government, institutional care, individual and corporate donors, social workers and all other stakeholders, childcare and protection structures may undergo a paradigm shift. This may result in an environment of love, care and attention that every child around the world truly needs and deserves to be a part of. The world can be changed, when everyone comes together!<sup>12</sup>

<sup>12</sup><https://yourstory.com/mystory/institutional-care-impacts-on-children-i38vhdff2s>

It is imperative that children who are currently separated are reintegrated with their families and communities. Measures in regard to dealing with the issues of children in CCIs have been detailed in the Plan of Action/ Annexure E.

## 11. Complaints and Redressal Mechanism

The Protection of Child Rights Act, 2005 provides for the constitution of a National Commission and State Commissions for Protection of Child Rights and Children's Courts for providing speedy trial of offences against children or of violation of child rights and for matters connected therewith or incidental thereto. Section 17 of the Protection of Child Rights Act, 2005 which provides for constitution of a State Commission for Protection of Child Rights reads as follows:

### 17. Constitution of State Commission for Protection of Child Rights-

1. A State Government may constitute a body to be known as the Tamil Nadu Commission for Protection of Child Rights to exercise the powers conferred upon, and to perform the functions assigned to, a State Commission under this Chapter.
2. The State Commission shall consist of the following Members, namely: -
  - a. a Chairperson who is a person of eminence and has done outstanding work for promoting the welfare of children; and
  - b. six Members, out of which at least two shall be women, from the following fields, to be appointed by the State Government from amongst persons of eminence, ability, integrity, standing and experience in,-
    - i. education;
    - ii. child health, care, welfare or child development;
    - iii. juvenile justice or care of neglected or marginalized children or children with disabilities;
    - iv. elimination of child labour or children in distress;
    - v. child psychology or sociology; and
    - vi. laws relating to children.

The Commission can create a deterrence mechanism and make several bodies answerable, thereby preventing violations, abuses, crimes against the children and upholding their rights. SCPCR enables the protection of children.

The modalities in regard to filing of complaints and the details of grievance redressal mechanism have been set out in Plan of Action/ Annexure F. The State **Plan of Action** for child will also work in partnership and network with all organisations working for the benefit of children as set out in **Plan of Action/Annexure G**.

## PART II

### II. Action Plan for Implementation of the Policy for Children

This Part sets out the strategy and broad contours of the Plan of Action for implementation of the Tamil Nadu State Policy for Children.

#### Annexure A

### Early Children Care and Development (ECCD)

Early childhood is the process of shaping the infant in the first five years of life which includes the pre-school. The child moves into the primary School when he reaches five years. The different stages of the early childhood start from the conception to birth, infant to three years and pre-school stage upto six years. This is the period of most rapid growth and development and is critical for survival, growth and development.

The National Plan of Action 2016 specifies in the first 1000 days 10 essential nutrition interventions:

1. Timely initiation of breast feeding within one hour of birth.
2. Exclusive breastfeeding during the first six months of life.
3. Timely introduction of complementary foods immediately on completion of six months.
4. Age -appropriate complementary foods for children between 6-23 months with appropriate energy and nutrient-density, quantity, variety & frequency (including IFA supplements).
5. Safe handling of complementary foods and hygienic complementary feeding practices.
6. Full immunization and bi-annual vitamin A supplementation with de-worming.
7. Frequent, appropriate, and active feeding for children during and after illness, including oral rehydration with zinc supplements during diarrhoea.
8. Timely and quality therapeutic feeding and care for all children with severe acutemal nutrition.
9. Education and improved food and nutrient intake for adolescent girls particularly to prevent anaemia with marriage and/or pregnancy delayed until at least age 18 years.
10. Improved food and adequate nutrient intake for women, particularly during pregnancy and lactation and compulsory 4 ANCs.

The birth certificate is the child's first right document issued by the State. As the PICME is linked to the Civil Registration System, all pregnancies and the births need to be recorded.

**Health Indicators-** The health of the population may be assessed by taking into account indicators like infant mortality and maternal mortality, life expectancy and nutrition, along with incidence of communicable and non-communicable diseases. The Infant Mortality Rate (IMR) was 17 per thousand live births in 2016<sup>13</sup> and it fell to 16 in 2017 (falling gradually from 35 in 2007) with Under 5 mortality rate (U5MR) coming down from 20 per 1000 live births in 2015 to 19 in 2016. Also the State bridged the gender gap in under 5 mortality rate in 2016 according to the latest Report released by the RGI. However, a cause of concern is 71.7% of infant deaths happen at the neo-natal stage with 53% happening in less than 7 days. There was also a chasm between the number of children saved in rural and urban areas. While the under 5 mortality rate stood at 15 in urban areas, it was 23 in rural areas.

It is necessary improve public health, coupled with infectious disease prevention and control as also application of modern medical practices in diagnosis and treatment of various ailments. Also disparities among different income groups, between rural and urban communities, and among different districts within the State have to be tackled.

Morbidity prevalence refers to number of persons ailing per 1000 persons for a 30-day recall period. While reduction in mortality has increased life expectancy at birth, the incidence of sickness (morbidity) has increased. This is due to Acute Respiratory Infection, Malaria, Enteric Fever (Typhoid), Acute Diarrhoeal Diseases and Other Diseases.

Nutritional status is one of the indicators of the overall well being of population and human resources development. Malnutrition is the cumulative effect of factors like poverty, inadequate access to food, illiteracy, large size families, poor environmental sanitation, lack of basic minimal health care, lack of personal hygiene, lack of easy access to adequate safe drinking water and lack of awareness. The manifestations of malnutrition could be seen in the prevalence of specific nutrient-deficiency disorders such as protein-energy malnutrition, anaemia, night blindness, goitre, susceptibility to a number of infectious diseases, low birth weight of children, high IMR and MMR, lack of resistance to illnesses among mothers and children, growth retardation (both physical and mental) and stunting among toddlers. Infants, growing children, pregnant and lactating women are the most malnourished segments of society and they need adequate nutritional support. [Maternal and foetal under-nutrition leads to birth of babies characterized by low birth weight (LBW). Such LBW children face even at birth handicaps in terms of brain development and cognitive abilities.]

If left unaddressed, under nutrition causes poor health among children, leaving them susceptible to illness and mortality. It also causes cognitive impairments leading to sub-optimal educational completion, which by reducing opportunities reinforces poverty and multiple deprivations. The percentage of Stunted, underweight and wasted children is a matter of concern although Tamil Nadu has a long history in implementing social security schemes. The State has implemented various schemes in nutrition, education and health, particularly the universal public distribution system, MDMS, ICDS and those focussing on girl's education and these have resulted in the State's position being better than the national average. There are considerable variations within and across district in IMR, MMR, and neonatal deaths. Despite the spurt in recruitment of medical and paramedical persons both in primary and secondary delivery system, there is a huge shortage of manpower at various levels in the delivery system. Not only specialists, but even field functionaries at primary care level are in short supply.<sup>14</sup>

<sup>13</sup> NITI Aayog

<sup>14</sup> Tamil Nadu Human Development Report 2017

Early childhood services have to be ensured to supplement the childcare with nutrition. Pre-school education needs to be made available to every child up to the age of 6 years. The ICDS aims to create a gender sensitive family in addition to bringing a focus on the community programme for adolescent girls, maternal, nutritional care for pregnant and lactating mothers. It works in an inclusive manner reaching out to the underprivileged, migrant, tribal population and all category of women and children. In addition to that it will focus on early initiation of learning and cognitive development along with identification of the development milestones.

- The children need to be breastfed within an hour of birth and exclusive breast feeding in the first six months is mandated and the awareness about breast feeding must be given to the pre- and post-natal mothers. Since breast milk works like a baby's first vaccine protecting infants from potentially deadly diseases and giving them the necessary nourishment for their survival and ensure that they thrive and also helps mothers reduce their weight and minimize chances of breast cancer.
- Early childhood care is something additional to pre-education, children's health, nutrition. It refers to the process of change in such a way that the child comes to complex levels of enhancing, feeling, moving and interacting with people and objects in the environment.
- Enhancing and improving the capacity of the parents, care-givers and family on home based child care and development is a crucial aspect to be taken care for early stimulation activities.
- Inclusiveness of all pregnancies, both natural and accidental (due to abuses, teen age pregnancy) in all health and welfare programmes which is very vital to ensure the care and protection of mother of all circumstances and crucial to the infants for survival and its growth and development.
- Regulatory mechanism for all fertility clinics/hospitals needs to be evolved and stringently monitored in order to prevent exploitation and uphold the basic ethics of childhood and womenhood.

#### **Early care for children in difficult circumstances:**

Due medical care has to be provided for the girls who become pregnant – either due to rape, child marriage or elopement under 18.

1. Children born due to child marriage is considered as illegitimate child and Pre-natal / Post-natal care being denied. The policy stresses that these children also be included for reproductive care services.
2. Every child born has got the right to be born healthy, safe and has the right to survival.
3. Children becoming pregnant before 18 years due to various reasons would need special care as they are susceptible to anemia and also leading to low birth weight babies. The policy emphasizes that care for all children in-utero needs to be provided so that they are born healthy.
4. All pregnant mothers need to be linked to the Pregnancy and Infant Cohort Monitoring and Evaluation software (PICME). PICME is at present linked to the Civil Registration System (CRS)
5. Teen age pregnancy maybe aborted if within the crucial period of Medical Termination of Pregnancy (MTP) with the consent of the parents. The PCPNDT Act to be amended suitably.

6. A recent High Court judgment has directed that the MTP cases need not be referred to the High Court within the crucial period. The medical team so constituted can decide the issue case by case.
7. The provisions of PCPNDT Act and Rules to be widely disseminated to the District Administration, Judiciary, staff of the child care institutions, civil society, health and ICDS functionaries.

## **2. Prevention of birth defects and early intervention of the differently abled:**

Ultrasound Scan training to the Medical Officers and Obstetricians is crucial for the following reasons:

- Prenatal Screening is an effective tool to detect and identify major anomalies like Neural Tube defects, Congenital Heart Disease, Limb defects so that the infants can be referred for immediate corrective measures. Hence, upgrading the skills of health personnel in the usage of ultrasonogram to detect fetal abnormalities during prenatal screening is very much essential.
- To increase the skill of Medical officers of the Upgraded PHC/Additional PHC in the usage of ultrasound during the screening of Antenatal Mothers, so as to detect the foetal congenital abnormalities to the maximum extent and suggest further measures for counseling and management like medical termination of pregnancy etc., Lethal Anomalies could be terminated as a preventive strategy.
- They could occur because of Genetic factors, Environmental factors or a mix of both (this is more common)
- All birth defects should be recorded at the PHC/institutional level and also in the mother's pregnancy record so that future pregnancies can also be monitored and early intervention can be started for the child with defects.
- In the case of preventable Birth Defects such as baby with cleft lip or palate, or Talipes or that is obvious to anyone due medical attention maybe paid and early intervention planned.
- Newborn screening for many defects and metabolic disorders may help in the prevention of the diseases and defects that would manifest in the newborn period, such as esophageal atresia, imperforate anus, meningomyelocele or omphalocele are some of the major defects.
- Others that may not manifest early are and present later as failure to thrive, recurrent chest infections or poor feeding as in congenital heart disease, or poor urinary stream and repeated urinary infections in a male child with posterior urethral valves also need early identification and intervention.
- The developmental screening of neonates, infants and children is an important concept in the child care services. It involves screening of large number of congenital anomalies at the foetal stage itself & later at the time of birth and early infancy and during childhood.
- Some of them may be minor, but many cause significant problems, including causing premature deaths and significant disability.
- Significant progress to reduce mortality in children is possible by extending early detection and management of health conditions in children.
- The "Developmental Delays", if timely intervention is not there, may lead to permanent disabilities with regard to cognition, hearing and vision. Early detection and management of certain "Diseases" including "Deficiencies" go a long way in preventing these conditions, and taking a severe & debilitating form and thereby reducing hospitalization.

## Annexure B

### Children in the current growth and Development Scenario

The children of today are facing a new set of challenges and global shifts that were unimaginable. The climate is changing beyond recognition. Inequality is deepening. Technology is transforming how we perceive the world and more families are migrating than ever before. Childhood has changed, and we need to change our approaches along with it. As we look back on 30 years of the Convention on the Rights of the Child, there is need to also look ahead, to the next 30 years. The issues of greatest concern for children are the twenty-first century problems that need twenty-first century solutions.

#### **Role of the state and voice of the children:**

- Respect the views of children in all matters concerning children, directly or indirectly by creating platforms for children at different levels and/or recognizing that child participation models needs to be developed by voluntary organizations during discussions on children matters.
- Create school level child right clubs to provide space for children to actively participate in school management and activities.
- Create anti-trafficking clubs in schools along with NCC, NSS and Scouts and guides who can work
- Create space for participation of children in rural and urban local bodies on specific days like child rights day (Nov.20) and in the beginning of the academic year.
- Support and recognize the child participation networks existing in the state for discussions while drafting and implementing programs for children.
- For child related issues and abuse against them, "1098" is the child line is being provided. More awareness to be created among the students, parents and civil society about the benefits derived by calling through the toll-free number for redressal.
- Recently Tamil Nadu Government launched "14417" – Toll free number for education guidance center to clarify the doubts among the children.
- The suicide prevention help line should be in Tamil and if required interpreter for other vernacular languages also may be provided and also in English. Moreover, language should not be a barrier for approaching the help line.

#### **i. Children and the digital footprint**

Debates about the benefits and dangers of social media for children are becoming familiar, and more action to protect children from bullying and exposure to harmful content is certainly needed. Parent and children are also becoming aware of the risk of sharing too much personal information on social media. But the truth is, the data contained within social media profiles created by children are just the tip of the data iceberg. Less well understood but at least as important, is the enormous accumulation of data being collected about children. As children go about their daily online lives, browsing social media, using search engines, e-commerce and government platforms, playing games, downloading apps and using mobile geo-location services, a digital footprint composed of thousands of pieces of data is accumulating around them. Some of the data may even have been gathered before birth and certainly before children are able to knowingly consent to its collection and use.

It is therefore necessary to ensure cyber security in the case of children using internet. Children also become addicted to online games like PUBG, Blue Whale, Tik-Tok thereby compromising their mental health. It is also equally necessary for parental supervision and the State of Tamil Nadu should continue to create regulatory and monitoring mechanisms to ensure that the digital space is not misused. Children lack the ability to judge the credibility of online information – found that when evaluating information on social media, children and young people are easily duped. It is also known that the impact of misinformation is pernicious and has real-world impacts that could be misled by misinformation that can be spread through social media and mobile messaging apps.

The other critical thing that is likely to affect the children of the State is Climate change and the State Policy of Children should take cognizance of this issue and have a participatory regulatory and monitoring mechanism to ensure the best interests of the children of Tamil Nadu.

## **ii. Children and Climate change**

Children are the least responsible for climate change, yet they will bear the greatest burden of its impact. Climate change is a direct threat to a child's ability to survive, grow, and thrive. As extreme weather events such as cyclones and heat waves increase in frequency and ferocity, they threaten children's lives and destroy infrastructure critical to their well-being. Floods compromise water and sanitation facilities, leading to diseases such as cholera, to which children are particularly vulnerable.

Children are more vulnerable to vector-borne diseases than adults. They face greater dangers from under nutrition and diarrheal diseases. The physical dangers of extreme weather events – flooding, building collapse, and more – pose unique threats to young bodies and minds. If, as expected, climate change worsens each of these risks, it is children who will suffer most. Children will also feel these effects longer than adults, making them vital in today's decisions about climate change responses. Climate change will make existing inequities even worse. Climate change will not affect all equally. Because of the risk associated with them, flood and drought zones often overlap with areas of high poverty and low access to essential services such as water and sanitation. This means that children and families who are already disadvantaged by poverty – those with the fewest resources for coping – are likely to face some of the most immediate dangers of climate change. This can create a vicious cycle: a child living in poverty or deprived of adequate water and sanitation before a crisis will be more affected by a flood, drought or storm, less likely to recover quickly and at even greater risk in a subsequent crisis. While climate change poses universal threats, tackling it is also an imperative for equity. Unaddressed, climate change will harm the poorest and most vulnerable children first, hardest and longest. It is therefore necessary that the following measures are taken:

- 1) Making children the centre of climate change strategies and response plans. Governments and partners globally must ensure children are an essential part of climate change strategies and disaster response plans.
- 2) Recognizing children as agents of change

Children's participation in issues that affect them is part of their fundamental rights. Children and young people can also play a key role in addressing climate-related risks by promoting environmentally sustainable lifestyles and setting an example for their communities. The participation of young people is a necessity if the interests of future generations are to be safeguarded.

### 3) Protecting children from the impact of climate change and environmental degradation

- Climate-smart water, sanitation and hygiene service
- Among the biggest impacts of climate change is water scarcity and/or contamination as a result of floods, droughts or severe weather.
- Sustainable energy and disaster risk response in schools
- Sustainable energy and disaster risk response in health centres

### 4) Reducing emissions and pollution

Taking decisive action to cut greenhouse gas emissions to slow, and ultimately stop, the advance of climate change is crucial to tackle the climate crisis before it's too late.

The world must embark on low carbon development to reduce greenhouse gas emissions, and needs to adapt to the impacts of climate change that cannot be halted. We can take steps now to safeguard our children's future, notably:

- Cutting greenhouse gas emissions so that the average rise in the global temperature is limited to a maximum of 2<sup>o</sup> Celsius, and ideally to 1.5<sup>o</sup>C.
- Prioritizing the needs of the most vulnerable in climate change adaptation efforts, particularly children – who will bear the brunt of climate change far longer than adults.
- Reducing inequities among children now to promote their future resilience to climate change and other disasters or crises.
- Listening to and acting on children's perspectives on climate change.
- Providing children and youth with climate change education, awareness raising and training.
- Aligning and coordinating work on climate change adaptation, preparedness and disaster risk reduction at national and sub-national levels.
- Protecting children and their families who are forced to move as a result of climate change.
- Investing in children as part of national climate plans on mitigation and adaptation.
- Scale-up proven approaches to address the changing needs of children.

Children deserve to live in a world free from the life-threatening effects of climate change. Given the overwhelming scientific evidence on the dangers of climate change, and the clear opportunities we have for altering its course, there is need for the State to acting ambitiously.

The State Policy for children shall become part of the State's pursuit for Sustainable Development Goals and as it moves on the growth trajectory that is transformational, inclusive and leaving no one behind ensure that all children are given opportunities to the best of their potential and capabilities.

## 8.3 Children as part of the SDGs

The Tamil Nadu State policy for the Child provides the basis for the alignment of the State to the Sustainable Development Goals that are universal, transforming in nature and aims to leave no one behind. 44 child-related indicators are integrated across the 17 SDGs. The State policy shall include the SDG under the five dimensions of child rights.

## Annexure C-1

### **Child care and protection inclusive of special children**

In this section the care for children in several categories are addressed. All children require care and protection whether in their home or in institutions. The Integrated Child Protection Scheme - ICPS is an overarching scheme that takes care of children and ensure that their rights are not violated. The JJ Act and Rules and the POCSO Act are two overriding Acts that ensure that the children enjoy a safe and protected childhood. The Integrated Child Development Scheme – ICDS ensures that the child develops as healthy individuals capable of self-development and contributing to nation development.

#### **Children in need of special care and protection:**

Children are the most vulnerable section in the society. Among children there are some who are more marginalized and neglected in the economic cultural circumstances. They need special attention.

#### **A. Children who are Differently abled**

- Children with disabilities need particular assistance during all phases of the reintegration process. During the preparatory phase, it is important to properly assess children with disabilities using a qualified expert and to work to rehabilitate children as appropriate (e.g. providing physiotherapy or teaching children how to use aids for mobility, bathing, feeding, dressing etc. and for performing daily task as independently as possible). It is also crucial to identify ongoing support needs and determine how these will be met, mapping of the existing services and support and connecting to local organizations working to support children with disabilities in their home communities. Agencies may need to access physical aids (such as wheelchairs or hearing aids), train family members in children's care and support or teach them how to effectively communicate with children (e.g. sign language).
- The principles laid down in the Rights of Persons With Disabilities (RPWD) Act for empowerment of persons with disability ensure respect for them, inherent dignity, individual autonomy including the freedom to make one's own choices. The Act is also applicable to the differently abled children.
- Differently abled children should endeavour to get due respect for all the rights of children and to preserve their identities with their disabilities. Non-discrimination, full and effective participation and inclusion in society, respect for difference and acceptance of disabilities as a part of human diversity and humanity, equality of opportunity, accessibility, equality between men and women to be recognized.
- The capacities of person with disability have to be utilised by providing appropriate environment and ensuring that the differently abled children enjoy rights equally with others.
- Limited guardianship is to be provided for the child with disabilities. The guardian may also be their parents, relatives and supportive service providers and programmes. Financial assistance to take care of the child to be provided to all children as a non-negotiable commitment.

- Differently abled children must be mainstreamed by admitting them in the schools. The schools should provide differently friendly toilets for their mobility, barrier free environment to be provided.
- Arts and Cultural activities need to be included as part the curriculum for these children.
- Suitable provisions in terms of timing, assistance should to be provided.

### **Autism Spectrum disorders**

- Children with Autism Spectrum disorders will be provided with support in the form of counseling, extra care facilities within the curriculum to make it more inclusive.
- Evolving capacities of children with disability as a principle in all its programs and schemes
- Children with such disorders may require individual attention and one to one teaching and creative methods may be employed. Peer to peer learning opportunities may be provided.
- Non-discrimination due to Disability as a basic corner stone and guiding light for all programs including affirmative schemes from foreign agencies
- Rehabilitation and development of children with disability as a right and inculcates and internalizes this principle in all its cross -cutting programs and trainings.
- Respect for inherent dignity reflecting in all programs by full and fair inclusion by range of complete access in accordance with process, physical and product access in lines with ever evolving technology.

### **B. Street Children**

- No children shall live or sleep on the pavement. It is the duty of the civic bodies and welfare department to provide shelters exclusively for both the boys and girls who are the pavement dwellers besides providing housing facilities in future. The shelter shall provide adequate basic amenities, shelter besides aiming for their education and skill development to stand on their own legs. The Department of Social Defence in collaboration with local and self-Government i.e. Corporations to provide necessary amenities to these children who are susceptible to abuses.
- All hospitals shall be required to provide free treatment to children on streets and in institutions. Hospitals shall be made child- friendly and have a separate counter in institutions. Hospitals shall be made child- friendly and have a separate counter where they are attended to immediately. The state shall ensure that the Hospitals submit a report on treatment of such children to the District Child Protection officer. Children with substance abuse need special care in institutional framework. Sustained rehabilitation programs shall be provided to prevent relapse of substance abuse cases

### **C. Child Labour / Bonded Labour / Working Children**

Child labour deprives the children on their childhood, their potential and their dignity and that is harmful to physical and mental development. The goal is a child labour free state in all occupations

and adolescent labour in hazardous occupation. To combat child labour, root cause of the problem to be addressed and the conscience of the community awakened in the wider, social context to protect the children from being made to serve as child labour/bonded labour. The District Administration in co-ordination and co-operation of all line departments would identify the child labour force in the district and after identification it is the duty to provide proper education and rehabilitation measures on one to one basis. Mapping of the child labour prone areas will be identified and the socio economic conditions of the parents/guardian improved besides providing necessary help to continue their studies. It will be ensured that all rescued child workers are registered, various measures are taken for their rehabilitation, employers are prosecuted, and rescued children are educated as per the provisions of RTE Act so that they do not have to return to work.

#### **D. Child Marriage**

A recent study of the child marriages in Tamil Nadu reveals that around 33 per cent of child marriages take place due to financial problems in the family, and 17 per cent due to fear of children being eloped. Moreover, the study shows that 95 per cent of marriages were decided due to infatuation and 4 per cent of marriages due to broken family with no one being ready to take care, and 1 per cent due to pregnancy before marriage.

In arranged marriages, 33 per cent took place due to financial problems of the family. Around 17 per cent were due to fear of love and 11 per cent due to preferential marriage. Also 11 per cent were due to safety issues and sickness of family members, 7 per cent due to family norms and 2 per cent due to migration of parents and 2 per cent due to child education related issues. Also 2 per cent were due to dowry, 2 per cent due to other reasons like illicit relationship of parents posing threat to the safety of the child, pre-marital pregnancy of the child. Around 1 per cent due to exchange of child for loan, and 1 per cent due to more number of children in the family.

To prevent child marriages,

1. Awareness to be given to all the children, parents, teachers, civil society about the change of metabolism, hormonal changes which attract other gender.
2. Parents, teachers, officials of the welfare and health department shall explain the reason for physiological and psychological changes due to various changes of development of the child and guide them appropriately.
3. Movies that depict students as they are in love with other gender shall not be allowed by the censor board. Children with the school uniform shall not be shown in any compromising situations in any films.
4. All marriages in Tamil Nadu shall be registered either if it is a regular ceremonial marriage as per Hindu Marriage Act or suyamariyadhai thirumanam or it is mere knot of yellow thread outside the temple or inside the temple, by exchange of rings, registration of marriages in religious authentic registers be considered as marriages and to be registered either by the VAO, CDPO, Tahsildar in addition to the Sub-Registrar at present who is the Registration Officer for marriage registration. The enactment should have provisions for registration of marriages by the VAO, CDPO, Tahsildar as Registrar of marriages.

## **E. Migrant children**

- To protect the migrant children in order to prevent exploitation and to provide education, health, nutrition, security and food rights. Under RTE Act 2009, all children of the migrant workers in the age group of 6-14 years have the right to free and compulsory education. The scope for education will be extended beyond 14 Year.
- A child friendly environment to be ensured in parents' work sites/ labour camps and residential areas.
- To provide mother tongue education to the migrant children upto higher secondary.
- Setting up day care centres near their parents work sites /residential areas.

## **F. Missing Girl children**

- Making Gender Sensitization as an integral part of curriculum right from primary education
- Special measure to be taken for overall development and protection of girls with a life cycle approach to health, education and life skills.
- Ensuring equal opportunity in the family and in the public sphere for girl children.
- Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act 1994, was enacted to stop female foeticides, arrest the declining sex ratio in India and banning prenatal sex determination. Effective implementation of the Act to be ensured to arrest the declining child sex ratio of girl children.
- Identifying multiple talents of girls children to bring out the maximum potential and creativity by ensuring the effective participation of girl children at multiple arenas.
- All government programs and schemes to be audited for gender equity before going public and specific gender outcomes to be identified and achieved.
- School and collage curriculum to be designed to address gender discrimination issue.
- All public advertising and communication to be monitored by a Committee to avoid gender stereotyping of girls and boys which promotes gender bias.
- Effective implementation of the Prohibition of Child Marriage Act, 2006 and addressing the anomalies in the Act with reference to Hindu Marriage Act that fails to nullify marriage of children above 15 years.
- Campaigns against superstitious/ conservative practices and child marriage

## **G. Marginalized Children**

- Addressing issues of exclusion in the village/community and schools
- Promoting peace and harmony among Marginalized and Vulnerable children
- Taking stringent action against teachers and school authorities under SC/ST PoA who discriminate marginalized children

- 100% free education in government and private educational institutions
- Creating more opportunities to identify the skills and talents of Marginalized children and giving awards and scholarships to enhance their potential
- Child rights education addressing the issues of human rights, dignity and self-respect for all children to ensure fraternity among Marginalized children
- Creating children clubs to bring children of different castes to learn play and to establish healthy relationship with Marginalized Children.

#### **H. Tribal children**

- Look into the concerns of Tribal children's survival, protection, development and participation with cultural and gender sensitivity.
- The development should focus not on mainstreaming rather than building on the indigenous knowledge expansion.
- Promotion of neighborhood expansion.
- Making them aware of Indigenous people's rights/Forest rights/Land rights and making them as a part of their curriculum
- Protecting them from any form of discrimination and exploitation
- Preventing them from becoming Bonded labourers
- Implementation of SC/ST PoA against the Teachers/School functionaries who discriminate and violate the human rights of the Tribal children.
- Stringent action against sexual exploitation of the children in boarding schools
- Ensuring nutrition and health needs of the children

#### **I. Children of Prisoners**

- In 2006, the Supreme Court of India "laid down guidelines.... to ensure prison authorities follow[ed] minimum standards while lodging women with children." According to a summary of the Asian Human Rights Commission, the Court ordered that children up to the age six can remain with their incarcerated mother and then should be placed with a surrogate, if the mother so wishes, or an institution maintained by the Social Welfare department ;children living with their mother in a prison should not be treated as detainees or convicts; they "should be provided with food, clothing, separate utensils, adequate sleeping facilities, and other necessary facilities", necessary for the "healthy development of a child;" they are also "entitled to medical care and vaccinations;" and they must be "provided with adequate educational and recreational facilities."
- Following the Supreme Court ruling, Indian prisons must also "provide crèches for children under three and nurseries for children aged three to six." Moreover, various judgments also provide financial support for the children of incarcerated parents. The Government will take proactive steps to ensure that the children of detainees are treated with dignity and worth and measures to be taken to mainstream the children into social life.

## **J. Missing children**

- It shall be mandatory to register First Information Report in case of missing children.
- The central database on missing children shall be strengthened.
- Convergence of missing children database with police, CWC and NGOs shall be collated.

## **K. Children in conflict with law**

- Comprehensive guidelines for rehabilitation of children in conflict with law shall be formulated.
- The special homes shall be designed to ensure that the children are given access to a number of services, primarily counseling, education and vocational training beside others. This would be done in collaboration with organizations providing such services. The police shall be kept informed about the same.
- Structural and procedural system of Juvenile Justice Board should be made and developed in such a way that, child may be able to feel comfortable and friendly.
- The Police shall be given training to adopt child friendly police treatment, legal procedures and not to press or insist or to allow procedures in a manner that will delay the process of justice.

## **L. HIV infected / affected children**

- National Commission for Protection of Child Rights guidelines be implemented
- Children affected and infected by HIV and AIDS, and all other chronic ailments such as tuberculosis, cancer, cardio-vascular diseases and respiratory ailments require the fulfillment of a core minimum of health–care services as well as a broad range of protections by the State.
- It lays emphasis on the principle of 'best interest of the child' and on the fact that a child be given preference under all circumstances.
- Ensure a minimum standard of care, support, protection and treatment, at the State level and it must ensure a systematic implementation and outreach of these policies and development of schemes and programmes, which are responsive to the specific needs of the children
- Support a resilient continuum of care and support within a rights-based framework to address all the issues faced by each child affected by chronic ailments such as HIV and AIDS and addressing the needs of single parents, especially the single mother, as well as other caregivers especially with regard to their difficult and compromised circumstances in ensuring the care and protection of orphan and vulnerable children

## **M. Children of single parent/ Women headed families**

- Giving them priority in admission in educational institutions
- Scholarship schemes to encourage them to continue education
- Providing them educational materials and other stationeries in the schools

#### **N. Incapacitated Father/Mother**

- Father / Mother incapacitated due to chronic illness, natural calamities, accidents, riots and communal disharmony.

#### **S. Trafficked children**

- Mapping of source and receiving areas shall be undertaken in order to determine influencing factors and develop system/programmes to address the menace of trafficking.
- Evolving programs and protocols for rehabilitation and reintegration of survivors of trafficking.

#### **T. Children affected by Disaster**

- Children and their families shall be provided emergency relief, support, trauma, counseling and rehabilitation in the case of disaster. Children and families shall be given immediate shelter.
- State shall review and examine policy related to care, rehabilitation and adoption of children whose parents have been severely differently abled, injured or expired during disaster, and take steps accordingly.
- Child protection assessment shall be undertaken in the event of disaster /calamity/riots. Such assessments shall be made mandatory prior to undertaking any eviction.
- Adopting a program with processes and protocols for prevention, intervention and rehabilitation of children affected by disasters/ conflicts/riots shall be a priority. Such program will be a mandatory part of all disaster management programs.
- State shall ensure that children of farmers who have committed suicide shall be protected and given priority in education and employment.

#### **U. Victimized Children**

- Children affected due to sexual abuse, physical abuse, socially exclusion, maiming and organ transplantation.

#### **V. Children of manual scavenging**

- Strict action against schools and other authorities who are making the children to do cleaning of toilets or involving them in any other unclean work.
- Taking all measure break the cycle of getting into the scavenging/ unclean occupation
- 100% free education in government and private schools
- Creating more opportunities to identify the skill set and talents of Marginalized children and giving awards and scholarships to enhanced their potentials
- Child rights education addressing the issues of human rights, dignity and self-respect for all children to ensure fraternity among Marginalized children
- Creating children clubs to bring children of different castes to learn play and to establish healthy relationship with Marginalized Children.

## **W. Parentless children**

- Conscious efforts to be taken to ensure that children are encouraged for non-institutional care such as Adoption, Foster care and sponsorship and Group Foster care wherever possible
- Children below six years shall be ensured that they are linked to children homes recognized as Specialized Adoption Agencies

## **T. Destitute children**

- Children who is an orphan lost their both the parents or one of the parent is incapacitated, children who are neglected, abandoned or a vagabond who lives on the pavement, lost their parents due to any natural calamity, accident, rioting, war, insurgency, substance abuse and poisoning.

## **U. Refugee children**

- All children in the state will be considered on par with the children of the state in terms of extending education, health and school security.

## **X. Child with Sexual Non Conformity**

- Children who are at cross roads of understanding their sexual identities will be provided with psycho social support along with provisioning for health, education and social security. The medical support for such children needs to be provided so that they can be provided with sufficient care and support for realigning their sexual orientation based on their chromosomes. This would in turn reduce the anxiety and stress in the early childhood and school going age. This is a preventable condition and hence attention needs to be provided to them.
- Intersex individuals are those persons born with physical deficiencies typically assigned to a male/female and/or including a typical genital, atypical sex hormone producing organs, atypical response to sex hormones, atypical genetic make-up and a typical secondary sex marker identified at birth/ pre-natal testing.
- Intersex v/s Transgender: Intersex individuals have deficient male or female physical sex characteristics whereas transgender individuals have fully developed male or female physical sex characteristics but their 'internal feeling' is that they belong to opposite gender. However, some intersex individuals become transgender at any age.
- Parents of Intersex children cannot accept the situation as their child do not confirm to societal norms of typical male or female. Therefore, they request surgical interventions to correct the ambiguities.
- Upon advice by medical professionals, parents of intersex individuals provide consent for 'gender normalizing irreversible' surgical procedures based on the presumption that the person can live as a typical male/ female later on.
- The existing Rashtriya Bal Swasthya Karyakram & Rashtriya Kishori Shakti Karyakram program under NHM will be tagged to cater the health needs of the intersex individuals and shall be further strengthened.
- The clinical guidelines which have been framed by the experts to be known by way of Government orders.

## **Y. Children affected in internal conflicts like caste / communal clashes**

- The children will be protected from all kinds' of violence in the name of caste, creed and social identity.
- The rights of the children and provisions of special care will be extended to the children affected by internal conflicts to return back to normalcy at the earliest.

## **X. Children in Institutional Care**

- All children in institutions will be supported for non-institutions care
- The children who are in child care institutions will be ensured with an environment that is conducive for all round development, free from all forms of violence.
- Participatory Platforms for engaging the children actively in daily administration of the children homes will be encouraged.

## **Z. Children of Commercial Sex Workers**

- Children of commercial sex workers will be supported and provided with opportunities and to free them from stereotyping so that they will be helped to get into social mainstream so that any scope of getting into parental occupation is cut off.

## **5. Right to Participation: Having an active voice**

UNCRC creates space for children by noting that when adults are making decisions that to say what they think should happen and have their opinions taken into account. Right to expression and freedom to associate are major elements of creating space for children in the public sphere and recognizing the citizenship rights of the children.

Tamil Nadu needs self-motivated, qualified, courageous and creative young people, who combine Individual opportunity with political, social, cultural and value-based commitment to strengthen and vitalize our society. Therefore, there is an imperative need to provide greater opportunities for children to participate in the public spheres of life. Child participation is an informed and willing involvement of all children including those who are differently abled and those at risk any way, concerning them either directly or indirectly. It is an evolving concept, a value which cuts across all programmes and takes place in all areas, from homes local to international levels.

- The state is committed to create institutional framework and spaces to widen the space for children to participate in the policy making and decisions of the government that can affect and impact the lives of children. Clearly defined framework to listen to the voices of children through school, gram sabha, urban local bodies, children own movements and federations will be created and strengthened.
- The Government has formed the management Committee in every child care Institution. These home management committee members will be trained on participatory management at the level to create ownership feeling among the children and connecting with their biological families.

- Child Protection Committees in every village panchayats/wards in the urban local bodies shall be constituted and activated. These Committees have children representatives from the government schools/private schools in order to take part of the discussions regarding children at the village/ward/school level.
- The child protection committees shall be strengthened with the support of voluntary organizations working at the local level and child participation networks at the state level i.e State Child Protection Society (SCPS) will be strengthened with the support from various stakeholders from the line departments to monitor and review of performance of the issues related to child protection.
- Block Level Child Protection Committees (BLCPC) shall be strengthened with the monitoring officers of the child protection committee. Urban local bodies, Zonal level committees and Executive Officer of the Town Panchayat to be formulated. Both the Block, Zones and the Town Panchayat level the Sub-Collector/RDO be the Chairperson of the child protection committee. In the district level, Collector is the Chairperson for the child protection committee.

## Annexure C-2

### Children under Institutional Care

It is a well-known fact that a safe and secure family provides the optimal environment for the growth and development of the children. Utmost efforts should therefore be made to reintegrate the children who are currently separated back into their families and communities.

- Family reintegration is desired by majority of these children and their families. Absence of family care can have a fundamental impact on the child's well-being and its development.
- Policy should provide guidelines to Governments – both the Central and the State, NGOs and others with a responsibility to address children's rights and acknowledge the central importance of family unity to child's well-being and its development.
- In some instances that reintegration is not always in the best interests of the child. Alternative support like foster care and hostel facilities or financial support in some cases may also need to be considered. Financials shall not be the barrier for foster care or sponsorship.
- Removing any child from his/her family should be a measure of last resort, and before any such decision is taken, **a rigorous participatory assessment** is required to determine the necessity. Stakeholders should work towards effective functioning of child protection systems that can adequately support the reintegration of all groups through alternative forms of care such as Kinship care, Adoption, Foster care, Group Foster Care and sponsorship for the Children.

#### **8. Skills and approach of frontline staff working with children**

In order to ensure that effective care for the children is provided by the caregivers, the staff needs to have a range of technical skills, strategies to adopt appropriate measures for children. The staff must be trained along the following lines:

- **Acknowledge diversity**

Children's experiences of separation and reintegration will differ depending on the factors such as age, gender, reasons for separation, experience during separation (such as ethnic discrimination) and the family's current situation.

- **Take efforts and recognize the challenges that children and families face in the reintegration process.**

Children may be concerned about moving from a caring, well-resourced programme to precarious support at home, leaving peers or no longer earning money so adequate support needs to be provided for the transition. Families may fear the changing family dynamics due to the re-entry of the child in the household or challenges feeding an additional person.

- **Develop a warm, through professional relationship with the child:** Knowing that they can rely on a caring adult who clearly values them and provides a sense of belonging enables the children to assume their full role in the process and to raise any concerns. Trust and continuity are vital for forming this relationship.

- **Voice of the children to be heard:** Facilitate the children to speak out includes encouraging children to voice any concerns and reassuring them of their ability to take decisions and build a greater sense of power and control over their lives. Particularly in contexts, where it may be dangerous to speak out publicly, staffs have a responsibility to create a safe and conducive atmosphere. Even very young children or those with disabilities which affect their ability to express themselves are able to participate in decisions along with the support persons.
- **Identify and build on strengths:** Help children, families and communities to identify their own human and financial resources, and develop a strategy to build on them.
- **Create local ownership whenever children need to be reintegrated:** It is essential to stimulate the community's responsibility to accept the child who is reintegrate with the biological family. The local leaders, peer support, religious leaders and role for the community have a specific task. It is important to recognize that stigma will be an important barrier for reintegration and that community engagement is particularly important in addressing this stigma.
- **Act in a culturally knowledgeable way.** It is important to identify solutions that leverage local methods of care and protection and are in line with the values and beliefs of the children's, families and communities. Staff needs to be able to carefully negotiate solutions when the best interests of the child conflict with cultural values or practices. In addition, staff needs certain qualities to work well with reintegrating children including empathy, respect, patience, perseverance and flexibility.

#### 9. Household economic strengthening and material support for families whose children need to be reintegrated – bonded labour or in case of Children in Conflict with Law.

Poverty is a primary cause in majority cases of separation of children from families. Effective economic-strengthening measures can reduce both poverty and stress within a family. During the preparatory phase, it is important to take the following measures.

- Use information from the family assessment to determine the livelihood security of the household. What are their resources, capacities, sources of livelihood?
- Ensure that economic interventions are tailored to the household's capacities and the economic context. **A household at the level of destitution needs support for basic consumption, such as a government cash grant or in-kind transfer.**
- If market-based household economic strengthening is needed, seek relevant technical expertise. Steps to improve household economic stability may include provision of livestock or other productive assets, access to Mahatma Gandhi National Rural Employment Guarantee Act Scheme, financial linkages with Self Help Groups and Micro finance, relevant training for financial literacy or technical skills, support with health issues or disability, etc.
- New economic-strengthening initiatives are required network with reliable stakeholders to improve their livelihood.

## 10. Family reintegration process

- Transfer of care back to family. As far as possible, parents/caregivers should state in writing their willingness to resume responsibility for the child and that they understand the implications of this. Where required, the social worker shall submit reports to the appropriate authorities (e.g. child welfare panel, judge, gatekeeping commission, administrative tribunal, local authority) for formal approval. In some jurisdictions, legal guardianship is initially transferred temporarily and then reviewed at a later date.
- **Case transfer:** If reintegration occurs across jurisdiction, the coordination of the case plan and the case file itself are often passed to another agency or government department. This must be done with the permission of the child and the family and in a clear documented manner. It is recommended that (where possible) the case worker accompanies the child to meet the concern who will take over the case, reviews the paperwork with them, and involves local officials.
- Reintegration package and enrolment in services, including formal education. In exceptional circumstances, material support may be offered at the point of reintegration, though this should be handled with proper care. When access to the new community has been limited, the point of reintegration becomes the opportunity to finalize arrangements of new services, e.g. enrolment with the local school, nursery or health service providers.

## 11. Acknowledgement of transition:

- Children benefit from receiving proper support to say farewell to their peers (e.g. from the street, in the shelter) and to discuss how they might stay in touch. The family and/or community who have been preparing for the child's return may want to acknowledge it in a public fashion through, for example, speeches or a more elaborate welcoming/transition ceremony. It is important that the child be informed of the community's expectations, and is happy to cooperate.

## 12. Institutional Care: A last Resort for Children

- Due to the large number of children requiring care vis-à-vis the services available for them, institutionalization is still one of the main forms of substitute care. The State child policy shall address the lack of one-on-one human contact, lack of play facilities, poor nutrition, overcrowding and lack of access to medical care that are commonly observed problems in institutional care and improve the service provisions in these care facilities. Service bench marking maybe done to improve the standards of the institutions. These deficiencies lead to physical, behavioral and cognitive problems of various kinds. The child is separated from the family and often experiences trauma.
- Children in institutional care do not experience warmth and positive relationships with caregivers or other significant adults. Children are also vulnerable to abuse from other children and staff which may not get addressed adequately. The feeling of isolation from the outside world, lack of bonding among the children or with the staff impacts the child's sense of belonging, happiness, and emotional security. Institutions also become sites for neglect, abuse and exploitation. Moreover, some children continue to remain for long periods in the Institution due to lack of family tracing. The policy should consider providing support to these children.

### 13. Strengthening Foster Care as a Significant Area in Alternative Care

- A broader definition for foster care is required, which can be included in the JJ Act.
- Foster care must be provided for juveniles in conflict with the law as well as children in need of care and protection.
- Revise classification of foster care in order to include emergency care and other short-term care as well as long-term care.
- Develop training standards and programs for foster families, government officials and other stakeholders involved in the process. Plan and implement an effective complaint and dispute resolution procedure.
- Prepare guidelines for termination of foster care.
- Define care for children with special needs of such as those with disabilities or those affected by HIV/AIDS.
- Engage voluntary organizations and Non-Governmental Organization's by giving them decision making powers but backed by a framework of regulation, accountability and transparency.
- Increase government involvement in the processes of budgetary allocation, awareness programs, mandatory quality checks, and monitoring the effectiveness of the programs. The Centre for Law and Research and Foster Care India (2013) further note that "if the rights of the child to family care are to be provided, then the current methods in India, focusing largely on adoption are certainly not adequate and not in conformity with international conventions such as the CRC, or the UN Guidelines for Alternative Care, 2009. In order to support systems of alternative care for children as opposed to institutional care, a robust foster care program needs to be developed by state governments, which keep a central focus on the best interests of the child and the right to of a child to family care".

Alternative Care is not merely substituting Institutional Care. Alternative Care is based on the Rights based framework of:

- Best interest of the child.
- Holistic child protection
- Child's right to family care and nurturance
- The responsibility of the family in caregiving
- Prevention of separation of child from family
- Institutionalization as the last resort

Child protection and child rights are closely interlinked. Child protection works towards the realization of child rights.

The present policy adopts the Standards of care envisaged in Juvenile Justice Model Rules, 2016 and State Rules, 2017.

## Children's Participation in Child Care Institutions and schools

Participation of children in the decision-making process of CCIs is one of the key features of rights-based child care.

- **Children's Suggestion Box:** The management committee of every CCI is required to put in place a complaint and redressal mechanism for the benefit of children.
- According to Rule 39 (5) of the JJ Rules 2016, a Children's Suggestion Box shall be installed closer to the residential area of CCI, so that children can have easy access to the facility. The Chairperson of the management committee or his representative from DCPU checks the suggestions of children every week in presence of members of children's committees.
- The Rule also requires the Chairperson to call for an emergency meeting of the management committee to discuss and act on suggestions of urgent nature. Besides other members, two members of the children's committee participate in any such emergency meeting.
- The suggestions received through Suggestion Box and actions taken on the basis of emergency meeting are discussed and reviewed in the monthly meeting of the management committee.
- **Children's Suggestion Book:** Under the above-cited rule, every child care institution is required to maintain a Children's Suggestion Book (CSB) in order to record complaints and actions taken by the management committee. These particulars are intimated to children's committees every month after meeting of the management committee. The CSB is reviewed by management committee at least once a month.
- **Children's Committees:** The system of children's committee is a mechanism for ensuring involvement of children in the decision-making processes of the institution. According to Rule 40 of the JJ Rules 2016, every CCI should facilitate setting up of children's committees for three different age groups of children namely 6-10 years, 11-15 years and 16-18 years.

Significantly, children's committees shall be solely constituted by children. Besides participation in management through the management committee, these committees are encouraged to participate in the following activities:

- Improvement of the condition of CCI
- Review of standards of care
- Preparation of daily routine and diet scale
- Development of plans for education, vocational training and recreation
- Crisis management amongst themselves
- Reporting abuse by peers and caregivers
- Creative expression of views through wall papers, paintings, newsletter etc.
- As facilitators of the process, the child care institutions are required to ensure that the children's committees meet every month, their records are maintained properly, and are provided with necessary support, space, stationery and guidance

This policy aims to emphasize all the requisites without any compromise and diligently followed.

### **Preparation of the Child for Institutional Care:**

From the time a child enters the juvenile justice system, it is critical for him or her to understand what is the purpose of the system, what its procedures are, what the limitations and boundaries of institutional care are. Similarly, when a child is received into an institution it is critical for him/her to understand the purpose of institutional care, the procedures of the institution, the rules and regulations he or she would need to abide by, what opportunities he/she should expect in terms of rehabilitation and reformation, while in institutional care.

The Superintendent/Officer-in-charge/Receiving Officer shall at the time of reception explain all these aspects to the child. The child's own expectations of institutional care also must be heard. Care must be taken to present the child with realistic, factual and appropriate explanations because at times a child's idea of a residential care in a home and what the institution is capable of delivering is very different. Outcomes of discussions on setting expectations and boundaries should be documented and be taken into consideration during formulation of Individual Care Plans, Case Conferences, Case Reviews and Grievance Redressal. Setting and managing expectations while working with children in groups is vital for achieving the objectives of the group and making the group interactions beneficial for children, staff and the functioning of the institution as a whole. The home staff may have to negotiate with children and come to a consensus, but it is important that everyone's views are taken into consideration and incorporated wherever appropriate. The home staff should set time aside to explain to children when their suggestions and concerns cannot be incorporated

### **Protection Norms for a Child Care Institution**

Every Child Care Institution shall follow the written specific State Child Policy in conformity with the JJ Act

- Every CCI should display its child protection policy at a prominent place.
- Every CCI shall have systems of ensuring that there is no abuse, neglect and maltreatment of children.
- The CPP in a CCI should include a zero tolerance policy towards corporal punishment.
- The CPP in a CCI should include a zero tolerance policy towards child abuse.
- All laws, rules, guidelines and SOPs by the Central and State Governments related to child protection and children shall be adhered to strictly.
- The CPP should specifically mention about treating differently abled children with dignity and care.
- The CPP of a CCI should be signed by all the staff and management of a CCI.

### **Instruction for CCI/CCL and any residential institutional staff:**

All Staff, Employees, duty bearers etc, should

- Ensure that a culture of openness exists that facilitates children to interact and express their issues and concerns with staff for children's personal, physical, social, emotional, moral and intellectual development.

- Encourage and respect children's voices and views.
- Be inclusive and involve all children without selection or exclusion on the basis of gender, disability, ethnicity, religion or any other status.
- Be aware of the potential for peer abuse and develop special measures/supervision to protect younger and especially vulnerable children from peer and adult abuse (eg: children bullying, discriminating against, victimizing or abusing children).
- Avoid placing oneself in a compromising or vulnerable situation when meeting with children.
- Immediately report the circumstances of any situation which occurs which may be subject to misinterpretation.
- Inform children about steps of interventions being taken with respect to them or in the context of their lives.
- Make oneself aware and educated on the laws, rules and guidelines related to child protection as amended from time to time.
- Keep data about the children and youth in CCI confidential.
- Ensure the responsible use of computers and other information technology and refrain from inappropriate usage, especially that relating to the creation, viewing, downloading or distribution of any inappropriate or offensive material, including, but not restricted to, abusive images of children, pornography or child pornography.
- Report all concerns regarding actual or potential child abuse, mistreatment or any other violation according to the reporting and responding system.
- Ensure that there are staff members of the same sex when escorting the child between locations and also when taking care of the child/children at any location.
- Record all decisions of movement of children to hospitals or referral service centres or even in the case of repatriation/ restoration.
- Ensure good and constructive working relationships with all co-workers.
- No foreigners should stay in the CCI premises of the children.

Staff, Employees, duty bearers shall not kiss, hug, fondle, rub or touch a child in an inappropriate or culturally insensitive way.

- Children of opposite sex should not be housed in same premises.
- Should not use corporal punishment or tolerate corporal punishment by the staff.
- Children should not be handled in isolation.

- Should not act in any manner that puts children at risk.
- Never turn out a child from the residential home/facility.
- Never use language that will mentally or emotionally abuse the child.
- Never threaten a child.
- Never use abusive language.
- Never tease/ mock a child or call out nicknames.
- Should not act in any way that intends to embarrass, shame, humiliate or degrade a child.
- Do not show discrimination of race, culture, age, gender, disability, religion, sexuality or any other status.
- Cannot develop a sexual relation with a child.
- Do not give cash or any kind of gifts directly to children.
- Do things of a personal nature that a child could do for him/herself, including dressing, bathing and grooming.
- Do not suggest inappropriate behavior or relations of any kind.
- Do not allow children to engage in sexually provocative games with each other.
- Do not stand aside when they see inappropriate actions inflicted by children on other children because it is frequent and commonplace.
- Do not take children to the residence of any staff member/ superintendent for the night.
- Do not engage children in personal work or employ children at work or at home.
- Do not use his/her position for his/her own benefit or for the benefit of family or friends.
- Do not work under the influence of intoxicating substances such as alcohol or any other substances that significantly impair ability to do the job assigned.
- Do not take any photograph that would or could potentially violate the child's dignity, or privacy in any way.

### **5.13 Education in CCIs**

The Right to Education Act needs to be implemented in the CCIs with the full letter and spirit leaving no child behind and the State's Education Policy has to take cognizance of the fact.

- The Superintendent/Officer-in-charge needs to ensure that the children receive formal education.
- Liaise with voluntary agencies, and corporate to bring in educational support services into the CCI so that children can receive:

- Bridging the educational gaps to enable children to get to a level where they can be admitted into formal school.
  - ❖ Supplementary coaching and tutitions.
  - ❖ Non-formal education/NIOS for those children for whom formal education may not be an option.
- He/she needs to ensure that those children who are in school need to be allowed to continue and given the required support to undertake the same.
- No child should be rejected for readmission in school for his alleged or when involved is an offence. There is need to
  - ❖ Ensure that all necessary paper work gets done (Transfer Certificate, application forms etc.)
  - ❖ Supplementary coaching.
  - ❖ Time to study and prepare.
  - ❖ Support to appear for exams.

Every child in the age group of 6-18 years in a CCI has the right to free and compulsory education.

- It must be ensured that every child irrespective of age shall have access to education even if the period of stay in the CCI is short or temporary.
- Efforts shall be made to continue education unhindered, and all children to be linked to the education system wherever possible.
- The CCI must ensure and make arrangements for children to attend school/college/classes outside of the institution premises and ensure that Child has a happy and congenial learning environment that is also child friendly.

#### **Physical Training (PT), Sports, Games, Recreation, Art and Craft in CCI:**

- Sports, and recreation are key to every child's development through which children learn sports-manship, competition, form healthy relationships, understand themselves and their peers better, understand values of discipline, achieving results, integrity, and hard work. It also provides children a special and separate time away from the routine stresses in their lives and energizes them to aspire for better.
- Children shall be encouraged to work in groups, it would enable them to understand themselves better, identify their own strengths vis a vis other children, form and manage relationships, feel a sense of ownership and pride towards their group among other things.
- It is necessary to ensure that the time allocated for PT, Sports and Games is not allocated for anything else and is considered as a non-negotiable activity on a daily basis.

- **Daily routine:** The daily routine of children in special home shall allocate adequate time for PT, sports and games.
- PT to be conducted for a minimum of 30 minutes every morning as part of the daily routine and may combine exercise, yoga, jogging in alternation.
- The daily routine must have 1 hour a day for structured sports and games activities for each child.

**Variety:** A variety of sports must be offered to children in CCI:

- These include a combination of popular international sports (cricket, football, hockey, badminton etc.) and also include traditional sports and games (Kabaddi, PittuPul, Kho-Kho).
- The sports and recreation committee in consultation with children and the staff at special home shall decide on the sports and games to be played. The sports selected could be changed on a quarterly basis.
- Sports events: CCI shall promote and organize sports events
- Competition within the CCI.
- Invite teams from outside to come and play with the children.
- PT, sports and games in ICP: If a child shows exceptional talent in a particular sport and expresses the wish to take it up as a vocation, the ICP of the child for the time the child is in the institution and upon the release of the child, should promote the practice of sports by the child.
- Coaching and sports workshops: Coaching and sports workshops should be arranged for children to stimulate their interest, and so that they learn to play a variety of sports and games.
- Partnership and networking for promotion of sports in CCI: The Superintendent/Officer-in-charge of the CCI should look for tie-ups with NSS

### **Art and craft**

Art and craft activities shall be taken up with interest and seriousness in CCI.

- Purpose: The purpose of taking up art and craft activities with children is:
  - ❖ To enable children to express themselves creatively.
  - ❖ To enable children to express feelings.
  - ❖ To give children space and time away from the mundane routine which is joyful.
  - ❖ To enable child to discover latent talents or interest they may have.
  - ❖ To expose children to culture and history through different art forms.
  - ❖ To provide space for discussion and expression of feelings.

- **Design of art and craft programs:**

- ❖ Art classes shall be modular classes or workshops.
- ❖ Children work in groups which are age specific.
- ❖ Receive 2 hours of art and craft activities in a week.
- ❖ They must allow children to be exposed to art and culture-different art forms (traditional and modern) and stories of artists from around the country.
- ❖ Help may be taken from the internet to design art classes and workshops.
- ❖ Counselor and psychologist should provide inputs on issues to be addressed in children through art.
- ❖ Children may be prepared and encouraged to participate in government art and craft competitions.
- ❖ Children shall be supported in order to prepare for government art examinations if they display an interest.

#### **Safety measures**

- Control of access into the CCI: Home gate/door to be under lock and key. Entry of only authorized people: staff, part time staff, tutors, parents, volunteers, etc. shall be permitted, which should also be verified through a standard process, which involves identity verification, checking of personal belongings. Only persons of the same sex should be allowed or permitted to stay in the institution.
- Boundaries to be secure: All boundary walls to be of the standard height to prevent intruders, or children from runaway.
- Checking and repair of electrical fittings: All electrical fittings in the Home shall be regularly checked for any hazard and repaired immediately. The State shall make arrangements for regular checks by electrician at every CCI, to ensure that all wires, electric boards, and other fittings are not exposing the children to any danger and working in a normal condition.

#### **Monitoring of content on television, mobiles and internet:**

- To monitor the content when children are watching television or while using the internet.
- **Display of emergency contact numbers:** The emergency contact numbers (Police, JJB, medical Clinics, Ambulance, Child line, fire station, Probation Officer, and Superintendent) are placed on the notice board and in all prominent areas, offices, and common areas.
- **Functional complaint and grievance mechanism:** The CCI should have functional and accessible complaint and grievance redressal mechanism i.e. suggestion box, Children's suggestion Book, children's committees, regular staff - children interface.

- **Safe custody of substances and harmful articles which can be misused:** The CCI shall keep substances and harmful articles, which can be misused for harm, under lock and key (like medicines, phenyl, knives, scissors and blade), so that no child can harm self or others.
- **Prohibited items list to be displayed in all common areas:** No person shall be allowed to bring into the institution the following prohibited articles, namely:
  - Intoxicants of any description, psychotropic substances, liquor, ganja, bhang, opium, smack etc;
  - All explosives, poisonous substances, acid and chemicals, whether fluid or solid of whatever description;
  - All arms, ammunition and weapons, knives and cutting implements of every kind and articles which are capable of being used as a weapon of whatever description;
  - All obscene matter;
  - String, rope, chains and all materials which are capable of being converted into string or rope or chains, of whatever description;
  - Wood, bamboo, club, stick, ladder, bricks, stones and earth of every description; playing cards or other implements for gambling;
  - Tobacco items, pan masala or similar item;
  - Medicine that has not been specifically prescribed;
  - Any other article specified in this behalf by the State Government by a general or special order.
  - All bullion, metal, coin, jewellery, ornaments, currency notes, securities and articles of value of every description including electronic items such as mobile phone, digital camera, i-pad, etc, shall be deposited in safe custody.
  - Surprise searches: Surprise searches of the staff and child shall also be conducted by the Superintendent/Officer-in-charge with the assistance of the guards.
  - Any prohibited article found during the search shall be seized by the Superintendent/Officer-in-charge; a list of the articles seized shall be prepared.

### **Security measures**

- The Superintendent/Officer-In-charge shall ensure that appropriate security measures are employed at all times, including the following:
  - There shall be sufficient number of guards at all times in different shifts to be posted at the points to be identified by the Superintendent/ Officer-In-charge in consultation with the security in-charge and the Dept.

- While engaging security personnel, preference shall be given to ex-servicemen recruited through the Directorate General of Resettlement or agencies recommended by them.
- In CCIs housing girls, female security guards would be provided for the security inside the CCI and male security guards may be engaged for the security of the CCI from outside.
- Security personnel should also be available in reserve for any emergency situation.
- A duty roster shall be prepared and displayed at some prominent place in the premises of the Child Care Institution by the Officer-in-charge. Gate-keeper of every CCI shall be provided with a siren or any other means for raising an alarm.
- Closed Circuit Television cameras shall be installed at all key points such as all entry and exit points to the CCI, reception, corridors, kitchen, pantry or storeroom, dormitories, entry and exit points of the washrooms with due regard to the privacy and dignity of the children.
- Prompt attitude in starting an alarm is most urgent and an important duty.
- All locks/cupboards in the CCI shall be examined by the Superintendent and any lock/cupboard found to be out of order shall be replaced immediately.
- After the completion of evening counting of CCL, locks shall be put at all points identified by the Superintendent/Officer-in-charge, in presence of the shift incharge.

#### **After care**

- Preparing for After Care at the time of release from Special Home. The State Government shall prepare a programme for children who have to leave Child Care Institutions on attaining eighteen years of age by providing for their education, giving them employable skills and placement as well as providing them places for stay to facilitate their re-integration into the mainstream of society.
- Any child who leaves a Child Care Institution may be provided after care till the age of twenty-one years on the order of the Committee/Board or the Children's Court and in exceptional circumstances for two more years on completing twenty-one years of age as per Rule 25(2) of JJ Model Rules 2016. The Rules have to be incorporated in the Rules of the State.
- If they are not able to complete their education or obtain any employable skills and to stand on their own legs it is the responsibility of the institution to take care of the ward till such a time that they complete their education/skills and it is the responsibility of the Government to support the wards and schematic assistance for after care programmes.
- The District Child Protection Unit shall prepare and maintain a list of organizations, institutions and individuals interested in providing after care services as per their area of interest such as education, medical support, nutrition, vocational training etc. and the same shall be forwarded to the Committee/Board and all Child Care Institutions for their record.

## Annexure D

### **Institutional framework for the children in Tamil Nadu**

The Integrated Child Protection Scheme (ICPS) has defined clearly that Child Protection is about keeping all children safe from a risk or perceived risk to their lives or childhood. It is about recognizing that children are vulnerable and hence reducing their vulnerability by protecting them from harm and harmful situations. Child protection is about ensuring that children have a security net to depend on, and if they happen to fall through the holes in the system, the system has the responsibility to provide the child with the necessary care and rehabilitation to bring them back into the safety net.

#### **7.1 Manifestation of violation of child rights:**

Child rights violation can occur anywhere. It can be within the family, community, school, work place and institutions. The manifestation of violation of child rights of children are in several forms. Of all the most visible are child labour/bonded labour, child marriage, child abuse and exploitation, substance abuse among children, child migration, child trafficking, beggary, street children, child prostitution, children in armed conflict, children without parental support, child pornography, children in conflict with law, children with disability and third gender.

#### **7.2 Reasons of violation of child rights**

Child rights violation is on account of several reasons ranging from ignorance, lack of awareness, insensitiveness, illiteracy, poverty, poor enforcement of laws, lack /inadequate capacity and competence of involved human resource, media influence, peer pressure, lack of guidance and supervision, child isolation and neglect, etc . Often the strategies and approaches used to combat and prevent the violation have been symptomatic and ad-hoc, thereby resulting in short lived changes.

In the Indian context, child protection is a relatively new concept and does not attract the attention of the masses naturally. There has to be a conscious effort to draw the attention of the stakeholders and the duty bearers towards the violation of protection rights and orient and sensitize them for behavioral and attitudinal change. Mobilize Stakeholders, constituencies and partnership broadening partnership and building and strengthening constituencies for child protection is essential. This implies strengthening the capacities of different people who are responsible to protect the children.

#### **7.3 Key partnership includes:**

- Strengthen child protection system through partnership with different actors like judiciary, parliamentarians, civil societies, Academia, media.
- To engage with political leaders and parliamentarians for pro child policies and legislative issues.
- Engagement with community, youth and panchayat representatives. Engage celebrities, religious and social leaders .etc. Child Protection - Partnership and constituencies, Government, Parliament, Media, Academia, Civil Societies, Youth, Private sector, NCPDR/SCPCR, Judiciary and Police.

Child protection is of paramount importance. It is a framework or system by which the rights of a child can be ensured. The framework consists of various duty bearers such as the departments of the government, police, school, civil society, who all have roles to play to ensure that a child's rights are met, and in the case that a child's rights are violated that the violator be brought before justice and care be provided to the child. Child protection is not only treatment, but should also be preventive. Risk management needs to take place to reduce the risk of violation of child rights in any given circumstance or space.

Child protection is hence the means through which all other rights of a child can be upheld. For example a child has a right to live a normal childhood in a family environment. The child protection framework need to first take steps to ensure families are able to survive by providing them when health, education, and food for free or at minimal cost. The next step is to address the needs of children who have fallen through the cracks such as destitute, abandoned, and orphan children. The framework includes the mechanisms to relocate these children into caring families either through adoption or foster care and provide these children with access to health and education services. Hence the framework is not a single ministry or single government body, it is the interlinking functions of all ministries and sectors.

It is desirable to clearly identify the various actors for child protection and understand their capacity and skill gaps. This is a pre-requisite to design integrated and holistic programs for treating the root cause of violation of rights of the children by active involvement and engagement of the various stakeholders.

Children's rights and entitlements (individual as well as collective) entail a relationship with the State and non-State actors with obligations (often termed as the "duty bearers"). The duty bearer is often the State but the role of institutions such as the family, community, school and the like are also discussed with reference to child rights. Even if the State is not directly involved in ensuring child rights, it plays a critical role ensuring an enabling environment and compliance to the accepted norms. The duty bearers are obliged to work in the interests of children's rights and entitlements and to ensure through sufficient checks and balances that these rights are not violated.

A strong relationship between the rights holders and duty bearers is envisaged, which requires the strengthening of the capacities of the rights holders to make their claims and of the duty bearers to meet their obligations. All actors in this process are expected to contribute to these dynamic processes if the outcomes are to be positive for children.

As rights holders, children are recognized as social agents who have the right to demand from the duty bearers. If in the past, their interests were represented major duty bearers, efforts have also been made to encourage their agency, or their ability to think, act and represent their issues and views themselves. The right to be heard is an important but less recognized child right, which is the cornerstone of children's participation. As child protection is multi disciplinary and involves a range of stakeholders it would be relevant to list them under the following categories:

(i) **Affected by violation of rights of the children:** These are children, their parents, kith and kin, community

(ii) **Duty bearers, who can affect the realization of protection rights of child:** Elected representatives, village level service providers government staff & officials, judiciary, police, civil societies.

The State Child Policy document looks at the stakeholders at various levels and related to Ministry/departments entrusted with the responsibilities of child protection. It also tries to map the policies, legislation, guidelines related to child protection and services related to child protection.

## Annexure E

### After care programmes

The CCI shall, through counseling support and other programmes, prepare the young adults for life outside the Institution and for the After Care programme.

- The process of transition from institutional care to after care should take into consideration the gender, maturity and particular circumstances of the child.
- Young adults leaving institutional care should be encouraged to take part in the planning of their own after care.
- An aptitude test /career guidance should be done by the counselor of DCPU with the help of a technically qualified person/agency before placing the young adult into appropriate after care programmes
- If the Officer-in-charge, Probation Officer and other home staff involved in the process of rehabilitation of the child, during the pre-release planning are of the opinion that the child needs further supervision, care and support before their reintegration into the community, the child shall be referred to after care organization.
- The Probation Officer or the Child Welfare Officer or Case Worker or social worker shall prepare a post release plan as per individual care plan and submit the same to the Board or the Committee two months before the child is due to leave the Child Care Institution, recommending after care for such child, as per the needs of the child.
- In case the child does not have parents, guardians or relatives, the child shall be referred to the CWC as part of the pre-release planning who then refer the child to an institution for children in care and protection. The referral to CWC shall also be made if the Officer-in-charge, PO and team are of the opinion that going to the family and the locality is not in the best interest of the child.
- If the child does not desire to his/her to return to his family or if suitable inquiry it is established that the family is not the conducive place in the best interest of the child, the child may be placed in a group home or a hostel, the funds for which shall be provided under provisions for after care in CPS.
- Children who are placed in after care programme, shall be provided funds by the State Government for their essential expenses; such funds shall be transferred directly to their bank accounts.
- The Officer-in-charge on direction of Committee/Board/Children's court shall provide the child with such tools, as may be necessary; to start a work or business subject to such maximum cost as may be fixed by the institution/State Govt. which shall also form part of the post-release plan.

#### **Children with Intellectual Disability:**

The human rights approach to disability has led to a shift in focus from a child's limitations arising from impairments, to the barriers within society that prevent the child from having access to basic

social services, developing to the fullest potential and from enjoying her or his rights. This is the essence of the social model of disability. The emphasis given to equality and non-discrimination in international human rights instruments is reflected in the social model of disability. This model rejects the long-established idea that obstacles to the participation of differently abled people arise primarily from their impairment and focuses instead on environmental barriers. These include:

- Prevailing attitudes and preconceptions, leading to underestimation;
- The policies, practices and procedures of local and national government;
- The structure of health, welfare and education systems;
- Lack of access to buildings, transport and to the whole range of community resources available to the rest of the population;
- The impact of poverty and deprivation on the community as a whole and more specifically on persons with disabilities and their families.

A great deal can be done to remove or reduce the barriers faced by children and adults with disabilities. For persons with disabilities, this is both a liberating and an empowering view, one that emphasizes the positive contribution that they themselves can make in removing the barriers to their participation. At the same time, the social model emphasizes the role of government and civil society in removing the obstacles faced by citizens with disabilities in becoming active participants in the various communities in which they live, learn and work.

## Annexure F

### **Complaints and Grievance redressal**

One of the Core Mandates of the Commission is to inquire into complaints of the violations of child rights. The commission is also required to take *suo moto* cognizance of serious cases of violation of child rights and to examine factors that inhibit the enjoyment of rights of children.

#### **Complaints may be made to the Commission:**

The Commissions for Protection of Child Rights Act, 2005, mandates that every State must have a State Commission for Protection of Child Rights (SCPCR). It's crucial for every State to have a SCPCR as it has a number of powers and functions.

The Commission is capable of creating a deterrence mechanism and has the powers to make several bodies answerable, thereby preventing violations, abuses, crimes against the children and upholding their right. Presence of SCPCR in every state enables the protection of children, without compromise. It helps support other departments in protection of children. It also helps in bringing an additional perspective and strengthens the accountability on children's issues at the state-level. It also helps to trickle down visions of NCPCR and helps the state in formulating and implementing necessary policies. It will also enable discussions on child protection in the state through periodical consultation with all stakeholders. This is one body accessible for those who do not have the resources to go to court. These are the only bodies that listen to the voices of children and fight for them.

#### **6.1 SCPCR staff and mandate**

The Act specifies that Members should be drawn from "amongst persons of eminence, ability, integrity, standing and experience in" the following six fields:

- 1) Education;
- 2) Child health, care, welfare or child development;
- 3) Juvenile justice or care of neglected or marginalized children or children with disabilities;
- 4) Elimination of child labour or children in distress;
- 5) Child psychology or sociology;
- 6) Law relating to children.

The Chairperson of the State Commission for Protection of Child Rights as per the Act clearly states that she or he should be "a person of eminence" and should have done "outstanding work for promoting the welfare of children". The NCPCR and the SCPCRs have functions not only under the CPCR Act 2005, but also under the RTE 2009, the JJ Rules, and the Protection of Children from Sexual Offences Act, 2012.

At present, the State has limited financial allocations and it is necessary to provide the members and the Chairperson with enough financial powers to be able to monitor and take expedient action. The compensation and the allowances maybe on par with the other States and maybe given due financial compensation. The powers and responsibilities of the commission may not be curtailed and shall be given the due recognition so that the commission shall perform its functions to the best of its capabilities in the best interests of the child.

## **6.2 Registering a Complaint to TNCPDR**

Any child can file a complaint and given below are features:

A complaint from a child can be:

1. In any language listed in the 8th Schedule of the Constitution.
2. No fee shall be chargeable on such complaints.
3. The complainant shall disclose a complete picture of the matter leading to the complaint.
4. The Commission may seek further information/affidavit as may be considered necessary. While making a complaint, please ensure that the complaint is:
  - a) Clear and legible, not vague, anonymous or pseudonymous.
  - b) Genuine, not trivial or frivolous.
  - c) Not related to civil disputes such as property rights, contractual obligations and the like.
  - d) Not related to service matters.
  - e) Not pending before any other commission duly constituted under the law or sub-judice before a court/tribunal.
  - f) Not already decided by the Commission.
  - g) Not outside the purview of the Commission on any other grounds.

Children may file a grievance themselves, or may become involved in a grievance that someone else has filed. Whenever and however a child engages with a grievance mechanism, it becomes important to consider how they can best participate in the process. As above, it is essential that grievance mechanisms rely on the expertise of trained professionals who know how to engage with children. Grievance processes offer more flexibility than many other avenues of seeking access to justice, and can thus be more readily adapted to facilitate children's right to be heard. Measures to empower children's participation in grievance mechanisms can draw from a number of central principles:

## **6.3 Supporting Children's Participation in grievance redressal**

Children should be heard in a manner adapted to their age and maturity, by professionals with knowledge and expertise in child development and communication. Children can best be heard when they are at ease in a friendly and safe environment, and can respond to questions that are formulated for their level of understanding.

Grievance mechanisms can also allow for children to participate in more dynamic ways, including:

- Creative and flexible sharing, for example through stories, pictures, and other forms of artistic expression. Technology may also enable children to share information in more innovative ways, especially children in remote areas.
- Hearing children as a group where many have been affected, with the assistance of children's organizations, schools, online groups, community meetings or other means of bringing children together. It can be more comfortable for children to voice their opinions as a group and among peers.
- Empowering trusted adults, like family members, community leaders or staff from children's organizations, who can represent children throughout the process as requested or required. While children should have the option to participate directly where this is in their best interests, some might prefer to have their views conveyed together with or by trusted adults.

#### **6.4 Seek children's views and take these into account.**

Children have a right to share their views, and to have these views taken into account. As the quality of children's participation can have a high degree of influence on the outcome of the proceedings, children should be given a chance to express their views on how they wish to participate, the circumstances surrounding their grievance, and the process and its potential outcomes. It should be explained to children how their views have been taken into account, and differences between their views and the eventual outcome should be clearly set out.

#### **6.5 Ensure that support persons are available for children.**

Throughout the grievance process, children should have access to support persons to help prevent anxiety, stress, duress and revictimization. Support persons might include social workers, psychologists, staff from children's organizations, or other professionals who have been trained to communicate with children. They can play an important role in ensuring that children are properly informed; guiding decisions about whether and how to participate, helping children to engage in discussions; requesting protective measures and necessary accommodations; and directing children to additional resources for psychosocial support.

#### **6.6 Protect children's privacy and confidentiality.**

Sharing information about children's involvement in a grievance process may endanger children's physical safety; result in emotional harm or stigmatization; discourage children's continued participation; and fundamentally undermine trust. Children's privacy and confidentiality should be safeguarded to the highest degree, including in written or electronic records, and children should never be forced to give personal information. Information that children choose to share as part of the grievance process should never be disclosed to any persons not immediately involved in that process unless there is a legal requirement to do so as may exist in suspected child abuse or criminal activity.

Tamil Nadu has a system of registration of complaints through online registration mechanism, through the SCPCR website and through the phone numbers of designated officials and members of the State Commission for protection of Child Rights. The Child line no: 1098 needs to be popularized and awareness created regarding this number so that children in any kind of distress would be able to access the same.

## ANNEXURE G

### Partnerships, advocacy, Research and Documentation

#### Partnerships, coordination and Advocacy

The state shall consider accountability, transparency, decentralization and active involvement of stake holders while implementing the policy. There is a wide range of actors whose decisions and actions impact on children, directly or indirectly- from to government, non- governmental and private bodies, from religious and community leaders to the media and research institutions. They have varying roles and responsibilities in realizing children's rights.

Effective implementation refers mainly to the extent to which their activities are integrated, complementary and mutually reinforcing in improving children's access to basic needs and services, and enhancing their protection from abuse and exploitation. Enhancing accountability is a key component of national efforts to realize children's rights. Ensuring that actors from all sectors work in a coordinated manner and with a strong sense of accountability is critical for effective implementation. The task of holding relevant state institutions to account is performed by both internal systems and external monitoring and oversight bodies.

In order to ensure better coordination between the different departments and voluntary organizations that work for children, the government level watch dog committees to be abolished and one platform at the state, district, block and panchayat level is formed. The state level committee will be headed by the principal secretary of social welfare department with representatives from different departments meet once a quarter and District level committees and Block level to meeting once every two months and the panchayat level committees to meet every month to take stock of child rights situation at different levels. Mechanisms will be created to ensure that the bottom up approach is practiced in order to understand the field level realities and needs of the children and the last mile population.

State Level	<ul style="list-style-type: none"><li>• State Level Coordination Committee</li><li>• Headed by Principal secretary, Department of Social Welfare</li><li>• Once in three months</li></ul>
District Level	<ul style="list-style-type: none"><li>• District Level coordination committee</li><li>• Headed by the District collector</li><li>• Once in Two Months</li></ul>
Block Level	<ul style="list-style-type: none"><li>• Headed by Sub-Collector/Revenue Divisional Officer</li><li>• Project Officer ICDS/BDO</li></ul>
Panchayat Level	<ul style="list-style-type: none"><li>• Village Level Child protection committee (VLPC)</li><li>• Headed by the Headmaster/CDPO/DCPO and panchayat president can be co-chairperson</li><li>• Once in month</li><li>• Outcomes are discussed in Gram Sabha Meetings</li></ul>

## **9.2 Civil society Participation**

The state believes in joining hands with civil society organizations at different levels in creating a truly democratic platform wherein the concerns on children are discussed in partnership mode. The civil society engagement will be developed in more comprehensive approach learning no space for piecemeal intervention

The networking and federation among civil society with specific reference to core working areas will be encouraged while working with the civil society.

## **9.3 Research and Documentation**

The purpose of research is to initiate informed action. The emotional, social and physical development of young children has a direct effect on their overall development and on the adult they will become. Hence scientific understanding with reliable research back up is very important. Qualitative and Quantitative research on child welfare interests will be conducted on regular basis in coordination with reputed academic institutions in Tamil Nadu with experience in child rights research. The Government of Tamil Nadu will invest in young children to maximize their present happiness and future well being with the help of the research. Documentation of models, cases, experiences and best practices along with the ongoing programs is vital to measure the impact of any programme and to review for its effective functioning. The Government of Tamil Nadu will engage with academic institutions in developing monitoring and documentation formats and reporting mechanism to enhance the digital reporting thus strengthening the programming on child rights.

## **9.4 Capacity Building**

Capacity building is not just about the capacity of the government and its implementing agencies but also about its ability to deliver its mission effectively now, and in the future. Capacity building is an investment in the effectiveness and future sustainability of a state. Targeted capacity building initiatives such as identifying right communication strategies, improving staff recruitment, ensuring thoughtful promotion to higher cadre, updating technology how it measures its outcomes etc in building the capacity the state to effectively deliver its mission. When capacity building is successful, it strengthens state's ability to fulfill its mission over time, thereby enhancing the ability to have a positive impact on lives and communities.

The state should commission training needs assessment in all the departments mandated with child development with the help of academic institutions. Sector based capacity building programmes with targeted outcomes will be conducted on a regular basis to ensure effectiveness of the programs and interventions.

## **Conclusion**

Kofi Annan had said, "There is no trust more sacred than the one the world holds with children. There is no duty more important than ensuring that their rights are respected, that their welfare is protected, that their lives are free from fear and want and that they can grow up in peace". This is what this State Child Policy Considers as the most critical.

The Government of Tamil Nadu expresses its commitment to the Children with the current State Child Policy, 2019 and assures to every child in the state that the government would ensure the rights of every child. It respects children and will also respect the commitment made to children in letter and spirit. It has taken into consideration the aspirations of the children of the State and will work towards providing a safe environment where the children can grow and develop to the best of their capabilities. It shall provide equal opportunities for all the children in the State to grow physically fit, mentally alert, morally healthy and also in turn awaken the consciousness of the community in the wider societal context to protect children from all forms of abuse while strengthening the families, communities and the State.

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