



FAMILY STRENGTHENING AND FAMILY-BASED ALTERNATIVE CARE

Resource Handbook for Master Trainers

ACRONYMS

1. AHTU:	Anti-Human Trafficking Unit
2. ANM:	Auxiliary Nurse Midwife
3. ASHA:	Accredited Social Health Activist
4. CARA:	Central Adoption Resource Agency
5. CCI:	Child Care Institution
6. CPS:	Child Protection Services
7. CWC:	Child Welfare Committee
8. DCPU:	District Child Protection Unit
9. DWCD:	Department of Women and Child Development
10. GRP:	Government Railway Police
11. GRPF:	Government Railway Police Force
12. ICP:	Individual Care Plan
13. ICPS:	Integrated Child Protection Scheme
14. JJ Act:	Juvenile Justice (care and protection) Act 2015
15. JJB:	Juvenile Justice Board
16. MWCD:	Ministry of Women and Child Development
17. NCPCR:	National Commission for Protection of Child Rights
18. NFHS:	National Family Health Survey
19. NGO:	Non-governmental Organization
20. POCSO:	Protection of Children from Sexual Offences Act 2012
21. SARA:	State Adoption Resource Agency
22. SCPS:	State Society for Protection of Child Rights
23. SIR:	Social Investigation Report
24. SJPU:	Special Juvenile Police Unit
25. SOP:	Standard Operating Principles
26. UNCRC:	United Nations Convention on the Rights of the Child
27. UNICEF:	United Nations Children's Fund
28. VLCPC:	Village Level Child Protection Committee
29. WHO:	World Health Organization

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We acknowledge Miracle Foundation India team for their value addition to overall quality enhancement and contextualization. Your relentless pursuit of excellence and commitment to child protection have ensured that this handbook meets the highest standards of usability, practicality, and effectiveness.

Together, this collaboration has created a handbook that will serve as a cornerstone for effective case management, benefiting countless children and families in India.

Thank you for your collaboration and unwavering support.

Introduction

Welcome to this Case Management Handbook which has been put together for the Master Trainer in Case Management, to support them in their work with children and families.

The participants for this training will primarily be the district child protection functionaries who have a role in individual child protection cases, preparing individual care plans, and carrying out social investigation. These may include social workers, case managers of district child protection units, members of the multidisciplinary child protection committees, childcare institution staff, members of statutory bodies like Child Welfare Committees, Juvenile Justice Boards, community based child protection committees, community outreach workers etc. While the emphasis is on cases within the community and in institutional care, the handbook also addresses other cases of child protection like rescue from situations of abuse or exploitation.

This training is also beneficial for other stakeholders who need to be oriented on child protection and case management practices. These can be local NGOs, police, and other law enforcement agencies like the Railway Police, Child Helpline and others.

Contents and use of the Handbook

The handbook is divided into the following 10 chapters:

Chapter 1: Child Protection in India

This chapter highlights the key challenges related to child protection in India. It also provides an overview of the policy and legal framework and the key child protection services in India. This chapter provides an understanding of what child protection is as understood by the national and international bodies. It delves into the types of abuse and violence that children are likely to experience.

Chapter 2: Understanding Risk, Vulnerabilities, Red Flags, Protective Factors

This chapter will enable participants to understand the factors that are required for 'wellbeing' in children. This chapter also explains risks and factors that make children and families vulnerable, which can lead to separation. The chapter also focuses on protective factors which when available in families and communities, reduce risk and vulnerabilities.

Chapter 3: Case Management

The chapter enables the participants to explore the foundations of the case management approach to effective family strengthening practices. The session will help understand the key aspects and each step of case management process, the nature of difference in the process while working on prevention or transition cases, and the paramount role of the case manager in

anchoring and guiding the process with children and families.

Chapter 4: Assessment of Children and Families

The chapter delves deeper into the practical aspects of the assessment stage of the case management process. This enables the participants to learn to utilize assessment tools for case managers in a way that provides a clear picture of the child and family's unique situation and truly assists with decision making.

Chapter 5: Planning & Implementation - Preparation of Children & Families

The purpose is for the case manager to understand the importance of strengthening family relationships in the context of child development, understanding family as a UNIT and key areas of focus. Further helps to learn about key tools utilized in the process of child and family preparation.

Chapter 6: Monitoring & Followup

The chapter provides participants with the knowledge and skills for follow-up and reviewing through effective uses of tools, in line with guidelines and standards set in the Juvenile Justice Act. Ensuring systematic and timely monitoring of children and families' adjustment and well-being, mitigate the risk of abuse/neglect, ensure services and community resources are accessed in line with the care plan & identify any additional support when needed.

Chapter 7: Building Trusting Relationship with Children & Families

The purpose of this chapter is to drive home the point with a case manager, that communication and building a trusting relationship while engaging with children, families is an indispensable imperative to drive the case management process towards a necessary and suitable outcome for the child. The case manager needs to understand the vitality of this and practice the art of building this connection.

Chapter 8: Reporting and Record Keeping

Documentation is a key element of case management, and this chapter lists the various documents / reports needed to be maintained for every child and their frequency and place in the process.

Chapter 9: Preparing for the Training Course

This chapter will orient the participants on how to plan an effective training course on case management using this handbook and the preparatory steps required.

Chapter 10: Administering the Training Course

Once we have learned how to plan a training course, it is important to learn how to conduct and effective training. Participants will learn what skills are essential for a good facilitator and the additional critical small things that are necessary in a training.

Chapter 1

Child Protection in India

Purpose: This chapter will enable the participants to get a bird's eye view of the situation of children, challenges pertaining to child protection in India, to get refreshed on the concept of child rights and child protection corresponding with the legal framework for child protection services in the country.

Scope: The purview of this chapter includes a bird's eye view of the situation of children in the country, the conceptual essence of child rights and child protection with a detailed description of the latter. This is followed by a glimpse of the legal framework on child protection in India backed by the global and national level conventions, guidelines, legislations.

Situation of Children in India

Basic Indicator Data¹

S.no	Indicators	Status
1	Child population (millions, under 18 years, United Nations Population Division 2021)	460
2	Multidimensional poverty rate (% of population, OPHI and UNDP 2021)	28
3	Maternal mortality ratio (per 100,000 live births, Special Bulletin on Maternal Mortality in India 2017-2019)	103
4	Under-five mortality rate (per 1,000 live births, NFHS-5, 2019-2021)	41.9
5	Fully vaccinated (% children (12-23 months), NFHS-5, 2019-2021)	76.4
6	Stunting (% of children under five years, moderate and severe, NFHS-5, 2019-2021)	35.5
7	Stunting (% of children under five years, moderate and severe, NFHS-5, 2019-2021 (% , urban/rural)	30.1/37.3

¹ The Situation of Children & Women in India, Country Program Action Plan, Government of India & United National Children's Fund

8	Number of children reported to be out of school in 2023 of which about 44% were girls and 56% boys ²	12,53,059
9	Secondary school net enrolment rate (% , male/female, UDISE+ 2020-21)	52.6/52.4
10	Achieving targeted performance levels (% of students in grades 3, 5, 8, NAS 2021)	34
11	Child marriage (% women (20-24 years) married before age 18, NFHS-5, 2019-2021)	23.3
12	Ever experienced physical or sexual violence (% women (18-19 years), NFHS-5, 2019-2021)	18.3
13	Population having access to safely managed drinking water (% , rural, JMP 2022)	56.1
14	Population having access to a safely managed sanitation facility (% , rural, JMP 2022)	50.5

Table 1.1

Summary of the Situation of Children, Adolescents and Women

- India is the world's fifth largest economy, covering 18 per cent (1,393 million) of the world's population. The 460 million child population includes 118 million children (0-5 years) and 251 million adolescents (10-19 years). Urbanization is projected to rise from 35 per cent (2021) to 44 per cent (2036)
- The country has achieved a significant reduction in the multidimensional poverty rate, from 55 per cent (2005–2006) to 28 per cent (2015–2016), with 35 per cent among children. Sixty per cent of all multidimensional poor are found in households where no female member has completed six years of schooling. Over 40 per cent belong to the Scheduled Castes (SC) or the Scheduled Tribes (ST). The highest poverty levels are found in the states of Bihar, Jharkhand, Uttar Pradesh and Madhya Pradesh.
- India spends 3.8 per cent of the gross domestic product (GDP) on education and 1 per cent on health, with corresponding high out-of-pocket health expenditures.⁴ Children's share in the Union Budget at 4.5 per cent in 2014/15 had fallen to 2.4 per cent in 2022/23, short of the 5 per cent target set in the National Plan of Action for Children, 2016.
- India has successfully reduced the under-5 mortality rate from 49.7 deaths per 1,000 live births in 2015–2016 to 41.9 in 2019–2020. Sixty per cent comprises neonatal mortality at 24.9 per 1,000 live births with higher levels among young mothers and in rural areas. Sixteen per cent of

²<https://www.hindustantimes.com/india-news/over-1-2-million-students-out-of-school-most-of-them-at-elementary-level-govt-101675858595780.html>

global under-5 deaths occur in India, the only country with higher death rates for girls. Besides complications in the neonatal period, pneumonia and diarrhoeal diseases are leading causes of children's death. About 76 percent of children (12–23 months) are fully vaccinated. The maternal mortality ratio (MMR) decreased from 130 per 100,000 live births in 2014–2016 to 103 in 2019 with remarkable progress in states with high MMR. Thirty-eight per cent of maternal deaths occur among young females (15–24 years). Mental health is a growing concern as suicide is the second leading cause of death among youth (15–29 years).

- Stunting among children (0–5 years) has decreased from 48 per cent (2005–2006) to 35.5 percent (2019–2020). Efforts to fight malnutrition have been further strengthened through the Government's National Nutrition Mission (POSHAN Abhiyaan) launched in 2018. Stunting is significantly higher in the poorest households and among children whose mothers have little formal education. Sixty-four per cent of children (0–6 months) are exclusively breastfed, while only 11.3 percent of children (6–23 months) are fed an adequate diet. India has the highest anemia levels globally, with 59.1 percent of girls (15–19 years) affected. Bottlenecks to proper nutrition include poor knowledge and feeding practices, harmful social and gender norms, an inadequately regulated food environment, inequitable access and utilization of nutrition services and delayed detection and treatment of malnutrition.
- Most children (3–10 years) are enrolled in early childhood and primary education. Net enrolment rates drop to 52.5 per cent at the secondary level and 34.7 per cent at the higher secondary level, with higher retention rates among girls. Almost one third of children with disabilities are not in school. In 2021, 34 per cent of students in grades 3, 5 and 8 achieved targeted performance levels (45 per cent in 2017). Girls and boys had similar performance, while children from Scheduled Castes and Tribes and minority communities had the lowest performance levels.
- Learning outcomes decline in higher grades, and many children leave education without appropriate achievement levels and skills. Thirty percent of youth aged 15 to 24 years (47 per cent of females) are not in employment, education or training. The pandemic has created an even greater learning crisis, with one of the world's longest school closures affecting 286 million children (3–18 years). Poor access to remote learning opportunities has further exacerbated the crisis.
- India has built a robust child protection legal and policy framework, and set up statutory structures at the district level. It has successfully halved child marriage over the past decade to 23.3 per cent, although the pace has slowed down in recent years. India is making significant progress in setting-up alternative care arrangements. It still has, however, one of the largest numbers of children living in institutions worldwide.
- Eighteen per cent of women (18–19 years) have ever experienced physical or sexual violence. About 7 percent of adolescents (13–17 years) are affected by mental health issues, with less than half of them seeking help. Child labour estimates are high, especially among migrant children. Of the 74,124 children in conflict with the law in 2020, only 46 per cent received a final verdict. Bottlenecks include supply-side challenges (attention to preventive interventions, capacities of the social and allied workforce, sub-district structures, accountability, and resource allocation/execution), and demand-side challenges (social norms permeated by social stratification and gender biases).
- COVID-19 caused unprecedented disruption and had a deep impact on the physical and psychological well-being of children. During the COVID-19 pandemic in India, 10,094 children were orphaned, 136,910 children lost one parent, and 488 children were abandoned³. The related lockdown leading to mass reverse migration, and loss of jobs and incomes, led several households to adopt negative coping mechanisms with reports of increases in child labour, and trafficking of children. During the pandemic 1.5 million schools were shut causing loss of learning

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<https://www.thehindu.com/news/national/sc-voices-concern-over-debt-burden-of-pandemic-orphans/article65268229.ece>

for 247⁴ million children, in addition, there are over six million girls and boys who were already out of school even before the COVID-19 crisis began.

Children with intersecting risk factors are hardest hit, such as girls, children with disabilities, children without parental care, children from Scheduled Castes (SC) or Scheduled Tribes (ST), many of whom are in rural areas, and children who are out of school. The pandemic for example, increased rates of child marriage in India as girls withdrew from school, and once pregnant many will not return. Among children with disabilities in India, almost 75 per cent have never attended school⁵.

India expanded social protection programmes substantially in 2020–2021, including the Maternity Benefit Programme, which is now implemented in all districts with an extended target group. The pandemic has highlighted the need for strengthened consolidation, coordination and funding of social protection programmes while increasing access to migrant families. The programmes need to be even more child-sensitive, gender-responsive, climate-adaptive, and shock-responsive. Lack of awareness and access to some major social protection programmes hampers utilization, especially among the urban poor.

Child Rights & Child Protection

Child rights are a set of principles, entitlements for children, Protection is one of these rights. Child protection works towards the realization of child rights. **Child protection** primarily works towards preventing or addressing four critical areas: violence, exploitation, abuse, and neglect. Lack of child protection impacts a child's development in all aspects: physical, social, mental, emotional, and spiritual. Children subjected to violence, exploitation, abuse, and neglect are at risk of death, separation from family, torture, deprivation of health care, failure to thrive, low self-confidence and motivation, becoming a school dropout, homelessness, vulnerable to delinquency, addiction, and growing up without skills, resources, and support.

It is a framework or system by which the rights of a child can become operationalized. Failure of family, school, society, and the State to guarantee child protection is a violation of basic human rights of children. Thus, child protection is the means through which all other rights of a child can be upheld.

Thus, ensuring child protection means:

1. Reducing Risks (or preventing abuse)
2. Making children's rights a reality (or child rights)
3. Restoring hope and a dignified living (or well-being)
4. Creating an enabling environment (or protective environment)

⁴<https://www.unicef.org/india/press-releases/covid-19-schools-more-168-million-children-globally-have-been-completely-closed>

⁵ <https://www.deccanherald.com/india/school-gates-closed-for-children-with-disabilities-1174791.htm>

Understanding Child Protection

Child Protection refers to the safeguarding of children from all forms of violence, exploitation, abuse, and neglect. UNICEF defines child protection as the prevention of and response to exploitation, abuse, neglect, harmful practices, and violence against children. It is embedded in the UN Convention on the Rights of the Child (CRC), which was ratified by India in 1992. The CRC provides a human rights-based framework for child protection and the guiding principles are – best interest of the child; non-discrimination; respect of the views of the child; and the right to life, survival, and development.

Similarly, according to the World Health Organization (WHO), *“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.”*

Violence or abuse against children takes many forms. It can be physical, emotional, or sexual in nature. Violence can happen in all settings – at home, in school, in the community, or online. Violence can be perpetrated by anyone but often comes at the hands of people the children trust. Violence impacts all children but some children like girls, children with disabilities, children living in extreme poverty, children separated from their families, children living in institutional care, or children on the move like refugees, migrants, or asylum seekers (with or without their families) are most at risk. In some contexts, children with HIV are especially vulnerable, as are children from minority or ethnic groups, or those with non-conventional sexual and gender orientation.

Categories of child abuse or violence against children

Internationally, four main categories of child abuse are generally recognised, as described below. Also noted are some of the signs that may indicate the type of abuse which has been experienced.

- i. **Physical Abuse:** Inflicting physical injury upon a child. This may include burning, hitting, punching, shaking, kicking, twisting of ears and limbs, beating, pulling by hair, tying up the child or otherwise physically harming a child. Extreme physical abuse can result in permanent disability or death.

Signs can include: *Burn marks on the body, hair that looks sparse in places, fractures and twisted limbs, unexplained swelling on face and body, marks of old wounds, unexplained headaches and earaches, blurred vision, missing teeth and bleeding gums, scratch marks and discoloured patches on body, stomach aches and back pains, difficulty in walking and sitting, unexplained weight loss or weight gain, fearful especially at the sight of some people and strong reactions of fear on hearing raised voices and seeing sudden movements, fearful reactions to the word ‘punishment’ and making elaborate attempts at avoiding certain people.* It is important to always be alert to injuries for which there is no logical explanation, when medical treatment is delayed, or where a child seems especially keen to not show any part of their body.

- ii. **Emotional Abuse:** Emotional abuse, sometimes referred to as **psychological abuse**, in children is defined as behaviors, speech, and actions of parents, caregivers or significant figures in a child's life that have a negative mental impact on the child. Emotional abuse is a pattern of behavior that impairs a child's emotional development or sense of self-worth. Some examples are name calling, constantly belittling, or rejecting the child, using derogatory and insulting terms to describe the child, and making the child feel small and insecure or a scapegoat. It also includes creating fear in the mind of the child, deliberately making the child cry, and emotionally blackmailing the child by threats to violence or withdrawal of privileges. Emotional abuse also includes withholding love, support, and guidance.

The main characteristic of emotional abuse is the repeated and ongoing nature of the abuse that does long term damage to a child's self-esteem and sense of worth. For instance, a one-off incident of a child being shouted at by a neighbor and called an idiot, is unlikely to have as severe consequences for the child as being told everyday by their father that they are stupid and should not have been born. An element of emotional abuse is normally associated with all forms of abuse.

Signs can include: *Sudden and frequent bouts of crying, depression, exaggerated joy and other emotions, panic attacks, fear of certain places, fear of certain individuals, unnecessarily compliant with rules and following them obsessively, aggression and angry outbursts, refusal to comply with rules and regulations, running away, dangerous behaviour such as jumping from heights or jumping in front of vehicles, nail biting and sudden onset of bedwetting, anxious body movements, tics and twitches, sudden onset of stuttering, forgetful and preoccupied, very low self-esteem, hypersensitive and insecure behaviour and interactions with others, forgetfulness, making increasing mistakes or lack of confidence, for example in school work.*

Sexual abuse: Sexual abuse of children includes contact abuse, such as rape, penetration, attempt to penetrate, oral sex, fondling and non-contact abuse, such as using sexual language, sexual harassment, sexting or allowing/making the child watch pornography or using children in pornography. The legal age of consent in India is 18 years and any sexual act with a person below that age is considered as sexual abuse or assault.

Signs can include: *Suddenly becoming withdrawn, anxious, avoiding certain people, self-harming behaviour (such as cutting and suicide attempts, pulling out hair, pinching self-etc.), risk behaviour (taking drugs, running away). Sexual knowledge/behaviour, or use of language not appropriate to age level, or displaying harmful sexual behaviour/ mirroring sexual abuse that they were subjected to, sexually abusive behaviour towards other children particularly younger or more vulnerable than themselves, heightened need for privacy, becoming dependent or especially attached. Physical signs can include difficulty in walking, bed wetting, urinary infections, and sores, bruising and injury to sexual parts of the body, sexually transmitted disease in a child of any age and pregnancy.*

- iv. **Neglect:** It is the failure to provide for the child's basic needs that are essential for the mental, emotional, cognitive, and physical development of the child. Neglect can take many forms. Physical neglect can include not providing adequate food or clothing, appropriate

medical care, or supervision, to the child. It may include abandonment. Emotional neglect is when a child's need for love, affection, closeness, and support are not being provided for by parents or caretakers. Neglect also includes ignoring the health, educational, and social needs of the child.

Signs can include *Malnourishment, sickly appearance, lack of schooling, failure to meet developmental milestones, depression, aggression, or extremely self-centered behaviour, looking uncared for and unhealthy especially suffering continuously from easily treated infections like scabies, dandruff and lice in the hair; running noses, dirty unwashed hair, clothes and overall appearance. Children are also likely to have low self-esteem or poor sense of self-worth.*

Along with these four types of abuse there are other aspects of violence against children that case managers need to be conscious of. These forms may overlap, or like discrimination, cut across the types of abuse mentioned above.

Child exploitation is when someone uses a child for financial gain, sexual gratification, labour, or personal advantage. Trafficking of children for commercial sexual exploitation and forced labour are common forms of exploitation in India. Young girls may be tricked and sold into brothels and other establishments for sexual abuse. Children are often trafficked to metro cities for forced labour in sweatshops, factories, roadside eateries, and homes, or for begging.

Discrimination is occasionally classed as a form of abuse. However, it is the consequences of discrimination which may lead to abuse. For example, preference of the male child and discrimination of girls may mean that girls are neglected and their basic needs, including education and health are not met. In India discrimination can be based on caste, class, tribal, gender, regional, or religious identities. This can lead to denial of basic human rights and entitlements like livelihood, shelter, education, health care, and social and political participation. It can lead to exploitation of vulnerable communities and families. The children in such situations are especially vulnerable as their access to food, education, health, and protection may be affected.

Bullying is a form of aggressive behavior that occurs in an intentional and repeated manner causing another child to feel hurt. Bullying can take multiple forms, including spreading rumors, threatening, physical or verbal assault, engaging in insidious practices such as excluding a child from a group to hurt him/her, or any other gestures or actions that occur in a less visible manner. Bullying can result in physical and emotional trauma for children.

As stated earlier in this chapter, approximately 40% of the nation's population is children, which is highest in the world. Protection of this young population is not only a matter of their human rights but also an investment towards building a robust nation. The Constitution of India recognizes children as equal right holders, grants highest priority and a strong foundation for their protection and well-being. It provides fundamental rights for children and mentions several key features in Directive Principles of State Policy to guide the Indian government in creating a nurturing and protective environment for the children to grow and prosper.

Over the years several progressive and child centric laws and programs have been initiated to ensure the basic rights of all children and especially the welfare of the vulnerable, neglected and abused. It is essential for child protection functionaries to understand the legal and services framework for children in the country. The next chapter delves into the purview of the legal and normative framework for child protection in India.

Legal Framework for Child Protection in India

Global Scenario

The strategic planning and implementation of work for child rights, child protection is guided by child centric international treaties, conventions, national guidelines, legislations related to orphan & vulnerable children. This is guided by the human rights principles, norms and standards embedded in the UN Convention on the Rights of the Child (UNCRC 1989), . India is a signatory to the United Nations Convention on the Rights of the Child (UNCRC) in 1992. The most widely ratified international human rights treaty in history which is the moral minimum for any society;



The fundamental premise laid out in the UNCRC: Children’s development in a nurturing family environment is the most fundamental need and right (Article 5). If children are unable to be cared for in the family and are deprived of their family environment, the State is obliged to intervene and the child is entitled to special “alternative care, protection and assistance” – such as foster care, adoption (Article 20) The UN Committee on the Rights of Children interprets this Article 20 as stipulating that institutional placement of children should be seen as a very last resort.

Source: <https://www.carterhatchjun.org/news/?pid=3&nid=1&storyid=73>

The other anchors include:

- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW);
- Convention on the Rights of Persons with Disabilities (CRPD);
- The UN Guidelines for Alternative Care of Children 2009;
- 2019 UNGA Resolution on the Rights of the Child (the resolution reflects a global commitment to strengthen children’s care in their families, prevent unnecessary separation by addressing its root causes, and put an end to child institutionalization by progressively replacing it with family and community-based care).
- Sustainable Development Goals (SDGs 2030) – global commitment of States to eradicate poverty in all its forms, end discrimination and exclusion, and reduce the inequalities and vulnerabilities that leave people behind and undermine the potential of individuals and of humanity.

Localization of SDGs is at the core of India’s SDG implementation strategy. In the federal governance structure, the states play a pivotal role in designing, executing, and monitoring development policies and interventions. Therefore, state governments and Union Territories

(and further Panchayati Raj Institutions (PRIs) are the key drivers of the SDGs, while NITI Aayog and the central ministries in the Government of India support them in this endeavor.

The State Governments and UTs are taking a range of initiatives to implement and localize the SDGs:

- Preparing Vision Documents and action plans to guide their efforts on the SDGs
- Setting up the Implementation and coordination structures at different levels;
- Mapping of all development Programs implemented in the State on the SDGs and associated targets
- Identifying the State-specific indicators for monitoring of the SDGs;
- Preparing capacity-building resources and tools in local languages;
- Aligning the State budgets with the SDGs.

National Scenario

Within India, there is a strong policy framework that emphasizes the importance of child protection. The Constitution of India safeguards the protection and development of children in India. The most important and comprehensive children related law in India is the Juvenile Justice (Care and Protection of Children) Act 2015, which forms the spine of the child protection mechanism.

The Juvenile Justice (Care and Protection of Children) Act 2015 (amended in 2021) provides the overall framework for protection of children in India. It was formulated to consolidate the laws relating to juveniles in conflict with law and children in need of care and protection -

- by providing for proper care, protection, and treatment by catering to their development needs,
- by adopting a child-friendly approach in the adjudication and disposition of matters in the best interest of children, and;
- for their ultimate rehabilitation through various institutions established under this enactment.

The JJ Act implementation intersects with other key laws related to children - the Protection of Children from Sexual Offences Act 2012; Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act 1994; the Commission for Protection of Child Rights Act 2005; the Right of Children to Free and Compulsory Education Act, 2009; Prohibition of Child Marriage Act, 2006; and Child Labour (Prohibition and Regulation) Amendment Act, 2016, Guidelines of Integrated Child Protection Scheme (ICPS) 2015, Key Supreme Court Directives in the interest of child care reforms.

The overall objective of the Juvenile Justice system is **Rehabilitation and Social Reintegration**. This is inherently a social goal to be fulfilled through the due processes of law. The categories of vulnerable children under the purview of the Juvenile Justice system in India include:

Children in need of care and Protection	Children in conflict with law	Children in Contact with Law
<ul style="list-style-type: none"> • Without family/family support • Different situations of vulnerability 	<ul style="list-style-type: none"> • Alleged to have committed an offence 	<ul style="list-style-type: none"> • Victims of crimes • Witnesses of crimes

Figure 1.1

Session 5: Child Protection – An Introduction; Module 1: Child, Childhood & Child Protection; Training Manual on Child Rights and Child Protection by Dept. of Women and Child Development, Govt. of Madhya Pradesh/UNICEF, Madhya Pradesh/Tata Institute of Social Sciences, Mumbai/December, 2020

The Ministry of Women and Child Development (MWCD) is the key central Government of India Ministry dealing with child protection in India and is responsible to implement the provisions of the Juvenile Justice Act 2015. Prior to 2009-10, there were three schemes being implemented by the Ministry for the protection of children: Programme for Juvenile Justice for Children in need of Care and Protection, and Children in Conflict with Law; Integrated Programme for Street Children; and Scheme for Assistance to Homes for Children. All the three schemes were incorporated in a single centrally sponsored scheme called the Integrated Child Protection Scheme (ICPS) which came into effect in 2009-2010. The scheme was then renamed as “Child Protection Services” (CPS) Scheme in 2017. The CPS Scheme has been subsumed under Mission Vatsalya from the year 2021-22 onwards. (*refer Handout Mission Vatsalya, chapter 1 in Training Aids*)

All children have the need and right to grow in a safe and nurturing family environment with access to quality education, health, recreation, and other services for their development. Wherever families are unable to do so it is the duty of the state to step in and provide this support. **Mission Vatsalya** has the vision to secure a healthy & happy childhood for every child in India, ensure opportunities to enable them to discover their full potential and assist them in flourishing in all respects, in a sustained manner. Mission Vatsalya promotes family- based non-institutional care of children in difficult circumstances based on the principle of institutionalization of children as a measure of last resort.

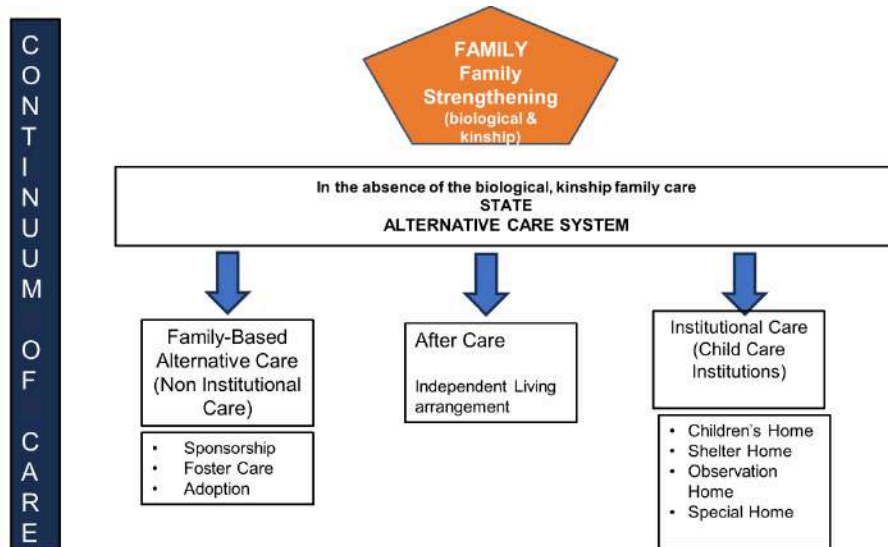


Figure 1.2

Session 10: "Continuum of Care Overview"; Training Module for Leadership (Child Protection Workforce); developed by Miracle Foundation India

Figure 1.2 above depicts the continuum of family-based alternative care avenues available in the Juvenile Justice system in keeping with the needs and situations of the children. The various options under the umbrella of continuum of care, while always following the principle, institutionalization being the last resort.

- The first focus however, should be family strengthening/ Preservation which includes reintegration with biological families & kinship care.
- Only in cases, where a child has no caring adult in family or extended family, should foster care and adoption be actively considered.
- Sponsorship is listed as an alternative based option, however, this is an approach towards promoting family strengthening, after care and other alternative care.

Mission Vatsalya's strategy is to improve functioning of statutory bodies; strengthen service delivery structures; encourage non-institutional community-based care; emergency outreach services; and training and capacity building.

A continued trust of families with risk and vulnerabilities increases the chances of children getting separated and pushed towards vulnerable situations including living in institutional care. The next chapter delves into the realm of risk and protective factors that influence the growth and development of children, and the plight of families overall.

Summation & Preview

Child protection is the prevention of and response to exploitation, abuse, neglect, harmful practices, and violence against children. It is embedded in the UNCRC which provides a human rights-based framework for child protection, which has informed the framework of child protection under the JJ Act. All children have the need and right to grow in a safe and nurturing family environment with access to quality education, health, recreation, and other services for their development. Mission Vatsalya promotes family- based non-institutional care of children in difficult circumstances based on the principle of institutionalization of children as a measure of last resort.

The next chapter delves into the spectrum of risks, protective factors that significantly impact the wellbeing of children and families

Chapter 2

Understanding Risk, Vulnerabilities, Red Flags, Protective Factors

Purpose: The chapter will enable participants to understand the significance of factors that impact the wellbeing of children and families. There are risk factors that make children and families vulnerable, which can lead to separation, hamper reintegration. The other side is the protective factors which when available in families and communities, reduce risk and vulnerabilities.

Scope: The chapter covers a purview of the root causes responsible for the vulnerable situation of children, families, examination of the risks, vulnerabilities, red flags, protective factors affecting the wellbeing of children and families, risk analysis, red flags related short-term, long-term intervention plans across the key dimensions of wellbeing

A broad view of Child Development vis-a-vis Surrounding Environment

One of the theories that help us understand child development in a comprehensive manner is the Bronfenbrenner's ecological systems theory⁶. This theory views child development as a complex system of relationships affected by multiple layers of the surrounding environment, from the immediate family to society, cultural norms, values, customs, and laws. To understand a child's development, we must look at the child and their immediate environment and the interaction with the larger environment.

At the core of this model as shown in figure 2.1 is the child's biological and psychological makeup, based on individual and genetic developmental history. This makeup continues to be affected and modified by the child's immediate physical and social environment as well as interactions among the systems within the environment. Other broader social, political, and economic conditions influence the structure, interrelationships amongst the different layers, and the child and family. Finally, social, political, and economic conditions are themselves influenced by the general beliefs and attitudes shared by members of the society.

6

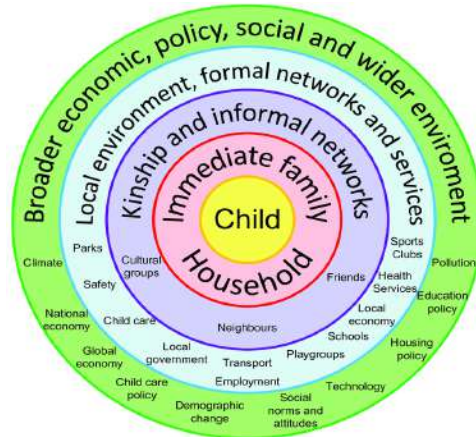


Figure 2.1

‘Bronfenbrenner’s Ecological Systems Theory’

As we have seen in chapter 1 the Indian Constitution, Directive Principles of State Policy, fundamental rights and other legislations all underlie the importance of family as the basic unit of society that is essential for the all-round development and security of children. All children deserve to grow up in a safe and nurturing family environment. This is essential for their physical, emotional, and cognitive development. To know more about the development milestones for Indian children, please refer to Annex 2, and more details⁷

Lack of child protection impacts a child’s development in all aspects: physical, social, mental, emotional, and spiritual. Children subjected to violence, exploitation, abuse, and neglect are at risk of death, separation from family, torture, deprivation of health care, failure to thrive, low self-confidence and motivation, becoming a school dropout, homelessness, vulnerable to delinquency, addiction, and growing up without skills, resources, and support.

Root Causes of Children and Families becoming weak and vulnerable

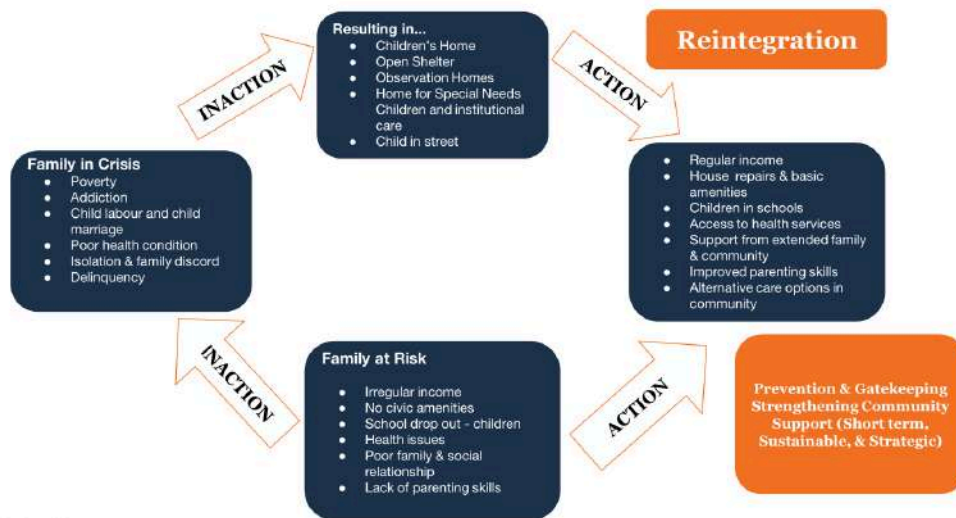
All children due to their age and evolving capacities are at risk for exploitation, abuse, violence, and neglect. But vulnerability cannot be defined simply by age. Though age is one component, vulnerability is also measured by various factors that hinder a child's ability to function and grow normally. The child’s family situation, relationships among family, education, coping skills, socio-economic circumstances, social identity etc. could either create a happy childhood or make the child more vulnerable. Risks are the presence or absence of hazards in the child’s life which could have adverse consequences. For example, for a young child whose father is imprisoned and mother is away at work the whole day, staying alone is a risk factor. If an adolescent girl with a disability is staying in an unsafe neighborhood, the neighborhood itself is a risk factor for the child.

⁷ <https://iapindia.org/pdf/upgraded-parenting-and-child-development-guide.pdf>
<https://www.simplypsychology.org/bronfenbrenner.html>

Vulnerable situations are the outcome of social, economic, and political structures in society. Poverty leads the family to struggle to meet basic survival needs like food, clothing, shelter, safe drinking water and sanitation. Families from marginalized communities and underserved backgrounds, rural, tribal and slum areas of urban cities, because of illiteracy and lack of skills, work in the unorganized sector. The uncertainty of jobs, no social security, hazardous working conditions directly affect their health and they are unable to meet the educational and other developmental needs of their children. Due to lack of infrastructural development, access to even primary health care services and education is very difficult for the children. Patriarchy, gender discrimination, status of women and the girl child also create vulnerable situations of survival, development, and protection.

Sometimes due to compelling socio-economic, political, cultural circumstances and pressures, children who are separated from their families grow up in residential care. Emotional deprivation, abusive circumstances, inadequate care and nurturance, poor quality of food, inadequate access to health, education, punishment, physical abuse, neglect, exploitation, violence further marginalize the vulnerable child. The challenge is to address the issues of vulnerable children in a holistic integrated manner, prevent separation and disintegration of families through family strengthening and parenting programmes so that every child is brought up in a nurturing family environment. There is a need to ensure a paradigm shift in protection of children – from institutional residential care to family based alternative care.

Inaction leads to.....



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Figure 2.2

Session 2: “Prevention & Gatekeeping”; Training Module for Leadership (Child Protection Workforce); developed by Miracle Foundation India

The figure 2.2 above examines a family at risk and explains that “inaction” towards risk factors, pushes the families in crisis, which ultimately separate children from their families and place

them in institutional care or leads them to other vulnerable situations. Instead, if action is taken in the first place - it means prevention measures are taken that will not need a child to go into institution and then doing reintegration.

When professional gatekeeping mechanisms are being applied to determine if separation is needed, in most situations the risk factors can be mitigated with the availability of various welfare services, support to families, etc. Children can continue living with their families, and if formal care is needed, the professional work force makes the appropriate and need-based family like or alternative care available to the children.

Dimensions of Wellbeing for Children & Families

Let us begin by first understanding the basic dimensions of wellbeing that are essential for all children to keep them safe, healthy, and thriving. The risk and protective factors need to be examined for across these dimensions of wellbeing

When assessing child wellbeing, it is important to consider the developmental needs of children. This can be done by considering several dimensions as illustrated below in figure 2.3:⁸



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Figure 2.3

Session 9: "Overview of Thrive Scale Methodology"; Training Module for Leadership (Child Protection Workforce); developed by Miracle Foundation India

⁸ Source: five well being domains from Thrive Scale Methodology developed by Miracle Foundation India

Domain	Explanation
Family and Social Relationship	<ul style="list-style-type: none"> ● refers to the assessment and evaluation of the quality and stability of a child's familial and social connections. ● It encompasses various factors that contribute to the child's overall well-being in the context of their family environment and social interactions. ● This domain focuses on assessing the strength of relationships, the presence of a supportive family network, the availability of positive role models, the level of communication and trust within the family, and the child's overall sense of belonging and connection to their immediate and extended social circle. ● Evaluating these aspects, provides insights into the child's social and emotional support system, which plays a vital role in their overall development and resilience. ● This relates to the child's ability to make friends and feel part of a peer group and how they relate with adult figures outside their family circle. From an early age, but with increasing significance as they grow older, children require opportunities to play and socialize with their peers as this affects the way in which children relate to the world, and in turn how they feel about themselves. Children can also gain from the additional experiences and skills of adults living in their community.
Household Economy	<ul style="list-style-type: none"> ● refers to the assessment and evaluation of the financial stability and well-being of the child's household. ● It involves examining various aspects of the household's economic situation, including income, expenses, debt, savings, and access to basic necessities. ● This domain aims to determine the level of financial security and resources available to meet the needs of the child and the family. ● It considers factors such as employment status, income sources, financial planning, budgeting skills, and the ability to cover essential expenses, such as housing, food, healthcare, and education. ● Assessment of this helps identify potential financial risks and opportunities for intervention, ultimately supporting the overall well-being and stability of the child and their family.
Living Conditions	<ul style="list-style-type: none"> ● focuses on evaluating and assessing the physical environment in which the child resides. ● This domain considers factors such as the safety, cleanliness, and adequacy of the living space, including housing conditions, access to clean water and sanitation facilities, and overall hygiene. It also considers the availability of essential amenities, such as electricity, toilets, and ventilation. ● The domain examines the suitability of the living conditions to meet the child's developmental needs, including access to recreational facilities and a supportive neighborhood or community environment. ● Examining the Living Conditions domain, helps identify potential areas of improvement or intervention to ensure a safe, nurturing, and conducive living environment for the child's overall well-being and development.
Education	<ul style="list-style-type: none"> ● focuses on assessing and evaluating the child's educational opportunities and experiences. ● This domain takes into account various factors related to education, including school enrollment, attendance, access to quality education, educational

	<p>resources and materials, teacher-student ratios, special learning needs, and the overall learning environment.</p> <ul style="list-style-type: none"> ● It examines the child's educational progress, academic achievements, and engagement in learning activities. Additionally, the Education domain considers factors such as educational support systems, attitudes around education, and opportunities for extracurricular activities and skill development. ● Children' development and capacities are enhanced by the opportunities for learning, play and interaction with both adults and other children and access to play material, toys, books, and other stimulation. Children with special educational needs may need additional support from the educational system and caregivers to ensure they develop to their full potential. ● Evaluating the Education domain, helps to identify areas of strength and areas in need of improvement, supporting the child's educational development and enhancing their prospects for future success.
<p>Health and Mental Health</p>	<p>assessing and evaluating the physical and mental well-being of the child and family members.</p> <ul style="list-style-type: none"> ● This domain takes into account various aspects of health, including access to healthcare services, regular medical check-ups, timely vaccinations, and preventive care. It also examines the child's overall physical health, including balanced nutrition, exercise, sleep patterns. access to physical and play activities, a clean and hygienic living environment ● The mental health component of this domain evaluates the child and family's emotional well-being, resilience, and the presence of any mental health challenges or disorders. It considers factors such as the child's ability to cope with stress, ability to form meaningful social and interpersonal relationships, adapt to change, cope with stress, demonstrate empathy, and to behave in socially appropriate ways, access to mental health support services, and the presence of a supportive and nurturing environment. <p>These emotions and behaviours are affected by the nature and the quality of children's early care and relationships with their family and caregivers and with the support and guidance children are given as they grow older.</p> <ul style="list-style-type: none"> ● aims to identify any areas of strength, concern or potential intervention needed to promote and support the child and family's overall well-being in both physical and mental aspects of health. ● Children with physical disabilities need access to adequate aids and appliances and an environment that provides them the space and opportunities to develop as per their needs, with support from their caregivers.

Table 2.1

At this juncture it is important to examine at length the sphere of risk, vulnerability, red flags and protective factors that affect the lives of children and families

Risk, Vulnerability, Red Flags and Protective Factors

Risk is related to the nature of harm and the likelihood that it will occur. The likelihood that a hazard will happen, its magnitude and its consequences; the probability of external and internal threats (e.g. armed attacks, natural disasters, gender-based violence) occurring in combination with individual vulnerabilities (e.g. poverty, disability, membership of a marginalized group)

Safety vs. Risk: Safety, in this context, refers specifically to the assessment of immediate risk, such as ongoing instances of abuse. It is not evaluated on a gradient/continuum but rather determined by whether the family situation is deemed safe or unsafe. On the other hand, the concept of risk addresses the potential for harm, often based on past experiences or indicators. Risk is evaluated along a continuum ranging from low to high.

Risk and Vulnerability are strongly related, though they are different things.

Vulnerability is the characteristic or circumstance that a child or family has or is in, and which can mean that they are susceptible to harm. Physical, social, economic, and environmental factors that increase the susceptibility of a community or individuals to difficulties and hazards and that put them at risk because of loss, damage, insecurity, suffering and death. Example A child with disabilities may be very vulnerable to abuse but if they have a loving family and a good support network, they may be at low risk. A child who lives with their family and goes to school may be considered as not vulnerable, but if the father drinks and is violent then the child may be at high risk of abuse and neglect.

We can see that vulnerability of children is the interaction between the characteristics of the child and their changing circumstances. This is rarely static, and circumstances sometimes get better on their own; say for example if an out of job parent gets a job, or recovers from a disabling illness, marriage has stabilized, or parent has given up alcohol etc. This is why it is important to think about individual children and their experiences, rather than consider only what category they belong. It is important to be especially attentive to children where the risk is high.

Protective Factors or strength-based attributes are those factors that either help to reduce the risk or the vulnerability. We can understand them as conditions or attributes in individuals, families, communities, or the larger society that, when present, mitigate or eliminate risk in families and communities that, when present, increase the health and well-being of children and families. Looking at the examples above, for example, the protective influences would include having a loving family and a good support network. Living with their family or going to school may also be protective influences. Actions to help the child might include both efforts to reduce their vulnerability as well as the risk. Assessment of vulnerability, risk and protective factors is a critical part of effective Case Management, about which we will study in subsequent chapters.

Individual Child Protective Factors	Family Protective Factors	Community Protective Factors
<ul style="list-style-type: none"> ● Health – child is immunized and meeting age-appropriate developmental milestones ● Child attends school and can learn well. ● Children with disabilities have access to health care and inclusive education 	<ul style="list-style-type: none"> ● Supportive and nurturing family consisting of responsible parents and /or caregivers. ● Educated / skilled family –parents or caregivers. ● Family has livelihood and income security ● Positive parenting understood and demonstrated by parents. 	<ul style="list-style-type: none"> ● Presence of educational facilities (schools, Anganwadi centres) ● Presence of health services – Primary Health Centres ● Safe spaces to play / recreation for children & adolescents. ● Social network (youth / adolescent clubs, women’s self-help

<ul style="list-style-type: none"> • Child has opportunities for interacting with peer group • Child has access to play and recreation facilities • Child demonstrates positive self-esteem / confidence • Child has positive experience of love and care 	<ul style="list-style-type: none"> • Gender equality – equal access to love, education, and health for girls and boys • Access to adequate accommodation / shelter • Supportive extended family network • 	<p>groups, children’s group)</p> <ul style="list-style-type: none"> • Active Village Child Protection Committees • Active Panchayat / local governance bodies • Community not vulnerable to natural or manmade disasters • Access for all to community physical assets – water, community center, grazing lands • Adequate employment opportunities and low seasonal migration of adults/families •
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Table 2.2

Risk Analysis

Once we have identified the risks, vulnerabilities, and protective factors, we need to be able to analyse the risks. We need to do this for several reasons – so we can assess the level of risk as that will determine the time frame for our action.

Risk Level	Description
Immediate Risk	Child needs urgent medical attention, is likely to be seriously harmed or injured, or subjected to immediate and ongoing physical and sexual abuse, or be permanently disabled, trafficked, or die if left in his/her present circumstances without intervention.
High Risk	Child is likely to suffer serious harm, but there is no evidence that the child is at risk of imminent serious injury or death.
Medium Risk	Child is likely to suffer some degree of harm without an effective protective case plan. Intervention is warranted.
Low Risk	The home is safe for children. However, there are concerns about the potential for a child to be at risk if services are not provided to prevent the need for protective intervention.

Table 2.3

We can also look at when the harm from the risk is going to manifest as a high risk that is going to occur immediately. A low risk that is going to cause a child in the medium term should not be ignored but does not necessarily need to be actioned immediately. Considering both the risk level and their timeframe can help us to decide during the planning stage (of case management process, which will be discussed in subsequent chapters) what actions we should prioritise. *(Refer Risk Analysis Table in chapter 2 Training Aids)*

Red Flags

Red flags are specific circumstances or indicators that may signal an imminent risk to the safety and well-being of a child within their family environment i.e. the child is unsafe. The term "unsafe" in this context refers to the presence of immediate or impending danger or threats of harm. A child is deemed to be in present danger when there is an observable and substantial family condition or individual behavior that unequivocally poses a clear and direct risk to the child's well-being in the immediate future. It is crucial to recognize these red flags as they serve as critical warning signs, prompting swift intervention and protective measures to ensure the child's safety or welfare.

It is imperative to clarify that a situation should not be labeled as a red flag merely due to its adverse nature. For a situation to be classified as a red flag, it must pose a direct threat to the safety of the child involved.

Red Flags Requiring Short Term Interventions vs Red Flags Requiring Long Term Interventions

- Red flags in child protection can vary in urgency and duration, necessitating different intervention approaches.
- Short-term interventions address immediate concerns, ensuring the child's safety in situations with imminent risk of harm or abuse. Short-term interventions may involve emergency placement, counseling, medical attention, or legal actions.
- Certain red flags may require long-term interventions to address complex issues impacting the child's development and safety.
- Long-term interventions aim to address underlying causes, promote family resilience, and provide ongoing support.
- Differentiating between short-term and long-term interventions helps prioritize actions and allocate resources effectively. Caseworkers should carefully assess whether red flags require short-term or long-term interventions.
- Ensure the child's safety and family well-being as the initial step for red flags requiring long-term intervention. Implement interventions to address underlying causes, continuously monitor their effectiveness, and progress towards positive outcomes.
- for red flags requiring long-term intervention, continuously assess to monitor the progress and effectiveness of the interventions. Ensure the child and their family receive consistent and sustained support
- When sustained support resolves safety concerns in case of short-term interventions or eliminates risk in case of long term interventions, the red flag is considered safe and the child can move to the subsequent stages of the case management process.

For further details refer *(Handout 1: Short Term vs Long Term Interventions for Red Flags as well as Handout 2: Safety Plan in chapter 2, Training Aids)*

After identifying a red flag, it is crucial to conduct an in-depth analysis of the underlying reasons for its existence and the potential impact it may have on other milestones within the five well-being domains. This deep dive allows for a comprehensive understanding of the root causes and the interconnectedness of various aspects of the child's well-being. By examining these factors, interventions can be tailored effectively to address the specific needs associated with the red flag and promote holistic development across all the five well-being domains.

Red Flags	Wellbeing Domain	Explanation
Physical or emotional abuse is occurring in the family	Family & Social Relationship	<p>Child or another family member is a victim of physical/emotional abuse, bullying/cyber bullying, or non-accidental injury and continues to be in danger. Domestic violence exists in the household and poses an imminent danger of serious physical and/or emotional harm to the child. (History of abuse would fall under risk)</p> <p><u>Assessing Abuse (physical, emotional, sexual) or Neglect</u></p> <p>Avoid asking leading questions. It is best to have a general conversation where the child/family member discusses their daily life, and note the changes in voice, eye contact, breathing patterns and change of subject when describing situations or people.</p> <p>Ask a child/family member to describe a typical day – what they eat, who makes the food, where do they work/play, who comes to or leaves the house and when, do they have electricity, etc.</p> <p>Does any place on your body hurt?</p> <p>What happens when you do something your parents/spouse doesn't like?</p> <p>What happens at your house when people get angry?</p> <p>Do people ever hit? Who do they hit? What do they hit with? How often does it happen? Is it scary?</p> <p>Are you afraid of anyone?</p> <p>What happens when you take a bath? Where do you sleep? What happens when you go to sleep? Has anyone touched you in a way you</p>
Sexual abuse is occurring in the family		

		<p>didn't like?</p> <p><u>Signs of physical abuse</u></p> <ul style="list-style-type: none"> *Injuries such as bruises, cuts, burns, especially without an adequate explanation *Aggressive or disruptive behavior, acting out *Withdrawn or emotionless *Fear of a family member <p><u>Signs of neglect or maltreatment</u></p> <ul style="list-style-type: none"> *Obvious malnourishment, low energy, fatigue *Lack of personal care - poor hygiene, torn/dirty clothes *Untreated medical needs *Frequent absence from school/work *Child inappropriately left unattended <p><u>Signs of Domestic Violence</u></p> <ul style="list-style-type: none"> *Unexplained injury *Isolated from friends and family *Low self-esteem and blaming themselves for things *Heightened control by spouse
The child is victim or is at risk of child marriage/trafficking		Applies to any child in the family. What is the family's attitude towards child marriage, child labor? Anything else that could be identified for trafficking risk?
Adults in the home have steady, secure, safe employment that can support their financial needs	Household Economy	Income does not provide adequate housing, food, clothing.
Living conditions are not safe for the family	Living Conditions	<p>Living conditions include lack of safe water and sanitation, high crime, alcoholism/substance abuse common in the community, parent or community engages as commercial sex workers, community trauma such as pandemic, flood, extreme pollution, etc.</p> <p>Parent/Caregiver does not meet the child's immediate needs for supervision, food, clothing,</p>

		or medical care.
All school age children attend school regularly	Education	Applies to any child in the family. What is the family's attitude towards education? Can we define 'regularly' somehow? Can be flexible, but some standard (e.g. is missing a few days a month, okay? or is it more like missing months at a time?)
The family is impacted by alcohol/substance abuse by a family member(s)	Health & Mental Health	Parent/Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child/family. Or the child is suffering from alcohol/substance abuse. Ask the family member to describe their own or a family member's substance use pattern (how often, how much). Does it get in the way of daily life, job, health, care for their children, etc? Do you/they ever become violent after use? Have you/they ever wanted to cut down on use or stop, but couldn't?

Table 2.4


Summation & Preview

Lack of intervention towards mitigation of risk factors, pushes the families in crisis, which ultimately separate children from their families and place them in institutional care or leads them to other vulnerable situations, child protection risks. Instead, if prevention measures are taken, children can continue living with their families, and if formal care is needed, suitable alternative care avenues can be made available.

Identification of the risks, vulnerabilities, red flags (an imminent risk to the safety and well-being of a child within their family environment) and protective factors informs the time frame of intervention, that can be tailored effectively to address the specific needs and promote holistic development across all the five well-being domains (family & social relationship, education, health & mental health, household economy, living conditions)


The next chapter delves into the significance and purview of case management, a process that equips case managers with the skills to strengthen families by comprehensively assessing their unique situations and aiding in decision-making processes. Mastery of the key components of case management enables case workers to provide support and guidance effectively, thereby enhancing the quality of interventions undertaken in the district towards children and family strengthening towards ensuring that children stay safe in families and do not get separated as well as that children get transitioned towards safe and permanent family / family-based alternative care.


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