



FAMILY STRENGTHENING AND FAMILY-BASED ALTERNATIVE CARE

Resource Handbook for Master Trainers

REFERENCE DOCUMENT



Introduction to the Reference Document

Reference documents play a crucial role in the effectiveness and credibility of the case management handbook. In the dynamic landscape of Child Protection, the incorporation of references serves as the cornerstone for fostering a culture of continuous learning and informed practice. It not only enhances the depth of understanding but also instills confidence in learners by providing them with reliable sources of information and guidance.

The document serves multiple essential functions within the purview of this handbook. Firstly, it provides a robust foundation of knowledge by drawing upon existing research, best practices, and expert insights. Secondly, by referencing established sources, trainers can validate the content and ensure its accuracy and relevance. Moreover, references offer learners / trainers the opportunity to delve deeper into a topic, explore alternative perspectives, and engage critically with the material.

This document empowers learners / trainers with the resources and tools necessary to expand their knowledge, develop their skills, and succeed in their endeavors.

Credibility and Validation: References provide a foundation of credibility by backing up the training aids (material) with established research, expert opinions, and proven practices.

Depth of Knowledge: The references provided allow learners for a more comprehensive exploration of the subject matter. It enables trainers to present in-depth information and various perspectives, ensuring that learners / trainers gain a well-rounded understanding of the topic.

Encourages Further Exploration: References act as a gateway for learners / trainers who wish to delve deeper into specific areas of interest. It provides pathways to additional resources, such as academic papers, books, and articles, encouraging continuous learning and exploration beyond the training session.

Staying Current: The inclusion of up-to-date references ensures that the training content reflects the latest developments, trends, and innovations in the field.



Chapter 1

Child Protection in India

The reference resources provided in this chapter include the following:

1. Indicators for Children's Healthy Development
2. Fundamental rights related to children as per the The Constitution of India
3. Principles of Care & Protection of Children: Juvenile Justice (Care and Protection of Children) Act 2015
4. Amendments in JJ Act 2021
5. Key Laws for Child Protection in India
6. Mission Vatsalya
7. Towards Creating a Protective/Enabling Environment

1. Indicators for Children's Healthy Development

Remember, these are *indicators* and as such they are what is typically seen. However, children are individuals and so may not meet the indicators at the same time. Late attainment of an indicator does not necessarily mean that there is a concern, although where there is a severe delay, it is important to consider the reasons for this as the child may need additional support.

A) Healthy development indicators for children aged 0-1 years

- The first year after birth lays the foundation for children's future physical development. At this stage, children's growth rate reaches the peak, while the body remains at the most vulnerable state. If a child suffers from physical harm during this period, it can bring long-term consequences
- At the age of one month, children can stare at the moving objects before their eyes, become silent after hearing sounds when crying; both hands can hold a finger tightly.
- At the age of two months, children can stare at an object and their eyes can move along with it in horizontal direction; they can turn their heads to trace the source of a sound, fingers can be unfolded and folded; and children can suck their thumbs.
- At the age of three months, children can lift their chest when lying down on their stomachs and can lift their head. Eyes can be rotated 180 degrees along with an object; they can laugh when meeting people, make a sound in response, scream and make long tones.
- At the age of four months, children can raise their legs to kick out clothes or toys which are hanging in the air; their eyes are agile which can move from one object to another; they start to babble and make sound as response to adults' teasing.
- At the age of five months, children can begin to recognise their mother and close relatives and respond to them; they can stand with adults' support; they can put things into their mouth.



- At the age of six months, children can touch their feet with their hands; they can hear sounds and see objectives, make some familiar movements when hearing adults reciting nursery rhymes; they laugh when they look into the mirror and touch the person in the mirror.
- At the age of seven months, children can sit up and crawl with adults' help; they can pick up toys and put them into their mouths; they can understand adults' language and expressions which means praise or criticism.
- At the age of eight months, children can stand up by holding on the railing and sit down well; they can grab food to eat; they can use 1-2 movements as their language.
- At the age of nine months, children can stand up by holding on things, both feet can step in horizontal direction, pick up small things by using their thumb and forefinger, understand their names, and make movements with the rhythm of music.
- At the age of eleven months, some children may be able to call mum and dad, crawl fast and walk when adults' holding their hands; they like to be praised; they show interest in what other children are doing.
- At the age of eleven months, children can walk with adults' help and understand easy words.
- At the age of twelve months, children can stand steadily and walk a few steps without holding on to something; they can make some movements with nursery rhyme and can follow basic instructions when asked by adults.
- The children at this period usually trust their parents and caregivers. They will get a certain level of sense of security from parents (especially their primary caregiver).

B) Healthy development indicators for children aged 1-3 years

- The rate of growth and development has become slower than previous periods, although is still rapid. The bones are short, slender, and very flexible. The weight of muscle accounts for less than 30% of that of the whole body. Their movements are strengthened so that walking appears more balanced and natural. They can run, walk fast and jump but still lack balance. They can do some basic actions to put on or take off clothes and can use a spoon to eat.
- The age between 1/5-2years is the period to imitate language, while the age between 2-3 years, is the key period to learn basic grammar and syntax.
- Children can feel and experience anger when aroused by physical needs or when they are dissatisfied.
- Children at this age are often keen to do things on their own. During this period, many children's behaviours can be regarded as a 'problem' by adults, while in fact these are important and normal for children's development. The children at this age need to explore their surroundings as a way to learn about their world. They cannot control their emotions, therefore they can easily lose their temper and become angry suddenly.
- Children start to consider things from others' point of view and begin to start to see the cause and effect of occurrences.



C) Healthy development indicators for children aged 3-6 years

- Children gain vocabularies and learn language fastest.
- For the development of gross motor skills, children at this age can gradually do many movements including: walk easily, run and jump; hop, even jump across some low barriers; climb or walk down the stairs, climb on something expertly; throw various objects; dance in rhythm with music; get over various obstacles such as sandpit when they run; participate in sport competitions and games with simple rules.
- At the age between 5-6 years, children can draw pictures, write and make models as their fine motor begins to develop.
- In the first 5 years of their life, children are self-centered, and they are only concerned with their own opinions and thoughts. They are inclined to say "no" to show their power. When their requirements or demands are not satisfied by adults, children might behave stubbornly or behave in a way that adults consider naughty.
- At this period, children continue to explore nature and society, develop some appreciation or dislike of some people, activities or environment. Their sense of independence keeps growing and they are inclined to say, "I can do it" and do it their way.
- Children can gradually accept when things/results are delayed and learn to be patient and cope with disappointment.
- Children begin to learn the behaviour which is acceptable to their culture and society.
- The children begin to have a conception of gender.
- At the age of 5, children are very sensitive to making mistakes. They are easily upset when scolded or corporal punishment is used by parents or teachers.

D) Healthy development indicators for children aged 6-12 years

- The height, weight of the children grows with age and reaches the second most rapidly development period at the end of primary school. Strength of bone and muscle also develops quickly.
- The weight of the brain increases and approximates an adult's level at the age of 12. The function of the cortex also gradually improves and children's cognitive functions and ability to reason increases.
- Children remain sensitive to being punished for making mistakes. Children can become demotivated and may lose the interest to study and dislike going to school if they are heavily criticised and feel like they are failing.
- Children can better control themselves and become less aggressive.
- Children can organise, arrange and conduct their own educational or recreational activities.
- Children begin to have the capacity of socialising and friends become increasingly important.
- Children can clearly distinguish the public life and private life and often want to protect their privacy.
- At this period, children have a strong awareness that some people are powerful like the teacher and the parent.



E) Healthy development indicators for children aged 12-18 years old

- Child undergoes huge physical changes and the body develops to adulthood.
- Girls enter into adolescence at the age between 10-12 years, and for most of them the breasts begin to develop. About 1-2 years later there occurs menarche and the reproductive organ gradually develops, meanwhile the armpit hair and the pubic hair grows, and the pelvis enlarges.
- Boys enter into adolescence at the age between 12-14 years, and the traits include growing facial hair, enlargement of larynx, lower voice and heavier muscle and bone structure, which forms a masculine figure.
- The change of hormones causes changes in temperament. Children at this time may become more emotional- cry more often, being more sensitive and moodier. They tend to be passionate and easily get disappointed
- An important feature of this period is the development of society and ethics. Peers are very important, and they have more influence on children's development and behaviours than parents or teachers.
- Children may be confused regarding their role and place in society. This can make children rebellious and find conflicts with adults when seeking self-expression. Independence and self-reliance are highly valued by children, and they believe it is normal to resist, argue or talk back to the adult. However adult guidance is still needed even if children feel they are independent.

2. Fundamental rights related to children as per the The Constitution of India

The Constitution of India which came into force on 26th January 1950, protects the rights of children. The Fundamental rights related to children are as follows-

- the right to equality including equality before law and the equal protection of laws (Article 14),
- prohibition of discrimination on grounds of religion, race, caste, sex, or place of birth (Article 15) and its subsection that states 'Nothing in this Article shall prevent the state from making any special provision for women and children',
- and abolition of untouchability (Article 17);
- the right to freedom including the right to freedom of speech and expression (Article 19 (1)(a)), the right to protection of life and personal liberty (Article 21) and that right to education flows from right to life (Article 21 A),
- the right against exploitation, prohibiting all forms of forced labour, child labour and traffic in human beings (Articles 23 and 24),
- the right to freedom of conscience and free profession, practice, and propagation of religion (Article 25 to 28),
- the rights of minorities to conserve their culture, language, and script and to establish and administer educational institutions of their choice (Articles 29 and 30), and
- the right to constitutional remedies for the enforcement of all fundamental rights (Article 32). These rights have either direct or indirect bearing for children.



3. Principles of Care & Protection of Children: Juvenile Justice (Care and Protection of Children) Act 2015

- (i) **Principle of presumption of innocence:** Any child shall be presumed to be innocent of any mala fide 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 institutionalization 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 reunited with his family at the earliest and to be restored to the same socioeconomic 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.

4. JJ Act 2015 (with amendments 2021)

Move to strengthen non institutional care

- Rule 19 (4) (development of ICP for non-institutional care)
- Rule 21 A Registration, selection criteria of Group Foster Care
- Rule 23 (1A) - describes the factors that the State Government must consider in order of preference while placing a child in foster care, first preference to extended family / kinship care.
- Rule – 24 Sponsorship plan for the district, sponsorship duration – *“The upper limit for duration of sponsorship has been changed from three years to as per the ICP, upto 18 years of age, which can be extended to aftercare.”*
- Rule 25 Service support for FS and F-BAC - *“District Magistrate may facilitate scholarships for higher education, loans, and convergence with Government schemes or private entrepreneurs, facilitate campus placements, apprenticeship assignments, and maintain oversight.”*
- Rule 43 Efforts to expedite adoption of children.
- For children hard to place in adoption – Rule 44 *“Every child who does not get a family either in in-country adoption or in inter-country adoption and is placed under the hard to place category, shall be eligible to be placed in foster care”*
- Rule 44 – *“The minimum number of five years has been changed to two years for a foster family to adopt a child that has been with them for adoption”.*
- A new version of Form 22 – Social Investigation Report for Child in Need of Care and Protection has substituted the old version.
- A new version of Form 7-Individual Care plan has substituted the old version.
- Support for children attaining 18 years of age or above – Rule 79(8) – *“Instead of only girl child, any child under eighteen years of age’s request to stay in the CCI for longer can be approved under the conditions specified”*
- Restoration and followup – Rule 82 *“the District Magistrate shall explore all possibilities of providing all Central and State sponsored schemes including sponsorship under section 45 of the Act, Juvenile Justice Fund under section 105 of the Act, Corporate Social Responsibility funds or any other scheme to strengthen the family financially in the best interest of the child”.*



- Rule 83 - Juvenile Justice Fund – *“The District Magistrate may submit a proposal to the State for seeking funds from the State Juvenile Justice Fund for implementing projects for children in the district regarding any of the activities mentioned under this rule.*

5. Key Laws for Child Protection in India

1. **The Child Labour (Prohibition & Regulation) Act, 1986:** This Act designated a child as someone who has not completed 14 years of age and aimed to regulate the working conditions of children and prohibit them from working in 18 occupations and 65 processes considered hazardous to life and health. This act was amended to form **The Child Labour (Prohibition and Regulation) Amendment Act 2016**, which prohibits the engagement of children in all occupations and of adolescents in only hazardous occupations and processes, where children are defined as below 14 years of age and adolescents as below 18 years of age. The Act reduced the list of 83 prohibited occupations and processes to include only mining, explosives and those processes mentioned in The Factories Act 1948. Another significant aspect of the amended Act is that it allows child labour in “family or family enterprises” and allows the child to be “an artist in an audio-visual entertainment industry”.
2. **The Prohibition of Child Marriage Act 2006** prohibits marriage where the girl is below 18 years of age, and the boy is below 21 years of age.
3. **Protection of Children from Sexual Offences (POCSO) Act 2012** comprehensively aims to protect children under the age of 18 years from sexual harassment, sexual assault, and child pornography. The act is gender neutral, and reporting of all sexual offences has been made mandatory. The Act calls for the setting up of Special Courts to deal with cases in a child-friendly manner.
4. **The Right of Children to Free and Compulsory Education (RTE) Act 2009** ensures that every child in the 6 to 14 years age group has the right to full time elementary education of satisfactory and equitable quality in a formal school which satisfies certain essential norms and standards.

The following laws are not meant exclusively for children but can be used for their protection.

- **Bonded Labour Act 1975** abolished the system of Bonded Labour and freed all bonded labourers from bondage and liquidated all debts, including those of children. An International Labour Organization (ILO) report in 2005 estimated 350,000 children engaged in bonded labour in India.
- **Immoral Trafficking (Prevention) Act 1986** aims to prevent the trafficking of women and girls for commercial sexual exploitation.

6. Towards Creating a Protective/Enabling Environment

Save the Children (n.d.) in their training Manual on Child Protection has suggested the following ten areas that are required to be upheld by the State and society to address child protection.



The manual proposes that each area has a ‘goal’ and an ‘action’ to achieve that goal. The list is not exhaustive and more can be added depending on the context and need.

Given below is a list of the areas:

1. Creating a culture of respecting children by changing attitudes, traditions, behaviours, and practices of the society (Action point: Address harmful attitudes, traditions and behaviours, Example - advocacy to stop child marriage, female foeticide, infanticide.)
2. Commitment of the State (Government) to fulfil protection rights (Action point: strengthen government capacity and mechanisms, Example - National Policy for Children, 2013, National Plan of Action, 2016 ICPS, 2009)
3. Protective legislation by government for the safeguarding and protection of children (Action point: Ensure policies protect children and the system is strengthened to uphold these policies, Example - laws against child sexual abuse, banning of corporal punishment and right to Education)
4. Providing an opportunity for children to speak about issues that concern them and awareness among children of child rights (Action points: Develop children’s life skills, knowledge and participation, Example - Mobilizing children groups, ‘Bal Panchayats’, Child ‘Mela’, platform to speak through meetings, debates and discussion)
5. Optimal use of local and community resources (Action points: Strengthen and build community-based initiatives and families’ understanding and commitment in child protection, Example - Creating Child Protection Committees at the village and Municipal ward level, within ICPS)
6. Sustained discussion, engagement, and advocacy initiatives on child protection issues (Action points: Establish open discussions with media and civil society actors, Example - coverage by media, consultation meetings organized by the State (government) to debate and dialogue with civil society, inviting comments on Draft Policies, and Rules)
7. Creating a cadre of staff committed to child protection (Action points: Build the capacity of organizations and their staff on child protection, Example - Training and capacity building of staff, developing child protection policy within the organization)
8. Monitoring, Evaluation and Reporting systems (Action point: Ensure monitoring, evaluation and reporting take place systematically for child protection, Example – Social Audits and other mandated provisions given in various laws)
9. Rehabilitation and reintegration of children (Action points: Provide essential services for prevention, recovery, and reintegration, Example - counselling services, compensation for victims, web portal for tracing missing and trafficked children)
10. Recognition of children’s positive development and resilience (Action points: Promote awareness and opportunities within the environment that acknowledge the strength of children and that appreciates their positive coping mechanisms despite various hardships, Example - parental education, teacher training to encourage the uniqueness of each of child based on their individual skills and talents)

(Ref: Save the Children, n.d.)

Reference: Save the Children, n.d. Module 1 Theory: What is Child Protection?

Retrieved from Website:

<https://resourcecentre.savethechildren.net/library/trainingmanual-what-child-protection-module-1>



Chapter 2

Understanding Risk, Vulnerabilities, Protective Factors impacting the Growth & Development of Children

Children in Distress: Impact on mental health

We first look at the loss children suffer after facing adverse situations, followed by detailed understanding of the impact of this on children's mental health.

Losses

Adverse childhood experiences lead to the loss of few or several essential elements from their lives that are critical for their healthy and holistic growth. These losses lead to an impact on their physical, emotional and mental health which are described in the next session. Here, we have outlined the main losses suffered by children.

Understanding the loss is critical to enhance our sensitivity to the child. At the point of first contact, it is important to bear in mind, that, the child may have suffered from multiple losses:

1. Loss of family and personal relationships resulting in almost no adult guidance, care, love, security and protection.
2. No opportunities for education leading to ignorance and illiteracy, and consequent lack of employment opportunities in mainstream society as adults.
3. Reduced social contacts and interaction leading to social isolation and marginalization.
4. Poor nurturing and care, leading to health problems such as: poor/no immunization, delayed developmental milestones, frequent illnesses and malnutrition and associated problems.
5. No adult caretakers leading to the child being an easy target for all sorts of abuse.
6. No trust in adults resulting in non-cooperation with adults attempting to help.
7. Low self-esteem leading to anti-social and self-destructive behaviour.
8. Low confidence leading to myriad problems including unwillingness to take on new tasks.
9. No hope in the future could lead to diminished care and/or risk-taking behaviour.
10. Love- last, but not the least of the losses. Many of the losses can be overcome, but compensating a child who has lost or never experienced love is the biggest task. Whatever the reasons and causes of abandonment and neglect, and however well the child understands this, the loss of love or never having experienced loving care, is a huge loss that impacts personality, attitudes, values, and relationships.



Impact of adverse experiences and losses on children: Signs and symptoms-

When children are not provided safety, comfort, security, and protection, or when there are unexpected upheavals in their families or immediate and larger environment, it is likely to impact their mental as well as the overall health in several ways.

It is important here to note that; while any of the impacts mentioned below would be seen in a lesser or greater degree in a child who has had an adverse experience, sometimes it could also be that there is an underlying illness which has been stoked and awakened due to the traumatic experience. There is also the small chance that the child's illness has flared up and has led to the adverse experience (for example, schizophrenia). Also worth noting is that over time these signs and symptoms reduce once the child is in a safe and secure location. Case manager shall be well versed for the services in the area of psycho social support that is needed and according refer the child/ family to psychologist/ counsellor who are specialized to identify the symptoms and then take appropriate intervention

Mental Health Psycho-Social Support (MHPSS)

'The composite term mental health and psychosocial support is used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental health conditions' (UNICEF, Mental Health and Psychosocial Technical Note). It is any type of local or outside intervention which aims at protecting and promoting psychosocial support and preventing/reversing mental health conditions. The core idea of MHPSS is to build the strength and resilience of the internal and external capacities to support children.

The MHPSS also integrates well with the National Mental Health Programme (NMHP) which came into being via the National Mental Health Care Act of 2017. The NMHP has taken the mental health component to the district and village level as the district mental health programme, which includes involvement of local communities in prevention, awareness building in communities as well as quick detection, treatment and rehabilitation.

The following figure; the MHPSS system within Case Management, describes the intervention; to provide a spectrum of care; from community level support and care to specialized mental health care.

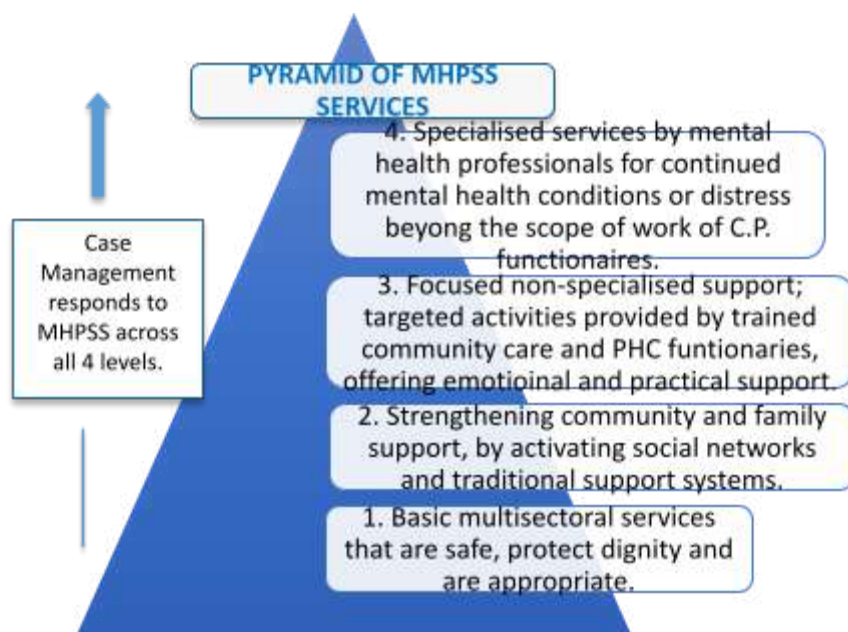


Figure 2.1

Figure 2.1 depicts levels of intervention in response to the broad 4 levels of psychological states of children and their families who need to be responded to. These levels are as follows:

Level 1- Children and caregivers who are not at immediate risk and who require only appropriate interventions for prevention and awareness building for promoting mental well-being.


Level 2- A small number of children and caregivers who are showing signs of psychological risk factors associated with emotional distress and behaviour disorders. Interventions here would be to strengthen family and community support systems through group based psychosocial activities.

Level 3- At this level are children and their caregivers who require more focused support with targeted activities from trained community care personnel. These could be for example, children who have faced violence, trafficked etc. If the trained personnel are not available in the district, the children and adults have to be referred to a PHC.

Level 4- Despite all efforts, a few may have continuous mental health difficulties which will need medical interventions for support and healing.


Note*- There are possibilities that the child may need more than one of the levels of interventions, either because the circumstances have changed, or because the child may need community care and support as well as medical interventions. With this background of MHPSS services and the 4 broad levels of psychological distress they correspond to, we can now take a closer look at the impact of distressing situations on the mental health of children.

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