



# FAMILY STRENGTHENING AND FAMILY-BASED ALTERNATIVE CARE

Resource Handbook for Master Trainers

TRAINING AIDS

# Introduction to the Training Aids

## INTRODUCTION AND PURPOSE OF TRAINING AID

The Training Aids document is an essential part of the Case Management Handbook as it plays a significant role in enhancing the learning process and achieving training objectives effectively. The purpose of training aids is to optimize the learning experience, promote engagement and retention, and ultimately empower participants to apply their newfound knowledge and skills effectively in their roles.

The document helps with:

**Enhanced Learning Experience:** The Training aids make the learning process more interactive, engaging, and memorable for the participants. It provides visual, auditory, or interactive aids that cater to different learning styles, ensuring that information is effectively communicated and understood.

**Clarity and Understanding:** Complex concepts can be simplified and clarified using training aids such as figures, charts, graphs, and multimedia presentations. Visual representations help learners grasp abstract ideas more easily and retain information better.

**Active Participation:** Interactive training aids encourage active participation and hands-on learning, fostering better understanding and skill development among participants. Activities such as group discussions, role-plays, and interactive exercises promote engagement and knowledge retention.

**Feedback and Assessment:** Some training aids, such as quizzes, mentimeter, assessments, and simulations, facilitate immediate feedback on learner performance. Trainers can use this feedback to identify areas for improvement and tailor the training accordingly, ensuring that learning objectives are met effectively.

**Consistency and Standardization:** Training aids help maintain consistency and standardization in training content delivery across different sessions, locations, or trainers.

Overall, the training aids optimize the learning experience, improve knowledge retention, and ultimately contribute to the success of training programs by empowering participants' knowledge and skills.

# Chapter 1

## Child Protection in India

### Handout: Mission Vatsalya

Mission Vatsalya is a roadmap to achieve development and child protection priorities aligned with the Sustainable Development Goals (SDGs). It lays emphasis on child rights, advocacy and awareness along with strengthening of the juvenile justice care and protection system with the motto to 'leave no child behind'. The Juvenile Justice (Care and Protection of Children) Act, 2015 provisions and the Protection of Children from Sexual Offences Act, 2012 form the basic framework for implementation of the Mission.

**Vision:** to secure a healthy & happy childhood for each and 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.

**Mission:** To foster a sensitive, supportive, and synchronized ecosystem for children as they transit different ages and stages of their development. This is envisaged to be done by strengthening the institutional framework of child welfare and protection committees and the statutory and service delivery structures in all districts of the country. While children in difficult circumstances are to be addressed by the statutory and service delivery structures, equal emphasis is to be given to issues around child welfare and protection at the community level integrated with the local development plans and corresponding budgets. Thus, it is envisaged that the committees under the institutional framework will complement the statutory and service delivery structures in terms of advocacy, awareness generation, capacity building, and preventive measures to build a robust child friendly ecosystem in the community.

The Mission aims to:

- Support and sustain Children in difficult circumstances;
- Develop context-based solutions for holistic development of children from varied backgrounds;
- Provide scope for encouraging innovative solutions
- Cement convergent action.

Key highlights from the guidelines are given below:

## Non-Institutional Care

- Mission Vatsalya has a total financial implication of Rs 10916 Crore, with a Central Share of Rs 6928 and State share of Rs 3988. an increase of about 63.68% in allocation under Mission Vatsalya as compared to CPS scheme.
- CHILDLINE 1098 is now linked to 112 Police helpline numbers, shifted from MWCD to the Ministry of Home Affairs (MHA).
- The financial allocation for sponsorship has been increased to Rs.4000 from Rs.2000 and it also covers preventive along with rehabilitative.
- For non-institutional care financial support at the rate of Rs. 4000/- per month per child shall be provided to Children (in account with guardian).
- For children in institutional care, a maintenance grant @ Rs. 3000/- per month shall be given to the CCI.
- Every district shall have a Sponsorship & Foster Care Approval Committee (SFCAC) to review and sanction sponsorship (for preventive settings only, rehabilitative sponsorship is decided and implemented by CWC & DCPU)). A monthly grant of Rs. 4000/- per child shall be provided for Sponsorship or Foster Care or After Care to the state government.
- Monitoring and administering the Juvenile Justice Fund set up by the State Government including disbursement of funds to the District Child Protection Units, Special Juvenile Police Units and police stations, as the case may be;
- Psychiatric counseling and mental health wellbeing of children in coordination with Support, Advocacy & Mental Health Interventions for Children in Vulnerable Circumstances and Distress (SAMVAD)- National Institute of Mental Health and Neurosciences (NIMHANS).
- SARA shall coordinate, monitor, and develop the work related to non-institutional care including adoption in the state, headed by the Additional Chief Secretary/Principal Secretary/Secretary of the Department of Women and Child Development/Social Justice Empowerment of the State identified to implement the Mission Vatsalya as State Mission Director.
- The District Magistrate (DM) shall be responsible for the implementation of the Mission in the district. The DCPU will function under the overall supervision of the DM in ensuring service delivery and care and protection of children in the district. The DM will hold monthly coordinated by the DCPU with the following:
  - District Legal Services Authority
  - Superintendent of Police,
  - Labour Officer, Education Officer,
  - District Medical Officer/Chief Medical Officer/Civil Surgeon,
  - District Social Welfare Officer
  - District Skill Development Officer
  - Integrated Tribal Development Project
  - PRIs and other Urban Local Bodies,
  - Child Development Project Officer (CDPO),

- Voluntary Organizations,
- Hospitals/Nursing Homes,
- Child Welfare Committee,
- Juvenile Justice Board,
- Other authorities/organizations/individuals etc., at district level having direct or indirect impact on child protection programs/services.
- The District Magistrate may take measures to encourage individuals or Public/Private Sector Organisations to sponsor a child or a group of children. The state governments may lay down procedures for receipt of all private sponsorship funds through the Juvenile Justice Fund opened under Section 105 of the JJ Act.
- Mission Vatsalya envisages a robust ecosystem through the network of state and local governments to ensure the safety and security of children in the country. These local bodies must be able to reach out to children, engage with communities and encourage them to take ownership of the wellbeing of Children in their areas.
  - Panchayati Raj Institutions (PRIs)
    1. Zila Parishad Committee dealing with welfare of women and children
    2. Block level Committee dealing with welfare of women and children
    3. Gram Panchayat standing Sub- Committee on Social Justice/welfare of women and children

These Committees may be supported for service delivery provision at all levels, to strengthen the framework of child protection in the Country. The District Child Protection Officer (WCD), District Social Welfare Officer, Child Development Project Offices may render all assistance in terms of information, reports, to strengthen the Committees.

Similarly, in urban areas, the function of child welfare and protection issues may be assigned to the existing standing committee which deals with issues of women and children in the municipal area.

- Urban Local Body
- Standing Committee at the Municipal Level looking after issues of welfare of women and children
- Ward level committee dealing with welfare of women and children's issues in the area

### **Children & Youth**

The State Government shall prepare a programme for children who must leave Child Care Institutions on attaining eighteen years of age by providing for their education, giving them employable skills and placement, industry apprenticeship, loan support for starting business as well as providing them places for stay to facilitate their reintegration into the mainstream of

society. Such a plan may be preferably made when the child attains 16 years of age and implemented once she/he becomes 18 years of age.

### **Convergence**

A renewed emphasis, measures to influence convergence among different depts influencing the needs & interest of the child. At the State level, there shall be a committee headed by the Chief Secretary **to monitor, review and promote convergence** in the implementation of the scheme. Hence, under the existing Standing/Sub-Committee system of the local bodies, the function of child welfare and protection issues may be assigned to the existing committee of the urban local body/Panchayati Raj Institution/Gram Panchayat which deals with issues of social justice/welfare of women and children.

### **Convergence Matrix**

- **Intra Ministry Convergence** – Mission Saksham, Mission Shakti, CARA
- **Inter Ministry Convergence** -across different ministries impacting lives of children
- **Convergence with States/UTs** – State Police, State Finance, Dept of WCD, SJE

*Ref Mission Vatsalya Guidelines*

<https://missionvatsalya.cg.gov.in/assets/pdf/GUIDELINES%20OF%20MISSION%20VATSALYA%20DATED%2005%20JULY%202022.pdf>

## Chapter 2

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

The chapter covers the following training aids:

1. Risk Analysis Table
2. Handout 1: Red Flags Requiring Short Term Interventions vs Red Flags Requiring Long Term Interventions
3. Handout 2: Safety Plan

#### 1. Risk Analysis Table

The following table is provided to give guidance for assessing the level of risk. This is important in the care and protection planning, and in keeping the child safe, as the level of risk may have changed from the initial assessment as a result of the additional information obtained through the assessment.

The final level of risk should be the highest level indicated from the table. All cases where the child is in immediate danger such as a life-threatening situation should be considered as immediate harm. Not all the points in any given box in the table below need to be present for a case to be considered as at that level of risk in relation to that factor, but there should be more points that apply in that column (risk level) than in the others.

#### Risk Analysis<sup>1</sup>

Type of Harm	Level 1: Child Significantly Harmed. Urgent Response and Follow-Up Required	Level 2: Child Harmed. Response And Follow-Up Required	Level 3: Child At Risk Of Harm. Monitoring Required	Level 4: Child No Longer at Risk. No Further Action Required; Case Closure
<b>Violence (physical abuse)</b>	Serious Injury  Child hurt in domestic violence	Excessive corporal punishment  Threats to injure.	Threats to injury  Non injurious occasional corporal punishment	No violence (factors causing harm have been addressed)

<sup>1</sup> adapted from Risk Assessment Guide, IRC, Iraq 2013, as provided in CM Guidelines

	Child attempt at suicide	Dangerous and reckless behaviour  Self-harm by the child		Person causing harm is no longer present / does not have access to the child
<b>Abuse - Sexual</b>	Any sexual contact between a child and an adult (the latter continues to have access to the child)	Child is promised to be married.  Child has been sexually assaulted in the past and situation not addressed		Child and family have received support and cause of harm has been removed
<b>Abuse Emotional</b> –	Child is being persistently belittled, humiliated, or isolated by adult / caregiver	Caregivers approach to child is harmful	Child is treated differently from siblings and parent is negative towards the child	Factors causing emotional distress have been addressed  Person causing harm no longer has access to the child
<b>Neglect</b>	Serious injury or illness due to neglect (malnourishment)	Lack of supervision  Lack of basic care  Failure to protect  Child often left alone, to fend for themselves, beyond their	Caregivers are emotionally distant	Child's basic needs are being met by caregiver



		age-appropriate development		
<b>Exploitation</b>	Worst Forms of Child labour – forced labour, commercial sexual exploitation, trafficking, bonded labour.	Child forced to work	Parents are threatening to put child to work	Child is no longer in an exploitative situation
<b>Psychosocial Distress</b>	<p>Child has attempted suicide.</p> <p>Child is exhibiting risky behavior.</p> <p>Child is intensely violent</p> <p>Child's sense of reality is affected (as exhibited while speaking)</p>	<p>Child is using alcohol or drugs</p> <p>Child's ability for self-care, social skills and learning at school are affected</p> <p>Child is self-harming</p>	<p>Child is sad and withdrawn</p> <p>Child is displaying anger</p>	The child's sense of wellbeing has been restored and is not demonstrating any problematic behavior
<b>Highly Vulnerable Children</b>				
<b>Unaccompanied Child</b>	Unaccompanied or separated child under 5 yrs	Unaccompanied or separated child under 14 yrs  Child headed household	Unaccompanied child 12 to 18 years	
<b>Child previously associated with armed</b>	Child at risk of being recruited again	Child previously associated with armed groups and not receiving	Previously associated with armed groups but now	Child is being adequately cared for without any

<b>forces and armed groups</b>	Pregnant girl child  Child parent	any supportive services  Unaccompanied child with challenges in reintegrating in society	accessing support services in a safe family environment	harm or vulnerability factors
<b>Disabled or chronically ill child</b>	Child under 5 yrs with threat to life / severe harm due to lack of treatment, access to services	Child and family not accessing / do not have support that they need	Child disabled or chronically ill with challenging behaviours	Child disabled or chronically ill, but family are accessing support that they need
<b>Teenage pregnancy</b>	Unaccompanied adolescent pregnancy / child parent	Adolescent pregnancy / child parent with psychosocial distress and low support from family and community	Adolescent pregnancy / child parent with family support	Adolescent pregnancy / child parent with significant family and community support
<b>Domestic violence at home</b>	Children under 5 yrs with high likelihood of harm.  Child is witnessing domestic violence  Significant injuries to parent suffering harm	Child and family are not accessing /do not have support they need  Child is exhibiting emotional distress	Sporadic disputes but the child is above 15 yrs and has support networks	No harm present  Person causing harm has been removed

## 2. Handout 1: Red Flags Requiring Short Term Interventions vs Red Flags Requiring Long Term Interventions

- Red flags in child protection can vary in their urgency and duration, leading to the need for different intervention approaches. Some red flags may require short-term interventions, focusing on immediate actions to address pressing concerns and ensure the safety and well-being of the child. These could include situations where there is an immediate risk of harm or abuse, requiring urgent protective measures and removal from an unsafe environment. Short-term interventions may involve emergency placement in a safe shelter, counseling, medical attention, or legal actions to safeguard the child's immediate welfare.
- On the other hand, certain red flags may indicate the need for long-term interventions, recognizing that sustained efforts are necessary to address complex and persistent issues impacting the child's development and safety. These red flags may involve systemic problems within the family or community, such as chronic neglect, substance abuse, or domestic violence. Long-term interventions aim to address underlying causes, promote family resilience, and provide ongoing support to ensure the child's sustained well-being. This could involve comprehensive family counseling, parenting programs, rehabilitation services, and community support networks to facilitate positive change and create a nurturing and stable environment for the child.
- Differentiating between short-term and long-term interventions allows child protection professionals to prioritize their actions and allocate resources effectively based on the urgency and duration of the red flags. Both types of interventions play a crucial role in ensuring the safety, protection, and overall development of children, enabling them to grow up in environments where their rights are respected, and their well-being is prioritized.
- In the context of utilizing assessment tools such as the Thrive Scale, which guide decision-making based on the identification of red flags, it is essential for case managers to carefully assess whether these red flags necessitate short-term or long-term interventions. In the case of red flags indicating the need for long-term interventions, case managers should bear in mind the fundamental concepts of safety and risk
- When faced with a red flag requiring long-term intervention, the initial step for case managers should be to ensure the safety of the child and their family. Once safety has been established, interventions aimed at addressing the underlying causes of the red flag should be implemented and delivered. As these interventions progress, case managers should consistently monitor their effectiveness. When sustained intervention efforts result in the child and their family regularly receiving the necessary support to resolve the root causes, witnessing positive outcomes, and no longer facing the risk of harm associated with the red flag concern, it can be determined that the red flag is considered safe to advance to the subsequent stages of the case management process.
- Evaluate Positive Outcomes: Assess the positive outcomes resulting from the interventions
- Determine Next Steps: When sustained intervention efforts lead to resolution/reduced risk consider the red flag safe and advance to the next stages i.e. planning of the case management process

**Action Points for Red Flags Requiring Long-Term Intervention:**

1. Ensure Safety: Prioritize the immediate safety of the child and their family
2. Implement Interventions: Address the underlying causes of the red flag through targeted interventions
3. Monitor Effectiveness: Continuously assess the progress and effectiveness of the interventions
4. Provide Ongoing Support: Ensure the child and their family receive consistent and sustained support
5. Evaluate Positive Outcomes: Assess the positive outcomes resulting from the interventions
6. Determine Next Steps: When sustained intervention efforts lead to resolution/reduced risk consider the red flag safe and advance to the next stages i.e. planning of the case management process

Following is a format for safety planning with child/family, for your reference, in case a need to plan steps to ensure safety arises. This form can be a helpful tool in decision making related to safety.

**Handout 2: Safety Plan**

Decision making related to Safety - consider the following factors:

	Yes	No
Danger is present (see chart below)		
Protective Factors are present (see chart below)		
Additional supports are available		
Family is willing to take part in safety planning		

Two or more Red items indicate a need to complete this Safety Plan

**Risk Factors for Danger**

- Financial stress
- Unsafe Living Conditions
- Substance abuse
- Family violence/abuse
- Risk of child marriage/labor/trafficking
- Lack of school attendance
- Social isolation
- History of maltreatment

- Mental illness
- Other (specify)

**Protective Factors to reduce risk (relates to individual, family, community)**

- Parental resilience
- Nurturing and attachment
- Social connections
- Knowledge of parenting and child development
- Concrete support in time of need
- Social and emotional competence of children
- Other (specify)

**Safety Plan Guidelines**

- Must be voluntary and written
- Must have immediate impact on safety (not long term such as education, counseling, etc)
- Must be specific - What services are needed? When? Frequency and duration? Who is responsible? Plans for monitoring
- Must be short term
- Requires consensus - must be developed with the family; ensure the child and caregivers understand the reason for this plan and intervention
- Must be able to be implemented by all parties
- Can be monitored
- Must be unique to each family
- Must be minimally disruptive to the child

**Creating a Safety Plan**

1. Create an immediate safety plan to address the imminent dangers using the template provided. This immediate safety plan may include arrangements such as a safe person moving in, one of the parents moving out, or the children going to stay with other family members. Include details of how long this immediate/short term safety plan will be in place and how the immediate/short term safety plan will be monitored and reviewed. Make sure everyone has a copy of the safety plan.

If there are dangers that place the child at risk of significant harm and none of the above arrangements are available or able to provide sufficient safety, then it may be necessary for the child to be removed from the family’s care and placed in out-of-home care (and then hopefully returned to the parents’ care as quickly as possible as a result of the safety planning process).

Build/strengthen the safety and support network - The safety and support network provides support to the parents and safety for the children. Work with the parents and children (and

other family members) to identify and involve people in a safety and support network for the family.

In general, the more serious the concerns and the more vulnerable the child, the more people you will need in the safety and support network. Ensure the safety and support network understand the reason for your involvement and what the safety planning process will involve.

2. Work with the parents to create a detailed explanation for the child - For children to be able to understand and meaningfully participate in the safety planning process and to begin the process of healing from the abuse or neglect that they have experienced, children need to be provided with a clear explanation about what happened in the past and what is happening now.
  
3. Create the detailed safety plan - Bring everyone's views together to create the detailed safety plan. The safety planning process also requires everyone to consider how the safety plan will be monitored and reviewed over time, who will be involved in updating the plan as the family's circumstances change, and what will happen when problems or safety concerns arise.
  
4. Ensure the child receives emotional support and counselling
5. Monitor and review the safety plan - review every 30 days or as needed.

### **Safety Plan**

Names of Family Members:

Caregivers

\_\_\_\_\_

\_\_\_\_\_

Children

\_\_\_\_\_

\_\_\_\_\_

Name of Case Worker \_\_\_\_\_

Date of Plan \_\_\_\_\_

### **Immediate Safety Plan**

Please Specify

- Immediate resources provided to address critical needs (eg, food, financial, child care, etc)
- Protect child/ren from abuser (eg, caregiver, safe person moving into family home)
- Abuser moving out
- Child/ren stay with kin
- Child/ren placed in out-of-home care
- Other Specify:

Follow up Dates \_\_\_\_\_

### **Detailed Safety Plan**

What is the situation or action that causes the child to be unsafe? Please Specify

- Financial stress
- Unsafe Living Conditions
- Substance abuse
- Family violence/abuse
- Risk of child marriage, labour, trafficking
- Lack of school attendance
- Social isolation
- Mental illness
- Other (specify)

What supports (Protective Factors and safety net) are available? Please Specify

- Parental resilience
- Nurturing and attachment
- Social connections
- Knowledge of parenting and child development
- Concrete family/community support in time of need
- Social and emotional competence of children
- Other (specify)

What actions need to be taken to keep the child safe?

Examples of interventions (please specify):

- Identifying and orienting a protective adult/family
- Identifying and listing out safe locations to go to in case of emergency
- Making a list of helpline/support services numbers to use in time of need
- Address unsafe living conditions
- Abuser agrees to treatment
- Agreement that the child will not be alone with the abuser or agreement that the caregiver will intervene to protect the child from the abuser

- Protective adult spends time with family
- Abuser agrees to leave the home
- Build safety net - engage kin/neighbor/community to assist with family needs
- Get commitment from person in safety net to monitor and support the plan
- Social worker teaches non-violent discipline/parenting practices
- Other - specify

Who is responsible for ensuring that these actions are taken?

What is the timeframe for completing the actions?

When will the plan be reviewed and updated?

Parent/caregivers initials \_\_\_\_\_

Social worker initials \_\_\_\_\_