

INDIVIDUAL CARE PLAN

TRAINING MANUAL
AND GUIDELINES



TABLE OF CONTENTS

Introduction	02
Section 1- Fundamentals of an Individual Care Plan	04
Section 1.1- What is an Individual Care Plan	04-05
Section 1.2- Who needs and Individual Care Plan	06
Section 1.3- Who is responsible for developing an Individual Care Plan	06-07
Section 1.4- Why is it important to have an Individual Care Plan	07-08
Section 1.5- Timelines and reviewing of an Individual Care Plan	08-11
Section 1.6- Principles guiding an Individual Care Plan	12-13
Section 2- Individual Care Plan in the Law	14
Section 2.1- Sections and Rules relating to the development and delivery of an Individual Care Plan	15-18
Section 3- Developing an Individual Care Plan	19
Section 3.1- Introducing Form 7 (Part 1)	20
Section 3.2- Group Activity	21
Section 3.3- Introducing Form 7 (Part 2)	22-37
Section 4- Resource Material	38
Section 4.1- Annexure 1	39-41
Section 4.2- Annexure 2	42-47
Section 4.3- Annexure 3	48-51
Section 4.4- Annexure 4	52-61
Section 4.5- Annexure 5	62-63
Section 4.6- Annexure 6	64-71
Section 4.7- Annexure 7	72-102
Section 4.8- Annexure 8	102-103

INTRODUCTION

The Juvenile Justice Act, 2015 (hereinafter referred to as "Act") is a legislation relating to children alleged and found to be in conflict with law and children in need of care and protection. The Act caters to their basic needs through proper care, protection, development, treatment, and social reintegration by adopting child-friendly approach in the best interest of children. For fulfilling these objectives, the Act and its Model and State Rules have enlisted certain critical procedures to be followed by the institutions and bodies established or recognised under the Act. Developing and implementing the Individual Care Plan is one such indispensable approach stated by the legislation and upheld consistently by the Supreme Court Committee on Juvenile Justice¹. The importance ascribed to the individual care plan comes from the recognition that every child must have a specific plan for her/his rehabilitation based on the case history, circumstances and individual needs of each child. These plans are to be prepared with the ultimate aim of the child being rehabilitated and reintegrated into the society.

Since 1990, Prerana has been working with competent authorities under the juvenile justice system to safeguard and protect the rights of vulnerable children and the children in need of care and protection. Currently, Prerana works very closely with the CWC's of a few districts like Mumbai City and Suburban, Thane, Palghar and Raigad. Prerana's diverse projects also work closely with Child Care Institutions including Children's Homes across the city assisting them in rehabilitating children. In the year 2000, Prerana started a Children's Home currently registered under the Act for children in need of care and protection. With a wide range of field experiences of the teams working closely on the implementation of the Act, a plan to consolidate learnings on rehabilitation care plans and presenting them in the form of a training manual was evolved.

Objectives of the Manual

The overall objective of this training manual is to build the capacity of various stakeholders engaged with the juvenile justice system to design and understand how to deliver an Individual Care Plan as under the Juvenile Justice (Care and Protection of Children) Act 2015. Some specific objectives are as follows:

- This manual aims to provide guidelines on the importance of an Individual Care Plan (hereinafter referred to as "**ICP**").

¹<https://www.livelaw.in/ensure-individual-child-care-plans-implemented-letter-spirit-sc-centre-read-order/?from-login=755713>

- It is a reference document for professional social workers to understand the purpose, relevance, and importance of an ICP in the rehabilitation and re-integration of children who have come in contact with the Juvenile Justice System.
- The manual serves as a set of guidelines to help a facilitator conduct training programs for various stakeholders who are responsible for creating and executing an ICP on-ground.

How to use this training manual

This training curriculum has been designed to be used as both a training manual and as guidelines for those engaged in developing and delivering an ICP under the Juvenile Justice (Care and Protection of Children) Act, 2015. Trainers can make use of the material and activities listed in this curriculum when designing training programs for various stakeholders.

This curriculum has been divided into 4 sections as follows:

Section 1	This section introduces the participants to the fundamentals of an Individual Care Plan – defining the concept, understanding the target group, roles, and responsibilities, timeline with processes to be followed, and the principles guiding the entire process of an Individual Care Plan.
Section 2	This section highlights the provisions in the law and rules vis-à-vis an Individual Care Plan. For ease of understanding, the section presents only a brief description of what each of the provisions in the law and rules are saying. For detailed reading of the actual citations in the Act and its Rules, the trainer may direct the participants to additional reading material provided in Section 4 of the manual.
Section 3	This section introduces the participants to Form 7 [template for developing an Individual Care Plan]. Part by part, this section takes them through the entire form explaining the contents and highlighting the essentials to keep in mind while using Form 7. This section also includes an hour-long mock activity where the participants will be engaged in developing an ICP followed by its presentations and discussions.
Section 4	This section mainly comprises of annexures to be used as additional reading material for the trainer and participants for conceptual clarity. It also includes resources which can be used by the trainer to facilitate the training program.

Important Notes:

While as per the Juvenile Justice (Care and Protection of Children) Act 2015, an Individual Care Plan should be developed for both children in conflict with law as well as children in need of care and protection, this training manual contains more examples relating to children in need of care and protection as Prerana's expertise lies in working with this population.

Our on-ground experience has not come across the preparation and implementation of a Rehabilitation Card in our interventions so far. Unfortunately, discussions with stakeholders working with the JJ System across the country have also not resulted in any clarity regarding the Rehabilitation Card in the Model Rules and Maharashtra State Rules. We maintain the stance that this module is not exhaustive in any way, and Prerana is only attempting to share the experience and understanding of the ICP based on its work so far. We invite suggestions in helping us understand the creation, functioning, and implementation of a Rehabilitation Card from stakeholders from various discipline.

SECTION 1:

FUNDAMENTALS OF AN INDIVIDUAL CARE PLAN

- 1.1. What is an Individual Care Plan?
- 1.2. Who needs an Individual Care Plan?
- 1.3. Who is responsible for developing an Individual Care Plan?
- 1.4. Why is it important to have an Individual Care Plan?
- 1.5. When does one start developing an Individual Care Plan and how often does it have to be reviewed?
- 1.6. Principles guiding an Individual Care Plan



SECTION 1: FUNDAMENTALS OF AN INDIVIDUAL CARE PLAN

Contents: This Section includes the following sub-sections:

- 1.1. What is an Individual Care Plan?
- 1.2. Who needs an Individual Care Plan?
- 1.3. Who is responsible for developing an Individual Care Plan?
- 1.4. Why is it important to have an Individual Care Plan?
- 1.5. Timelines and reviewing of an Individual Care Plan
- 1.6. Principles guiding an Individual Care Plan

Objectives: This Section is aimed at introducing the participants to:

- a. The concept of an Individual Care Plan including timelines
- b. Target group and persons responsible for devising the plan
- c. Importance of having an Individual Care Plan in place
- d. Underlying principles of ICP development and delivery

Time Frame: 45 minutes

1.1. What is an Individual Care Plan?

As per **Rule 2 (ix)** of the Maharashtra State Juvenile Justice (Care and Protection of Children) Rules, 2018²

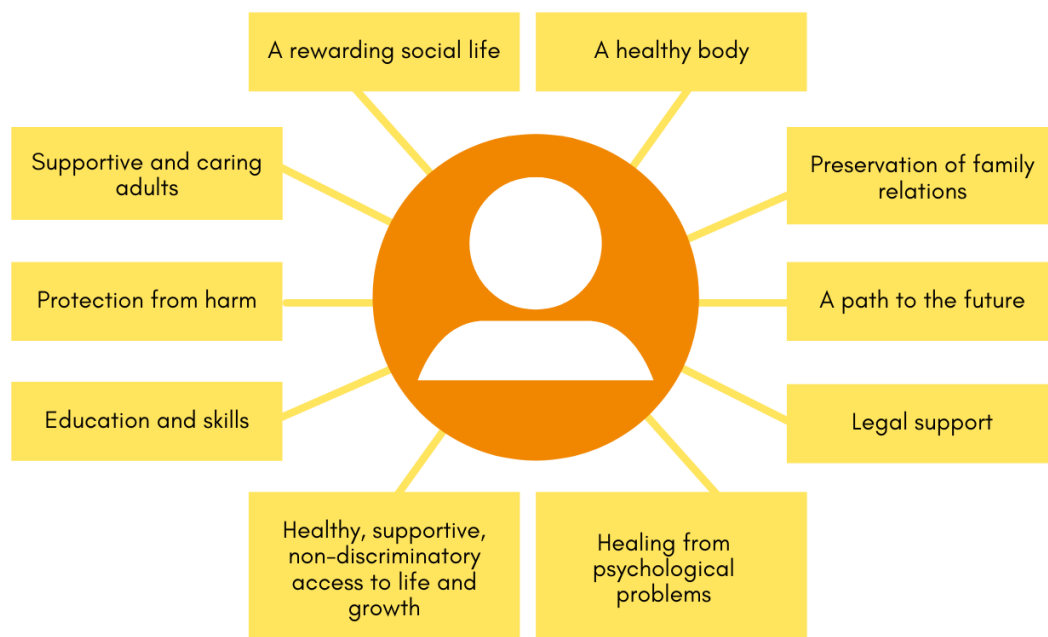
- An Individual Care Plan is a comprehensive and *personalized* development plan prepared for a child who comes in contact with the Juvenile Justice System.
- The ICP must aim to ensure the holistic development of the child; in the process, restoring the child's self-esteem, dignity, and self-worth and nurturing the child into a responsible citizen.
- The ICP must be prepared in consultation with the child for whom the plan is being developed³.
- The ICP must be based on the age, gender specific needs, personal needs, and case history of the child and shall address the following, including but not limited to, needs of the child:

- a. Health and nutritional needs; including any special needs,

² Note for trainer: Direct the participants to Section 4, Annexure 2 for detailed citations of law and rules.

³ Rule 11(3), Rule 19(3)

- b. Emotional and psychological needs
- c. Educational and training needs
- d. Leisure and recreational needs (leisure, creativity and play)
- e. Safety and security needs (protection from all kinds of abuse, neglect and maltreatment)
- f. Restoration and follow-up
- g. Social mainstreaming
- h. Independent living skills (life skills training)
- i. Any other needs essential to the overall development and progress of the child



*Figure 1: Needs of the child which a care plan must aim to fulfil
Source: UNICEF State Office for Maharashtra*

Key takeaways:

1. To be developed for each and every child
2. Must be personalized and unique to every child
3. Must respond to the individual needs of the child
4. Must focus on holistic development
5. Developing the ICP must involve active participation of the child

1.2. Who needs an Individual Care Plan?

As per the JJ Act and Maharashtra Rules, the following children require an Individual Care Plan:

- Children in conflict with law who have been placed in an Observation Home, Special Home, or a Place of Safety [Rule 11(3), 13(7)(vi), 13(8)(ii) of Maharashtra Rules, 2018]
- Children in need of care and protection - the process of rehabilitation and social integration of children under this Act shall be undertaken, based on the individual care plan of the child, preferably through family-based care such as by restoration to family or guardian with or without supervision or sponsorship, or adoption or foster care. (Section 39(1) of the Act). The Child Welfare Committee must incorporate the Individual Care Plan in the order of disposal of the case. Children in need of care and protection who have been placed in a Children's Home or an Open Shelter Home [Rule 19(16) of Maharashtra Rules, 2018]

Key takeaway:

An ICP must be developed for the rehabilitation of both, children in conflict with law and children in need of care and protection.

1.3. Who is responsible for developing an Individual Care Plan?

As per the Maharashtra State Juvenile Justice (Care and Protection of Children) Rules 2018, the following persons shall be responsible for developing an Individual Care Plan for the child under the directions of the Child Welfare Committee:

- Probation Officer, or
- Child Welfare Officer / Case Worker of the institution [Rule 64 (6) (vii) and Rule 19(16)], or
- Social Worker [Rule 2 (xviii), Rule 19(16)] of the institution.
- Any recognized voluntary or non-governmental organization [Rule 19 (3)(16)]

The person / organization developing an Individual Care Plan must do so:

- In consultation with the child for whom the plan is being developed

- In consultation with the family of the said child; wherever appropriate
- And may also consult the counsellor, psychologists, or such other persons as s/he deems fit in this regard.

Key takeaway:

The ICP must be developed in consultation with the child and family of the child concerned.

1.4. Why is it important to have an Individual Care Plan?

- Having an ICP provides guidance to plan and implement case work better and helps in planning the future course of interventions.
- Having an ICP helps take stock of the situation at hand. It helps in effective execution and review plans on case work.
- Having an ICP helps in the development of daily routine for the child⁴.
- An ICP provides consolidated information about the child in contact with the juvenile justice system.
- It facilitates the identification of vulnerability of the child that may have resulted in the violation of his/her/their rights, inclusive of abuse, neglect or exploitation which might not otherwise be seen as a pattern.
- It facilitates the identification, assessment, and reporting of learning disorders⁵.
- It reflects and documents the efforts made by ALL those responsible for care, protection, rehabilitation and reintegration of the child, including members of the Child Welfare Committee, caregivers, family members and allied agencies such as law enforcement, educational institutions, health systems, judiciary, etc.
- An ICP takes into account the unique needs and circumstances of every child and thus, aids in fulfilling the developmental rights of children which include access to resources, skills, and contributions necessary for the survival and full development of the child⁶.
- Having an ICP aids the rehabilitation process through effective communication, co-operation and segregation of roles & responsibilities among agencies responsible for the rehabilitation of the child.
- An ICP provides the basis for regular monitoring and reviewing of processes involved and progress made in the care and rehabilitation of the child.

⁴ Rule 64 (6)(viii) of Maharashtra Rules, 2018

⁵ Rule 38 (4) of Maharashtra Rules, 2018

⁶ Rule 21 (ii) of Maharashtra Rules, 2018

- It is developed with the ultimate aim that the child should be rehabilitated and re-integrated based on the case history, circumstances and individual needs of the child⁷. The process of rehabilitation and social integration of children under this Act shall be undertaken, based on the individual care plan of the child, preferably through family-based care such as by restoration to family or guardian with or without supervision or sponsorship, or adoption or foster care.⁸
- Due to its participatory and inclusive approach, it also acts as a platform for the child to share his/her views and future plans.

1.5. When does one start developing an Individual Care Plan and how often does it have to be reviewed?

Note for the trainer: Section 4, Annexure 9 presents a flowchart depicting the different stages/processes involved in developing and reviewing of an Individual Care Plan as per the Maharashtra State Juvenile Justice (Care and Protection of Children) Rules, 2018. You may also refer to this chart (use it as a handout for the participants) while delivering this section of the manual. Make sure to include any best practices evolved by our organization in the developing and reviewing of an ICP. Also check with the participants for any best practices they may be aware of.

The ICP is an evolving document. Even though preparation of an ICP in the prescribed format [Form 7] commences only at the end of the first 14 days of the receipt of the child, the process of the child’s rehabilitation must commence right from the time the child is placed in an institution. The following table presents the processes followed in developing and reviewing of an ICP along with a timeline for the same.

Time Period	Processes related to the developing and reviewing an ICP
At the time of receiving the child in the institution	<ul style="list-style-type: none"> ▪ Identifying immediate and urgent needs of the child⁹. ▪ Contacting family members; if possible and appropriate¹⁰. ▪ The Receiving Officer¹¹ must make a note of these details and present them to the Child Welfare Officer (CWO) / Case Worker (CW) to whom the child is assigned. This note must be placed in the case file of the child¹². ▪ The Individual Care Plan shall commence at this stage¹³

⁷ Rule 19 (3) of Maharashtra Rules, 2018

⁸ Section 39 (1) of Juvenile Justice Act, 2015

⁹ Rule 71 F (1) (vi) of Maharashtra Rules, 2018.

¹⁰ Ibid

¹¹ Rule 71 (A) (1) of Maharashtra Rules, 2018 - Every child shall be received by the Person-in-charge of the Child Care Institution or such other official duly authorised by the Person-in-charge to receive a child, referred to as the Receiving Officer.

¹² Rule 71 F (1) (vi) of Maharashtra Rules, 2018.

¹³ Rule 71 (F) (3) of Maharashtra Rules, 2018.

	<ul style="list-style-type: none"> ▪ The child must be issued a Rehabilitation Card [Form 14]¹⁴.
Within the first 14 days	<ul style="list-style-type: none"> ▪ The CWO/ CW shall start interacting with the child as often as possible¹⁵. ▪ Within 48 hours of receiving the child, if required, the child may be examined by a panel of doctors to understand his/her physical, medical, psychological state and addictions, if any to assist in the rehabilitation plan of the child¹⁶. ▪ The CWO/ CW assigned shall interact with family members where available and prepare a case history using Form 43 and maintain it in the case file of the child. Information may be collected from varied available sources such as parents/caregivers, home, school, friends, employer, and community of the child¹⁷. ▪ The CWO / CW shall assess the educational level and vocational aptitude of the child based on tests and interviews conducted with the help of technical staff. Necessary linkages, in this respect, shall be established with outside specialists and community-based welfare agencies, psychologist, psychiatrist, child guidance clinic, hospital and other Government and non-governmental organizations¹⁸.
At the end of the first 14 days and the period extending to the first three months	<ul style="list-style-type: none"> ▪ An Individual Care Plan using Form 7 (A) shall be prepared by the CWO / CW on the basis of the case history, education, and vocational aptitude¹⁹. <p>Important:</p> <ol style="list-style-type: none"> a. For a child in conflict with law, in case of institutional care, the ICP must be prepared within 1 month of receiving and preliminary assessment of the child, if applicable²⁰. b. For a child in need of care and protection, in case of institutional care, the ICP must be prepared within 1 month of receiving the child²¹. <ul style="list-style-type: none"> ▪ In case of rehabilitation stay, the care plan shall be formulated for the complete period of stay and shall necessarily include all

¹⁴ Rule 71 E (2) of Maharashtra Rules, 2018. A *Rehabilitation Card* [Form 14] is a tool for monitoring the implementation of an ICP as well as monitoring the progress made by the child in relation to the ICP. It is to be used from time to time as prescribed in the Model and Maharashtra State Rules to note down the observations of the person developing and delivering the ICP as they observe the progress made by the child and every time they review and make changes to the ICP. Notes from this card eventually feed into any progress reports prepared by the said person/s to be presented before the Board/Committee.

¹⁵ Rule 71 H (1) of Maharashtra Rules, 2018.

¹⁶ Rule 71 H (2) of Maharashtra Rules, 2018.

¹⁷ Rule of 71 H (3) of Maharashtra Rules, 2018.

¹⁸ Rule 71 H (4) of Maharashtra Rules, 2018.

¹⁹ Rule 71 I (3) of Maharashtra Rules, 2018.

²⁰ Form 11 – (Day 8) of Maharashtra Rules, 2018.

²¹ Form 26 – Progress of Enquiry of Maharashtra Rules, 2018.

	<p>directions given by the Board / Committee / Children’s Court towards the rehabilitation of the child²².</p> <ul style="list-style-type: none"> ▪ The CWO / CW shall review the individual care plan and note his/her opinion in the rehabilitation card in Form 14 basis his/her own observations, interaction with the child and teachers / instructors, and feedback received from the house mother/father²³. ▪ The individual care plan shall be reviewed every fortnight during the first three months²⁴. A report on the effectiveness / inadequacy shall be prepared citing relevant reasons.
After the first three months	<ul style="list-style-type: none"> ▪ After the period of three months, the care plan shall be reviewed once every month²⁵. A report on the effectiveness / inadequacy shall be prepared citing relevant reasons. ▪ Progress of the child shall be examined specifically referring to the aims and targets noted in the individual care plan for the child. The progress of the child shall be reviewed and noted in the rehabilitation card (Form 14)²⁶. ▪ A quarterly progress report shall be placed before the Management Committee for their perusal²⁷. ▪ Based on the discussions by the Management Committee, the individual care plan shall be appropriately modified²⁸. ▪ In case of any changes, the daily routine of the child and approach towards rehabilitation shall also be modified accordingly. Record of such modified care plan and daily routine shall be maintained in the case file of the child. The progress shall be reviewed and noted in the rehabilitation card (Form 14)²⁹.
At the time of restoration	<ul style="list-style-type: none"> ▪ The final restoration order shall include an individual care plan prepared by the PO / SW / CWO / CW / NGO³⁰. <i>Please note that an Individual Care Plan here implies the entire process including PART A, B, and C of Form 7.</i> ▪ A follow-up plan shall also be prepared as part of the individual care plan of the child³¹.
Post restoration / follow-up	<ul style="list-style-type: none"> ▪ A first interaction/follow up report has to be submitted to the competent authority post the restoration of the child by the

²² Rule 71 I (3) of Maharashtra Rules, 2018.

²³ Rule 71 I (4) of Maharashtra Rules, 2018.

²⁴ Rule 71 I (7) of Maharashtra Rules, 2018.

²⁵ Rule 71 I (7) of Maharashtra Rules, 2018.

²⁶ Rule 71 J (1) of Maharashtra Rules, 2018.

²⁷ Rule 71 J (2) of Maharashtra Rules, 2018.

²⁸ Rule 71 J (3) of Maharashtra Rules, 2018.

²⁹ Rule 71 J (3) of Maharashtra Rules, 2018.

³⁰ Rule 84 (3) of Maharashtra Rules, 2018.

³¹ Rule 84 (9) of Maharashtra Rules, 2018.

person/agency who has been directed by the competent authority to follow up the case³². *Please note that Rule 19 (17) of Maharashtra Rules 2018, states that at the time of final disposal of the case, the Committee shall give a date for follow up of the child not later than one month of the date of disposal of the case.*

- The second follow up interaction report has to be submitted after 2 months before the competent authority by the person/agency ordered to do so³³.
 - The third follow up interaction report has to be submitted after 6 months before the competent authority by the person/agency ordered to do so³⁴.
 - The follow up report shall state the situation of the child post restoration and the measures necessary in order to reduce further vulnerability of child³⁵.
-

The Case File of every child shall include the following documents with regards to an Individual Care Plan of the child [Rule 75 of Maharashtra Rules, 2018]:

- a. Rehabilitation Card – Rule 75 (xix) of Maharashtra Rules, 2018
- b. Quarterly Progress Report – Rule 75 (xx) of Maharashtra Rules, 2018
- c. Individual Care Plan – including pre-release programme, post-release plan and follow-up plan – Rule 75 (xxi) of Maharashtra Rules, 2018
- d. Fortnightly and monthly reports of effectiveness of the Individual Care Plan – Rule 75 (xxii) of Maharashtra Rules, 2018

³² Form 7, Part D, Point 3 of Maharashtra Rules, 2018.

³³ Form 7, Part D, Point 9 of Maharashtra Rules, 2018.

³⁴ Form 7, Part D, Point 9 of Maharashtra Rules, 2018.

³⁵ Rule 84 (10) of Maharashtra Rules, 2018.

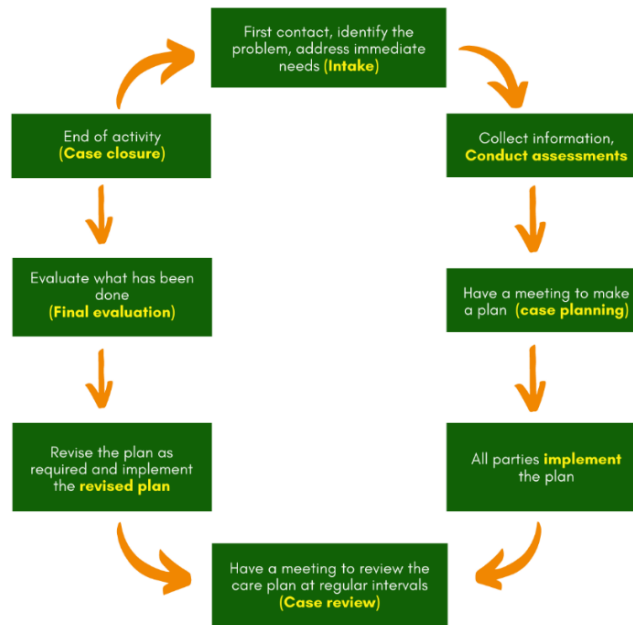


Figure 2: Process of developing a care plan
Source: UNICEF State Office for Maharashtra

1.6. Principles guiding an Individual Care Plan

Note: Direct the participants to Section 4, Annexures 1 and 3 (Basic principles of care and protection of children and Basic principles of social casework), for additional reading.

The following basic principles must be kept in mind while developing as well as delivering an Individual Care Plan. [Source: UNICEF State Office for Maharashtra]

- **An ICP should be child-centred:** Child-centred means giving priority to the needs and interests of the child. When working directly with a child, any plan developed for the child and his/her family and/or caregiver should be based on an assessment of the child's developmental needs and should be in their best interest. It is also essential to build the capacity of the parent / caregiver / family to respond to these needs within their community contexts.
- **Recognizing and acknowledging that every child is unique:** Every child has unique combinations of needs, identities, abilities, strengths, capacities, interests, vulnerabilities, and realities that directly affect their learning as well as allow them to express themselves in a social environment. Thus, all interventions should be designed keeping this principle in mind in order to achieve the best possible outcomes for each child.
- **Ensuring equality of opportunity and non-discrimination:** This principle implies that all children should be provided with the opportunity to achieve the best possible development regardless of their sex, gender, age, religion, caste,

ethnic origin or tribe, nationality, socio-economic background, abilities, or circumstances.

- **Child participation – right to be heard:** Child Participation is one of the core principles of the United Nations Convention on the Rights of the Child (Article 12 of the UNCRC), which asserts that every child has the right to express his/her views, feelings, and wishes in all matters affecting him/her, and to have their views considered and taken seriously given their age and maturity. Thus, while developing and delivering an ICP, each child (depending on their age and level of understanding) must be actively involved so they can express their points of view and opinions and have the opportunity to influence decisions which may affect their lives.
- **Building up on strengths in the families of children:** Both the UNCRC and the Juvenile Justice Act emphasize the importance of the family and the responsibility of the family as primary caregiver for every child. However, alternative care options may be identified for those children whose family is a threat to their development.
- **Coordinated approach:** Right since birth, there are a variety of agencies and programmes in the community involving children and their development; particularly in relation to their health, education, nutrition, recreation, counselling, and other support, in relation to the specific needs identified. An ICP should take into account these available community resources and incorporate the same in the child's rehabilitation/reintegration process.
- **An ICP should be seen as an evolving and continuous process:** Developing an ICP is not a one-time activity but a continuous process. Understanding what is happening to a child within the context of his/her family, community, and current stay in the institution and taking appropriate action are continuous and interactive processes and should not be seen as singular events.
- **Provision and review of services through monitoring:** While developing and delivering an ICP, it is essential to understand that immediate and practical needs should be addressed alongside the more complex and long-term needs. However, as discussed in the principle above, this is not a one-time activity. An ICP should undergo regular monitoring and assessment so as to help it evolve and better respond to the ever-changing needs of the child.
- **Ensuring accountability of functionaries:** All functionaries in contact with the child should be trained in adhering to the requirements of the ICP and should be accountable to maintaining the same as part of the Juvenile Justice System. It is essential to keep in mind that as an ICP is a continuously evolving process, training of those responsible for delivering the ICP should also go hand in hand.

SECTION 2:

INDIVIDUAL CARE PLAN IN THE LAW

Sections and rules relating to the development and delivery of an Individual Care Plan



SECTION 2: INDIVIDUAL CARE PLAN IN THE LAW

Contents: This section contains a table paraphrasing what specific sections in the Juvenile Justice (Care and Protection of Children) Act 2015 and specific rules in the Maharashtra State Juvenile Justice (Care and Protection of Children) Rules 2018 have to say about developing and delivering an Individual Care Plan.

Objectives:

- a. To make the participants aware of the sections in the Juvenile Justice (Care and Protection of Children) Act, 2015 and the corresponding rules which mandate developing of an Individual Care Plan for every child entering the Juvenile Justice System.
- b. To help the participants understand what the law says on how and when to deliver an Individual Care Plan.
- c. To help the participants understand their role in the developing and delivering of an Individual Care Plan as laid down in the law and corresponding rules.

Time Frame: 15 minutes

2.1. Sections and Rules relating to the development and delivery of an Individual Care Plan:

Note: The following table lists down the relevant sections in the JJ Act 2015 and the Maharashtra State Rules 2018 relevant to developing and delivering an Individual Care Plan for children in need of care and protection along with a basic description of what each section/rule states. Guide the participants to refer to Section 4, Annexure 2 of the manual for a detailed reading /reproduction of the relevant sections /rules and details thereof.

Section/Rule	What do they say?
Section 30 (vi) of the JJ Act 2015	Listing down the functions and responsibilities of the CWC, emphasizes that any orders passed by the CWC towards the care, protection, rehabilitation or restoration of the child must be based on the child's Individual Care Plan.
Section 39 (1) of the JJ Act 2015	Rehabilitation and social re-integration of the child. Emphasizes that this process should take place based on the Individual Care Plan of the Child.
Rule 2 (ix) of the MH State Rules 2018	Defines an Individual Care Plan.
Rule 2 (xviii) of the MH State Rules 2018	While defining a "Social Worker", also lists down the preparation of an Individual Care Plan as one of the responsibilities of the Social Worker.
Rule 11(3) of the MH State Rules 2018	Inclusion of an Individual Care Plan in all dispositional orders passed by the Board in case of a child in conflict with law (hereinafter referred to as " CCL "). Also, about actively involving the CCL and his/her family in developing the care plan.
Rule 13 (7) (vi) of the MH State Rules 2018	Including an Individual Care Plan in the dispositional order passed by the Children's Court for the CCL.
Rule 13 (8) (ii) of the MH State Rules 2018	Including an Individual Care Plan in the final order passed by the Children's Court in case of a CCL.

Rule 19 (3) of the MH State Rules 2018	Developing an Individual Care Plan using Form 7 under the directions of the CWC towards the rehabilitation of the child in need of care and protection (hereinafter referred to as “ CNCP ”).
Rule 19 (16) of the MH State Rules 2018	Including an Individual Care Plan in the final disposal order of the CNCP.
Rule 19 (18) of the MH State Rules 2018	Forwarding the Individual Care Plan along with the case file of the CNCP from one CWC to another in case of the CNCP belonging to another district and the responsibility of the receiving CWC to follow up on the Individual Care Plan of the said CNCP.
Rule 19 (19) of the MH State Rules 2018	Monitoring of an Individual Care Plan using Form 14 (rehabilitation card).
Rule 21 (ii) of the MH State Rules 2018	Individual Care Plan being a comprehensive document which is to be prepared with the participation of the child as well as the involvement of experts and the child’s family where required. It emphasizes that the Individual Care Plan should fulfil the development rights of the children including access to resources, skills and contributions necessary for the survival and full development of the child.
Rule 21 (iii) of the MF State Rules 2018	Periodic review and revision of the Individual Care Plan depending on the requirements of the child to ensure protection from all forms of abuse.
Rule 64 (6) (vii) of the MH State Rules 2018	Listing down the duties and functions of a CWO / Case Worker, emphasizes their role in the preparation of an Individual Care Plan for the period pending inquiry.
Rule 64 (6) (x) of the MH State Rules 2018	Periodically reviewing the Individual Care Plan and modifying the same if need be with the approval of the Management Committee.
Rule 66 (3) (xi) and (xii) of the MH State Rules 2018	Listing down the duties and functions of a Probation Officer, emphasizes their role in the preparation of an Individual Care Plan and supervision thereof.

Rule 71 F (1) (vi) and Rule 71 F (3) of the MH State Rules 2018	Attending to the child’s immediate and urgent needs upon receiving the child in the institution. Also states that this is the period when the Individual Care Plan should commence.
Rule 71 H of the MH State Rules 2018	Within the first 14 days of receiving the child – Assigning of a CWO/Caseworker to the child; physical, medical, and psychological assessments; interaction with family members/other stakeholders and preparing the case history; and assessment of educational level and needs. All this aids in preparing the Individual Care Plan of the child.
Rule 71 I (3) of the MH State Rules 2018	Developing an Individual Care Plan using Form 7 on the basis of the child’s case history, education, and vocational aptitude. It further states that in case of rehabilitation stay, the plan should be for the complete period of stay and shall necessarily include all directions given by the Board/Committee towards the rehabilitation of the child.
Rule 71 I (4) of the MH State Rules 2018	Reviewing of the Individual Care Plan by the CWO / CW and noting down on their observations in the rehabilitation card (Form 14).
Rule 71 I (7) of the MH State Rules 2018	Frequency for reviewing an Individual Care Plan and preparation of an effectiveness/inadequacy report of the same.
Rule 71 J (1), (2), and (3) of the MH State Rules 2018	Procedure to be adopted post 3 months. Discusses reviewing the Individual Care Plan using Form 14 (rehabilitation card), submission of quarterly progress reports, and modification of the Individual Care Plan if required.
Rule 75 (3) (xix), (xx), (xxi), and (xxii) of the MH State Rules 2018	Maintaining a case file for every child which among other things, shall contain the Individual Care Plan of the child (including the pre-release program, the post release plan, and a follow up plan as designed as well as any modifications made), the rehabilitation card, quarterly progress reports, and fortnightly and monthly reports on the effectiveness of the care plan.
Rule 84 (3) of the MH State Rules 2018	Inclusion of an Individual Care Plan in the restoration order of the child.

Rule 84 (9) of the MH State Rules 2018	Preparing a follow-up plan as part of the Individual Care Plan.
Form 7	Form for preparing an Individual Care Plan

Reference: The Juvenile Justice (Care and Protection of Children) Act, 2015 and the Maharashtra State Juvenile Justice (Care and Protection of Children) Rules, 2018.

SECTION 3:

DEVELOPING AN INDIVIDUAL CARE PLAN

3.1. Introducing Form 7 - Individual Care Plan Template [Part 1]

3.1.1. Technical details

3.1.2. Personal details of the child

3.1.3. Areas of intervention

3.2. Developing an Individual Care Plan: Group Activity

3.3. Introducing Form 7 - Individual Care Plan Template [Part 2]

3.3.1. Part B: Progress report of the child

3.3.2. Part C: Pre-release report

3.3.3. Part D: Post-release / restoration report of the child



SECTION 3: DEVELOPING AN INDIVIDUAL CARE PLAN

Contents: This Section includes the following sub-sections:

3.1. Introducing Form 7 [Part 1] – Takes the participants through the contents of Part A of the prescribed template for developing an Individual Care Plan.

3.2. Group Activity – Engages the participants in a group activity where they develop an actual Individual Care Plan from scratch.

3.3. Introducing Form 7 [Part 2] – Takes the participants through the remaining parts of Form 7.

Objective: This Section is aimed at understanding and developing an Individual Care Plan. By the end of this session, the participants should have gained an idea of:

- a. The various components of an Individual Care Plan.
- b. How to develop an Individual Care Plan.

Time Frame: 1 hour and 30 minutes

3.1. Introducing Form 7 – Individual Care Plan Template [Part I]

Note for the Trainer:

Begin this section with distributing copies of Form 7 [Individual Care Plan template] among the participants. Guide them through the contents of **Part A**, helping them understand what information needs to go in next to each category. *Remember to tell the participants to feel free to add to the template any best practices they follow at their shelters or when working with children. Also remember to tell them to not delete any section from the prescribed template.* Encourage them to give examples from their work experience to further their understanding.

Materials required:

- Copies of Form 7 [Section 4, Annexure 6] – Decide numbers of the basis of number of participants. Let each participant have their individual copy to take notes.
- Laptop, projector and screen – for showcasing Form 7 to the participants
- Pencils – for the participants to take notes.

Time: 20 minutes

Process: As follows.

3.1.1. Technical details

FORM 7
[See rules 11(3), 13(7) (vi), 13(8)(ii), 19(3), 19(16), 21 (ii), 64 (6) (vii), 64 (6) (x), 71 (I) (3)]
INDIVIDUAL CARE PLAN
Child in Conflict with Law/ Child in Need of Care and Protection
(Tick whichever is applicable)

Name of Case Worker/Child Welfare Officer/Probation officer.....
Date of preparing the Individual Care Plan.....
Case/Profile No.....of 20.....
U/ Section, applicable in case of child in need of care and protection.....
FIR No.....
U/Sections (Type of offence), applicable in case of Children in Conflict with Law.....
Police Station.....
Address of the Board or the Committee.....
Admission No. (if child is in an institution)
Date of Admission (if child is in an institution).....
Stay of the child (Fill as applicable)
(i) Short term (up to six months).....
(ii) Medium Term (six months to one year).....
(iii) Long term (more than 1 year).....
Date of first production or appearance before the Board.....
Date of Release on Bail.....

The opening section of Form 7 covers the technical details of an Individual Care Plan such as:

- Details of person preparing the plan and date when plan is being prepared
- Case identification details
- Details related to the jurisdiction of the case – police station and CWC/JJB
- Admission identification details of the child
- Duration of stay of the child
- Details of production before the Board/ Committee

3.1.2. Personal details of the child

A. PERSONAL DETAILS (to be provided by child/parent/both on admission of the child in the institution)

1. Name of the Child.....
2. Age/Date of Birth.....
3. Sex: Male/Female.....
4. Fathers name:
5. Mothers name.....
6. Nationality.....
7. Religion.....
8. Caste.....
9. Language spoken.....
10. Level of Education.....
11. Details of Savings Account of the child, if any.....
12. Details of child's earnings and belongings, if any.....
13. Details of awards/rewards received by the child, if any.....

The next part, i.e. Section A of Form 7 covers the personal details of the child. These details need to be filled in after interviewing the child / child's parents / both at the time of admission in the institution. Details include the following:

- Demographic details of the child
- Details of parents
- Educational details of the child
- Child's savings / belongings / earnings, if any
- Awards received / achievements of the child, if any

3.1.3. Areas of intervention

14. Based on the results of Case History, Social Investigation report and interaction with the child, give details on following areas of concern and interventions required, if any; details if child with disability and special needs, if any

Sr. No.	Category	Areas of concern	Proposed Interventions
1	Child's expectation from care and protection		
2	Health and nutrition needs		
3	Emotional and psychological support needs		
4	Educational and training needs		
5	Leisure, creativity and play		
6	Attachments and Inter-Personal Relationships (with adults and children)		
7	Religious beliefs		
8	Self-care and life skill training for protection from all kinds of abuse, neglect and maltreatment		
9	Independent living skills		
10	Any other such significant experiences which may have impacted the development of the child like trafficking, domestic violence, parental neglect, bullying in school, abuse, etc. (Please specify)		

Any other Information/Remark –

This part covers the areas of concern in relation to the child and the proposed interventions to respond to these concerns. Under each category of need, the child and those working with the child may come across and observe certain concerns that may hinder the child's overall progress. These need to be reflected upon with the child and put down under the respective category as areas of concerns identified. The stakeholders and the child also need to think about the interventions that could possibly address these concerns and put them down under the areas of intervention section. These details have to be based on the case history of the child, the Social Investigation Report for the child, and several rounds of interactions with the child and where possible the family of the child. It covers the following broad needs of the child.

- 1. Child's expectation from care and protection:** This includes the child's as well as the case worker's concerns regarding the safety of the child both inside and outside the institutional setup. It also includes the child's own perceptions on what s/he considers as safe / unsafe.

TIP: PLEASE MAKE A NOTE

In cases of extreme exploitation such as that of commercial sexual exploitation, children for a long time are unable to understand if and when their rights are being violated and what might constitute their safety. Make sure to ask the child:

- a. How were they received at the shelter?
- b. How are they adjusting to the shelter?
- c. What makes them uncomfortable inside as well as outside the shelter?
- d. Do they have any concerns about their safety or that of anyone else inside or outside the child care institution? Sometimes they may disclose the safety of their siblings or closed ones to be in threat.

- 2. Health and nutrition needs:** This focuses on the child's health needs – immediate, short-term, as well as long-term.

TIP: PLEASE MAKE A NOTE

- a. Current health status of the child: menstrual cycle (regularity/ irregularity or any concerns), vitamin or other nutritional deficiencies, tuberculosis, sexually transmitted infections, any other periodic or chronic illnesses.
- b. Is the child currently under any medication or has been advised special nutrition?
- c. Is the child showing any symptoms of serious health concerns or regular health concerns which might turn serious if left unattended?
- d. Does the child need to consult a medical practitioner on an immediate basis?
- e. Does the child need to get any medical tests or follow up tests done?
- f. Details pertaining to immunisation.
- g. Make sure to add all the health reports of the child in the case file.

3. Emotional and psychological support needs: This focuses on the emotional and psychological health of the child and the support services required to take care of the same.

TIP: PLEASE MAKE A NOTE

- a. Any trauma symptoms due to incidents in the past or recent past
- b. PTSD symptoms
- c. Emotional dependence
- d. Certain behaviour patterns which might be indicative of underlying trauma. Remember that trauma usually manifests itself in certain behaviour patterns which may be typically looked upon with bias as 'difficult behaviour'. So, make sure to train yourself and all staff members on trauma informed care to better respond to the needs of children who are undergoing trauma. (Ask the participants to share some examples from their experience.)
- e. Inputs from the counsellor
- f. Look for symptoms which might require psychiatric intervention
- g. Remember to attach counselling and psychiatric reports of the child in the case file.

4. Educational and training needs: This looks at two aspects – the educational and vocational training needs of the child.

A. Educational needs: This will help the case worker understand the current educational level at which the child is and his/her interests in relation to education.

TIP: PLEASE MAKE A NOTE

- a. Current level of education including interests and practicality to study further.
Ask the participants how they currently assess the literacy level of children in their shelters. Suggestion: One can make use of the [ASER tool](#) to assess the child's language and arithmetic skills – it is available in different languages.
- b. Documents in hand and documents required for continuing schooling. Is there a need to avail any documents from the school?
- c. Linkages with service providers including linkages to current educational facilities at the shelter.
- d. Should the child try an alternative education system?
Share about options such as distance learning and open schooling.

B. Vocational training needs: This focuses on the child's interests beyond education which can add to the child's skills set. Age is an important factor in vocational education and a child below 14 years of age may not be suited to enrol for the same.

TIP: PLEASE MAKE A NOTE

- a. Begin with assessing the interests and skills sets the child already possesses.
Ask the participants how they assess if a child is fit for a particular vocation?
- b. Always give children options to choose from and do not adopt a one size fit all strategy. Also assess the feasibility of a particular vocational interest of the child.
Remind the participants that a child may not always stick to a certain skill.
- c. Remember to let children experiment but also align their vocation to their skills and not just their interests.
- d. Network and collaborate with service providers who can offer relevant programmes.
- e. Review, revise, and reassess to make sure that the child is learning and benefitting from the training.

5. Recreation – leisure, creativity and play: This focusses on extra-curricular activities the child might be involved in or wants to pursue.

TIP: PLEASE MAKE A NOTE

- a. Assess the child's current involvement in recreational activities.
- b. What is it that interests the child?
- c. Remember that recreation is for leisure and joy. Do not load it with end goals and learnings.

6. Attachments and interpersonal relationships (with adults and children):

This looks at the child's attachments with people around the child and the nature and quality of relationship the child shares with those around and new persons who come into contact with the child.

TIP: PLEASE MAKE A NOTE

- a. Does the child have a family? How does the child feel about the family?
- b. Status of current interpersonal relationships such as with family and others at the institution. *Ask the participants about how they build relationships at their shelters? For example, parents' meetings.*
- c. Does the child show any attachment to the accused in their case?
Ask participants for any examples from their work with children.

7. Religious beliefs: This can include two aspects:

A. Religious biases expressed by either the child or by others at the shelter which may be detrimental to the well-being of the child or other children at the CCI. Sometimes, the child may harbor biases towards a specific religious community due to their experiences or under the influence of others. These might also be detrimental to the child's overall rehabilitation and development in the longer run.

For example, a child who practices Jainism refusing to engage in any activity with all children (other than Jains) at the CCI as he/she believes that all Hindus discriminate on the basis of caste, all Muslims are terrorists, and all Christians are on the lookout of converting others to Christianity.

B. Religious beliefs and practices of the child which in the given situation may adversely impact the overall health and well-being of the child.

For example, a child with very low levels of hemoglobin wanting to observe a fast during a festival.

If the child's practices, values and perspectives emanating from their religious beliefs are furthering their development, those need to be worked upon further for the child's eventual social reintegration.

Please note that a child wanting to observe a religious practice which is not detrimental to the well-being of the child in any way but may give rise to a logistical issue for the CCI cannot be a cause of concern to be addressed in the ICP. For example, a child wanting to fast during Navratri or a child wanting to fast during Ramadan.

8. Self-care and life skills training for protection from all kinds of abuse, neglect, and maltreatment: This again looks at two aspects – self-care and life skills education.

A. Self-care: Self-care focuses on the child’s ability to maintain personal health and hygiene. Self-care does not apply to physical health alone but also takes into account the mental health and well-being of the child.

TIP: PLEASE MAKE A NOTE

- a. Child’s daily maintenance of hygiene such as bathing, brushing, combing hair, wearing clean clothes.
- b. Is the child taking regular and on-time meals? *Look for patterns which might need addressing.*
- c. Is the child getting enough sleep? *Look for patterns which might need addressing.*
- d. Does the child pursue any hobbies which could help maintain the child’s mental health and well-being by relieving stress levels?

B. Life Skills Education: Life Skills Education focuses on building age-appropriate personal life skills such as self-reflection, critical thinking, decision making, problem solving, communication and interpersonal skills. These are essential as they will help the child to live independently as an adult.

TIP: PLEASE MAKE A NOTE

- a. Child’s understanding of the self
- b. Child understand of and ability to engage in basic life skills – empathy, problem solving, communication, decision making, critical thinking, emotional regulation etc.

9. Independent living skills: This is essential for children who are going to turn 18 and may or may not have immediate family support or those who are entering after-care. It might also be applicable though in a limited sense to children moving out of institutional care, being restored to their families.

TIP: PLEASE MAKE A NOTE

- a. Does the child have the necessary educational background and vocational skills which will lead to employability?
- b. Child's understanding/perceptions of safety and security of self.
- c. Is the child prepared to live and function independently outside an institutional set up?
- d. Give examples of how once living outside the institutional set-up children will have to engage in activities such as cooking, traveling in local transport, managing finances, managing work, etc. Does the child have these necessary skills?

10. Any other significant experiences which may have impacted the development of the child: For example, trafficking, experience of domestic violence, parental neglect, bullying, sexual abuse, etc. Remember to give specific details.

Any other information/remark: Add any other information which may be relevant and has not been included in the plan template.

3.2. Developing an Individual Care Plan: Group Activity

Note for the Trainer: This is a group task designed to engage the participants in a mock Individual Care Plan development process. *Remember to tell the participants to feel free to add to the template any best practices they follow at their shelters or when working with children. Also remember to tell them to not delete any section from the prescribed template.*

Objective: To train the participants on how to develop and Individual Care Plan.

Participant size: Ideally groups of three participants each. Make sure the group size does not exceed five participants as in larger groups, not everyone is bound to actively engage in a critical thinking process.

Materials required:

- Copies of Form 7 [Section 4, Annexure 6] – already distributed at the start of session 3.1.
- Copies of filled in mock ICPs [Section 4, Annexure 8]
- Chart papers for the participants to write down their ICPs
- Pens, pencils, markers

Time: 30 minutes to discuss and 30 minutes for presentation

Process: As follows.

1. Split participants into groups of 3.

2. Each group must have chart papers, writing material, and the ICP mock templates for reference.
3. Ask each group to think of a case from their experience of working with children under the Juvenile Justice Act and to develop an ICP for the said child [**Part A only**]. *Let the participants know that they can refer to the mock templates provided for guidance. The participants will get 30 minutes to complete this activity.*
4. At the end of 30 minutes, encourage group to step forward to present the ICPs developed by them. Each presentation must begin with briefly introducing the case.
5. Conclude by discussing the salient features of the ICP and the approach adopted by each group.

3.3. Introducing Form 7 – Individual Care Plan Template [Part 2]

Note for the Trainer: After the group activity, guide the participants through the remainder parts of Form 7 [**B, C, and D**], helping them understand what information needs to go in next to each category. Encourage them to give examples from their work experience to further their understanding.

Materials required:

- Copies of Form 7 [Section 4, Annexure 6] – already distributed at the start of session 3.1.
- Laptop and projector – for showcasing Form 7 to the participants
- Pencils – for the participants to take notes.

Time: 10 minutes

Process: As follows.

3.3.1. Part B: Progress report of the child

B. PROGRESS REPORT OF THE CHILD (to be prepared every fortnight for first three months and thereafter to be prepared once a month)

[Note: Use different sheet for Progress Report]

1. Name of the Probation Officer/Case Worker/Child Welfare Officer.....
2. Period of the report.....
3. Admission No.....
4. Board or Committee.....
5. Profile No.....
6. Name of the Child.....
7. Stay of the child (Fill as applicable)
 - (i) Short term (up to six months)
 - (ii) Medium Term (six months to one year)
 - (iii) Long term (more than 1 year)
8. Place of interview..... Dates.....
9. General conduct and progress of the child during the period of the report
.....

Part B of Form 7 focusses on the progress made by the child against areas of concern and the proposed interventions listed in the Individual Care Plan of the Child, i.e. in Part A of Form 7. Points 1 to 9 in this part cover some basic details already mentioned in Part A as well as some Additional information as follows:

- Details of the person preparing the progress report
- The period for which the report is being prepared
- Name and case identification details of the child
- Details of the competent authority overseeing the case
- Duration of stay of the child
- Details of the dates and place of interactions held with the child and/or family for the purpose of preparing the Individual Care Plan as well as evaluating its adequacy/effectiveness
- A brief note on the general conduct and progress of the child during the said period

Tip: Do remind the participants:

- a. The progress report must be prepared once in every 14 days for the first three months and subsequently once a month for the duration of stay of the child in the CCI.
- b. A different sheet (in addition to the template) must be used for preparing the progress report [as prescribed in the template].

10. Progress made with regard to proposed interventions as mentioned in point 14 of Part A of this Form.

Sr. No.	Category	Areas of concern	Proposed Interventions
1	Child's expectation from care and protection		
2	Health and nutrition needs		
3	Emotional and psychological support needs		
4	Educational and training needs		
5	Leisure, creativity and play		
6	Attachments and Inter-Personal Relationships (with adults and children)		
7	Religious beliefs		
8	Self-care and life skill training for protection from all kinds of abuse, neglect and maltreatment		

Continued

Sr. No.	Category	Areas of concern	Proposed Interventions
9	Independent living skills		
10	Any other such as significant experiences which may have impacted the development of the child like trafficking, domestic violence, parental neglect, bullying in school, abuse, etc. (Please specify)		

Any other Information/Remark

11. Any proceedings before the Committee or Board or Children's Court

(i) Variation of conditions of bond

(ii) Change of residence of the child / transfer

(iii) Other matters, if any

12. Period of supervision completed on.....

Result of supervision with remarks (if any).....

Name and Addresses of the parent or guardian or fit person under whose care the child

is to live after the supervision is over.....

Date of report.....Signature of the Probation Officer.....

Point 10 focusses on the implementation of the Individual Care Plan vis-à-vis the progress made by the child against the areas of concern identified and the interventions proposed and carried out in the period for which the report is being made. The person in-charge of preparing the progress report must replicate the table listing the areas of intervention (including proposed interventions) presented in Part A (14) of Form 7. *As per the JJ Model Rules, against each row the person in-charge must detail out the progress made in relation to the listed area of concern and the interventions carried out to address the same.*

Point 11 focuses on details of any further proceedings before the competent authority whereas point 12 discussed details pertaining to the period of supervision and the details of the person who will get the custody of the child after the period of supervision has come to an end.

3.3.2. Part C: Pre-release report

C. PRE-RELEASE REPORT (to be prepared 15 days prior to release)

1. Details of place of transfer and authority concerned responsible in the place of transfer/ release
2. Reason for transfer or release
3. Details of placement of the child in different institutions/family
4. Training undergone and skills acquired
5. Certificates/ Awards received
6. Last progress report of the child (to be attached, refer Part B)

This part covers the following details:

- In case of a transfer, details of the place and person in-charge of the facility where the child is being transferred. In case of a release, details of the person who is being handed over the custody of the child as well as details of the place where the child is going to stay.
- Detailed reasons for the transfer or release of the child.
- Details of the various CCIs or family where the child might have been placed prior to the current release/transfer.
- Details of any training attended by the child and/or any skills acquired along with details of any awards or certificates received by the child during their stay at the CCI.

Tip: Make sure to highlight the following:

- a. The pre-release report must be prepared 15 days prior to the release of the child from the CCI.
- b. The person in-charge of preparing the pre-release report must attach the last progress report of the child along with this pre-release report. *In case of a transfer, this report will help the new team to understand the current concerns vis-à-vis the child, the nature of inputs already received by the child and how the child has responded to the same; hence, facilitating a smooth change of hands. In case of a release, this report will help the person (in-charge of following up the case) in preparing follow up reports and planning any further interventions, if required.*

7. Rehabilitation and restoration plan of the child (to be prepared with reference to progress reports of the child)

Sr. No.	Category	Areas of concern	Proposed Interventions
1	Child's expectation from care and protection		
2	Health and nutrition needs		
3	Emotional and psychological support needs		
4	Educational and training needs		
5	Leisure, creativity and play		
6	Attachments and Inter-Personal Relationships (with adults and children)		
7	Religious beliefs		
8	Self-care and life skill training for protection from all kinds of abuse, neglect and maltreatment		
9	Independent living skills		
10	Any other such significant experiences which may have impacted the development of the child like trafficking, domestic violence, parental neglect, bullying in school, abuse, etc. (Please specify)		

Any other Information/Remark

Point 7 outlines a rehabilitation and restoration plan for the child. **This table must be prepared only after referring to the past progress reports of the child.** Similar to the process followed in Part A of Form 7, against each area of intervention, list down any ongoing or new areas of concern for the child along with details of the ongoing interventions or proposed interventions to address those concerns so as to help restore and rehabilitate the child. As already discussed above, highlight that these details will be useful for the new person/team working with the child or the person responsible for following up and reporting on the case.

6. Date of release/transfer/repatriation.....
7. Requisition for escort if required.....
8. Identification Proof of escort such as driving license, Aadhar Card, etc.....
9. Recommended rehabilitation plan including possible placements/sponsorships.....
10. Details of Probation Officer/non-governmental organization for post-release Follow up.....
11. Memorandum of Understanding with non-governmental organization identified for Post-release follow up (Attach a copy).....
12. Details of sponsorship agency/individual sponsor, if any.....
13. Memorandum of Understanding between the sponsoring agency and individual Sponsor (Attach a copy).....
14. Medical examination report before release.....

This part covers the following details:

- The date of the release/transfer/repatriation of the child
- Details of any summons or requests made in cases where an escort is required to move the child from one place to another.
- Details of identification proof of the escort as prescribed
- Recommended rehabilitation plan along with details of any possible placements or sponsorships
- Details of the PO and/or NGO responsible for conducting follow ups and further reporting to the competent authority. *In case the responsibility of follow up has been assigned to an NGO, it is important to attach a copy of the MoU with the NGO with regards to the same.*

- Details of sponsorship agency or individual sponsor, if any, *along with a copy of the MoU signed with the said agency/individual.*
- A copy of the medical examination report of the child. *Please note that in case a child requires psychiatric medication or intervention, a report of the same should also be attached.*
- Any other information considered important for the well-being of the child.

3.3.3. Part D: Post-release / restoration report of the child

Note: Part D of Form 7 is to be filled periodically by the person/agency ordered by the competent authority to do so. **This portion of the manual is in the process of development and does not provide complete guidance with regards to using Part D of Form 7.**

D. POST-RELEASE/RESTORATION REPORT OF THE CHILD

1. Status of Bank Account: Closed / Transferred
2. Earnings and belongings of the child: handed over to the child or his parents/guardians – Yes/No

At the time of release/restoration of the child, the person/agency assigned by the competent authority must make note of the following in their report:

- If applicable, the current status of the bank account of the child
- Details of the handing over the child's earnings (if any) and belongings by the CCI to the child and/or his/her parents/guardians.

3. First interaction report of the Probation Officer/Child Welfare Officer/Case Worker/social worker/non-governmental organization identified for follow-up with the child post release.....
4. Progress made with reference to Rehabilitation and Restoration Plan.....
5. Family's behaviour/attitude towards the child.....
6. Social milieu of the child, particularly attitude of neighbours/community.....
7. How is the child using the skills acquired.....
8. Whether the child has been admitted to a School or vocation? Give date and name of the school/institute/any other agency Yes/No
.....
9. Report of second and third follow-up interaction with the child after two months and six months respectively.....
10. Efforts towards social mainstreaming and child's opinion/views about it.....

a. The first follow up report³⁶ prepared by the person/agency assigned by the competent authority to do so must include the following in their report:

- Details of their first interaction with the child post release.
- The progress made by the child vis-à-vis the rehabilitation plan submitted as part of the Pre-release report (Part C, Form 7) of the child.
- The child's family's (i.e. people sharing the same household as the child) attitude and behaviour towards the child.

Check for any behaviour patterns or attitudes (extreme neglect, physical and verbal abuse, lack of access to developmental opportunities, etc.) which may be detrimental to the well-being of the child.

- Details of the social environment the child is living in with particular emphasis on the attitude of the neighbours and community towards the child.

Again, check for anything which may adversely impact the well-being of the child.

- Details of how the child is utilizing the skills he/she acquired during their stay at the CCI.
- If applicable, details of whether the child has been enrolled for further education or if the child has taken up any vocation. Provide the details of the school/institute/agency along with the date of joining the same.
- Details of any efforts made towards the social mainstreaming (enrolling or reenrolling in school or other community-based activities/ events) of the child and the child's views and opinions on the same.

b. The second follow up report prepared by the person/agency assigned by the competent authority must be submitted after two months and must contain all details enlisted in point (a) above.

c. The third follow up report prepared by the person/agency assigned by the competent authority must be submitted after six months and again must contain all details enlisted in point (a) above.

³⁶ Please note that Rule 19 (17) of Maharashtra Rules 2018, states that at the time of final disposal of the case, the Committee shall give a date for follow up of the child not later than one month of the date of disposal of the case.

11. Identity Cards and Compensation

[Instruction: Please verify with the physical documents]

IDENTITY CARDS	Present status (Please tick whichever is applicable)		Action taken
	Yes	No	
Birth Certificate			
School certificate			
Caste certificate			
Orphan Certificate (if applicable)			
BPL Card			
Disability Certificate			
Immunization card			
Ration Card			
Aadhar Card			
Received compensation from Government			

Any other Information/Remark.....

Signature of the Probation Officer/Child Welfare Officer

Stamp and Seal where available

Tip:

The officer/ individual preparing the report should verify the authenticity of these documents by themselves.

SECTION 4:

RESOURCE MATERIAL

Annexure 1: Basic Principles of Care and Protection of Children

Annexure 2: Provisions under the Juvenile Justice (Care and Protection of Children) Act 2015 and the Maharashtra State Juvenile Justice (Care and Protection of Children) Rules 2018 that speak about the Individual Care Plan

Annexure 3: Basic Principles of Social Casework

Annexure 4: Care Related to Developmental Milestones

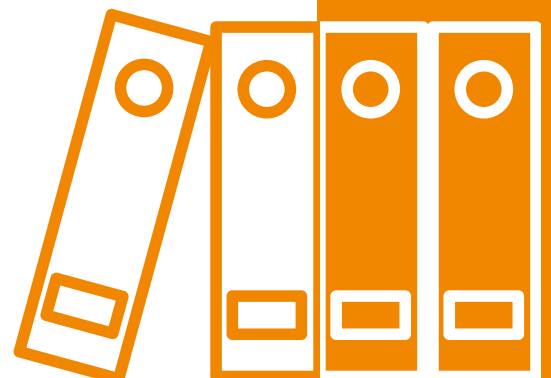
Annexure 5: Activity Pool

Annexure 6: FORM 7 (Template) - Maharashtra State Juvenile Justice (Care and Protection of Children) Rules 2018

Annexure 7: FORM 14 (Template) - Maharashtra State Juvenile Justice (Care and Protection of Children) Rules 2018

Annexure 8: Mock Templates - Developing an Individual Care Plan

Annexure 9: Timeline based flowchart for developing and reviewing an Individual Care Plan



SECTION 4: RESOURCE MATERIAL

Note: *This section is not a part of the training manual and does not contain any topics for training. It includes a compilation of resources which can be used by the trainer to facilitate the training program. Some of the annexures can also be used as handouts to be distributed to the participants during this training. These can serve as additional reading and reference material for the trainer as well as the participants to further their understanding.*

Contents:

Annexure 1	Basic principles of care and protection of children as under the Juvenile Justice Act 2015
Annexure 2	Provisions under the Juvenile Justice (Care and Protection of Children) Act 2015 and the Maharashtra State Juvenile Justice (Care and Protection of Children) Rules 2018 that refer to the Individual Care Plan (focusing on children in need of care & protection)
Annexure 3	Basic principles of social case work
Annexure 4	Care related to developmental milestones
Annexure 5	Activity pool
Annexure 6	Form 7: ICP [blank template]
Annexure 7	Form 14: Rehabilitation Card [blank template]
Annexure 8	Mock ICP templates
Annexure 9	Timeline based flowchart for developing and reviewing an Individual Care Plan

Annexure 1: Basic Principles of Care and Protection of Children

Section 3 of the Juvenile Justice (Care and Protection of Children) Act, 2015 prescribes that the Central Government, the State Governments, the Board and other agencies, as the case may be, while implementing the provisions of JJ Act, 2015, shall be guided by the following fundamental principles.

General Principle	What does it mean
Presumption of innocence	Any child shall be presumed to be an innocent of any mala fide or criminal intent up to the age of eighteen years
Dignity and worth	All human beings shall be treated with equal dignity and rights
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
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
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
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
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 (i.e. JJ Act 2015)
Non-stigmatising semantics	Adversarial or accusatory words are not to be used in the processes pertaining to a child
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
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
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
Institutionalisation as a measure of last resort	A child shall be placed in institutional care as a step of last resort after making a reasonable inquiry
Repatriation and restoration	Every child in the juvenile justice system shall have the right to be re-united with his family at the earliest and to be restored to the same socio-economic and cultural status that he was in, before coming under the purview of this Act, unless such restoration and repatriation is not in his best interest
Fresh start	All past records of any child under the Juvenile Justice system should be erased except in special circumstances
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

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
-----------------	--

Source: The Juvenile Justice (Care and Protection of Children) Act, 2015

Annexure 2: Provisions under the Juvenile Justice (Care and Protection of Children) Act 2015 and the Maharashtra State Juvenile Justice (Care and Protection of Children) Rules 2018 that refer to the Individual Care Plan

Juvenile Justice (Care and Protection of children) Act 2015 on the Individual Care Plan (focused on children in need of care and protection)

Section 30 (vi)	Functions & responsibility of CWC – <u>ensuring care, protection, appropriate rehabilitation or restoration</u> of children in need of Care and protection, based on the child’s individual care plan and passing necessary directions to parents or guardians or fit persons or children’s homes or fit facility in this regard;
Section 39 (1)	Rehabilitation & Social Re-integration – The process of rehabilitation and social integration of children under this Act <u>shall</u> be undertaken, based on the individual care plan of the child, preferably through family-based care such as by restoration to family or guardian with or without supervision or sponsorship, or adoption or foster care:

Maharashtra State Juvenile Justice (Care and Protection of Children) Rules 2018

Rule 2 (ix)	“ individual care plan ” is a <u>comprehensive development plan</u> for a child based on age and gender <u>specific needs</u> and case history of the child, prepared in <u>consultation with the child</u> , in order to restore the <u>child’s self-esteem, dignity and self-worth and nurture him into a responsible citizen</u> and accordingly the plan shall address the following, including but not limited to needs of a child, namely:- (a) health and nutrition needs, including any special needs; (b) emotional and psychological needs; (c) educational and training needs; (d) leisure, creativity and play; (e) protection from all kinds of abuse, neglect and maltreatment; (f) restoration and follow up; (g) social mainstreaming; (h) life skill training
Rule 2 (xviii)	“Social worker” means a person with post graduate degree in Social Work or Sociology or Psychology or Child Development or a graduate of the recognised university with minimum seven years of experience in child education and development or protection issues, who is engaged by a Child Care Institution or authorised by District Child Protection Unit or State Child Protection Society or State Adoption

	<p>Resource Agency or Central Adoption Resource Authority for preparing social investigation report or individual care plan of the child, child study report, home study report of prospective adoptive parents or foster parents, rendering post-adoption services, and performing any other functions as assigned to such person under the Act or these rules;</p> <p>Explanation: For the purposes of this definition, it is clarified that the qualifications of the social worker member of the Board shall be as under section 4 of the Act.</p>
Rule 11(3)	<p>All dispositional orders passed by the Board shall necessarily include an "Individual Care Plan" in Form 7 for the child in conflict with law concerned, prepared by a Probation Officer or Child Welfare Officer or a recognized voluntary organization on the basis of interaction with the child and his family, where possible;</p>
Rule 13 (7) (vi)	<p>The dispositional order passed by the Children's Court shall necessarily include an "Individual Care Plan" in Form 7 for the child in conflict with law concerned, prepared by a Probation Officer or Child Welfare Officer or recognized voluntary organization on the basis of interaction with the child and his family, where possible;</p>
Rule 13 (8) (ii)	<p>The final order passed by the Children's Court shall necessarily include an "Individual Care Plan" for the child as per Form 7 prepared by a Probation Officer or Child Welfare Officer or recognized voluntary organization on the basis of interaction with the child and his family, where possible.</p>
Rule 19 (3)	<p>The Committee shall <u>direct</u> the person or organization concerned to develop an individual care plan in Form 7 including a suitable rehabilitation plan. The individual care plan prepared for every child in the institutional care shall be developed with the <u>ultimate aim of the child being rehabilitated and re-integrated based on the case history, circumstances and individual needs of the child.</u></p>
Rule 19 (16)	<p>At the time of final disposal of the case, the Committee shall incorporate in the order of disposal, an individual care plan in Form 7 of such child prepared by the Social Worker or Case Worker</p>

	or Child Welfare Officer of the institution or any non-governmental organization, as the case may be.
Rule 19 (18)	Where the child belongs to a different district, the Committee shall forward the age declaration, case file and the individual care plan to the Committee of the district concerned which shall likewise follow-up the individual care plan as if it had passed such disposal order.
Rule 19 (19)	The individual care plan shall be monitored by means of a <u>rehabilitation card</u> in Form 14 issued for the purpose by the Committee passing the disposal order and which shall form part of the record of the Committee which follow up the implementation of the individual care plan. Such rehabilitation card shall be maintained by the Rehabilitation-cum-Placement Officer.
Rule 21 (ii)	Procedure for rehabilitation – Preparation of a comprehensive individual care plan with the participation of the child and with the involvement of experts wherever required and parents/family wherever appropriate and others involved in the care of the child, as per Form 7 – Individual Care Plan (ICP) . The Individual Care Plan should fulfil the development rights of the children which include access to resources, skills and contributions necessary for the survival and full development of the child.
Rule 21 (iii)	Periodic review and revision by child care institutions and the competent authority of the Individual Care Plan may be made depending on the requirements of the child to ensure protection from all forms of child abuse, neglect, and exploitation including the right to special protection from abuse in the criminal justice system.
Rule 64 (6) (vii)	Duties/Functions of a CWO/Case Worker – Study the reports and prepare in consultation with the child and his family members, an “Individual Care Plan” for the child in Form 7 for the period pending inquiry, to be placed in the case file of the child. The Child Welfare Officer or Case Worker may consult the counselor, psychologists or such other person as he deems fit in this regard;

Rule 64 (6) (x)	Review periodically the implementation and effectiveness of the "Individual Care Plan" and if necessary, suitably modify the "Individual Care Plan" in Form 7 and/or the routine activities of the child with the approval of the Management Committee;
Rule 66 (3) (xi) and (xii)	(3) The Probation Officer shall carry out the directions given by the Board and shall have the following duties, functions and responsibilities: (xi) to prepare the individual care plan and post release plan for the child; (xii) to supervise children placed on probation as per the individual care plan;
Rule 71 F (1) (vi) and Rule 71 F (3)	71 F (1) (vi) – At the time of receiving the child – The child shall be asked about any immediate and urgent needs like appearing in an examination or interview, contacting family members. A note of the same or of the fact that no such need is present shall be made by the Receiving Officer and put up before the Child Welfare Officer or Case Worker to whom the child is assigned. The said note shall be placed in the case file of the child. 71 F (3) – Individual Care Plan shall commence at this stage and take into account the immediate needs of the child.
Rule 71 H	Within the first 14 days of receiving the child – (1) The assigned Child Welfare Officer or Case Worker shall interact with the child as often as possible. (2) Within two days of the receipt of the child, if required, he may be examined by a panel of doctors to understand his physical, medical, psychological state and his state of addiction, if any, for assessment of his personality and requirements to assist in the rehabilitation plan to be prepared for him. (3) The Child Welfare Officer or Case Worker assigned to the child shall also interact with the family members of the child, where available. A case history in Form 45 shall be prepared and maintained in the case file of the child. Information for the same may be collected through all possible and available sources including the parents or guardians, home, school, friends, employer, and community of the child.

	<p>(4) The Child Welfare Officer or Case Worker shall assess the educational level and vocational aptitude of the child on the basis of tests and interviews, conducted with the assistance of other technical staff. Necessary linkages, in this respect, shall be established with outside specialists and community-based welfare agencies, psychologist, psychiatrist, child guidance clinic, hospital and other Government and non-governmental organisations.</p>
Rule 71 I (3)	<p>An “Individual Care Plan” in Form 7 of the child shall be prepared by the Child Welfare Officer or Case Worker on the basis of the child's case history, education and vocational aptitude. In case of rehabilitation stay, the care plan shall be formulated for the complete period of the stay and shall necessarily include any and all directions given by the Board or the Committee or the Children’s Court towards the rehabilitation including bridge courses, formal, informal or continuing education.</p>
Rule 71 I (4)	<p>The Child Welfare Officer or Case Worker shall review the individual care plan and note his opinion in the rehabilitation card in Form 14 on the basis of his own observations, interaction with the child and his teachers or instructors and the feedback received from the house father or house mother.</p>
Rule 71 I (7)	<p>The individual care plan shall be reviewed every fortnight during <u>the initial three months and thereafter, every month</u>. A report of its effectiveness or inadequacy shall be prepared with reasons for such opinion.</p>
Rule 71 J (1), (2), and (3)	<p>Procedure to be adopted after 3 months –</p> <ol style="list-style-type: none"> (1) The progress of the child shall be examined with specific reference to the aims and targets noted in the individual care plan for the child. The progress of the child shall be reviewed and noted in the rehabilitation card in Form 14. (2) The quarterly progress report shall be placed before the Management Committee for perusal and consideration. (3) After deliberation by the Management Committee, the individual care plan shall be appropriately modified. The routine of the child and the approach towards rehabilitation of the child shall also be suitably modified. Record of such modified care plan and daily routine shall be maintained in the case file of the child. The

	progress shall be reviewed and recorded in the rehabilitation card in Form 14.
Rule 75 (3) (xix), (xx), (xxi), and (xxii)	<p>Maintenance of Case File</p> <p>(3) The case file shall contain the following namely:</p> <p>(xix) Rehabilitation Card;</p> <p>(xx) quarterly progress report;</p> <p>(xxi) individual care plan, including pre-release programme, post release plan and follow-up plan as prescribed and modifications therein;</p> <p>(xxii) fortnightly and monthly report of the effectiveness of the care plan;</p>
Rule 84 (3)	The order of restoration shall include an individual care plan prepared by the Probation Officer or the social worker or the Child Welfare Officer or Case Worker or non-governmental organization.
Rule 84 (9)	A follow-up plan shall be prepared as part of the individual care plan by the Probation Officer or the Child Welfare Officer or the Case Worker or the social worker or the non-governmental organisation.
Form 7	Template for preparing an Individual Care Plan
Form 14	Rehabilitation Card Template

Source: The Juvenile Justice (Care and Protection of Children) Act, 2015 and the Maharashtra State Juvenile Justice (Care and Protection of Children) Rules, 2018.

Annexure 3: Basic Principles of Social Casework

The principles of social casework are essential to establishing a close working relationship between the case worker and the client. Their relationship serves as the medium through which changes are brought about in the behaviour and personality of the client. Thus, it is of utmost importance to build a healthy working relationship with the client in order to help the client address his/her psycho-social needs and problems. The basic principles of social casework have been presented in the table below.

Casework Principles	What do they mean (with examples)
Individualization	<p>This implies recognizing and understanding each child's unique qualities and therefore, the need for differential methods and interventions to help them towards better adjustment and rehabilitation. It is thus, important to treat each individual child as a separate entity.</p> <p>Example – Child A and Child B might both be suffering from anxiety but the cause of their anxiety, how they perceive their situation, and how they respond/react to the same might be different. Thus, they will require different types of interventions to work on overcoming their anxiety.</p>
Purposeful expression of feelings	<p>Recognizing the child's need to express his/her feelings freely, especially the negative feelings. It is important for the caseworker to neither discourage nor condemn the child on the basis of what he/she is sharing.</p> <p>Example – A child requests to be placed in a Children's Home, because of the fear of her mother.</p>
Controlled emotional involvement	<p>This implies that while the caseworker must be sensitive towards the child's feelings and understands what they mean, he/she must purposefully and appropriately respond to the child's feelings instead of getting emotionally involved in the child's problems.</p> <p>Example – The child is the same age as the case worker's own child. Due to this similarity, the case worker has developed a close bond with the child. Unable to see the child unhappy and crying, the caseworker tries to pacify the child by giving him false assurances.</p>

Acceptance	<p>This implies that the caseworker accepts the child as s/he is, with all his/her strengths and weaknesses, pleasant and unpleasant qualities, positive and negative feelings, constructive and destructive attitudes and behaviors, maintaining at all times, the child's innate dignity and worth.</p> <p>Example – Irrespective of the case history of the child, the case worker accepts all children as capable of bringing about a positive change in their lives and does not label certain children as “bad” or “difficult”.</p>
Non-judgemental attitude	<p>The non-judgmental attitude is a quality of the case work relationship. The caseworker does not blame the client for his/her problems, nor does he/she assign any responsibility for his /her miseries. He/she only evaluates the attitudes, standards or action of the client.</p> <p>Example – A case worker is disrespecting this principle when s/he tells the girl child that she got trafficked because she decided to run away from home.</p>
Meaningful relationship	<p>The purpose of establishing a relationship in social casework is to change the behavior of the client to achieve adjustment in a maladjusted situation. A meaningful relationship is established in social casework by demonstrating an interest in the client and the client's needs and problems. S/he is convinced of the caseworker's warmth as an individual and conveys respect and caring for him/her. In return, the caseworker helps the client to trust in his/her objectivity and feel secured as a worthwhile individual.</p> <p>Example – A child in the institution has dropped out of various vocational programs due to issues pertaining to self-doubt. The child, hence, is often ridiculed, snubbed at wanting to participate in activities s/he likes and is labelled as “no good” and “an escapist” by the other children and staff at the institution. During the counseling session with the child, the counselor does not attend to phone calls and through his body language conveys that s/he is genuinely listening to what the child says. The child ensures that s/he completes the daily diary task assigned to him/her by the counselor as part of the counseling process. In the next session, the counselor praises the child for completing the task assigned to him/her.</p>

Communication	<p>Communication is a two-way process. There must be proper communication between caseworker and the client, which helps, in proper understanding of each other. It is the road to the identification of the client’s problem. The function of the caseworker is primarily to create an environment in which the client will feel comfortable in giving expression to his/her feelings.</p> <p>Example – During an interaction between the case worker and a child, the child expressed her desire to meet with her mother since she hadn’t met or spoken to her in two months. The case worker patiently heard the child’s opinion and informed her that she would find out more about her mother and get back to her in the next week. The case worker after due consultation with the CWC and the staff at the CCI, went to meet the child’s mother at her residence and shared the child’s desire to meet the mother. Subsequently, the case worker communicated with the child about the discussion she had had with the child’s mother. She also asked the child if she would like to have a telephonic conversation with her mother, until she gets better and comes to visit her at the CCI.</p>
Client’s self-determination	<p>The client’s self-determination is the practical recognition of the right and need of clients to freedom in making his/her own choices and decisions. But this right is limited by the client’s capacity for positive and constructive decision making.</p> <p>Example – A child is good at needlework and engages in the activity at the shelter in order to keep herself occupied during her free time. When various vocational courses are introduced at the shelter, the child chooses to opt for a program in martial arts rather than tailoring. She is excited at the prospect of becoming a trainer in martial arts and also feels that it will be an essential skill to possess. The caseworker proceeds with the wishes of the child.</p>
Case worker’s self-awareness	<p>It means that caseworker should be aware of his/her own strengths and limitations in dealing with the client’s problems. If he/she feels that the problems of the client are beyond his/her capacity, the client should be transferred to the appropriate authority.</p> <p>Example – While working with a young married adolescent girl, the caseworker learns that the child was often subjected to domestic violence. This sharing by the child brings out certain repressed memories in the caseworker who herself had been a victim of domestic violence. The caseworker understands that her own feelings are now hindering the counseling process and with the knowledge</p>

	and consent of the client, hands over the case to a fellow caseworker assigned by the Superintendent.
Confidentiality	<p>Confidentiality is the preservation of the information concerning the client, which is disclosed in the professional relationship only. All information shared by the client and all information gathered by the caseworker through the client's case history and social investigation report must be kept confidential and can only be shared with those directly involved in working on the case and with the knowledge of the client. Confidentiality in casework is taken as a professional code of ethics. At the start of the working relationship, the client must be informed by the caseworker the circumstances under which confidentiality might be broken. For example, if the client shares that s/he is going to engage in some behavior which is detrimental to their well-being.</p> <p>Example – While making a presentation to showcase their best practices in case management at the NGO meeting at the shelter, the caseworker withholds certain information which can easily give out the identity of the child whose case has been selected for the presentation.</p> <p>A caseworker breaches the principle of confidentiality when in order to discipline a child victim of commercial sexual exploitation and trafficking, s/he says to the child in front of the other children and caretaker staff, "Do not act like you are better than the others. I know which area you have come from."</p>

Reference/Source: Basics of Social Casework by Anna Matthew. Retrieved from: <http://www.ignou.ac.in/upload/bswe-02-block1-unit-2-small-size.pdf>

Annexure 4: Care Related to Developmental Milestones

Source: UNICEF State Office for Maharashtra

Original source: *The Institute of Human Services for the Ohio Child Welfare Training Program, 2008. Retrieved from*

:<<http://www.ocwtp.net/pdfs/trainee%20resources/cw%20core/cw%20core%20module%207%20all%20handouts.pdf>>

This chart (originally adapted from "The Field Guide to Child Welfare III: Child Development and Child Welfare" by Judith S. Rycus, Ph.D., and Ronald C. Hughes, Ph.D., Child Welfare League of America Press, 1998) was designed specifically for the care staff. It includes normal expectations³⁷ of developmental milestones for children from birth through 18 years of age, and information about the possible effects of abuse/ maltreatment.

Infants and Toddlers (0 to 2 years)

Physical	New-born: rough, random, uncoordinated, reflexive movement
	3 months: head at 90-degree angle, uses arms to prop; visually track through midline
	5 months: purposeful grasp; roll over; head lag disappears; reaches for objects; transfer objects from hand to hand, plays with feet; exercises body by stretching, moving. touch genitals, rock on stomach for pleasure
	7 months: sits in "tripod"; push head and torso up off the floor; support weight on legs; "raking" with hands
	9 months: gets to and from sitting; crawls, pulls to standing; stooping and recovering; finger thumb opposition; eye hand coordination, but no hand preference
	12 months: walking
	15 months: more complex motor skills
2 years: learns to climb up stairs first, then down	

³⁷ Some of the expected indicators presented in this chart may differ from child to child depending on their socio-cultural context.

<p>Cognitive</p>	<p>Sensory-motor: physically explores environment to learn about it; repeats movements to master them, which also stimulates brain cell development</p> <p>4-5 months: coos, curious and interested in environment</p> <p>6 months: babbles and imitates sounds</p> <p>9 months: discriminates between parents and others; trial and error problem solving</p> <p>12 months: beginning of symbolic thinking; points to pictures in books in response to verbal cue; object permanence; some may use single words; receptive language more advanced than expressive language</p> <p>15 months: learns through imitating complex behaviors; knows objects are used for specific purposes</p> <p>2 years: 2-word phrases; use more complex toys and understands sequence of putting toys, puzzles together</p>
<p>Social</p>	<p>Attachment: baby settles when caretaker comforts; toddler seeks comfort from caretaker, safe-base exploration</p> <p>5 months: responsive to social stimuli; facial expressions of emotion</p> <p>9 months: socially interactive; plays games (i.e. peekaboo) with caretakers</p> <p>11 months: stranger anxiety; separation anxiety; solitary play</p> <p>2 years: imitation, parallel and symbolic, play</p>
<p>Emotional</p>	<p>Birth - 1 year: learns fundamental trust in self, caretakers, environment</p>

	<p>1-3 year: mastery of body and rudimentary mastery of environment (can get others to take care of him/her)</p> <p>12-18 months: "terrible twos" may begin; willful, stubborn, tantrums</p> <p>18-36 months: feel pride when they are "good" and embarrassment when they are "bad"</p> <p>18-36 months: Can recognize distress in others – beginning of empathy</p> <p>18-36 months: are emotionally attached to toys or objects for security</p>
<p>Possible effects of abuse/maltreatment</p>	<p>Chronic malnutrition: growth retardation, brain damage, possibly mental retardation</p> <p>Head injury and shaking: skull fracture, mental retardation, cerebral palsy, paralysis, coma, death, blindness, deafness, Internal organ injuries</p> <p>Chronic illness from medical neglect: Delays in gross and fine motor skills, poor muscle tone, Language and speech delays; may not use language to communicate</p> <p>Insecure or disorganized attachment: overly clingy, lack of discrimination of significant people, can't use caretaker as source of comfort, Passive, withdrawn, apathetic, unresponsive to others</p> <p>"Frozen watchfulness", fearful, anxious, depressed, feel they are "bad", Immature play – cannot be involved in reciprocal, interactive play</p>

Preschool (3 to 6 years)

<p>Physical</p>	<p>Physically active Rule of Three: 3 years, 3 ft., 15 kg (33 lb.)</p> <p>Weight gain: Minimum 2 kg per year</p> <p>Growth: 3-4 inches per year Physically active, can't sit still for long, Clumsy throwing balls Refines complex skills: hopping, jumping, climbing, running, ride "big wheels" and tricycles</p> <p>Improving fine motor skills and eye-hand coordination: cut with scissors, draw shapes</p> <p>3– 3 ½ year: most toilet trained</p>
<p>Cognitive</p>	<ul style="list-style-type: none"> - Ego-centric, illogical, magical Thinking -Explosion of vocabulary; learning syntax, grammar; understood by 75% of people by age 3 -Poor understanding of time, value, sequence of events -Vivid imaginations; some difficulty separating fantasy from reality -Accurate memory, but more suggestible than older children -Primitive drawing, can't represent themselves in drawing till age 4 -Don't realize others have different perspective -Leave out important facts May misinterpret visual cues of emotions -Receptive language better than expressive till age 4
<p>Social</p>	<p>Play: Cooperative, imaginative, may involve fantasy and imaginary friends, takes turns in games</p> <p>Develops gross and fine motor skills; social skills; experiment with social roles; reduces fears, wants to please adults</p>

	<p>Development of conscience: -</p> <ul style="list-style-type: none"> -incorporates prohibitions; feels guilty when disobedient; simplistic idea of “good and bad” behavior -Curious about his and other’s bodies, may masturbate -No sense of privacy Primitive, stereotypic understanding of gender roles
<p>Emotional</p>	<ul style="list-style-type: none"> -Self-esteem based on what others tell him or her -Increasing ability to control emotions; less emotional outbursts Increased frustration tolerance, -Better delay gratification, -Rudimentary sense of self -Understands concepts of right and wrong -Self-esteem reflects opinions of significant others -Curious -Self-directed in many activities
<p>Possible effects of abuse/maltreatment</p>	<p>Poor muscle tone, motor coordination Poor pronunciation, incomplete sentences</p> <p>Cognitive delays; inability to concentrate</p> <p>Cannot play cooperatively; lack curiosity, absent imaginative and fantasy play</p> <p>Social immaturity: unable to share or negotiate with peers; overly bossy, aggressive, competitive</p>

Attachment problems: overly clingy, superficial attachments, show little distress or over-react when separated from caretaker
Underweight from malnourishment, small stature

Excessively fearful, anxious, night terrors,
Reminders of traumatic experience may trigger severe anxiety, aggression, preoccupation

Lack impulse control, little ability to delay gratification

Exaggerated response (tantrums, aggression) to even mild stressors

Poor self-esteem, confidence; absence of initiative, Blame self for abuse, placement

Physical injuries; sickly, untreated illnesses Enuresis, encopresis, self-stimulating behavior
rocking, head-banging

School Aged (6 to 12 years)

<p>Physical</p>	<p>Slow, steady growth:</p> <p>3 -4 inches per year; Use physical activities to develop gross and fine motor skills</p> <p>Motor & perceptual motor skills better integrated</p> <p>10-12 years: puberty begins for some children</p>
<p>Cognitive</p>	<p>Use language as a communication tool</p> <p>5-8 years: can recognize others' perspectives, can't assume the role of the other</p> <p>8-10 years: recognize difference between behavior and intent; age</p> <p>10-11 years: can accurately recognize and consider others' viewpoints</p> <p>Concrete operations: Accurate perception of events; rational, logical thought; concrete thinking; reflect upon self and attributes; understands concepts of space, time, dimension, can remember events from months, or years earlier More effective coping skills</p> <p>Understands how his/her behavior affects others</p>
<p>Social</p>	<p>Friendships are situation specific</p> <p>Understands concepts of right and wrong</p>

	<p>Rules relied upon to guide behavior and play, and provide child with structure and security</p> <p>5-6 years: believes rules can be changed</p> <p>7-8 years: strict adherence to rules</p> <p>9-10 years: rules can be negotiated</p> <p>Begins understanding social roles; regards them as inflexible; can adapt behavior to fit different situations; practices social roles</p> <p>Takes on more responsibilities at home</p> <p>Less fantasy play, more team sports, board games</p> <p>Morality: avoids punishment; self-interested exchanges</p>
Emotional	<p>Self-esteem based on ability to perform and produce</p> <p>Alternative strategies for dealing with frustration and expressing emotions</p> <p>Sensitive to other's opinions about themselves</p> <p>6-9 years: have questions about pregnancy, intercourse, sexual swearing, look for nude pictures in books, magazines</p> <p>10-12 years: games with peeing, sexual activity (e.g., strip poker, truth/dare, boy-girl relationships, flirting, some kissing, stroking/rubbing, re-enacting intercourse with clothes on)</p>
Possible effects of abuse/maltreatment	<p>Poor social/academic adjustment in school: preoccupied, easily frustrated, emotional outbursts, difficulty concentrating, can be overly reliant on teachers; academic challenges are threatening, cause anxiety</p> <p>Little impulse control, immediate gratification, inadequate coping skills, anxiety, easily frustrated, may feel out of control</p>

Extremes of emotions, emotional numbing; older children may "self-medicate" to avoid negative emotions

Act out frustration, anger, anxiety with hitting, fighting, lying, stealing, breaking objects, verbal outbursts, swearing

Extreme reaction to perceived danger (i.e., "fight, flight, freeze" response)

May be mistrustful of adults, or overly solicitous, manipulative

May speak in unrealistically glowing terms about parents

Difficulties in peer relationships; feel inadequate around peers; over-controlling

Unable to initiate, participate in, or complete activities, give up quickly

Attachment problems: may not be able to trust, tests commitment of caretaker with negative behaviors

Emotional disturbances: depression, anxiety, post-traumatic stress disorder, attachment problems, conduct disorders

Adolescent (13 to 18 years)

<p>Physical</p>	<p>Growth spurt: Girls: 11-14 years Boys: 13-17 years</p> <p>Puberty: Girls: 11-14 years Boys: 12-15 years</p> <p>Youth acclimate to changes in body</p>
<p>Cognitive</p>	<p>Formal operations: precursors in early adolescence, more developed in middle and late adolescence, as follows: Think hypothetically: calculate consequences of thoughts and actions without experiencing them; consider a number of possibilities and plan behavior accordingly</p> <p>Think logically: identify and reject hypotheses or possible outcomes based on logic</p> <p>Think hypothetically, abstractly, logically</p> <p>Think about thought: leads to introspection and self-analysis</p> <p>Insight, perspective taking: understand and consider others' perspectives, and perspectives of social systems</p> <p>Systematic problem solving: can attack a problem, consider multiple solutions, plan a course of action</p> <p>Cognitive development is uneven, and impacted by emotionality</p>
<p>Social</p>	<p>Young (12 – 14): psychologically distance self from parents/ caretakers; identify with peer group; social status largely related to group membership; social acceptance depends on conformity to observable traits or roles; need to be independent from all adults; ambivalent about sexual relationships, sexual behavior is exploratory</p>

	<p>Middle (15 – 17): friendships based on loyalty, understanding, trust; self-revelation is first step towards intimacy; conscious choices about adults to trust; respect honesty & Straight forwardness from adults; may become sexually active</p> <p>Morality: golden rule; conformity with law is necessary for good of society</p>
<p>Emotional</p>	<p>Psycho-social task is identity formation</p> <p>Young adolescents (12-14): self-conscious about physical appearance and early or late development; body image rarely objective, negatively affected by physical and sexual abuse; emotionally labile; may over-react to parental questions or criticisms; engage in activities for intense emotional experience; risky behavior; blatant rejections of parental standards; rely on peer group for support</p> <p>Middle adolescents (15-17): examination of others’ values, beliefs; forms identity by organizing perceptions of one’s attitudes, behaviors, values into coherent “whole”; identity includes positive self-image comprised of cognitive and affective components</p> <p>Additional struggles with identity formation include minority or biracial status, being an institutional child, gay/lesbian identity</p>
<p>Possible effects of abuse/maltreatment</p>	<p>All of the problems listed in school age section</p> <p>Identity confusion: inability to trust in self to be a healthy adult; expect to fail; may appear immobilized and without direction</p> <p>Poor self-esteem: pervasive feelings of guilt, self-criticism, overly rigid expectations for self, inadequacy</p> <p>May overcompensate for negative self-esteem by being narcissistic, unrealistically self- complimentary, grandiose expectations for self</p>

May engage in self-defeating, testing, and aggressive, antisocial, or impulsive behavior; may withdraw

Lack capacity to manage intense emotions; may be excessively labile, with frequent and violent mood swings

May be unable to form or maintain satisfactory relationships with peers

Emotional disturbances: depression, anxiety, post-traumatic stress disorder, attachment problems, conduct disorders

Annexure 5: Activity Pool

Note: Here is a list of activities that can be used to illustrate different principles and concepts useful to the process of developing and delivering and Individual Care Plan and in working with children in general.

➤ **Activity 1: These are a few of my favorite things**

Objective: To help the participants understand the principle of individualization, i.e. recognizing and acknowledging that every child is unique

Time: Dependent upon number of participants, typically 10 minutes, including explanation of rules of the activity

Tip: This activity can serve as a good icebreaker. Facilitators can try several variants of this activity.

Materials: Paper squares (big enough to scribble a word or draw a picture) one per participant; pencils/ pens (one per participant)

Participant size: Ideal for small groups of 10 to 12 people.

Process

- Distribute writing material (paper squares, pens/ pencils) to all participants
- Ask the participants to scribble or draw their favorite fruit on the paper square
- Next, ask them to write down their favorite actor, fruit, color, song
- Go around the room in a round robin fashion to have participants read aloud and tell the story behind each of their favorite things/ people

Conclusion / activity closure: Invite observations from across the room. Emphasize upon/ elicit through participant dialogue, how every individual is unique in their choices, and even when they have similar responses to favorites, reasons for liking the said favorite, and/ or association differs by the individual. **Link this to how every child is unique and thus requires a unique Individual Care Plan addressing their specific and unique needs.**

➤ **Activity 2: What's your calling?**

Objective: To help the participants understand the importance of child participation in planning, developing, and delivering an Individual Care Plan

Time: 15 minutes

Tip: This activity can serve as a precursor to the ICP workshops to demonstrate the importance of experimenting and feeling open to pivot in terms of vocation and hobby

Materials: None

Participant size: Ideal for 10 to 12 participants. Form small sub-groups of four for this activity.

Process:

- Ask 3 of 4 volunteer participants to conduct an activity / task, which is visibly out of their comfort zones [in terms of their interests and abilities]. For eg: ask them to do 20 push ups
- The participants can back out from the activity at any point in time / stage of the activity. They are free to express their willingness to continue / discontinue.
- One of the four participants is free to perform an activity / task of their choice.
- Take notes and ask the entire group to observe every participant from across sub-groups.
- Allow each participant to talk about their decision to perform the activity or decline it and their observations around their feelings when asked to perform the activity.

Conclusion / activity closure: Emphasize upon the importance of being able to do what one wants to do in order to pave way for a meaningful ICP planning and delivery. Relate this to how child participation is essential to an ICP. Emphasize on how the **ICP is important and diverse for each and every child. The ICP allows the child to participate in their well-being and gives space to work with the social worker to develop the plan for the child. The child is not pressurized to do something that s/he is not interested in or has no willingness to do. Child participation will help elicit better response from the child.**

Annexure 6: FORM 7 (Template) – Maharashtra State Juvenile Justice (Care and Protection of Children) Rules 2018

FORM 7

[See rules 11(3), 13(7)(vi), 13(8)(ii), 19(3), 19(16), 21 (ii), 64 (6) (vii), 64 (6) (x), 71 (I) (3)]

INDIVIDUAL CARE PLAN

Child in Conflict with Law/ Child in Need of Care and Protection

(Tick whichever is applicable)

Name of Case Worker/Child Welfare Officer/Probation officer.....

Date of preparing the Individual Care Plan.....

Case/Profile No.....of 20.....

U/ Section, applicable in case of child in need of care and protection.....

FIR No.....

U/Sections (Type of offence), applicable in case of Children in Conflict with Law.....

Police Station.....

Address of the Board or the Committee.....

Admission No. (if child is in an institution)

Date of Admission (if child is in an institution).....

Stay of the child (Fill as applicable)

(i) Short term (up to six months).....

(ii) Medium Term (six months to one year).....

(iii) Long term (more than 1 year).....

Date of first production or appearance before the Board.....

Date of Release on Bail.....

A. PERSONAL DETAILS (to be provided by child/parent/both on admission of the child in the institution)

1. Name of the Child.....

2. Age/Date of Birth.....

3. Sex: Male/Female.....

4. Father's name:

5. Mothers name.....

6. Nationality.....

7. Religion.....

8. Caste.....

9. Language spoken.....

10. Level of Education.....

11. Details of Savings Account of the child, if any.....
12. Details of child's earnings and belongings, if any.....
13. Details of awards/rewards received by the child, if any.....

14. Based on the results of Case History, Social Investigation report and interaction with the child, give details on following areas of concern and interventions required, if any; details if child with disability and special needs, if any

Sr. No.	Category	Areas of concern	Proposed Interventions
1.	Child's expectation from care and protection		
2.	Health and nutrition needs		
3.	Emotional and psychological support needs		
4.	Educational and training needs		
5.	Leisure, creativity and play		
6.	Attachments and Inter-Personal Relationships (with adults and children)		
7.	Religious beliefs		
8.	Self-care and life skill training for protection from all kinds of abuse, neglect and maltreatment		
9.	Independent living skills		
10.	Any other such significant experiences		

	which may have impacted the development of the child like trafficking, domestic violence, parental neglect, bullying in school, abuse, etc. (Please specify)		
--	---	--	--

Any other Information/Remark

B. PROGRESS REPORT OF THE CHILD (to be prepared every fortnight for first three months and thereafter to be prepared once a month)

[Note: Use different sheet for Progress Report]

1. Name of the Probation Officer/Case Worker/Child Welfare Officer.....
2. Period of the report.....
3. Admission No.....
4. Board or Committee.....
5. Profile No.....
6. Name of the Child.....
7. Stay of the child (Fill as applicable)
 - (i) Short term (up to six months)
 - (ii) Medium Term (six months to one year)
 - (iii) Long term (more than 1 year)
8. Place of interview..... Dates.....
9. General conduct and progress of the child during the period of the report

10. Progress made with regard to proposed interventions as mentioned in point 14 of Part A of this Form.

<u>Sr.No.</u>	<u>Category</u>	<u>Areas of concern</u>	<u>Proposed Interventions</u>
1.	Child's expectation from care and protection		
2.	Health and nutrition needs		
3.	Emotional and psychological support needs		
4.	Educational and training needs		
5.	Leisure, creativity and play		
6.	Attachments and Inter-Personal Relationships (with adults and children)		
7.	Religious beliefs		
8.	Self-care and life skill training for protection from all kinds of abuse, neglect and maltreatment		
9.	Independent living skills		
10.	Any other such as significant experiences which may have impacted the development of the child like trafficking, domestic violence, parental neglect, bullying in school,		

	abuse, etc. (Please specify)		
--	------------------------------	--	--

Any other Information/Remark

11. Any proceedings before the Committee or Board or Children’s Court

- (i) Variation of conditions of bond
- (ii) Change of residence of the child / transfer
- (iii) Other matters, if any

12. Period of supervision completed on.....

Result of supervision with remarks (if any).....

Name and Addresses of the parent or guardian or fit person under whose care the child

is to live after the supervision is over.....

Date of report.....Signature of the Probation Officer.....

C. PRE-RELEASE REPORT (to be prepared 15 days prior to release)

1. Details of place of transfer and authority concerned responsible in the place of transfer/ release
2. Reason for transfer or release
3. Details of placement of the child in different institutions/family
4. Training undergone and skills acquired
5. Certificates/ Awards received
6. Last progress report of the child (to be attached, refer Part B)
7. Rehabilitation and restoration plan of the child (to be prepared with reference to progress reports of the child)

Sr.No.	Category	Areas of concern	Proposed Interventions
1.	Child’s expectation from care and protection		
2.	Health and nutrition needs		

3.	Emotional and psychological support needs		
4.	Educational and training needs		
5.	Leisure, creativity and play		
6.	Attachments and Inter-Personal Relationships (with adults and children)		
7.	Religious beliefs		
8.	Self-care and life skill training for protection from all kinds of abuse, neglect and maltreatment		
9.	Independent living skills		
10.	Any other such significant experiences which may have impacted the development of the child like trafficking, domestic violence, parental neglect, bullying in school, abuse, etc. (Please specify)		

Any other Information/Remark

6. Date of release/transfer/repatriation.....
7. Requisition for escort if required.....
8. Identification Proof of escort such as driving license, Aadhar Card, etc.....
9. Recommended rehabilitation plan including possible placements/sponsorships.....
10. Details of Probation Officer/non-governmental organization for post-release Follow up
11. Memorandum of Understanding with non-governmental organization identified for post-release follow up (Attach a copy)
12. Details of sponsorship agency/individual sponsor, if any.....
13. Memorandum of Understanding between the sponsoring agency and individual sponsor (Attach a copy)
14. Medical examination report before release.....
15. Any other information.....

D. POST-RELEASE/RESTORATION REPORT OF THE CHILD

1. Status of Bank Account: Closed / Transferred
2. Earnings and belongings of the child: handed over to the child or his parents/guardians – Yes/No
3. First interaction report of the Probation Officer/Child Welfare Officer/Case Worker/social worker/non-governmental organization identified for follow-up with the child post release.....
4. Progress made with reference to Rehabilitation and Restoration Plan.....
5. Family's behaviour/attitude towards the child.....
6. Social milieu of the child, particularly attitude of neighbours/community.....
7. How is the child using the skills acquired.....
8. Whether the child has been admitted to a School or vocation? Give date and name of the school/institute/any other agency Yes/No.....
9. Report of second and third follow-up interaction with the child after two months and six months respectively.....
10. Efforts towards social mainstreaming and child's opinion/views about it.....
11. Identity Cards and Compensation
[Instruction: Please verify with the physical documents]

IDENTITY CARDS	Present status (Please tick whichever is applicable)		Action taken
	Yes	No	
Birth Certificate			
School certificate			
Caste certificate			
Orphan Certificate (if applicable)			
BPL Card			
Disability Certificate			
Immunization card			
Ration Card			
Aadhar Card			
Received compensation from Government			

Any other Information/Remark.....

Signature of the Probation Officer/Child Welfare Officer

Stamp and Seal where available

Annexure 7: Mock Templates – Developing an Individual Care Plan

Note: This annexure contains mock templates which will serve as an example for what goes into an individual care plan at various stages of the process. The names used in these examples are mock names created for the purpose of putting together this training manual³⁸.

Template – 1:

FORM 7

[See rules 11(3), 13(7)(vi), 13(8)(ii), 19(3), 19(16), 21 (ii), 64 (6) (vii), 64 (6) (x), 71 (I) (3)]

INDIVIDUAL CARE PLAN

Child in Conflict with Law/ **Child in Need of Care and Protection**

(Tick whichever is applicable)

Name of **Case Worker**/Child Welfare Officer/Probation officer: Geeta Desai

Date of preparing the Individual Care Plan: 4th December 2019

Case/Profile No XXX of 2017

U/ Section, applicable in case of child in need of care and protection:

1. Indian Penal Code, 1872: 366(a), 370, 34
2. Immoral Traffic (Prevention) Act, 1956: 3, 4, 5, 7(1)(b)
3. Protection of Children from Sexual Offences Act, 2012: 17

FIR No.: XXX/2017

Police Station: XX Nagar Police Station

Address of the Board or the Committee: Child Welfare Committee, XX

Admission No. (if child is in an institution): XX

Date of Admission (if child is in an institution): 7th June 2017

Stay of the child (Fill as applicable)

(i) Short term (up to six months)

(ii) Medium Term (six months to one year)

(iii) Long term (more than 1 year)

Date of first production or appearance before the Board/ Child Welfare Committee

.....

³⁸ The names and other details in the template have been changed and/or redacted to protect the identity of the child.

A. PERSONAL DETAILS (to be provided by child/parent/both on admission of the child in the institution)

1. Name of the Child: Disha Singh
2. Age/Date of Birth: 15/01/2003 As per: School leaving certificate
3. Sex: Male/Female/Other: Female
4. Fathers name: Samrat Singh
5. Mothers name: Sharmila Singh
6. Nationality: Indian
7. Religion: Hindu
8. Caste: Bediya
9. Language spoken: Hindi
10. Level of Education: Disha appeared for her 10th standard examination in March, 2019 with the assistance of XX, an organization providing educational and vocational training courses. She didn't clear three papers which she will be reappearing for in March 2020.
11. Details of Savings Account of the child, if any: Not Known
12. Details of child's earnings and belongings, if any: None
13. Details of awards/rewards received by the child, if any: None

Case History: Disha is a victim of commercial sexual exploitation and has shared being forced to work in a Bar (dancing) by her mother before being rescued from a brothel in Mumbai, in March 2017 along with two other girls. As all the three girls were found to be under 18 years of age, they were placed in a Children's Home for their care and protection. Initially, the three girls were close to each other and were reluctant to participate in the activities at the Home. However, after the two girls were transferred to another facility, Disha started adapting and participating in the activities at the Home. She also started expressing about the situation of exploitation back at home and her treatment at the hands of her family. Disha's mother and sister had also been found at the site of rescue. Over a period of months post her rescue, Disha expressed to the social worker that she wants to stay at the Children's Home and continue her education and vocational training program. An order was passed accordingly by the CWC. During regular interactions with the social worker, Disha expressed concern for the safety of her siblings.

14. Based on the results of Case History, Social Investigation report and interaction with the child, give details on following areas of concern and interventions required, if any; details if child with disability and special needs, if any

Sr. No.	Category	Areas of concern	Proposed Interventions
1.	Child's expectation from care and protection	<p>Disha intends to stay in the Children's Home till she turns 18 years of age and wishes to be transferred to an Aftercare Home.</p> <p>She is interested in completing her education and pursuing a career as per her interest. (According to the Sessions Court Order, the child has to be in the Children's Home till 18 years and then handed over to her family by the CWC.)</p> <p>During regular interactions with the Case Worker, Disha has expressed a concern for the safety of her siblings. She thinks that her family might push her younger sister into the sex trade.</p>	<p>Disha, accompanied by a police escort, visited her hometown in Uttar Pradesh to meet her siblings towards the end of 2019 with permissions from the CWC as she was worried about the safety of her siblings'. After her visit, she continues to be worried about her siblings.</p> <p>The Case Worker will contact the Childline partner organization in her hometown to conduct monthly follow-up visits to ascertain the safety and well-being of her siblings.</p> <p>Video conference calls will be scheduled with Disha's sister, Vanshika once a month from January, 2020.</p> <p>In terms of Disha's rehabilitation after 18 years of age, based on the interest of the child and decision made by the CWC, an aftercare plan will be made for the child.</p> <p>Discussions on Disha's future plans are held with her regularly by the Case Worker and she is encouraged to pursue her interests.</p>
2.	Health and nutrition needs	Disha has been suffering from an Epilepsy disorder since she was young, years before she was rescued and placed in the Children's Home.	Disha is still undergoing treatment for her Epilepsy and according to the in-house doctor there is no certain time period for the course of medication provided.

		<p>A few months ago, there were painful pimples that developed all over Disha's face.</p> <p>According to the child and the in-house doctor, Disha's menstrual cycle is irregular which might be the reason for the pimples. <i>The in-house doctor's report is attached to the ICP.</i></p>	<p>Disha is taken to the local government hospital for her treatment once in three months or earlier, based on her needs.</p> <p>Another civil society organization working with children at the Children's Home is providing medication for the treatment of Disha's pimples.</p> <p>Regular case work counselling will be continued to reinforce the importance of continuing the medication timely.</p>
3.	Emotional and psychological support Needs	<p>Disha recently visited her family in her hometown with CWC's approval. However, after she came back to the institution, Disha shared with the Case Worker how she was made to feel uncomfortable around her family. She shared how her family blamed her for living in an institution in Mumbai and not caring about them.</p> <p>Disha also shared that she was blamed for her elder sister's (Rita) death. Since Disha had suggested Rita to go ahead with her pregnancy and she later passed away during child birth. The child is in need</p>	<p>Sessions with Disha about understanding herself better, looking at opinions of her family objectively are ongoing and will be continued by the case worker as well as the counselor.</p> <p>Disha will be continuously motivated to help her take a decision of living in the Children's Home as she feels it to be in her best interest. She will also be encouraged and guided to complete her education and actively take part in courses and sessions that help strengthen her skills so that she can live a stable and fulfilling life.</p> <p>Efforts will also be made to interact with the family in her hometown to discuss their</p>

		of emotional stability and support.	understanding on the rehabilitation of the child.
4.	Educational and training needs	<p>Disha has appeared for her SSC examination in March 2019. She could not clear three papers and is going to reappear for the same in March 2020.</p> <p>Disha plans to continue her education and appear for her 12th examination while residing in an Aftercare Home.</p> <p>Disha has expressed an interest in pursuing a career in acting and dancing. Disha wishes to equip herself with skills which will help her gain employment once she leaves the institution. However, it's been over 6 months since a dance instructor has been found for the Home.</p> <p>Disha has cleared her MSCIT course in September 2019.</p>	<p>Since 2018, Disha has been regularly attending the educational training programs facilitated by xxx, a civil society organization working with the Home where she has been preparing to appear for her SSC examination and the same will continue.</p> <p>A discussion about Disha continuing her education will be initiated once the ICP is reviewed in the next six months (after her SSC results). She will be encouraged to appear for HSC examinations next.</p> <p>According to Disha's School Leaving Certificate (SLC), she turns 18 in January 2021. (During the Case Workers visit to Agra, the SLC was verified by the school authorities.)</p> <p>Organizations working with the Children's Home have been looking for a Dance instructor who will be coming twice a month to the shelter home. The Case Worker from Prerana will follow-up on the same.</p> <p>Since Disha has expressed the interest to Pursue a career in acting and dancing in the Bollywood industry, the Case Worker will continue to discuss the difficulty of being successful in Bollywood with the child.</p>

			<p>Interactions with Disha about the number of auditions she would have to give before being selected for a single role, the need for her to sharpen her skills, while also being self-reliant and make a living to look after her family will continue to take place.</p> <p>The Case Worker also plans to have a discussion around the vulnerabilities of certain jobs and the importance of protecting oneself in these situations.</p>
5.	Leisure, creativity and play	<p>No area of concern.</p> <p>Disha expressed an interest in participating in recreational activities involving games that make her run around. Disha enjoys learning to dance.</p>	No intervention planned.
6.	Attachments and Inter-Personal Relationships (with adults and children)	<p>Currently Disha is very upset with her family for blaming her for everything that is happening in their lives. In anger, the child also told the Case Worker that Disha's mother is eager to send Disha to work in a Dance Bar for the family's financial stability.</p> <p>Disha shared with the Case Worker concerns about the impression her younger siblings have of her as Disha's mother kept blaming Disha for her elder</p>	<p>Efforts to talk to Disha's family about their communication with their daughter are ongoing. The Case Worker plans to continue conducting these discussions with the family. Disha's mother refuses to understand the Case Worker and often vents out a lot of her own frustration on the child.</p> <p>Efforts to stabilize Disha will be continued by the Case Worker through individual sessions.</p>

		<p>sister's death. She seems to be affected by the same.</p> <p>In the two years that Disha has been at the Home, she has not developed many close friendships and prefers staying by herself at the Home.</p>	
7.	Religious beliefs	No area of concern.	No intervention planned.
8.	Self-care and life skill training for protection from all kinds of abuse, neglect and maltreatment	Disha has mentioned being aware of her exploitation but having no other option as it was a cultural practice and there are constant financial difficulties that her family is facing.	Equipping Disha with skills based on her interests and encouraging her to complete her education will increase her opportunities of getting an employment which will not put her at risk of abuse, through regular casework interventions and individual sessions with the child.
9.	Independent living skills	Disha finds it very difficult to deal with her anger and ends up fighting/ reacting in an unhealthy manner and getting into conflicts with the Home staff and the social workers at educational and vocational her training center. It is also difficult for Disha to maintain relationships with people.	<p>During casework sessions, Disha has accepted her difficulty in responding to unsettling situations in a healthy manner. The child has shared her awareness of the fact that her reaction hurts the people around her and how she also regrets it later. She has expressed the interest to work on this aspect as it could continue creating problems in the future.</p> <p>Sessions will be conducted with Disha to give her situations where she can try and assess her reactions in those situations and become more aware about her actions through self-reflection.</p>

			The importance of creating and maintaining relationships in the course of life will also be discussed with Disha.
10.	Any other such significant experiences which may have impacted the development of the child like trafficking, domestic violence, parental neglect, bullying in school, abuse, etc. (Please specify)	There have been discussions where the child has shared her concerns regarding the differences with her family, and how she was forced to work in a dance bar for the family's financial stability. Disha is also worried about her siblings sharing a similar fate and is worried about their safety.	The Case Worker will continue to equip the child with the information required to protect herself from any vulnerable situation in the future. Disha is aware of the mechanisms available to her as a support system (like the Case Worker, CWC, Home staff, etc.) that she can reach out to, for any safety concern regarding herself or her family.

Any other Information/Remark: The Sessions Court Order in this case needs to be discussed, as the Order directs the child to be restored to her family after she turns 18 years of age whereas the child is interested in being associated with an Aftercare Home. The same will be discussed with the child and the CWC.

Template – 2:

FORM 7

[See rules 11(3), 13(7)(vi), 13(8)(ii), 19(3), 19(16), 21 (ii), 64 (6) (vii), 64 (6) (x), 71 (I) (3)]

INDIVIDUAL CARE PLAN

Child in Conflict with Law/ **Child in Need of Care and Protection**

(Tick whichever is applicable)

Name of **Case Worker**/Child Welfare Officer/Probation officer: Rashmi Choudhary

Date of preparing the Individual Care Plan:

Case/Profile No XXX of 2020

U/ Section, applicable in case of child in need of care and protection:

FIR No.: XXX/2020

Police Station: xxxxxxxxxxxxxxxxx

Address of the Board or the Committee: Child Welfare Committee, xxxxxxxxxxxxxxxxx

Admission No. (if child is in an institution): XXX

Date of Admission (if child is in an institution): 8th March 2020

Stay of the child (Fill as applicable)

(i) Short term (up to six months)

(ii) Medium Term (six months to one year)

(iii) Long term (more than 1 year)

Date of first production or appearance before the Board

A. PERSONAL DETAILS (to be provided by child/parent/both on admission of the child in the institution)

1. Name of the Child: Urvashi Patil

2. Age/Date of Birth: 19/07/2005 As per: School leaving certificate

3. Sex: Male/Female/Other: Female

4. Fathers name: Pravesh Patil

5. Mothers name: Sarita Patil

6. **Siblings:** Brother- Vinay Patil

7. Nationality: Indian

8. Religion: Hindu

9. Caste: Hindu, Gosavi (Proof of the same is neither available with the child, nor the family)

10. Language spoken: Hindi, Marathi, and Gosavi

11. Level of Education: According to Urvashi, she was enrolled in a local Municipal school but has not attended many classes. Urvashi does not how know to read or write.

12. Details of Savings Account of the child, if any: Not Known
13. Details of child's earnings and belongings, if any: None
14. Details of awards/rewards received by the child, if any: None

Case History: Urvashi Patil is a 15-year-old child placed in a Children's Home on 8th March 2020. The Case Workers conducted the social investigation visit on 11th March 2020 and submitted a report of the same to the CWC. The child's medical examination, spot identification and recording of statement before the Magistrate (u/s 164 of CrPC) has also been completed.

Urvashi is a victim of child sexual abuse. The accused in the case compelled the child to run away from her house without informing her parents. He threatened her that he will end his life if she does not reciprocate his love for her. He deceived the child by making her believe that he loves her and will look after her. Initially, Urvashi thought that her parents will not accept her due to her 'wrong decision', but after the home visit the Case Workers (henceforth CW) informed her that her family was happy that she was found and is safe. The family has expressed the desire for Urvashi to be restored to them. Since this information was made known to her, Urvashi is happy and is looking forward to be reunited with her family.

Before the lockdown was imposed due to COVID-19, the Team was coordinating with the CWC and her parents to initiate the discussion regarding the child's restoration.

14. Based on the results of Case History, Social Investigation report and interaction with the child, give details on following areas of concern and interventions required, if any; details if child with disability and special needs, if any

Sr. No.	Category	Areas of concern	Proposed Interventions
1.	Child's expectation from care and protection	The child currently feels safe in Children's Home, but wishes to be restored to her family. She expects CW to follow-up on her restoration process actively. Her family lives in a slum settlement, and the child feels that she will be safe at home.	Regular updates regarding the telephonic follow-ups and discussions around her restoration with the CWC is provided to the child. Case Worker also arranges for regular phone calls and video calls between Urvashi and her parents which will continue till a decision on her restoration is taken by the CWC.

		<p>The family has also shared that they will ensure her safety and look after the child once she is restored back home.</p> <p>Case Worker feels the need to discuss safety rules with her and the importance of developing a circle of trust in whom she can confide.</p>	<p>CW plans to request the CWC to direct DCPU to follow-up with the child post-restoration.</p> <p>Urvashi has been referred to the counselor for psycho-social support – regularly available to the child once a week. The counsellor and CW will continue working towards stabilizing the child.</p> <p>The CW is also working on preparing the child for her eventual restoration. During regular social casework sessions, Urvashi has been provided with an orientation on safety guidelines. This is an ongoing process and it will be revised with the child again before she leaves. She will also be assisted with understanding and memorizing important helpline numbers which she could use for her safety. The Case Worker will provide information and skills through Personal Safety Education (PSE) to enable and empower the child to prevent the risk of sexual abuse.</p>
--	--	--	--

2.	Health and nutrition needs	<p>Urvashi has not gotten her periods. Her last menstrual cycle was 17th Feb – 23rd Feb. (As informed by the child - before she was enrolled in Naunihal)</p> <p>The CW is of the opinion that the child would require an orientation on healthy and balanced diet, reproductive care, menstrual and personal hygiene.</p>	<p>The CWC took Urvashi to the doctor for check-up on 23rd March due to her missed menstruation. The doctor advised using a Urine Pregnancy Test Kit. After obtaining permission from the CWC, the first test was conducted and the result was negative for pregnancy. The child was oriented to the process prior to administering the test and her consent was obtained.</p> <p>Urvashi will also receive an orientation on reproductive health, healthy and balanced diet, menstrual and personal hygiene.</p>
3.	Emotional and psychological support Needs	<p>Urvashi misses her family and requires constant reassurance regarding her restoration. She needs at least one sitting with the CW every day.</p> <p>It is difficult for the child to adapt to an institutional set up since it's new to her.</p> <p>The incident of self-harm by another resident girl has also affected her.</p>	<p>Urvashi has been referred to the counselor for psycho-social support – regularly available to the child once a week.</p> <p>There are frequent individual sessions with the CW and the same will continue.</p> <p>The counsellor and CW will continue working towards stabilizing the child.</p> <p>Regular updates regarding the telephonic follow-ups and discussions around her restoration with the CWC is provided to the child. The CW will continue to reassure the child that she will not stay in the Children's Home forever and will be eventually restored to her family.</p>

			<p>The CW and counsellor will also discuss the importance of life with the child, and equip her with healthier ways of dealing with repressed feelings.</p> <p>During her stay in the Children’s Home, the child will be encouraged to participate in different recreational activities of her choice</p> <p>The CW will also approach the CWC and subsequently set up a video call with the child to update her on the restoration process.</p>
4.	Educational and training needs	<p>Urvashi is unable to discuss her educational aspirations with the CW and is focused on being reunited with her family.</p> <p>The child also informed that she was enrolled in a school by her parents but she hardly attended it and now doesn’t want to go back to school. After a few days of her enrolment, she approached the CW and expressed her interest in going to a school.</p> <p>She cannot read or write, as informed by the child. The CW attempted to gauge the child’s reading and writing ability by requesting the child to read or write. She could not do either.</p>	<p>Due to the lockdown imposed in the light of COVID-19, no outsider is allowed to enter Children’s Home. To ensure the child does not miss out on her education, the older girls are requested to help her with basic literacy. Urvashi is observed to be taking their help and is learning how to sign.</p> <p>CW will follow-up with the child’s expressed interest in attending a school and will keep the child informed of the same.</p> <p>During the social investigation visit conducted on 11th March ‘20, her school was also visited. The Case Workers had enquired if the school can readmit the child.</p>

		<p>Urvashi has expressed an interest in pursuing a vocational training course which will eventually help her supplement her family income.</p>	<p>The Principal, Ms. Shubhdha had recently joined the school, and she had informed that the school will get back to the Case Workers on this. Since the schools are also shut due to the lockdown, this will be followed-up on after the lockdown either pre or post restoration.</p> <p>CW will continue encouraging the child to attend and pursue a vocational training course. She will be provided with an orientation to different vocational training opportunities which will require minimal literacy.</p> <p>The CW will also link the child to organizations that offer various vocational training courses like YUVA, Pratham, Stree Mukti Sangathan, and Women's India Trust.</p> <p>The Team would like to seek advice from CWC as well on assistance in referring/placing the child for livelihood training courses.</p>
5.	Leisure, creativity and play	<p>The child attends regular life skills sessions organized at the Children's Home.</p> <p>Urvashi is not interested in taking parts in games and other sports-based activities.</p>	<p>The child will continue attending LSE sessions as when they take place.</p> <p>The CW will continue to encourage the child to participate in these activities. She will also continue to participate in other recreational activities like dance, drawing, etc.</p>

6.	Attachments and Inter-Personal Relationships (with adults and children)	<p>The child expresses regret at her decision to have run away with the accused and putting her family through this stress.</p> <p>Due to the incident, she also exhibits signs of trust issues.</p>	<p>The counselor in her sessions with Urvashi will discuss on topics like relationships, love, infatuation, attraction, and trust.</p> <p>The counselor will also continue to help her in developing her circle of trust and her support system while in Children's Home, and once she is restored back to her family.</p> <p>The counselor will also work on making the child understand that she was not at fault and she should not blame herself. The child will be encouraged to maintain healthy relationships with her closed ones, and a discussion in the need to confide in people during times of difficulty.</p>
7.	Religious beliefs	No area of concern.	No intervention planned.
8.	Self-care and life skill training for protection from all kinds of abuse, neglect and maltreatment	<p>The child is a victim of sexual abuse. She was compelled to leave her house by a man who was 10 years older to her after he threatened to kill himself if she does not reciprocate his love for her. There is a need for the child to understand the idea of safety and protect herself from vulnerable situation in the future, and the need to ask for assistance from people she trusts.</p>	<p>The counselor in her sessions with Urvashi will discuss on topics like relationships, love, infatuation, attraction, and trust, and learning how to protect oneself from harm and abuse. The counselor will continue to work towards making the child understand that she was not at fault and she should not blame herself. The counselor will also continue to help her in developing her circle of trust and her support system while in Children's Home, and once she is restored back to her family.</p>

			<p>She is also being assisted with memorizing essential helpline and emergency numbers she would require for her safety. She will also receive an orientation on approaching a police station during crisis and her rights at the police station</p> <p>The Team plans to request CWC to direct DCPU to follow-up with the child and provide counselling services. Children’s Home will also provide counselling services to the child and family if they want to access the same after her restoration.</p>
9.	Independent living skills	<p>Urvashi understands the basic independent skills like maintaining hygiene, cooking, looking after her belongings, keeping her locker clean, etc.</p> <p>The child needs basic literacy lessons, and should learn to read and write which would help her in handling day-to-day workings.</p>	<p>Currently she is learning to read and write with assistance from the older resident girls at Children’s Home.</p> <p>She is also being assisted with memorizing essential helpline and emergency numbers she would require for her safety. She will be introduced to different recipes and cooking low cost healthy food. She will also receive an orientation on approaching a police station during crisis and her rights at the police station.</p>

10.	Any other such significant experiences which may have impacted the development of the child like trafficking, domestic violence, parental neglect, bullying in school, abuse, etc. (Please specify)	The child is a victim of sexual abuse. She was also compelled to leave her house by a man who was 10 years older to her after he threatened to kill himself if she does not reciprocate his love for her. She was made to believe that the accused loved her and would look after her. She later realized that he had deceived her and sexually abused her. She feels cheated and may develop trust issues. She also blames herself for believing in the accused and leaving her house without informing her parents.	Regular counselling session with the child to help her in processing her feelings and moving past her trauma are planned with the child. The counselor will also work on making the child understand that she was not at fault and she should not blame herself. Discussions regarding trusting people, reaching out for help and importance of a support system will be held with the child. The CW has been taking sessions with the child on Personal Safety. The CW will also discuss the offence of human trafficking, the destination crimes of trafficking, who could be a trafficker and how to safeguard oneself and reach out for help in times of crisis.
-----	---	---	--

Any other Information/Remark: The social investigation in the present case was conducted on 11/03/2020 and the Social Investigation Report was submitted to CWC. The child is upset with the way the accused deceived her. At the police station, Urvashi said, "He forced me to run away with him and also made me have sexual relations with him." She feels sorry that "one wrong step" on her part has resulted in her being separated from her family. Urvashi longs to be restored to her family, and her family members are also interested in accepting the custody of the child.

Inputs of Interventions included in the ICP– (Dr. Priya Rao, MBBS and Ms. Protima Chatterjee – Counselling Psychologist)

B. PROGRESS REPORT OF THE CHILD (to be prepared every fortnight for first three months and thereafter to be prepared once a month)

[Note: Use different sheet for Progress Report]

1. Name of the Probation Officer/**Case Worker**/Child Welfare Officer: Rashmi Choudhary

2. Period of the report: 1st April to 30th April

3. Admission No: XXX

4. Board or Committee: Child Welfare Committee, xxxxxxxx

5. Case/ Profile No.....

6. Name of the Child: Urvashi Patil

7. Stay of the child (Fill as applicable)

(i) Short term (up to six months)

(ii) Medium Term (six months to one year)

(iii) Long term (more than 1 year)

8. Place of interview: xxxxxxxx Children's Home

Date: 30th April 2020

9. General conduct and progress of the child during the period of the report

Urvashi is slowly getting adjusted to the Children's Home (hereafter CH). She is still upset about the delay in her restoration. She follows all rules in the CH. She mingles well with all the girls and staff in the CH. She has learnt to write her name and sign. She has learnt all the Marathi alphabets and 1-20 numbers. Regarding personal safety education, she has memorized CH's telephone number and CHILDLINE emergency helpline number. Urvashi also had two meetings with the CWC member regarding her restoration. She was provided an update on the lockdown situation due to the COVID-19 situation which helped her accept that her restoration can only take place after 3rd May 2020. She participated with the other resident girls in cooking two snack items which the girls learnt from watching Hebbars Kitchen videos on YouTube. The child is in good health and got her menses post the UPT conducted, as mentioned in the care plan.

10. Progress made with regard to proposed interventions as mentioned in point 14 of Part A of this Form.

<u>Sr. No.</u>	<u>Category</u>	<u>Areas of concern</u>	<u>Proposed Interventions</u>
1.	Child's expectation from care and protection	<p>No safety concern shared by the child.</p> <p>Case Worker feels the need to continue discussing the safety rules with her and the importance of developing a circle of trust in whom she can confide.</p> <p>The child is worried about the safety of her parents due to the lockdown.</p>	<p>Case Worker arranges for regular phone calls and video calls between Urvashi and her parents which will continue till a decision on her restoration is taken by CWC. The child will continue to receive orientation to safety rules.</p> <p>The parents have been assured that the organization will provide them one-month ration supplies once the lockdown is lifted.</p> <p>The organization is also in the process of contacting local NGOs to provide the child's family with ration supplies and personal hygiene and sanitary kits.</p> <p>CW plans to request the CWC to direct DCPU to follow-up with the child post-restoration.</p>
2.	Health and nutrition needs	No area of concern.	<p>Urvashi received an orientation to healthy and balanced diet, menstrual and personal hygiene. Her menstruation cycle has been regular since March (post her UPT – which was negative).</p> <p>In May, she will receive an orientation on reproductive health, and will continue receiving tips and recipes of healthy and balanced diet.</p>

			In May, she will receive an orientation to first-aid care and fire safety measures to be taken.
3.	Emotional and psychological support Needs	Urvashi misses her family and requires constant reassurance regarding her restoration. She continues to need at least one sitting with the CW every day.	<p>She is mingling well with all the residents in the CH. She is soft spoken. She seems to be more stabilized in comparison to March.</p> <p>Psycho-social support by the Counselor will continue for the child once a week.</p> <p>Frequent individual sessions with the CW will continue.</p> <p>CWC had one video call and one meeting in person with the child and has discussed the reason for delay in her restoration. CWC has assured her that as soon as the lockdown is lifted, they will process her restoration application.</p> <p>Establishing contact with her family through video calls will continue.</p>
4.	Educational and training needs	The child has shared that she would like to pursue a vocational training course in beauty and wellness care or cookery after she is restored back to her family	<p>The child has learnt to write her name, learnt to read and write the alphabet and numbers from 1 to 20.</p> <p>She will be taught to count numbers and additions and subtraction which will help her with financial transactions.</p> <p>CW will approach Haware Institute to explore training programs in cookery and beauty and wellness care.</p>

5.	Leisure, creativity and play	Urvashi is not interested in taking part in games and other sports-based activities. She watches the other resident girls play.	The CW continues to encourage the child to participate in these activities. She will also continue to participate in other leisure activities like dance, drawing, embroidery, etc.
6.	Attachments and Inter-Personal Relationships (with adults and children)	The child mingles with the other resident girls in the CH. She does not talk much, and is soft spoken.	The CW will continue to encourage her to participate in group activities in order to help her open up in her interaction with others.
7.	Religious beliefs	No area of concern.	No interventions planned.
8.	Self-care and life skill training for protection from all kinds of abuse, neglect and maltreatment	The child continues to speak about the sexual assault she experienced. She is sad that she left her house with a man who did not care for her and used her. The child's understanding of self-safety and protection from vulnerable situation in the future, and the need to ask for assistance from people she trusts needs to be further strengthened.	The counselor continues to help her in developing her circle of trust and her support system while in the CH, and once she is restored back to her family. She has memorized the CHILDLINE emergency helpline number and is being assisted in memorizing other emergency numbers. She will also be trained in using smartphones and how to use certain apps for her communication and safety.
9.	Independent living skills	The child needs to understand basic arithmetic to be able to undertake basics transaction. She does not have the experience of travelling by public transport. She is does not know how to use a smartphone - voice mail and video call features.	The child is being assisted with memorizing essential helpline and emergency numbers she would require for her safety. She will be introduced to use of smartphones and how to use voice mail and other safety apps. She will continue to receive orientation to different recipes and cooking low cost healthy food.

		The child has limited information and understanding on the importance of healthy diet.	Older girls will share their experience with her on how to travel by public transport and care to be taken during that time.
10.	Any other such as significant experiences which may have impacted the development of the child like trafficking, domestic violence, parental neglect, bullying in school, abuse, etc. (Please specify)	She feels cheated and violated by the man she thought she loved.	<p>The counselor continues to work on making the child understand that she was not at fault and she should not blame herself. Discussions regarding trusting people, reaching out for help and importance of a support system will be held with the child.</p> <p>During case work interactions, the CW discussed with the child how known people lure girls with promise of love and marriage and then sell them into sex trade. The CW will continue conducting sessions on personal safety education.</p>

Any other Information/Remark:

11. Any proceedings before the Committee or Board or Children’s Court

(i) Variation of conditions of bond

(ii) Change of residence of the child / transfer

(iii) Other matters, if any: The CWC passed an extension order for the child to stay in the Children’s Home till 4th May 2020.

12. Period of supervision completed on: NA

Result of supervision with remarks (if any): NA

Name and Addresses of the parent or guardian or fit person under whose care the child is to live after the supervision is over: NA

Date of report: 30th April 2020
Officer.....

Signature of the Probation

C. PRE-RELEASE REPORT (to be prepared 15 days prior to release)

1. Details of place of transfer and authority concerned responsible in the place of transfer/ release:

Urvashi's custody will be handed over to her parents Mr. Pravesh Patil and Mrs. Sarita Patil. Her parents are eager to take the custody of their child. Urvashi also wants to be restored back to her family. Urvashi's parents had discussed their willingness to take Urvashi's custody with her Case Worker during the Social Investigation visit conducted by the Social Workers from the CH team on 11/03/2020. The desire was subsequently repeated over the phone (The Case Worker could not make any visit to their house, nor could the parents come to meet the child since 15th March 2020 due to the state-imposed lockdown in light of COVID-19).

Urvashi's address and contact number are as follows:

Address: Mxxxx Khanda, slum area under the bridge, Kxxxx Pxxxx, Raigad.

Contact Numbers:

Mrs. Sarita Patil: xxxxxxxxxxx (mother)

Mr. Pravesh Patil: xxxxxxxxxxx (father)

Mr. M S Patil: xxxxxxxxxxx (paternal uncle)

2. Reason for release:

Urvashi was placed into Naunihal on 8th March 2020 by the CWC. Urvashi has never stayed away from her parents and she is finding it very difficult to stay in the "closed" environment of a Children's Home.

Her parents want her back with them and have assured that they will ensure her safety. The social workers also found the family cares for Urvashi and will take care of her. Urvashi had run away from home and she was traced by the police when her parents had filed a missing complaint in her name. The social workers are not of the opinion that the child needs shelter-based rehabilitation. Urvashi wants to go home and stay with her family. Urvashi's Individual Care Plan and SIR has been submitted to the CWC.

3. Details of placement of the child in different institutions/family:

Urvashi will be restored to her parents as mentioned above. Her parents are willing to take her custody and Urvashi also wants to stay with them. Urvashi's address and contact numbers have also been mentioned above.

4. Training undergone and skills acquired: The child has been oriented with Personal Safety Education, tips on protecting herself while travelling, and is being assisted with other independent living skills. Details of the interventions are stated under the respective columns.

5. Certificates/ Awards received: None
6. Last progress report of the child (to be attached, refer Part B):
Individual Care Plan submitted to the CWC on 31st March 2020 and Progress Report as stated in Form B was submitted to the CWC, xxxxxxxxxx on 30th April 2020.
7. Rehabilitation and restoration plan of the child (to be prepared with reference to progress reports of the child)

<u>Sr. No.</u>	<u>Category</u>	<u>Area of concern</u>	<u>Proposed Interventions</u>
1.	Child's expectation from care and protection	<p>The child currently feels safe in Children's Home, but wishes to be restored to her family.</p> <p>Her family lives in a slum-like area, and the child feels that she will be safe at home.</p> <p>The family has also shared that they will ensure her safety and look after the child once she is restored back home.</p>	<p>The child is informed that she can contact the CH in case she needs any service or support. She has CH's address and contact details and she has memorized the same. She has also been informed about CHILDLINE and their emergency helpline number. The child has been given an orientation to safety rules and has undergone Personal Safety Education. The Case Worker has also discussed the child's safety issues with the family.</p> <p>CW would like to suggest to the CWC to issue a follow-up order to the DCPU to ensure the child is safe and to provide the family with support to ensure her safety and update the CWC regarding the implementation of her Individual Care Plan.</p>

2.	Health and nutrition needs	No area of concern.	The child put on 7 kg weight after her admission to CH. She has received training on the importance of healthy diet and tips on low costing recipes of healthy food items. Due to the lockdown, we could not take her to any public health care facility to explain how to access public health care, the same can be done by DCPU during the follow-up.
3.	Emotional and psychological support needs	<p>Urvashi currently misses her family and requires constant reassurance regarding her restoration. This concern of feeling separated from her family will be mitigated once the child is reunited with her family.</p> <p>Urvashi may need psychosocial support to strengthen her rehabilitation plan.</p>	<p>It has been observed that the child is very attached to her parents and other family members and is missing them. She is very happy when she talks to them. The child is informed that she can avail the counselling facility at the CH if she wants or needs the same even after she has been restored to her family.</p> <p>The CW has identified Awaz, an organization situated near to her house as an organization that can offer counselling services. CW has established contact with them and they have also agreed to provide counselling services to the child and her family.</p>
4.	Educational and training needs	There is a need to focus on the child's education. Urvashi can only read and write the Marathi alphabet and numbers from 1-20.	The Case Worker and a social worker conducted the social investigation visit on 11 th March 2020 and have submitted the report of the same to the CWC. During this visit, the team also visited Urvashi's school and enquired if the child could be re-admitted to the school as it is close to her house. Principal said she has joined recently and will

			<p>check the records with earlier Principal and get back to us. The same can be followed-up by DCPU.</p> <p>Regarding livelihood skills/course: The Case Worker has informed the child about the different courses she can avail. The child has also been informed that she will be kept updated of any new opportunities even after her restoration.</p> <p>As the child has expressed her desire to pursue a vocational training course in beauty and wellness care and/or cookery, we contacted Haware Institute for the same. They have asked us to approach them in June 2020. The team would like to suggest to the CWC to ask DCPU to help the child follow-up with Haware Institute for her admission. In case there is a need to pay any fees for any training, the organization (CH) is willing to pay the same, inclusive of any travelling expense, if required.</p>
5.	Leisure, creativity and play	Urvashi is currently not interested in taking parts in games and other sports-based activities. The team is of the opinion that she is missing her family and is preoccupied with thoughts of being restored to her family and so does not take much interest in recreational activities.	During her stay at the CH, the team accompanies all children on their ground floor in the evening for play time. It has been observed that Urvashi liked to only watch others play. Urvashi is always encouraged to participate in various sports activities. She is also referred to the counselor.

			CW would like to suggest that if the DCPU is assigned for follow-up on the case, the child's interest in recreational activities could be noted post her restoration. Any change in the child's interest after being reunited with her family, could be observed and noted.
6.	Attachments and Inter-Personal Relationships (with adults and children)	The child expresses regret at 'her wrong decision' to run with the accused and putting her family through this stress. Due to the incident, she also exhibits signs of trust issues	She mingles with almost everyone at the CH. Her interaction skills with other people in the open society needs to worked on. She is very attached to her family. She has been oriented with the importance of developing a circle of trust in whom she can confide in. Counselling services may be availed either through this CH or Awaz for the child, if required.
7.	Religious beliefs	No area of concern.	No interventions planned.
8.	Self-care and life skill training for protection from all kinds of abuse, neglect and maltreatment	The child's understanding of self-safety and protection from vulnerable situation in the future, and the need to ask for assistance from people she trusts needs to be further strengthened.	Basic orientation such as learning contact numbers of the CH and CHILDLINE emergency helpline has been provided to the child. Considering the child cannot read and write, she needs continuous practice to recall these numbers. The child has undergone Personal Safety Education and has been oriented with other safety rules for her protection when she is in public places.

9.	Independent living skills	Urvashi needs to learn the basics of reading and writing, travelling independently and handling financial transactions.	<p>Urvashi has been provided information on her health care, personal hygiene. She will benefit from more such sessions and she can continue to attend the LSE sessions at the CH even after she is restored to the family if the CWC grants permission for the same.</p> <p>The child has all basic age appropriate independent living skills such as maintaining hygiene, expressing her feelings and emotions, basics of cooking, using a smartphone, helpline numbers and how to access them, organizing and taking care of her belongings.</p> <p>During follow-up, the DCPU may take an update on the child's independent living skills and note any observations therein. The child could be assisted with the same through either counselling sessions or discussions with her parents. If the child resumes schooling, the same could be covered by the school.</p>
10.	Any other such significant experiences which may have impacted the development of the child like trafficking, domestic violence, parental neglect, bullying in school, abuse, etc. (Please specify)	Urvashi is a victim of child sexual abuse and she feels cheated and violated by the man she thought she loved.	The child experiencing trauma from the sexual assault. She feels that she is forced to stay away from her family because of the accused. It has been observed that the child blames herself for the assault, but has not brought up the incident very often. The child feels her life has changed after the sexual assault and might never be the same again.

			<p>The Case Worker and counsellor have tried to stabilize the child and helped her to focus on her goals, and helped her to understand that the abuse was not her fault. The child has also shared the desire to see the accused being punished for his crimes to ensure that he does not harm other girls like her.</p> <p>The child's statement before the Magistrate u/s 164 of CrPC was recorded in xxxxxx court. Since it is a case of sexual assault, the team recommends the appointment of a support person as per POCSO Rules, 2020 to assist her with the trial process.</p>
--	--	--	--

Any other Information/Remark:

6. Date of release/transfer/repatriation.....
7. Requisition for escort if required.....
8. Identification Proof of escort such as driving license, Aadhar Card, etc.....
9. Recommended rehabilitation plan including possible placements/sponsorships.....
10. Details of Probation Officer/non-governmental organization for post-release Follow up.....
11. Memorandum of Understanding with non-governmental organization identified for post-release follow up (Attach a copy).....
12. Details of sponsorship agency/individual sponsor, if any.....
13. Memorandum of Understanding between the sponsoring agency and individual sponsor (Attach a copy).....
14. Medical examination report before release.....
15. Any other information.....

Annexure 8: Timeline based flowchart for developing and reviewing an Individual Care Plan

Note: The following flowchart depicts the different stages/processes involved in developing and reviewing of an Individual Care Plan as per the Maharashtra State Juvenile Justice (Care and Protection of Children) Rules, 2018.

If the child is placed in a CCI for the purpose of rehabilitation, a Rehabilitation Card [Form 14] will be issued to the child.

|

At the time of receiving the child, the Receiving Officer shall – make an entry in the admission register – provide food – medical care – asked about immediate needs – the process of ICP will commence at this stage

|

After receiving the child – photo – bath – fresh clothes – Welcome Kit – Orientation – examination by medical officer – Assignment of Case Worker

|

First 14 days of receiving the child – Case Worker to interact with the child as often as possible – assessment – rehabilitation plan – interaction with family – educational and vocational assessment – Child will stay in the reception dormitory to adjust to life in child care institution.

|

On expiry of first 14 days – Child to be shifted to regular dormitory – Case Worker to prepare ICP – note opinions in Rehabilitation Card on the basis of his/her own observations, interaction with the child and his/her teachers or instructors and the feedback received from the house father or house mother.

|

The ICP shall be reviewed every fortnight during the initial three months and thereafter, every month. A report of its effectiveness or inadequacy shall be prepared with reasons for such opinion.

|

Procedure after three months – The progress of the child shall be examined with specific reference to the aims and targets noted in the ICP for the child. The

progress of the child shall be reviewed and noted in the rehabilitation card [Form 14].

|

Quarterly progress reports shall be placed before the Management Committee for perusal and consideration.

|

After deliberation by the Management Committee, the individual care plan shall be appropriately modified. The routine of the child and the approach towards rehabilitation of the child shall also be suitably modified. The progress shall be reviewed and recorded in the rehabilitation card [Form 14].

|

At the time of restoration, the ICP [Parts A, B, and C] shall be included in the final restoration order. A follow up plan shall also be prepared as part of the ICP.

|

Post restoration, the first follow up report [Form 7, Part D] to be submitted before the competent authority as ordered by them. The second follow up report to be submitted after 2 months and the third report after 6 months. All these reports to state the situation of the child post restoration and the measures necessary in order to reduce further vulnerability of the child.

NOTES

Document by: Megha
Gupta, Priti Patkar, Kashina
Kareem

External Consultant:
Saumya Bahuguna

Reviewed by:
Alpa Vora, UNICEF India
Swagata Raha, Enfold India

Design by:
Azra Qaisar, Shatakshi
Saxena

Published in October 2021

© 2021 Prerana. All Rights Reserved.