



## **COMMUNITY BASED REHABILITATION AND REINTEGRATION OF CHILDREN IN NEED OF CARE AND PROTECTION THROUGH PSYCHOSOCIAL APPROACH**

Children are the most valuable resource of the country and it is the responsibility of the government to ensure their holistic development. India is a signatory to UNCRC in 1992 and hence bound to ensure care and protection and prevention for children from all sorts of abuses and ensure a safe environment for children. There are Laws, programs, and policies formulated to protect children. Although there are ample provisions to support children, children in certain epi-centers face various difficulties that affect their growth and development. Annual survey 2018-19 on vulnerability mapping of children shows poverty and migration, domestic violence, substance abuse, mental illness in the family is also identified as some major difficulties. These difficulties will have a multidimensional impact on children's biopsychosocial development, where by their holistic growth and development in terms of physical and mental health, education and socialization will be affected.

Children in need of care and protection are at higher chances of entering into multiple problems in life. Most of the children in need of care and protection do not have adult support to help them in such difficulties, and this will aggravate their problem. Many of these children experience physical abuse, sexual abuse, discrimination, termination from education, labelling and isolation. It is essential to ensure the safety and security for these children to prevent the occurrence of future untrodden events. There is a need to support these children through community-based supportive programs to reduce revictimization and to mainstream them to build up potentials and lead a purposeful life without the baggage of any sort of violence against them

Children in need of care and protection according to the JJ Act, 2015 forms the population of the program. The program aims to locate and identify the beneficiaries of the project from Child Welfare Committee (C.W.C) records. The children in the community who are at high risk need to be identified and brought in to the system at the earliest. The (Integrated child Development Scheme) ICDS staff, anganwadi workers and school counselors who are directly handling a large number of children at community and school level will identify the high-risk cases from community and refer them to C.W.C at the earliest. These children who



are referred to the C.W.C. will be later referred to KAVAL plus program for children in need of care and protection. Children at risk in the child care institutions will also be supported through the program.

**The program will be conducted at two levels:**

**Level-1**

**Community level identification and intervention**

The community-level workers (Asha workers/ ICDS staff/ Paralegal volunteers/ ICPS/ Janmaithri police Anganwadi workers. Kudumbasree) will identify children at risk in the community, and refer to C.W.C.

**Level -2**

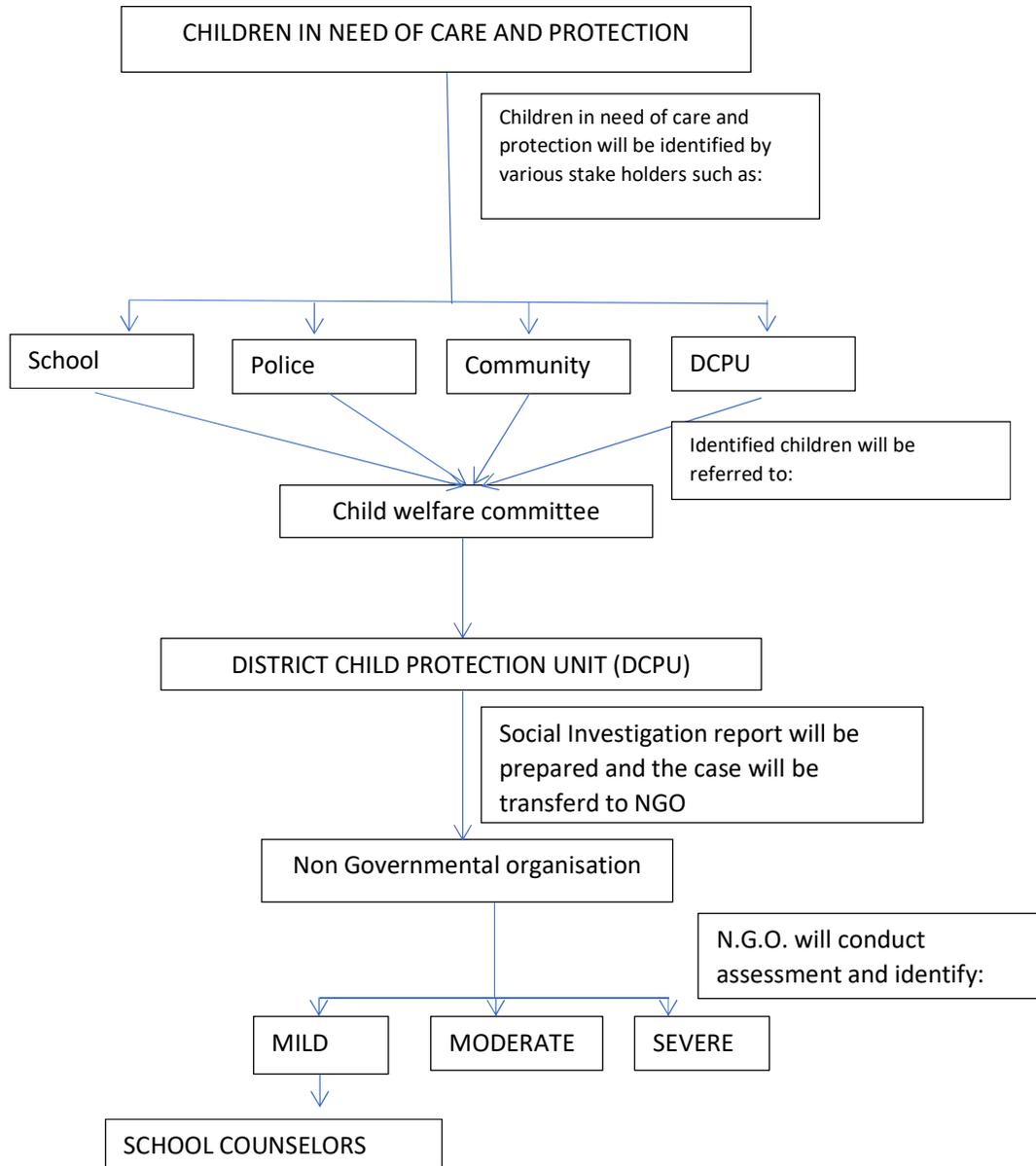
**Intervention for children who reach CWC**

The children who reach CWC through Police/ school counselors/ ChildLine/District Child Protection Unit (DCPU) etc. will be assessed and the severe cases will be transferred to KAVAL plus. The C.W.C will transfer the cases to DCPU and the DCPU will refer the cases to the NGOs.

**Intervention by the NGOs:**

The NGOs will conduct a need assessment to identify the psychosocial problems of the children and categorise them to mild, moderate or severe category. The mild category will be referred to school counselors through the DCPU and the moderate and severe category of children will be provided psychosocial intervention by the NGOs.

The children in need of care and protection will be referred to the NGOs under the KAVAL Plus program through DCPU. The NGO will acknowledge the receipt of the cases and initiate psychosocial intervention. Networking and converging with multiple stakeholders supported by DCPU and CWC. Psychosocial interventions will be provided to children in need of care and protection as an ongoing service through NGO.



### Levels of problems and care

#### Level-1 Children with no major problem

These children will not come to the system and will be in safe care of their parents and guardians. They need not receive any special service from the state.

#### Level-2

#### Children with mild levels of problems



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### **Level-2 Intervention**

Social investigation report needs to be prepared by DCPU and assessment can be conducted if needed Kaval plus team. Child needs to be referred to the school counsellors for follow-up through DCPU. Child need to be supported through the activities at school and any decline in the status of the child need to be informed to Child welfare committee where the child will again enter the system for intervention

### **Level 3: Children with moderate level of problems**

Children may have problems at multiples levels such as family, education, health (physical health ad metal health). They will be subjected to mild to moderate forms of abuse and neglect and other forms of child maltreatment. They need support from multidisciplinary team. The parents or guardian will be able to provide care for the children. The social workers can work along with parents to support the children

### **Level 3 : Interventions**

Social Investigation Report need to be prepared by the DCPU team and need assessment should be conducted by Kaval plus team. Interventions at individual, family, educational and social levels need ot be conducted by the social workers through multidisciplinary intersectoral approach. As the child shows progress and reaches mild level the case can be transferred to the school counselors for follow-up through DCPU.

### **Level 4: Children with severe level of problems:**

Children with severe problems will experience challenges that are severe in nature either in one or multiple levels which is beyond the supporting power of the family or guardians. These children will be abused, neglected and suffering significant amount of difficulties that are beyond coping of the child. The child will have only limited support system or no support system available. The existing environment of the child will not be conducive and may cause harm to the child. These children may also need institutional support for a short or longer period of time

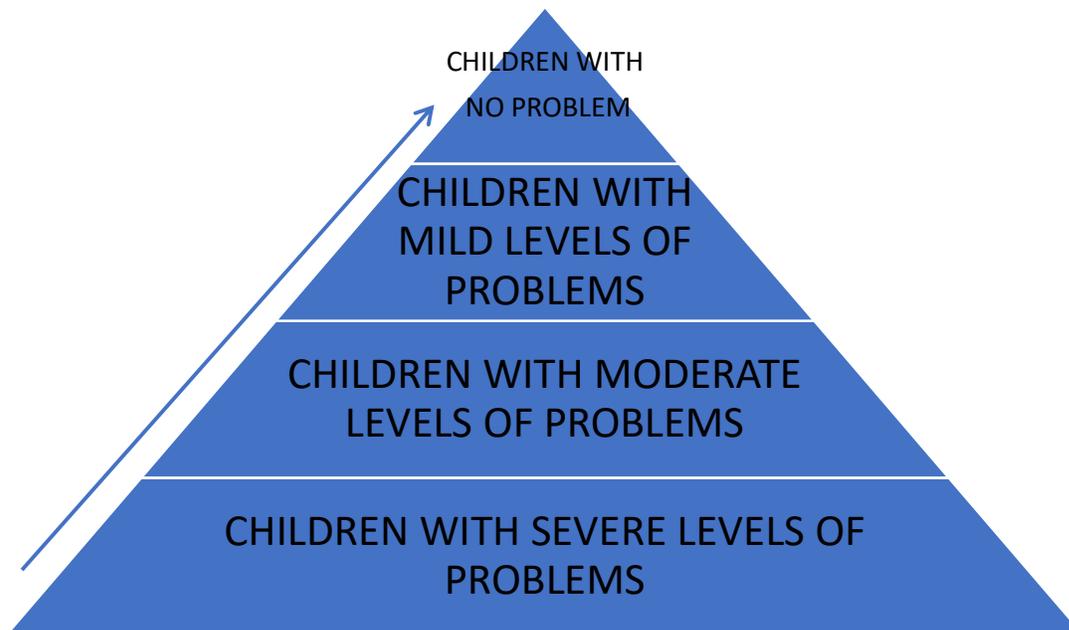
### **Level -4 Intervention**

Social Investigation Report need to be prepared by the DCPU and child's need assessment need to be conducted by KAVAL plus team. The children need to be provided multidisciplinary intersectoral support by the KAVAL plus team with support from the child protection team in the district (CWC/DCPU/ POLICE/EDUCATION etc.) as per the Individual care plan developed for the child. Monthly review need to be conducted by the child protection team to review the progress in the child



### **Termination:**

After entering the system the child would have been provided with varied services that enhances the bio psychosocial needs of the child. The child need to be provided with all the interventions as planned in the individual care plan and should show significant improvements in the areas where the child had problems. Also these changes should be sustainable and the child and family should be able to maintain the positive changes. The NGO should inform the child protection team regarding he positive changes in the child and request for termination. The child protection team will conduct a detailed assessment of the child, if the results are convincing the team can recommend for termination of services for the child. The children can be followed up or supported up to maximum 21 years.



### **Activities carried by NGOs**

As the cases are transferred to the NGO, the NGO conducts a detailed psychosocial need assessment (individual child assessment/ family assessment) to identify varied levels of problems of the child. The NGO also conducts Family visits: to identify the needs of the child in the family and the family functioning, family's position and status in the society etc. Networking with other stakeholders, government and non-government departments of services to ensure interdisciplinary multisectoral approach is carried out by the NGO with the support of DCPU and CWC this is followed by Referral for health and mental health, educational support, deaddiction services etc. through D.C.P.U. The



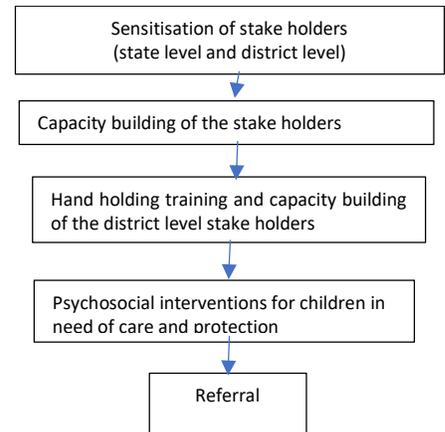
NGO conducts Group work, life skills educational and family support services to children to lower the risk of the current problems faced by the children and lift them to mild category

**Activities carried out by school counselors**

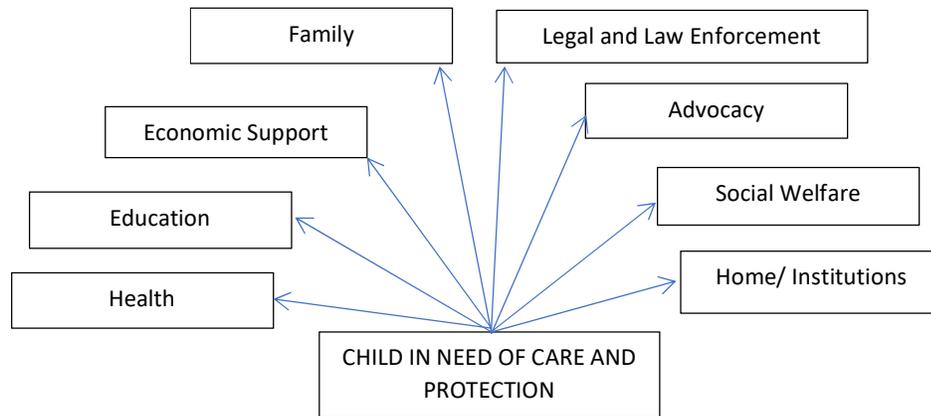
The children belonging to mild category will be supported by the school counselors. The counsellor monitors the children on a regular basis with support from the class teacher. The school counsellor provides counselling support for children to address their issues. Children and parents with similar problems shall be grouped together and targeted group intervention can be conducted for specific issues. Apart from this the school counsellor also conducts universal programs in school and train and orient teachers on psychosocial problems of children as well as conduct parent orientation programs.

**Capacity building**

Capacity building is the next major program to be conducted to enhance the knowledge and skills among the varied stakeholders. Master trainers will be trained from varied sectors who will train the multiple stakeholders such as SJPU/ CPO, KELSA lawyers, school counselors, ICDS, Asha workers, Paralegal volunteers etc.



**Spectrum of services:**





Children in need of care and protection undergo multiple problems and hence they need multiple services. A multidisciplinary intersectoral approach is adopted here to reach out to children in need of care and protections. This will ensure holistic care and protection for children in need of care and protection . Government of Kerala is bound to ensure the safety and security of each child in the state. This project is developed as per the Juvenile Justice(Care and Protection act) 2015 and rules made here under. This would help in early identification and support for children in various difficult circumstances so that adverse effects of children living in impoverished circumstances can be addressed.