



महाराष्ट्र राज्य बाल हक्क संरक्षण आयोग  
महाराष्ट्र शासन

## **Protocol on Rehabilitation of Children in Need of Care and Protection and Children in Conflict with Law under Juvenile Justice (Care and Protection of Children) Act 2015**

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## Foreword



**Dr. Justice Shalini Phansalkar Joshi**

*Former Judge, Bombay High Court &  
Chairperson, State Level Selection Committee  
For CWC and JJB Members*

The Juvenile Justice (Care and Protection of Children) Act 2015, as its name suggests, is meant for care and protection of children, be it in their capacity as victims of offences or as children in conflict with law. The Act is enacted with a noble object to deal with children as “children” and neither as “adults” nor as criminals”. Its aim is to cater to their basic needs through proper care, protection, development, treatment, social re-integration by adopting child friendly approach in of children in the adjudication and disposal of matters in the best interest of children and for their rehabilitation through processes provided, and institutions and bodies established, under the Act. The emphasis of the Act is on rehabilitation and social reintegration of children.

However the noble object may be, this welfare legislation can achieve its object only if its implementation is effective at the ground level. For that, what is necessary is strengthening capacity of the stake holders who have been entrusted with the duty of enforcing its provisions.

The Supreme Court of India’s landmark judgement in Sampurna Behura versus Union of India led to a series of directions to the High Courts and State Governments to take all requisite steps for the effective implementation of the Act. In its decision of 1st February 2024 in the Public Interest Petition No.108 of 2021 the Bombay High Court has taken the lead to fill up the inadequacies and deficiencies noticed in the implementation of the Act, one of the directions being to prepare a draft of protocol for reformation and rehabilitation of the children as per Rule 94(1) (iii) of the Rules framed by State Government.

Maharashtra State Commission for Protection of Child Rights, willingly took the responsibility of preparing these Protocols and with the support and assistance of the experts and practitioners in the field, have prepared these comprehensive protocols. It focuses on critical aspects that often hinder rehabilitation and social reintegration due to lack of clarity or limited understanding and hence gives step by step guidance for the functionaries working at the ground. The Protocols are divided into three parts like, Rehabilitation of Children in need of care and protection, Reformation and Rehabilitation of Children in conflict with law and the most crucial aspect of Mental Health and Psychological support for both these categories of children. These Chapters elaborate the role and duties of different stake holders in rehabilitation and reformation of the children.

I am sure that the protocols will go a long way in building capacities of the duty holders by giving them clear vision and concrete measures for doing their best for the rehabilitation and reintegration of the children in society.

I congratulate Smt. Sussieben Shah, the Chairperson of State Child Rights Commission and all its members for taking the initiative and active part in preparing these protocols. The painstaking work done by Ms. Alpa Vora, Child Protection Specialist, UNICEF, Maharashtra, Ms. Priti Patkar, Co-Founder Prerana, Maharashtra and their able teams deserve to be commended.

I am certain that these protocols will go a long way in its object of reformation and reintegration of children as different stakeholders can now work in tandem by following the guidelines laid down in these protocols.

*sspjoshi*

*Dr. Justice Shalini Phansalkar Joshi  
Former Judge, Bombay High Court*

## Message



*Adv. Susieben Shah  
Chairperson,  
Maharashtra State Commission for Protection of Child Rights*



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The Maharashtra State Commission for Protection of Child Rights (MSCPCR) plays a vital role in ensuring the effective implementation of the Juvenile Justice (Care and Protection of Children) Act, 2015 and Maharashtra Juvenile Justice (Care and Protection of Children) Rules, 2018.

In compliance to order from the Bombay High Court in the matter of Public Interest Litigation No. 108/2021 Bachpan Bachao Andolan versus State of Maharashtra, the MSCPCR convened a series of meetings with child protection experts and practitioners to define the scope and process for development of protocols for the rehabilitation and reformation of children in the Juvenile Justice System. As a result, two dedicated working groups were formed: one for children in need of care and protection, and another for children in conflict with the law.

The protocols were drafted and finalized by UNICEF, Maharashtra and Prerana, incorporating valuable insights from the experts and practitioners who participated in the discussions. I extend my sincere appreciation to the expert's team of Prerana and UNICEF for their invaluable contributions in drafting and finalizing the various sections of these protocols:

Part A: Rehabilitation of Children in Need of Care and Protection

- Rehabilitation of CNCP and Role of Child Welfare Committee
- Rehabilitation and Social Reintegration of Children in Child Care Institutions
- Follow-up of CNCP

Part B: Reformation and Rehabilitation of Children in Conflict with Law (Alternatives to Detention, Diversion, Group Counselling & Community Services, and Probation Services)

Part C: Mental Health and Psychosocial Support for Children in the Juvenile Justice System

I am grateful to Ms. Alpa Vora, Child Protection Specialist, UNICEF, Officers of UNICEF, Maharashtra, and Ms. Priti Patkar, Co-Founder, Prerana, Maharashtra, along with their respective teams, for their meticulous peer review of the protocols.

I am particularly thankful to Hon. Dr. Justice Shalini Phansalkar Joshi, former Judge of the Bombay High Court and Chairperson of the State Level Selection Committee constituted under the JJ Act, 2015. Her examination of the protocols and insightful feedback proved invaluable.

Finally, I would like to express our appreciation to all the Members and staff of MSCPCR for their unwavering support throughout this initiative.



*Adv. Susieben Shah*  
Chairperson,  
MSCPCR



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The Protocol on Rehabilitation of Children in Need of Care and Protection and Children in Conflict with Law under the Juvenile Justice (Care and Protection of Children) Act, 2015 has been developed by the Maharashtra State Commission for Protection of Child Rights (MSCPCR).

We extend our sincere appreciation to the following individuals and organizations for their invaluable contributions to the development of this Protocol:

**Overall Guidance and Support:** Adv. Susieben Shah, Chairperson, MSCPCR

**Review and Foreword:** Dr. Justice Shalini Phansalkar Joshi, Former Judge of the Bombay High Court and Chairperson of the State Level Selection Committee under the JJ Act, 2015

**Technical Support:** Ms. Alpa Vora, Child Protection Specialist, UNICEF Maharashtra and Ms. Priti Patkar, Co-Founder, Prerana

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16. Dr. Caroline Audoir de Valter, Founder CEO, Hope for the Children Foundation
17. Ms. Zarin Gupta, Chairperson and Founder Trustee, Salam Balak Trust
18. Mr. Milind Bidwai, Director, Salam Balak Trust
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## Introduction

The Maharashtra State Commission for Protection of Child Rights (MSCPCR), constituted under section 17 of the Commission for Protection of Child Rights Act, 2005, has been entrusted with the responsibility of safeguarding the rights of children. The Juvenile Justice (Care and Protection of Children) Act, 2015, has also entrusted SCPCR with the additional responsibility of monitoring the implementation of the Act in their respective States.

This obligation placed upon MSCPCR the responsibility to ensure that all necessary mechanisms and resources are made available for the effective administration of the Juvenile Justice System, ultimately benefiting children who come into contact with the system. Every child who comes in contact with the Juvenile Justice System is a child in difficult circumstances who has fallen out of the protective net at some point and has been robbed of an opportunity of a safe and secure childhood.

The Juvenile Justice (Care and Protection of Children) Act is a legislative framework in India aimed at addressing the needs and rights of Children in Conflict with the Law (CICL) and Children in Need of Care and Protection (CNCP). It was enacted in 2015, and subsequently amended in the year 2021. The objectives of the JJ Act are comprehensive. Firstly, it aims to provide a holistic framework for the proper care, protection, treatment, development, and rehabilitation of children in need of care and protection, by adopting a child-friendly approach that prioritizes the best interest of the child. Secondly, it seeks to safeguard the rights of children in conflict with the law, ensuring that they are treated in a manner that is consistent with the principles of justice, dignity, and reformation. Thirdly, the Act aims to promote the rehabilitation and social reintegration of children in conflict with law, recognizing the importance of their successful return to society. Lastly, it establishes specialized institutions and mechanisms to effectively carry out these objectives for children in need of care and protection or children in conflict with law.

The verdict delivered by the Hon'ble Supreme Court of India in the matter of Sampurna Behura versus Union of India and others, duty-bound the State Commission for Protection of Child Rights and State Government to take all requisite measures for the effective implementation of the provisions laid down under the Juvenile Justice (Care and Protection of Children) Act, 2015 and rules made thereunder.

The Government of Maharashtra has taken necessary measures to ensure the effective implementation of the Juvenile Justice (Care and Protection of Children) Act, 2015. These

measures include notifying the Maharashtra Juvenile Justice (Care and Protection of Children) Rules, 2018, establishing infrastructures, appropriate authorities, child care institutions, and special programs for children.

The Child Welfare Committees (CWCs), Juvenile Justice Boards (JJBs), Children Court's, Special Juvenile Police Units (SJPU), District Child Protection Units (DCPU) and Child Care Institutions (CCIs) are mandated to be guided by the general principles of Juvenile Justice Administration while following procedures defined in the Juvenile Justice (Care and Protection of Children) Act, 2015 and Maharashtra Juvenile Justice (Care and Protection of Children) Rules, 2018 with regard to the children in need of care and protection and children in conflict with law.

The Maharashtra Juvenile Justice (Care and Protection of Children) Rules, 2018 place a specific responsibility on MSCPCR to develop protocols for the rehabilitation and reformation of children. In this context, MSCPCR with the support of experts and practitioners has initiated the process for the development of protocol with the objective of rehabilitation and social re-integration of children of both the categories.

This protocol is designed for the rehabilitation of children in need of care and protection, as well as children in conflict with the law. It focuses on critical aspects that often hinder rehabilitation and social reintegration due to a lack of clarity or limited understanding. The protocol is divided into three parts –

**Part A:** Rehabilitation of Children in Need of Care and Protection (Rehabilitation of CNCP and Role of Child Welfare Committee, Rehabilitation and Social re-integration of Children in Child Care Institutions and Follow-up of CNCP)

**Part B:** Reformation and Rehabilitation of Children in Conflict with Law (Alternatives to Detention, Diversion, Group Counselling & Community Services and Probation Services)

**Part C:** Mental Health and Psychosocial Support for Children in the Juvenile Justice System

This protocol will help child protection functionaries understand the concept of rehabilitation and social re-integration, with clear principles and approaches, enabling them to discharge their duties effectively regarding the rehabilitation and social re-integration of children.

## Maharashtra State Context

Vulnerabilities of children due to the stresses and strains experienced by their families are manifested as an outcome of various circumstances such as sudden death of parents or a breadwinner of the family, or a parent suffering from terminal illness, imprisonment of a parent and other socio-economic- psychological circumstances.

Factors on account of systemic crisis accelerated through rapid urbanization, climate crisis, shrinking rural and tribal economies, negligible social security systems also precipitate vulnerabilities. When families living in such situations are unable to cope with the crisis, it results in family dysfunction and increased child vulnerability to abuse, harm, exploitation, or high-risk behaviour. This brings children into the Juvenile Justice System as children in need of care and protection or conflict with the law.

- Nearly 45.22 % (Census, 2011) of Maharashtra's population lives in the urban. Districts facing rapid urbanisation are witness to inter-state and intercountry trafficking where Maharashtra serves as a source, transit and destination: child labour, children living and working on streets (street children) and children coming in conflict with the law. The burden faced by the Juvenile Justice System in these districts is much higher than other districts.
- Nearly 9.35 % (Census, 2011) of Maharashtra's population is tribal. Many protection risks faced by tribal children are closely linked with traditional harmful practices such as adolescents living in unions, resulting in teenage pregnancies or child marriage. DNT groups are perceived as violators of law. Children too carry this stigma that results in them coming in contact with the law.
- The large rural landmass of central Maharashtra that is drought prone and climate stressed witnesses child marriage, seasonal migration of families with children resulting in children dropping out of school and assuming prematurely adult roles.

These systemic forces, require context specific response and may need to go beyond the services that are designed under various flagships. Such responses can help strengthen safety nets, strengthen gatekeeping and prevent children from becoming vulnerable and entering the JJ System.

Abuse, harm and exploitation could also include situations such as children being forced to work, children being married early, children being trafficked or being sexually abused. Where the family is rendered unsafe or is unable to protect its children; the State is required to ensure care, protection and rehabilitation through various measures including institutional and non- institutional protection services to address the different needs and circumstances of the child and the family.

These protocols elaborate the role of different stakeholders in rehabilitation and reformation of children; enabling families to take care of their children, ensuring their safety and security and preventing them from falling into situations of harm, abuse and exploitation and entering the JJ System.

# PART A

## Rehabilitation of Children in Need of Care and Protection

### **Section I:**

*Rehabilitation of CNCP and Role of the Child Welfare Committee in  
Facilitating the Rehabilitation of CNCP in Family-Based Care*

### **Section II:**

*Rehabilitation and Social re-integration of Children in  
Child Care Institutions*

### **Section III:**

*Follow-up of CNCP*



# SECTION I

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*Rehabilitation of CNCP and Role of the Child Welfare Committee in Facilitating the Rehabilitation of CNCP in Family-Based Care*





## **Chapter 1**

### **Understanding Rehabilitation under the Juvenile Justice (Care and Protection of Children) Act 2015**

In the context of the Juvenile Justice (Care and Protection of Children) Act 2015 (hereafter referred to as JJ Act), rehabilitation refers to the holistic and comprehensive process aimed at restoring and reintegrating children into society in a manner that ensures their physical, mental, emotional, and social well-being. It involves a range of interventions and support services with the participation of the child and the key person(s) in the child's life. It is tailored to address the specific needs of the child with the overarching goal of enabling them to lead productive and fulfilling lives by adopting a child-friendly approach and ensuring the best interest of the child at every step. Overall, rehabilitation seeks to empower the child to regain their sense of agency and dignity and build resilience for a positive future.

Rehabilitation of children within the juvenile justice system is a continuous participatory process which includes tapping into a range of most suitable options available under the ambit of the system, keeping in mind the best interest of the child. For Children in Need of Care and Protection (CNCP), the Child Welfare Committee (CWC) is the final decision-making body towards their rehabilitation and social reintegration. Section 40 (1) of the JJ Act mandates that for children residing in Children's Home, restoration and protection of child shall be the institution's primary objective. Moreover, the Children's Home has been given the responsibility to take necessary steps to ensure restoration and protection of child deprived of family environment, as per Section 40 (2) of the JJ Act. And towards this, Section 40 (3) of the JJ Act states that the CWC has been given the power to restore CNCP to their parents, guardians or fit person post inquiry and to give them suitable directions.

Social Investigation Reports (SIR) and Individual Care Plan (ICP) are some of the most crucial tools which aids the CWC and the Children's Home in assessing, planning and implementing rehabilitation plan for children within the juvenile justice system. Section 39 (1) of the JJ Act emphasises that the rehabilitation and social integration shall take place keeping in mind the individual care plan of the child through family-based care such as restoration to parents or guardians with or without supervision or sponsorship, or adoption or foster care. Further, as per Section 39 (3) of the JJ act, if children in need of care and protection are not placed with families for any reason, they may be placed in Children's Home or with a fit person or fit facility, and the rehabilitation and social reintegration efforts shall take place wherever the child is placed in. Moreover, aftercare support for children leaving institutional care has also been laid out in Section 39 (4) of the Act where the

provision for financial support to children leaving institutional care after attaining the age of eighteen amongst other services has been included.

In this chapter of the protocol, the role of CWC vis-à-vis the rehabilitation and social reintegration of CNCP who are placed in family-based care will be discussed in detail, for rehabilitation protocol for CNCP in institutional settings has been described in the next chapter.

While the JJ Act and Rules have described the rehabilitation measures when the child is in an institution in great detail, the lack of clarity of rehabilitative effort for a child who remains with his/her family or gets restored to parent or guardian remains a gap.

The CWC serves as focal point for facilitating rehabilitation and social reintegration of CNCP. They serve as the common bridge linking all the stakeholders associated with the child. While different stakeholders may enter and exit in the child's journey of rehabilitation, the CWC remains as a constant stakeholder who anchors the process of effective implementation of the rehabilitation and social reintegration of CNCP. The CWC's informed decision making enables the child to be on the path of rehabilitation as soon as possible. As can be seen in the given below figure, the CWC primarily works on the aspects of proper care, protection, medical care, education, vocational training, therapy, counselling, legal assistance etc. while planning for effective rehabilitation and reintegration of the children.



*Figure 1: Key Components of Rehabilitation*

### **1.1 Stakeholders responsible for facilitating rehabilitation of a Child in Need of Care and Protection (CNCP) under the JJ Act:**

Rehabilitation of a CNCP under the JJ Act has been operationalised through a multi-stakeholder approach. Several stakeholders are required to collaboratively work together to ensure effective rehabilitation of children under the JJ Act. Given below are the key stakeholders responsible for implementing rehabilitative measures under the JJ Act:

- a) Judicial Body: Child Welfare Committee (CWC)
- b) Government Agencies: Special Juvenile Police Unit (SJPU), District Child Protection Unit (DCPU), government-run Child Care Institutions etc.
- c) Non-Government Agencies: Privately-run Child Care Institutions, NGOs working on child rights and child protection who assist the CWC in conducting Social Investigation, Follow-Up, Counselling etc.
- d) Legal Aid Providers: District Legal Services Authority (DLSA), lawyers, Support Person appointed by DLSA etc.
- e) Medical and Mental Health Professionals: Doctors, Nurses, Therapists etc.
- f) Education and Vocational Service Providers: Schools, Vocational Training Institute, Skills development programmes etc.
- g) Any other stakeholders mentioned in the JJ Act and Maharashtra JJ Rule

### **1.2 Categories of Child in Need of Care and Protection for whom rehabilitative measures are implemented:**

As per the JJ Act, rehabilitative measures shall be implemented for all children who falls under the category of CNCP as per section 2(14) of the Act. The Child Welfare Committee is the judicial body which makes all final decisions related to a CNCP. Following Section 37 of the JJ Act, the CWC in collaboration with other stakeholders mostly facilitates the rehabilitation process of the following children:

- a) CNCP placed in Children's Home or Fit Facilities for long term or temporary care;
- b) CNCP restored to family or guardian with or without supervision;
- c) CNCP who continue to remain under the care of his/her parent/family/guardian etc.
- d) CNCP placed with Fit Person for long term or temporary care;
- e) CNCP placed under Foster Care order as per section 44 of the JJ Act;
- f) CNCP referred for sponsorship as per section 45 of the JJ Act;

- g) CNCP referred for adoption under section 38 of the JJ Act;
- h) CNCP leaving institution after completion of eighteen years of age and receiving After Care support as per section 46 of the JJ Act

In the context of CNCP placed with Fit Person, Rule 30 of the Maharashtra Juvenile Justice Rules states that a fit person is any individual recognised by the Child Welfare Committee who is fit to temporarily receive a child for care, protection or treatment for a period as may be necessary. It further states that the child shall not be placed with a fit person for period not exceeding thirty days and, in such cases, where the child requires further care, the CWC may consider the placement of the child in foster care or other rehabilitative alternatives for the child.

## Chapter II

### **Roles and Responsibilities of the Child Welfare Committee (CWC) in facilitating the Rehabilitation of CNCP who are in Family-Based Care**

The Child Welfare Committee (CWC) plays a vital role in the rehabilitation of Children in Need of Care and Protection (CNCP) through family-based care. The CWC ensures that the child's best interests are prioritized and that the chosen care plan aligns with their individual needs. Additionally, the CWC provides ongoing oversight and support to facilitate the successful rehabilitation and social integration of CNCP within family-based settings.

The given below functions and responsibilities as laid down in the JJ Act and Rules directly addresses the rehabilitation aspect of children in need of care and protection who are in family-based care:

- ✓ conducting inquiry on all issues relating to and affecting the safety and well-being of the children under this Act;
- ✓ directing the Child Welfare Officers or probation officers or District Child Protection Unit or non-governmental organisations to conduct social investigation and submit a report before the Committee;
- ✓ declaring a child as a child in need of care and protection, after inquiry, as per **Annexure I**
- ✓ conducting inquiry for declaring fit persons for care of children in need of care and protection;
- ✓ directing placement of a child in foster care;
- ✓ ensuring care, protection, appropriate rehabilitation or restoration 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;
- ✓ take action for rehabilitation of sexually abused children who are reported as children in need of care and protection to the Committee by Special Juvenile Police Unit or local police, as the case may be, under the Protection of Children from Sexual Offences Act 2012;
- ✓ accessing appropriate legal services for children;
- ✓ refer children in need of care and protection having biological or extended family who is produced before CWC to organisation offering support to strengthen families to prevent institutionalisation of the child, wherever appropriate
- ✓ refer children admitted to CCI to organisation offering support to strengthen families for reintegrating with their families wherever appropriate

## Chapter III

### Salient features of Rehabilitation of a CNCP

Rehabilitation under the Juvenile Justice (Care and Protection of Children) Act 2015 is a multifaceted and systematic process that aims to restore and reintegrate children in need of care and protection into mainstream society. This process, guided by the principles listed in section 3 of the JJ Act, along with the principles of individualisation, self-determination and appropriateness encompasses various salient features designed to ensure the holistic development and well-being of children.



*Figure 2: Principles relevant for CNCP as laid down in section 3 of the JJ Act*

Key stakeholders including the family and community members collaborate to provide a comprehensive range of interventions and support services. Given below salient features emphasize the importance of a child-centric approach in facilitating the rehabilitation and successful reintegration of children into society:

### 3.1 Immediate Support and Protection

Upon presentation of the child to the CWC, immediate attention should be given to ensure the child receives necessary medical aid/care and psychological support. Simultaneously, child protection mechanisms are activated to safeguard the child from further harm and provide a secure environment, which doesn't necessarily entail placing the child in institutional care.

In the matter of sensitive cases such as cases of children who are victims of commercial sexual exploitation (under the ITA Act 1956 etc.), the CWC may be required to immediately pass an order for institutionalisation of the child if the child is rescued from a brothel and/as family tracing including verification of family members, assessment of fit parent/guardian etc., could be a time-consuming process.

### **3.2 Comprehensive Assessment:**

The CWC shall conduct a comprehensive assessment or inquiry of children presented to it, either on its own or based on reports from any person or agency. This assessment could be facilitated by social workers, Child Welfare Officers, or Child Welfare Police Officers to expedite the social investigation process.

Section 36 (2) of the JJ Act states that the social investigation shall be completed within fifteen days so as to enable the Committee to pass final order within four months of first production of the child.

Following the provisions outlined in section 36 of the JJ Act, the CWC shall ensure that a thorough evaluation of the child's physical, psychological, and emotional requirements is done. This assessment extends to understanding the level of trauma experienced by the child and anticipates potential long-term effects on their rehabilitation and overall well-being.

### **3.3 Legal Support:**

Maintaining the child's right to confidentiality and ensuring all child friendly processes are adhered to, is paramount throughout every stage of the process as outlined in the JJ Act and the POCSO Act. Having access to legal support ensures that a child is adequately represented, where required.

In cases where the child is a victim of sexual assault, the CWC shall conduct an assessment to determine the need for appointing a support person, as per the provisions in Rule 4 (8) of the POCSO Rules 2020. This ensures that the child's rights are protected during pre-trial and trial proceedings. Moreover, the NALSA (Child Friendly Legal Services to Children and their Protection) Scheme, 2015 calls for State Legal Services Authority to set up child friendly Legal Service Clinics at every Child Welfare Committees. As per Rule 56 (14) of Maharashtra JJ Rules, the Legal Services Authority has also been given the authority to provide Support Person to any child under the JJ Act against whom any offence has been committed. The Child Welfare Committee, thus plays quite a crucial role in facilitating linkages between the child and the Legal Services Authority.

Furthermore, it is crucial to provide the child or youth care leaver with access to legal assistance and protection throughout the rehabilitation process. This includes informing them and their family about the District Legal Services Authority and the availability of free Legal Aid Services. By ensuring these measures are in place, the rights and interests of the child or youth are safeguarded, and they receive the necessary support and protection during their journey through the legal system and rehabilitation process.

### **3.4 Linkages to Services:**

The CWC plays a pivotal role in ensuring a comprehensive approach to linking children and youth care leavers with essential services and support. This includes adhering to principles of repatriation and restoration while planning rehabilitation services. Whenever feasible, efforts shall be made to reunify children and youth care leavers with their families. Alternatively, appropriate family-based care options such as foster care or adoption are arranged.

Rehabilitation efforts should be aimed at creating a supportive environment that fosters the reintegration of children and youth care leavers into their families and communities without stigma or discrimination. If a support person is appointed, the need for their involvement in the rehabilitation plan shall be assessed by the CWC to enhance support for the child or youth care leaver.

Rehabilitation services have to be child-centric and trauma-informed. The services have to be tailored depending on various factor including the age, maturity, socio-cultural context, etc., including counselling, therapy, access to support services, helplines, and social security schemes. Quality education and vocational training must be provided to the children to equip them with essential skills for future employment and self-sufficiency. Addressing healthcare needs, ensuring basic necessities, and focusing on family strengthening are integral aspects of the rehabilitation process.

The CWC shall also implement preventive measures to mitigate future risks of abuse, violence, exploitation, or neglect of the child. In cases of child victims of sexual assault, engagement with their families must be prioritized to provide support and education on addressing the impact of such violence.

During the development and review of the rehabilitation plan, the child or youth shall be actively involved in the decision-making process. Additionally, CWC and the District Child Protection Unit (DCPU) may collaborate to develop aftercare plans for children in need of such services before they reach 18 years of age. This includes mapping aftercare services and referring youth care leavers to suitable resources.

### **3.5 Case Management:**

Case Management is not a type of programme or intervention. It is an approach (or service) for identifying children's needs and coordinating services, support and assistance to meet those needs. Case management approach is crucial for effectively implementing, monitoring, and continuously reviewing the rehabilitation plan for children. For children placed in institutional care, this approach involves regular review of the child's care plan by the CWC, ensuring that Children's Homes have a functional Home Management



Committee in place. Additionally, in accordance with section 37(b) of the JJ Act, a follow-up order can be issued to a Child Welfare Officer or designated social worker. This order establishes a system for ongoing follow-up and monitoring of the child's progress and well-being post-restoration or for CNCP who remained in the care of their families and were not placed in institutional care. This system also provides continuous support and interventions to address any emerging needs or challenges. A systematic case management shall be implemented by the CWC using the Case Monitoring Sheet (Form 26 of Maharashtra JJ Rules 2018). Furthermore, if a Support Person is appointed in any case under the POCSO Act, monthly progress reports shall be shared with the CWC, enabling regular discussions on the case's progress and necessary interventions.

The core principles of case management include: doing no harm, prioritizing the best interest of the child, being non-discriminatory and inclusive, ensuring participation, maintaining respect, obtaining informed consent/assent, being child-centric, maintaining confidentiality, employing a multi-disciplinary approach, being ethical, taking a holistic view, and being accountable.

### 3.5.1 Typical Steps in Case Management:

All case management follows the same basic steps:

- a) **Intake/Identification:** Accepting individual cases into the case management process.
- b) **Assessment:** Understanding the situation, analyzing risks and strengths, and determining the best interests of the child.
- c) **Planning:** Deciding on necessary actions and required support, and referring cases to other services for additional assistance.
- d) **Implementation:** Putting the plan into action and following up to ensure actions are being taken.
- e) **Monitoring:** Ensuring that actions are meeting their objectives.
- f) **Review:** Evaluating the plan to see if it is still effective, relevant, and appropriate, and revising the plan as necessary.
- g) **Case Closure:** Closing the case as the situation improves and changes positively, addressing the safety and well-being needs of the child. Transferring the case to another organization if the child and family relocate or have specialized needs.

Effective **data management systems** and comprehensive **documentation** are crucial components of a robust case management system. These systems facilitate efficient record-keeping and support a structured approach to the assessment, planning, monitoring, and review of each case from intake to closure.

A flow-chart for executing rehabilitation by the CWC for CNCP in family based care is shown below for reference purpose.

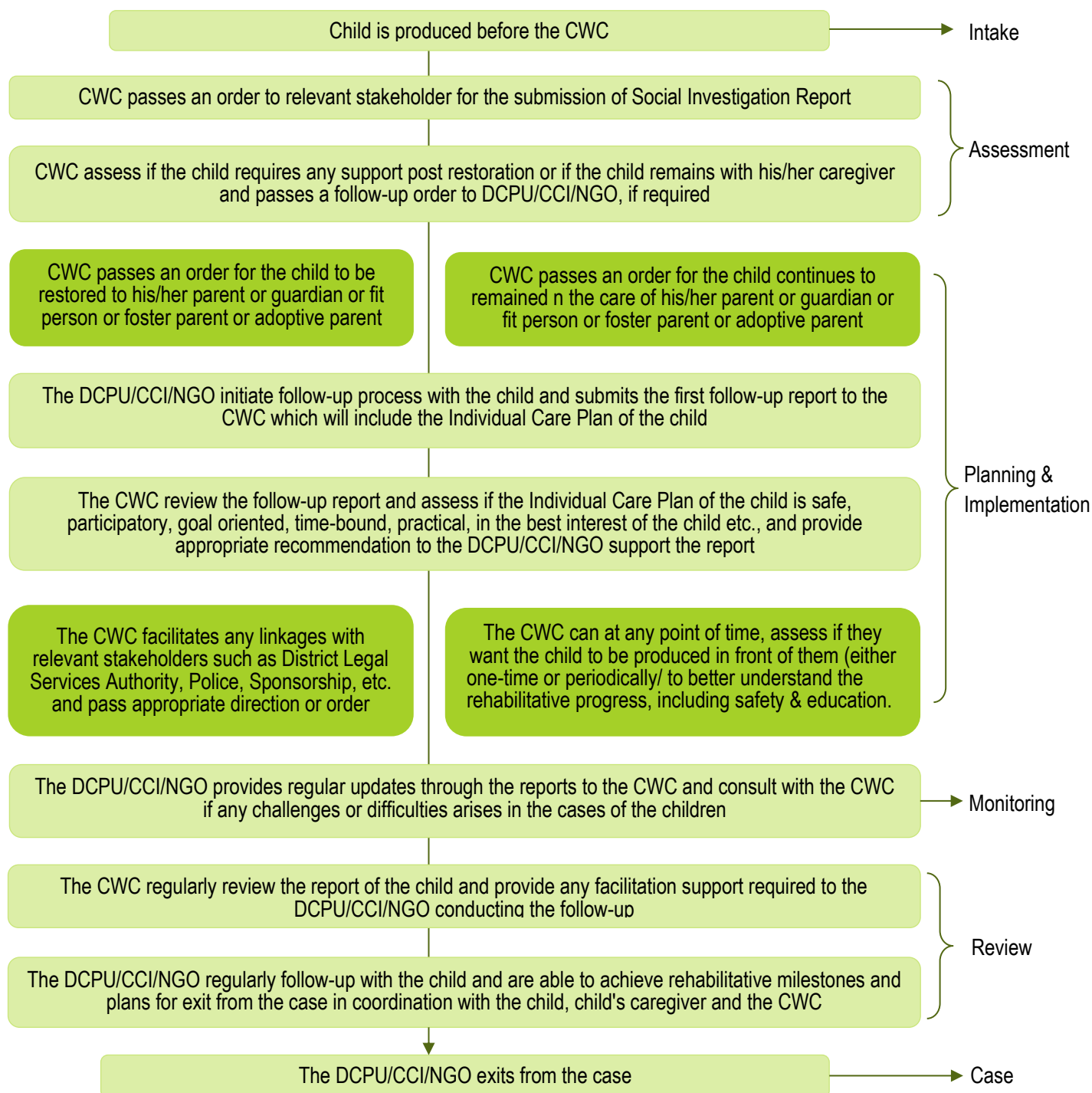


Figure: Flowchart depicting Case Management Process by the CWC for Children in Family-Based Car

In conclusion, the Juvenile Justice (Care and Protection of Children) Act 2015 places a strong emphasis on rehabilitation as a holistic process aimed at restoring and reintegrating children into society. Central to this is the focus on family-based care, which is considered the best option for the child's well-being. The Child Welfare Committee (CWC) plays a critical role in ensuring that children in need of care and protection are restored to their families or guardians whenever possible. The effective use of rehabilitative tools such as Social Investigation Reports (SIR) and Individual Care Plans (ICP) through a case management approach becomes crucial in tailoring rehabilitation efforts to each child's unique needs.

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## **SECTION II**

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### ***Rehabilitation and Social re-integration of Children in Child Care Institutions***



## Rehabilitation and Social Re-integration of Children

Children in Child Care Institutions (CCI) may be rehabilitated through any of the various orders passed by the CWC under sec 37 of the JJ Act 2015. Rehabilitation begins as soon as the child is brought into the JJ system. The process of rehabilitation should follow the general principles outlined in the Constitution of India, the UNCRC and under sec 3 of the JJ Act 2015.

### Care Planning:

For any child placed in the CCI, care planning through development of the ICP is a key process that guides the rehabilitation process and determines the successful social re-integration of the child. Care planning is a process and should follow the following principles:

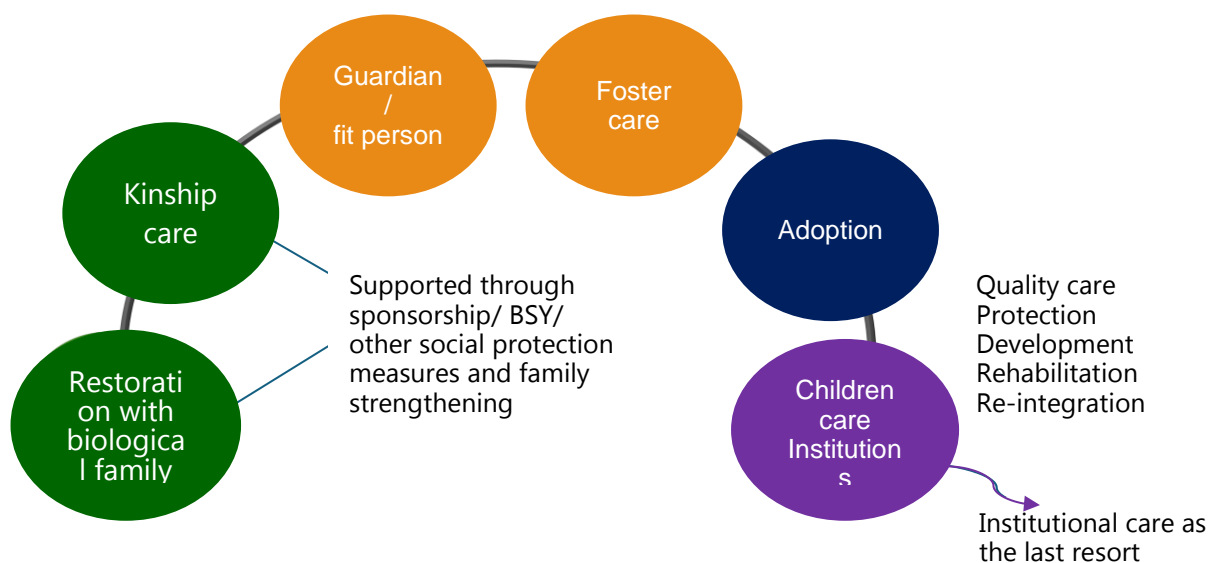
- A. **Right of the child:** Care planning should ensure that the child's rights to survival, development, protection, and participation are met. Efforts should be made to take the child's needs and interests into consideration. The child should also be made aware of the plans being made for her/him and any changes that may be incorporated.
- B. **Best interests of the child:** The plan should reflect the best possible options in the interest of the child, beyond what is convenient and easy for the CCI. For example, if a child shows higher potential for academics, s/he should be supported to access higher education options. Similarly, marriage may not always be the best option for girls or they may not be interested in marriage. This needs to be considered while planning for the child.
- C. **Institutional care as a last resort:** The CCI should always try to minimise the time spent by any child in an institution. The care plan should include exit points where efforts may be made to unite the child with her/his family members wherever possible. The plan should be reviewed on a regular basis to enable institutional management to explore early reintegration, by supporting the family through counselling and sponsorship support, enabling kinship care or other community-based options. The CCI should include regular review for the need for institutional care for a child, particularly those who have parents, relatives or older siblings.

- D. **Non-labelling:** Care plans should not lead to labelling and stigmatising. The staff should refrain from using the information to taunt, threaten or bully the child in any manner.
- E. **Confidentiality:** The details of the assessment and care plan needs should only be shared with the CWC and the Child welfare officer of the CCI. The management should use their discretion to keep certain information confidential, especially experience of abuse or offence.
- F. **Continuity:** The aim of the care plan is to ensure continuity and treat the child as an individual. Hence, when the child is transferred to another CCI, her/his care plan should be part of her/his case documents.

### Ensuring that Institutional Care is the last option and is used for the shortest possible duration:

While CCIs provide an important support system for children from difficult circumstances, they also need to work towards limiting the period of children's institutionalisation. This is especially true for children with one or both parents or relatives. In order to limit the damage caused by long-term institutionalisation, the CCI needs to do the following:

## CARE OPTIONS FOR CHILDREN IN THE JJ SYSTEM



1. The CCI should conduct a detailed case study, especially if the child has one or both parents, a sibling or relatives and ascertain if anyone can be linked to the child and can be eventually supported to care for the child in a family-based environment.

2. The CCI should make visits to the homes of children in the CCI, who are from the same or nearby districts. If the child is from a far-off district or a different state, the CCI can link with the CWC and DCPU of the said district to prepare and SIR in format 22 of the Maharashtra JJ Rules 2018.
3. Since the CWC only gives orders for one year at a time, the CCI should review the case from time to time and explore possibilities of reintegration with the family or placing the child in kinship care especially if the child's biological family or kin is traceable or in contact with the child. If the child's family or relatives are untraceable despite following the processes as per Rule 19 of the Maharashtra JJ Act Rule 2018, the CCI may consider initiating the process of making the child free for adoption.
4. Unless it is a case of abuse, violence or exploitation by close family members, the CCI should encourage regular interaction with the parent/s and counsel them on the possibilities of finding ways to care for the child in the family.
5. Children in the CCIs should be provided with ample opportunities to interact and socialise with trusted persons/children outside the institution. This can be done through schooling outside the CCI, assisting in shopping, participating in activities organised by other NGOs, etc. As far as possible, they should not be isolated from society.

*Assign a Case-worker and address immediate concerns of care and protection of the child, Once the child is settled in the CCI, form a multi-disciplinary team for case management*

**Ensure that no-one apart from the case worker has details of the child's circumstances for placement in the CCI**

*Record case details with as much clarity as possible. - Home address and landmarks, education, health, parental status and any other information that can provide an understanding of the child's relationship with his/her parents and kin*

*Understand the Child's attitude towards parents/kin and what he/she feels about staying with them. If parents are in contact- have separate sessions with them to assess their readiness, capacity and motivation to take the child home*

*Develop an ICP with periodic review to ensure so that there are sufficient opportunities for the child to be restored to parents/kin at any point*

Figure 1. Steps towards developing an ICP

## 1.1 Care plan development for effective rehabilitation of children in CCIs

Irrespective of the period of stay, the child can have a better chance of reintegration through a proper care planning process right from the time s/he enters the institutional care system. A care plan enables the child and caregivers to work towards a common goal during the placement period and after leaving care. Care planning is important at every stage of the child protection process. Most children placed in institutions come from difficult circumstances. The steps that should be followed towards their social reintegration are as given below:



Figure 2: care planning process

Based on the assessments, care plans can be developed in form 7 of the Maharashtra JJ Act rules 2018, for each child. The multi-disciplinary assessment should include a range of assessments and a plan should be developed for each area to be assessed. Individual care plans should be made keeping in mind the child's rehabilitation needs.

**The care plan should provide a roadmap for the child's reintegration into society.**



Individual care plans should also have details on who among the staff will be responsible for monitoring the plans and the frequency of their review as per the orders given by the CWC.

Sr. No.	Area of Assessment	Description	Person Conducting the Assessment	Care Plan Linked to This Assessment
1	Child's expectation from care and protection	This assessment is done to understand what the child feels about being in the CCI and his/her expectation regarding his/her plans for care and protection	Child Welfare officer	The plan will detail out the steps to be taken to keep the child safe and to address any apprehensions that child might have regarding staying at the CCI.
2	Health and nutrition needs	Apart from the weight and height of the child, any major health problems and medical requirements of each child shall be assessed. Assessment should include any communicable or contagious illnesses as well as disabilities.	Registered medical practitioner	Health Plan: Should include the goal, treatment plan, period of treatment and any risks to the child as well as risk to others from the child especially in case of communicable diseases. The plan should also include any special nutritional needs of the child and plans for treatment for T.B., ART regimen, psychiatric medication, allergies, etc.
3	Emotional and Psychosocial support needs	Mental health assessment shall be conducted to understand the strengths of each child, areas for interventions, behavioural issues the child is facing and to understand the key needs of each child. This assessment will also include any	Psychologist/ psychiatrist	Mental Health Plan: This will provide the details of the counselling goals and outline the methodology for the same. It will also include any psychiatric treatment that the child may need to undergo and a schedule for review of the same.

		mental illnesses the child may have such as trauma.		
<b>4</b>	Educational and training Capacity and needs	<p>Educational assessment shall include assessment of IQ and knowledge of functional academics. Any previous experience of schooling and reasons for dropping out should also be taken into consideration.</p> <p>Vocational training assessment can be typically conducted after the child has attained 14 years of age. It looks into the vocational needs, interest areas and possibilities for the child with an aim to move towards independent living and social integration.</p>	<p>Qualified teacher or special educator</p> <p>Vocational trainer</p>	<p>Individualised Education Plan: Children can be provided with a range of educational options such as formal schooling, inclusive education in regular schools (for children with special needs), NIOS, special education, etc. based on their needs and capabilities. Children above the age of 14 years should be assessed for their interest in vocational skills if they are not interested in formal education.</p> <p>Vocational training plan: this plan will set goals for vocational training which can then be converted into job trainings. This plan should be made such that it then fits into the job opportunities that the child would like to explore as an adult.</p>
<b>5</b>	Leisure, creativity and play	This assessment will identify any special talents that the child might have and also the games and activities that the child has experience of being involved in or those which the child would be interested in.	Child welfare officer	The plan will outline any special trainings that the child may be provided with to hone their talents and increase opportunities for participation.
<b>6</b>	Attachments and interpersonal relationships	This assessment will be done to understand if the child has any family	Child welfare officer	This plan will outline contact with the family members or other persons who can be involved in the planning for

	(with adults and children)	member/siblings/kin/unrelated persons etc. who may have a positive or negative impact on the child.		the child and also the frequency and type of contact they may have with the child.
7	Religious beliefs	This assessment will understand any specific religious beliefs that the child may have and his feelings regarding the same.	Child welfare officer	The plan will indicate any specific requirements associated with the child's religious beliefs.
8	Self-care and life skill training for protection from all kinds of abuse, neglect and maltreatment	This assessment shall be done to understand the behaviour of children, their level of participation in daily chores, their social skills, communication skills, decision-making skills, leadership skills, etc. For older children, this assessment will include knowledge of sex and sexuality, sexualised behaviours, sexual attraction, understanding of a workplace, marriage, etc.	Social worker with inputs from Caretaker	This plan will set a goal in terms of the skills needed by the child in everyday life. However, the plan should be revised as the child enters adolescence, keeping in mind his/her changed needs. At this stage, the life skill plan should include sex and sexuality, future planning, goal setting, money management, etc. in preparation for the child's release and social integration.
9	Independent living skills	Independent living and reintegration assessment will help in preparing long-term goals for children. This assessment will focus on the skills acquired by the child, available opportunities, future plans expressed by the child and the trainings that the child needs to undertake.	Social Worker/case worker/child welfare officer/superintendent	Independent Living and Reintegration Plan: Long-term goals may include identifying children who can be educated, identifying suitable vocational skills that can be taught based on expressed future aspirations and capabilities, identifying a suitable working environment (sheltered workshop, supervised environment, institutional

				care) and identifying children who can be moved towards independence. The plan should also include the social spaces and environment the child needs to be able to socially integrate into.
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.	This assessment is conducted to understand if the child has any threats or prior history, such as family members being involved in trafficking being witnesses to crimes, gangs, etc. Moreover, it serves to identify any possible threats to her/his life and well-being once s/he is released from the CCI.	Child Welfare Officer	This plan should include protection measures to be taken within the CCI, such as police protection, escort, no access to specific persons, etc. Similarly, plans for post release may include not handing over to parents, not living in the same state as perpetrators, linking up to local support persons, etc.

The care planning team should keep the following in mind while developing care plans:

- a. Care plans should provide details such as where, how, and who. They should also provide instructions on how often these plans need to be reviewed.
- b. Initial care plans for children should maximum cover up to 10 years of age. Even in this case, some aspects of the plan can be short-term and some long-term, based on individual and area-wise goals.
- c. New care plans need to be made when children pass the age of 10. At this stage, the team needs to take into account the child's educational capacity, vocational interests and any new developments during the period of his/her stay at the CCI.
- d. No care plan is useful unless it is revisited regularly or as ordered by the CWC. The team should review the plans at suitable intervals to see if it needs revision.
- e. Care plans, along with all the assessment formats, should be filed in the child's individual file. When the child is transferred to another CCI, the entire set of assessments and plans should also be transferred.

- f. The child should be involved in the process and his/her views should be taken in an age-appropriate manner.

### **Role of the caseworker in care planning:**

The caseworker plays an important role in the care-planning process. In the CCI, the child welfare officer should be designated as the caseworker. He/she will:

- i. Assess the immediate needs of the child when the child is placed in the CCI and ensure that these are addressed on an urgent basis.
- ii. In the case of child who has been found, initiate due processes for parent tracing.
- iii. Create a multi-disciplinary case management team at the CCI and ensure that each team-member completes his/her assessments and submits his/her plan as per the ICP.
- iv. Fill out the ICP as per the plans developed by the concerned team members and experts and submit the same to the CWC.
- v. Call for regular meetings of the case management team to review the progress of the child and adherence to the plans developed.
- vi. If the child is from another district/state and if the CWC has ordered for the child to be transferred, then undertake the necessary procedure for compliance with the order.
- vii. Ensure that every decision made for the child is made with their participation communicated to them as appropriate for their age/ intellectual ability.
- viii. Explore options for education, medical treatment, skilling and employment as required by the ICP. The case worker should maintain a directory of referral and linkage services for children.
- ix. Ensure that a thorough assessment of the families is done before a child is re-united with family/kin and ensure that the child is followed-up for atleast 1 year after re-unification.

**1.2 Review of care plan:** For every intervention, the care planning team should provide the periodicity of reviews to be conducted. Care plans should never be made for a period of more than five years. Care plans may be reviewed as follows:

- a. As per the period mentioned in the care plan: For example, if a child is undergoing treatment for TB and is therefore unable to attend school, the plans for health will need to be reviewed every six months to ascertain his/her treatment progress. At the same time, his/her education plan needs to be reviewed in the following academic year to see if s/he can start attending school.
- b. As per the age of the child: As children enter adolescence, they show changes in their personalities and worldview. The child may need to be counselled on

adolescence-related issues. In addition, the child may need to be given some vocational training along with schooling. The child's capacity for academics may need a reassessment so that the educational plan may be revised if needed.

- c. As per change in circumstances: Some new information may be obtained, such as information regarding the child's family; the care plan will need to include this aspect.

Based on the above, part B of the Form 7 shall be filled up at regular intervals.

### 1.3 Steps towards independent living

Young adults need two basic skills to survive outside the CCI:

- a. Job skills, including finding a job and money management.
- b. Psychosocial skills such as communication, developing relationships, etc.

The process should begin at least two years before the youth is expected to leave care. Some suggested steps to ensure successful transition to independent living are:

- a. Re-assessment of the child's psychosocial skills, educational capacities, interest areas and support systems outside the institution: A child who has been in institutional care since a young age will need to be reassessed by the **case worker and the case management team**, at approximately age 14. This will enable the CCI to understand the changes in the child's nature, educational capacity and interest areas, if the initial care-planning assessment was done at a very young age. Accordingly, the plan for the child will need to be reviewed; the child could be provided with further education, vocational training, life skills, etc., keeping in mind the plan for the next four years of the child's stay at the CCI.
- b. Linking the child to appropriate educational or vocational programs: At this stage, the child needs to be linked to vocational training institutions and other facilities as per her/his interest. The most important aspect is the child's area of interest and capacity. There may be a need to think beyond in-house vocational skills and make arrangements for the child accordingly. The training institute may be chosen based on the following criteria:
  - i. Suitability of the courses offered: Courses should be matched to the child's academic, physical, and intellectual capacities. Furthermore, the skills taught should be marketable.
  - ii. Appropriateness of the residential facilities: Some criteria for choosing appropriate residential facilities at the training centre may be separate residential facilities for boys and girls, no overcrowding, reasonable

convenience, communication facilities and suitability for children with special needs.

- iii. **Safety and security:** Proper round-the-clock security, no dangerous structures or spaces, escorts for going out of the premises, supervision while handling machines, sharp equipment, etc. are a must.
- iv. **Sensitivity of the staff and management:** The people working at the CCI should be careful of their behaviour with children, avoid corporal punishment, be willing to understand the different needs and capacities of the children and structure the training accordingly.

c. **Preparing the child for independent living:** A prolonged stay at an institution isolates children and does not allow for a proper understanding of the world outside. Even if the child is going back home or to her/his relatives, it is important to prepare her/him appropriately. The CWC should order an SIR of the living situation into which the young adult is expected to be, after leaving the institution. The SIR should record the following with regard to the options for the child who is leaving care:

- i. Where would the child like to go after leaving the CCI?
- ii. What are the reasons for the child wanting to go there?
- iii. Who will the child stay with? (mother/father, relative, boyfriend, girlfriend, husband, etc.)?
- iv. What are the child's plans while living there (study, work, get married)?
- v. What will the child do to manage their expenses?
- vi. What are the advantages that the child sees in living in there?
- vii. What problems (if any) do they anticipate?

Where possible, the case-worker should visit the place chosen by the child and understand the motivations of the child and assess the protection situation.

- i. Capacity (financial and emotional) and willingness of biological parents/siblings/kin to support the young adult.
- ii. Motivations of the person assuming responsibility for the young adult.
- iii. Safety and appropriateness of the independent care situations (if the child is not returning to his/her family)
- iv. Capacity of the young adult to cope with the challenges after leaving the CCI.

These observations should be discussed with the child to arrive at an appropriate decision.

- d. Once the CCI and the child have agreed upon an appropriate option after leaving care, the preparatory phase begins. The following aspects need to be covered in the preparatory stage to ensure successful re-integration of the child as a young adult:**

**Employment related skills:**

- i. Understand their own interests, skills and develop a career plan
- ii. Use public transport and travel unaccompanied
- iii. Search for appropriate employment, apply for a job, appear for interviews
- iv. Understand the tasks and perform them competently
- v. Understand the terms of the employment, salary and other benefits
- vi. Understand hierarchy and reporting requirements
- vii. Communicating with co-workers and higher-ups
- viii. Access services including whom to approach in cases of emergency relating to health, harassment, difficulty in understanding, problems with co workers
- ix. Follow instructions, accept negative feedback and make improvements

**Personal care skills:**

- i. Grooming and etiquette
- ii. Managing Relationships- romantic as well as social
- iii. Use the internet effectively and safely
- iv. Handle criticism
- v. Handle and report any form of harassment
- vi. Protect personal information and documents

**Financial management skills:**

- i. Understand the value of money and differentiate between needs and luxuries
- ii. Manage banking, saving, rent, utilities etc.
- iii. Budgeting, bill payment and planning for larger expenses\
- iv. Manage loans and it's repayment

**Home management skills:**

- i. Using appliances
- ii. Read food labels and understand ingredient and instructions



- iii. Estimate quantities
- iv. Cook basic food items, wash clothes etc.
- v. Manage repairs and maintenance

**Social living skills:**

- i. Securing important documents
- ii. Sharing space and expenses with others
- iii. Choosing appropriate free-time activities
- iv. Exercising caution while communicating with strangers
- v. Forming new friendships and trusting relationships
- vi. Choosing a hobby
- vii. Taking decisions of marriage

The CCI shall review the ICP of the child and include the plans for the child's restoration and re-integration in section C of form 7 as per the Maharashtra JJ Rule 2018. The CCI will also prepare a post-release follow-up plan in section D of form 7 and submit the same to the CWC 2 months before the child is due to leave the CCI as per Rule 27(4) of the Maharashtra JJ Act Rules 2018. However, it is advised that the CCI may begin working in this plan in consultation with the child, at least 6 months prior to its submission to the CWC.

- e. **Release from institution and referral to aftercare homes, group homes, NGOs, etc. as required:** Most children in institutional care are not ready for independent living at 18 years. In such cases, the child may need to be referred to an aftercare homes, group homes or NGOs. These facilities will have to be thoroughly assessed to ensure that they are appropriate and safe for the young adult. This decision may be taken based on the independent living assessment covering the following aspects:

A folder with the following documents needs to be provided to the young adult at the time of release from the institution:

- i. Aadhaar card.
- ii. PAN card.
- iii. Orphan certificate where applicable.
- iv. Bank account with debit card, passbook and cheque book.
- v. Letter of recommendation from the CCI.
- vi. All certificates, mark sheets, medical documents.
- vii. Drivers' license if any.
- viii. Ration card.

The young adult should also be provided with written instructions on how to care for and use these documents.

- f. **Job placement:** The young adult needs to be supported in securing her/his first job especially if the child is not continuing in higher education. The CCI needs to help with interviews and the placement process, as these are new experiences for the young adult.
- g. **Post release follow-up and mentoring:** When a young adult is released, s/he should be followed up with for at least 2 years or longer if needed. The youth should be provided with a clear understanding of the nature and period of the follow-up, which should include face-to-face visits, telephonic contact, resolution of any problems, counselling, and inputs. Ideally, a local mentor may be appointed so that the youth have access to local support when needed. In the absence of a local mentor, a designated staff member of the CCI may also take up the role of mentor, providing the youth with emotional support, financial inputs and social support. The focus should be on developing decision making and problem-solving skills. As far as possible, the follow-up and mentoring process should respect the young adult's privacy and not be intrusive or investigative in nature, unless otherwise stipulated by statutory authorities (refer to suggested reporting format for the mentor in the annexure titled 'Mentor Visit Reporting Format').
- h. **Closure** - The case should be formally closed by mutual agreement. The youth should be made aware of the nature of her/his association with the CCI and what support can be provided after closure. The youth may be provided with contact details for any services or support s/he might need in future.

#### 1.4 Social re-integration

Social re-integration may be considered as the stage where the young adult begins to develop social relationships and sees herself/himself as a part of society. Being an orphan and having been brought up in an institution are stigma that the youth may find difficult to overcome. The youth may need to find ways to express her/his identity as an individual. They may also take time to trust the others and form meaningful relationships outside the institution. At the point of closure, it must be ascertained that the youth has moved toward social integration and no longer looks upon himself/herself as a stigmatised person. Some signs of positive social integrations could be:

- a. Forming professional relationships at the workplace where s/he is recognised for her/his work.
- b. Being able to talk about her/his background without feeling ashamed or threatened.

- c. Forming a few trusting friendships
- d. Not being involved in anti-social, self-harming, violent or addictive behaviours
- e. Being able to spend recreational time with peers.
- f. Being able to find a life partner.
- g. Able to have achievable plans for the future.

In case of supporting the young adult for marriage or if the young adult has expressed a plan to get married, the following should be considered:

- 1. Order for transfer to the aftercare home/women's home/family should be obtained before her term at the CCI ends
- 2. A case-worker from the CCI should continue to follow-up the child until at least one year of leaving the CCI regardless of where she is placed.

While arranging/supporting the marriage the Aftercare home or women's home should:

- 1. Communicate with the CCI to understand the girl's background, her behaviour or any other relevant information.
- 2. A detailed assessment of the bridegroom's job, family situation and reasons for choosing to marry an orphan/disabled person, financial records and educational qualification. It is important to ascertain whether the bridegroom is able to provide honest and consistent responses regarding his situation. The aftercare home/women's home should complete the following processes before finalising the marriage:
  - i. Home visit to understand the surroundings and environment.
  - ii. Police verification to ascertain any criminal antecedents or cases against the groom or his family members.
  - iii. Detailed case history of the groom including documents pertaining to his educational qualification, job and salary.
  - iv. Providing relevant details of the case history of the young adult care leaver (This is particularly true if there is a history of abuse, or the parents backgrounds are socially stigmatising).
  - v. Medical certificate of the groom
  - vi. A legal document stating all the details of the marriage and the two parties concerned including the role of the CCI, for future reference.

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## ***SECTION III***

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*Follow-up of CNCP*



## **Chapter I**

### **Understanding “Follow-Up” within the Juvenile Justice System**

#### **Context**

“Follow-up” refers to a systematic and thorough process designed to monitor the safety, well-being, and development of children within their family or family-based environment. Within the juvenile justice system, follow-up is generally conducted to ensure consistent assessments, establish linkages with support services such as alternative care options, and implement interventions to promote the holistic development and protection of children, thereby mitigating the need for parent-child separation. The purpose of the provision for follow-up is also to ensure that vulnerabilities are timely identified and the child and his/her family are equipped and empowered to address the same or reach out to relevant support systems.

The provision of ‘follow-up/supervision’ under the JJ Act has been included to ensure the safety and proper/comprehensive rehabilitation of children who come in contact with the Juvenile Justice System either as a Child in Need of Care and Protection (CNCP) or Child in Conflict with Law (CCL).

Follow-up in the JJ Act and Maharashtra JJ Rules has been mentioned solely in the context of children leaving institutional care i.e., ‘post-release/restoration report of child’, Part D, Form 7, Maharashtra JJ Rules. Follow-up for CNCP who never got institutionalised but remain in the care of parents or guardians or family largely remains a neglected area.

#### **Follow-up and CNCP:**

In the context of Child Welfare Committee (CWC), which is the judicial body for children in need of care and protection, children who are vulnerable or assumed to be vulnerable are produced in front of them by multiple stakeholders including police, social workers, child care institution representatives, family members, child himself/herself etc. Not every child who gets produced in front of the CWC is assessed/ considered /declared to be a CNCP.

Through an assessment or inquiry process by the CWC, some children are found to be CNCP as per Section 2 (14) of the JJ Act and Rule 4 (4) of the Protection of Children from Sexual Offences Rules (POCSO Rules) and some children are not found to be CNCP. Although some children are not found to be CNCP at the time of production, the children

and their families might be found vulnerable and require facilitation of linkages with support systems to ensure that the child does not become a CNCP. In certain CWCs, there is a practice of passing follow-up orders for these children who are likely to become CNCP if timely support is not provided.

Section 37 (1) (a) of the JJ Act states that “*The committee on being satisfied through the inquiry....may...pass an order to declare the child as a child in need of care and protection*”. **Currently, there is no stand-alone format developed for a child to be declared as a CNCP**, apart from perhaps what is maintained in the individual dockets of the child (which can be highly subjective) and what is indicated in the order for placing children in a children’s home. Declaring a child as a CNCP in the institutional placement order passed by CWC inherently carries an understanding that ‘the default rehabilitation pathway for CNCP is Institutional Care’. This can be found in contradiction to the principles laid down in the JJ Act, wherein Section 3 (xii) talks about “*Principle of Institutionalisation as a Measure of Last Resort*”.

This also raises the question, ‘Are the institutionalised children the only “child in need of care and protection” in the respective district?’ The answer would be negative, as many children who are CNCP as per Section 2 (14) of the JJ Act may not require institutionalisation and their custody can continue to remain with their parent or guardian or be placed with a fit person or be referred to family-based alternative care or support services, immediately or subsequently after completing an assessment using an inquiry process such as Social Investigation Report (SIR) tool.

Production of a child in front of the CWC is not equivalent to the CWC taking charge or custody of the child. Moreover, immediate declaration of a child as CNCP does not happen in all the cases which gets produced before the CWC. However, the CWC on its preliminary assessment may decide that the child can continue to remain with the family till they complete the assessment (pending inquiry) to ascertain whether the child is CNCP and if so, whether the child can remain with the family / requires institutional care / can be referred for other alternative care services.

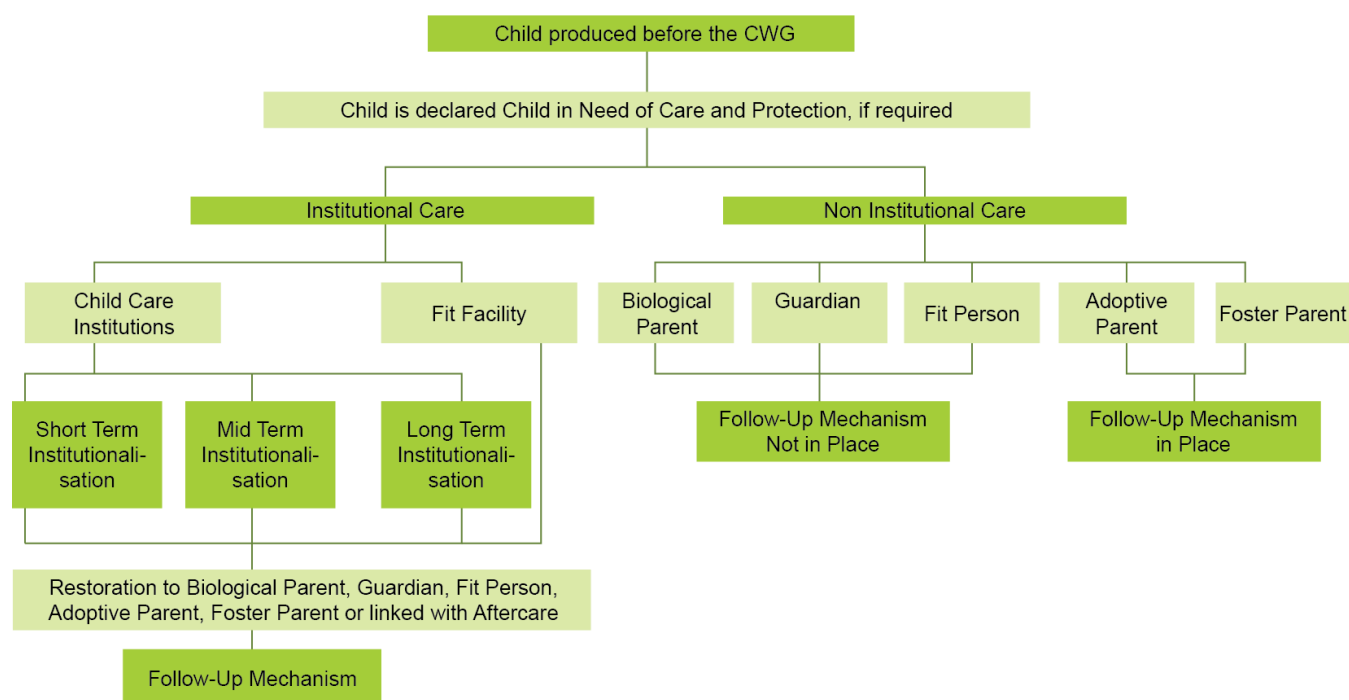
Additionally, Section 37 (1) (b) of the JJ Act mentions “restoration of the child to parents or guardian or family **with or without supervision** of Child Welfare Officer or designated social worker” as one of the orders that the CWC can pass, however **there is no provision for supervision/follow-up for a child who is a CNCP but does not require institutional care and therefore, remains under the care of parents or guardian or family.**

It is important to recognise that in many cases, support services and rehabilitation efforts need to continue even if the child is with the family, through linkages with appropriate

resources (with emphasis or focus on family strengthening measures). Inter-linking of different principles of the JJ Act seems to be of high significance here, namely the principle of family responsibility, principle of institutionalisation as a measure of last resort and principle of positive measures. In most cases, for the first two principles to get executed, the abovementioned third principle needs to be operationalised through linkages to appropriate resource systems.

When the child and families are adequately supported during the rehabilitation process, the chances of the child re-entering the system or needing institutional care support significantly reduces. Therefore, the process of systematic **follow-up** becomes critical as the stakeholders conducting such follow-ups plays a pivotal role in facilitating the linkages.

For institutionalisation to be truly considered as a last resort and family-based rehabilitation option to be given priority, the step-by-step process of rehabilitation must be clearer. The given below chart depicts the process of rehabilitation of CNCP, as per the JJ Act.



*Figure: Process of rehabilitation of CNCP as per the JJ Act*

### **Role of Follow-Up in facilitating institutionalisation as a measure of last resort:**

Follow-up of CNCP who never got institutionalised and remains under the care of parent or guardian or fit person can be beneficial for the child as it prevents unnecessary

separation of the child from his/her family while the safety and development of the child can be timely monitored and appropriate action can be taken up by the CWC, if required. It not only improves the overall physical, psycho-social and socio-emotional well-being of the child but also reduces burden from the system which comes with the process of institutionalisation of a child. This process also requires empowering and strengthening the families to create a sustainable safety net for the child. This would include empowering the families to regularly assess the safety and well-being of the child and respond to the same accordingly.

Child protection issue is often inter-linked and inter-connected with other forms of vulnerabilities or crisis that the family of a child might be facing. As a child is situated at the centre of the family, working on family strengthening measures by keeping the child's best interest at the core inevitably helps the child in the long-run. Through systematic follow-up, the children and families are equipped using family strengthening interventions such as improved parenting techniques, financial literacy, linkage to government schemes, enhanced livelihood opportunities, increased accessibility to health systems, legal systems, shelter facilities etc. The children and families are also age and maturity appropriately empowered to identify community-based non-institutional services and support system which can support them during times of crisis.

### **Stakeholders responsible for conducting follow-up**

The CWC may consider the following organisation or agency while passing follow-up orders:

- DCPU
- Stakeholders eligible for conducting follow-up, as per the JJ Act and Maharashtra JJ Rules



## Chapter II

### Role of Child Welfare Committee during and after passing a follow-up order

The CWC, being a judicial body, which has the authority to make final decision related to CNCP plays a critical role in facilitating and linking children and families with appropriate governmental or non-governmental organisation or agency for the purpose of follow-up for children remain under the care of parent or guardian or fit person. A step-by-step process which the CWC may follow while passing follow-up order has been laid down as below.

**Shall pass an order declaring a child as a Child in Need of Care and Protection (CNCP), as per ANNEXURE I, if found to be, post inquiry**



**Shall pass an order of institutionalisation of child, as per Form 18 of Maharashtra JJ Rules, if required and shall be considered as the measure of last resort. Or, shall pass an order for the child to remain under the care of the parent or guardian or fit person, as per Form 19 of Maharashtra JJ Rules.**



**May pass a follow-up order as per ANNEXURE II, if required, for a CNCP who remains under the care of a parent or guardian or fit person. The follow-up order can be issued by the CWC at any stage after the production of the child. The CWC must ensure these orders are passed and monitored through FORM 26 (Case Monitoring Sheet) of Maharashtra JJ Rules.**

**The following criteria might be given due consideration while passing such a follow-up order:**

- **Ongoing safety assessment is required for an identified period for the child and other siblings in the family.**

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- Reasonable likelihood that the child might not get enrolled in school or might get discontinued from schooling and the family requires facilitative support for the same
- Reasonable likelihood that the child's basic needs or health requirements might not get fulfilled and the family require facilitative support for the same
- Reasonable likelihood of the child's protection and safety getting compromised e.g child marriage taking place
- Child and family require support in making their social security documents required to access various schemes and services
- Child and family need sponsorship and the CWC assesses the need for an organisation/agency to facilitate linkages
- Family requires family-strengthening services such as linkage to livelihood opportunities, vocational opportunities, psychosocial support, legal support, life skills, independent living skills, improved parenting techniques, etc.
- Any other reason/criteria, as deemed fit by the CWC.



CWC may state in the follow-up order which particular area of follow-up is required (e.g. safety of the child, education of the child etc.). While passing the order, the CWC shall take into account the following considerations:

- Call for timely submission of reports, as per the format laid down in ANNEXURE III, from the social worker/case worker/non-governmental organisation conducting follow-up.
- Decide on the frequency of follow-up report to be submitted (bi-weekly/monthly/bi-monthly/quarterly/six-monthly/yearly) and mention the frequency in the follow-up order being passed.
- Maintain a record-keeping system of the follow-up orders being passed for effective monitoring and tracking of the rehabilitation of the child.
- Call for production (one-time/periodical) of the child and family in front of them for further assessments, if required.
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- If required, may refer the child and family to other service-providing agency(s), in coordination with the social worker/case worker/non-governmental organisation conducting follow-up.
- Obtain an undertaking from the parent or guardian or fit person, as per Form 20 of Maharashtra JJ Rules



**Review follow-up reports and act upon the recommendation provided in the follow-up reports, if required.**



**May terminate the follow-up being conducted on a particular child, if not required anymore or on the request of the child, after due assessment.**



**Shall dispose of cases, if the rehabilitation pathway of the child is assessed to be smooth.**

Additionally, the CWC may identify a panel of government or non-government organisation or agency on the basis of their credentials, respectability, expertise, experience of working with children and their willingness to provide follow-up support to the children. Towards this, the CWC may recommend the District Child Protection Unit to verify the credentials and assess the reliability of the social worker/case worker/non-governmental organisation who are eligible and willing to provide follow-up support to children, if needed.

### **Chapter III**

#### **Role of District Child Protection Unit and other stakeholders in conducting follow-up**

The role of the DCPU or the stakeholders who will be conducting follow-up is diverse and manifold. They are expected to be aware of basics of child development and child rights. The primary role of the DCPU or stakeholder conducting the follow-up is to safeguard the interest and right of the child while the child continues to remain in the care of their parent or guardian or fit person. They will engage in liasoning with different stakeholders in an effort to ensure that the child is getting equitable access to resources and support systems.

The major role and responsibilities of DCPU or the stakeholder conducting follow-up are as listed below:

**Obtain a copy of follow-up order, as per ANNEXURE II**



**Build rapport with the child and the child's primary caregiver and conduct safety assessment of the child. Maintain privacy and confidentiality of the child and his/her situation.**



**Provide psycho-social assistance to the child and primary caregiver, including individualised life skills sessions on decision making, personal safety, online safety, conflict resolution etc., and facilitate linkage to counselling or therapy services, if required**



**Work with the family in mapping of child protection services in the neighbourhood**



**Wherever required and possible, explore kinship care option for children**



**Facilitating admission or retention of the child to an education institute, wherever applicable**



**Monitoring the overall health and nutrition of the child**



**Facilitating preparation of identity documents and social security documents of the child and primary caregiver**



**Linkage of the primary caregiver with better livelihood opportunities, if required**



**Facilitate discussions with adult caregivers and parents on caregiving and parenting skills**



**Addressing interpersonal communications among members of the family and helping each member to understand their roles and responsibilities towards each other**



**Linkage to government and non-government agency(s) providing sponsorship support**



**Educate about different helplines and schemes related to protection, education, health, livelihood etc**



**Identify a local support system or community-based organisation which can benefit the child and the primary caregiver, and link them with the organization**



**Timely submission of report to the CWC, as per ANNEXURE III regarding the status of progress of rehabilitation**



**Systematic Case Closure, in consultation with the child, child's caregiver, CWC, if the child is in the pathway of rehabilitation**

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# PART B

## Rehabilitation and Reformation of Children in Conflict with Law

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*Alternatives to Detention, Diversion, Group Counselling &  
Community Services and Probation Services*



## Chapter I

### Reformation and Rehabilitation: Concept, Need and Importance

The Juvenile Justice is a departure from the criminal justice model of punishment recognizing the negative influence of association with adult offenders and the higher possibility of reformation of children being in the growing age where their capacities are still being built and developed.

In case of “Exploitation of Children in Orphanages in the State of Tamil Nadu v. Union of India and others”, the Supreme Court of India observed:

*The importance of rehabilitation and social re-integration clearly stands out if we appreciate the objective of the JJ Act which is to foster restorative justice. There cannot be any meaningful rehabilitation, particularly of a child in conflict with the law, who is in need of care and protection unless the basic elements and principles of restorative justice are recognized and practiced.*

Juvenile Justice adopted the path of reformation of children found to have committed an offence through various community based reformatory and rehabilitative measures and using institutionalization as a measure of last resort and for the minimum period till suitable community-based alternatives are found for them.

Multiple researches and experiences of working with CICL, shows that using rehabilitative and restorative approaches have more positive outcomes for social re-integration of CICL.

Some of the benefits of alternatives to detention, use of diversion, group counselling & community services and probation services are listed below:

- It prevents children from suffering negative developmental impact including stigmatization associated with formal proceedings and detention.
- It seeks to discover the reasons for offending behavior, respond to the needs of the child to prevent reoffending and ensure rehabilitation and social reintegration of the child.



- It reduces the number of petty and less serious offences pending in the formal justice system.
- Preventing institutionalization of children in Child Care Institutions.
- It allows the justice system and other functionaries to focus on high-risk children and deal with cases expeditiously thus ensuring speedy delivery of justice.
- It contributes to the children's development by encouraging the child to take responsibility for the harm caused without getting a criminal record.
- It focuses more on community based social reintegration of child.
- Diversion is more cost-effective than detention thereby promoting early release from detention, staff capacity-building to improve case management in preparation for release and support upon release.

For successful rehabilitation and re-integration of children in conflict with law it becomes necessary to develop a multi-dimensional approach. Prevention of child offending, proper timely interventions can help strengthen the rehabilitation process. Focus should be given on addressing all the needs of a child's life: emotional, physical, relational, intellectual, creative and spiritual. We must shift our attitudes from need based approach to rights-based approach while rehabilitating children in conflict with law.

Rehabilitation measures also have to be different for children in conflict with law who are in institutional care and the ones who are been released from the institution. While child care institutions need to take steps to ensure rehabilitation of the child when he/she is in its care, probation officers/social workers also have to make sure that the process of rehabilitation is not interrupted when the child re-enters in the community.

There are multiple factors which need to be considered when one imagines the situation of a child in conflict with law. These include socio-psychological, family and peer-related influences. CCLs require rehabilitation and re-integration into the society in the form of sponsorship, foster care and aftercare.

## Chapter II

### General Principles for Juvenile Justice Administration

The Juvenile Justice Boards (JJBs), Children Court's and Special Juvenile Police Units (SJPUs) shall be guided by the following fundamental principles defined under section 3 of JJ Act, 2015, while implementing protocol for reformation and rehabilitation of children in conflict with law-

1. **Principle of 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.
2. **Principle of dignity and worth:** All human beings shall be treated with equal dignity and rights.
3. **Principle of participation:** Every child shall have a right to be heard and to participate in all processes and decisions affecting his interest and the child's views shall be taken into consideration with due regard to the age and maturity of the child.
4. **Principle of best interest:** All decisions regarding the child shall be based on the primary consideration that they are in the best interest of the child and to help the child to develop full potential.
5. **Principle of family responsibility:** The primary responsibility of care, nurture and protection of the child shall be that of the biological family or adoptive or foster parents, as the case may be.
6. **Principle of safety:** All measures shall be taken to ensure that the child is safe and is not subjected to any harm, abuse or maltreatment while in contact with the care and protection system, and thereafter.
7. **Principle of positive measures:** All resources are to be mobilized 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.

8. **Principle of non-stigmatising semantics:** Adversarial or accusatory words are not to be used in the processes pertaining to a child.
9. **Principle of non-waiver of rights:** No waiver of any of the right of the child is permissible or valid, whether sought by the child or person acting on behalf of the child, or a Board or a Committee and any non-exercise of a fundamental right shall not amount to waiver.
10. **Principle of equality and non-discrimination:** There shall be no discrimination against a child on any grounds including sex, caste, ethnicity, place of birth, disability and equality of access, opportunity and treatment shall be provided to every child. General principles to be followed in administration of Act.
11. **Principle of right to privacy and confidentiality:** Every child shall have a right to protection of his privacy and confidentiality, by all means and throughout the judicial process.
12. **Principle of 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.
13. **Principle of 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 socioeconomic and cultural status that he was in, before coming under the purview of this Act, unless such restoration and repatriation is not in his best interest.
14. **Principle of fresh start:** All past records of any child under the Juvenile Justice system should be erased except in special circumstances.
15. **Principle of diversion:** Measures for dealing with children in conflict with law without resorting to judicial proceedings shall be promoted unless it is in the best interest of the child or the society as a whole.
16. **Principles of natural justice:** Basic procedural standards of fairness shall be adhered to, including the right to a fair hearing, rule against bias and the right to review, by all persons or bodies, acting in a judicial capacity under this Act.

## **Chapter III**

### **Powers, Functions and Responsibilities of the Juvenile Justice Board**

The Juvenile Justice Board (JJB) is a key authority constituted to administer justice to children in conflict with the law. Section 8(3) of the Juvenile Justice (Care and Protection of Children) Act, 2015 and rule 7 of the Maharashtra Juvenile Justice (Care and Protection of Children) Rules, 2018, specify the powers, functions, and responsibilities of the Juvenile Justice Board (JJB).

Key functions and responsibilities of the Juvenile Justice Board are as follows —

- I. ensuring the informed participation of the child and the parent or guardian, in every step of the process;
- II. ensuring that the child's rights are protected throughout the process of apprehending the child, inquiry, aftercare and rehabilitation;
- III. ensuring availability of legal aid for the child through the legal services institutions;
- IV. providing an interpreter or translator to the child if he fails to understand the language used in the proceedings;
- V. directing the Probation Officer to undertake a social investigation into the case and submit a social investigation report to JJB;
- VI. transferring to the Committee, matters concerning the child alleged to be in conflict with law, stated to be in need of care and protection at any stage;
- VII. coordinating with the Child Welfare Committee (CWC) in respect of cases children needing care and protection;
- VIII. disposing of the matter and passing a final order that includes an individual care plan for the child's rehabilitation;
- IX. conducting inquiry for declaring fit persons regarding care of children in conflict with law;
- X. conducting inspection of residential facilities for children in conflict with law;
- XI. order the police for registration of first information report for offences committed against any child in conflict with law;
- XII. order the police for registration of first information report for offences committed against any child in need of care and protection;

- XIII. conducting regular inspection of jails meant for adults to check if any child is lodged in such jails and take immediate measures for transfer of that child to an CCI
- XIV. seeking progress reports of child in conflict with law placed under the charge of parent, guardian, fit facility, or fit person;
- XV. making report to the concerned Magistrate to initiate proceedings against media who have contravened the provisions of the section 74 of the Act in respect of a child;
- XVI. utilizing video conferencing facility for taking evidence especially in the case of child victim belonging to another place;
- XVII. maintaining a suggestion box or grievance redressal box in the premises of the Board to encourage inputs from children and adults;
- XVIII. deploying the services of student volunteers or non-governmental organisation volunteers for Para-legal and other tasks such as contacting the parents of child in conflict with law and collecting relevant social and rehabilitative information about the child.

The Juvenile Justice Board, especially social worker members of shall adhere the following procedure while participating in the proceedings of the Board or while interacting with children in conflict with law—

1. The Board shall interview the child sensitively and in a child friendly manner and shall not use adversarial or accusatory words or words that adversely impact the dignity or self-esteem of the child.
2. While communicating with the child, the Board shall use child friendly techniques through its conduct and shall adopt a child friendly attitude with regard to body language, facial expression, eye contact, intonation and volume of voice while addressing the child.
3. Whenever the child is presented before the Board, the Board, especially the social worker members, must interact with the child, assess the child's situation and provide guidance as per need.
4. The social worker members of the Board shall satisfy themselves that the child has not been subjected to any ill-treatment by the police or by any other person, including a lawyer or probation officer, and shall take corrective steps in case of such ill-treatment.

5. The social worker members of the Board are expected to bring in their expertise while interacting with the child, considering the social investigation report, during preliminary assessment and evaluating the individual care plan and rehabilitation plan before making it a part of the dispositional order.
6. The social worker members of the Board shall explore the possibilities of use of different reformatory orders and restorative approaches for the rehabilitation of child.
7. The Board shall ensure that only those person/s, in the presence of whom the child feels comfortable, shall be allowed to remain present during the sitting.
8. The Board shall ensure that no person(s) un-connected with the case remains present in the room when the case is in progress.
9. The language used to address the child must be respectful. Examination of the witnesses shall not be like interrogation but more like an interview or interaction.
10. The child shall be given an opportunity to participate and speak during all stages of the proceedings.

## **Chapter IV**

### **Rights of the Child in Conflict with Law**

The process of reformation and rehabilitation shall secure the rights of the children in conflict with law through justice process. The section 8(3)(i) of the Juvenile Justice (Care and Protection of Children) Act, 2015 has mandated the Juvenile Justice Board (JJB) to ensure that child rights of child in conflict with law should be protected at every stage of justice process.

Every child in conflict with the law shall have the following rights, including but not limited to:

- i. Humane treatment
- ii. No corporal punishment
- iii. Separation from adult criminals, if detained
- iv. No joint proceedings
- v. Right to participation
- vi. Access to free legal assistance
- vii. Bail
- viii. Privacy
- ix. Diversion, if qualified
- x. Proportionate judgment
- xi. Restrictions on liberty kept to a desirable minimum
- xii. No death penalty or life imprisonment
- xiii. Automatic suspension of inquiry (Petty Offences)
- xiv. Probation and supervision
- xv. Confidentiality of proceedings
- xvi. Right against discrimination
- xvii. Deletion of criminal records
- xviii. Non-disqualification, if qualified
- xix. Right to education and vocational skill
- xx. Restorative care and rehabilitation

## **Chapter V**

### **Alternatives to Detention**

#### **1 Understanding Unlawful Detention**

- 1.1 Any child who has been apprehended or detained by the police in any proceedings contained under Chapter 8 of the Code of Criminal Procedure or in any preventive detention law for the time being in force. (Section 22)
- 1.2 Any child who has been apprehended or detained by the police for a period beyond 24 hours for any offence.
- 1.3 Any child who has been apprehended or detained by the police for any petty offence or serious offence. (Rule 8(1))

#### **2 Who can prevent Unlawful Detention – Police (Special Juvenile Police Unit) and Juvenile Justice Board (JJB).**

##### **2.1 Role of Police**

- 2.1.1 No First Information Report (FIR) shall be registered against any child alleged or found to be in conflict with law in cases of petty and serious offences. The police shall only make DD entry with regard to the particular incident. (Rule 8(1))
- 2.1.2 No child alleged or found to be in conflict with law in cases of petty and serious offences shall be apprehended or detained. (Proviso of Rule 8(1)).
- 2.1.3 In case of a joint offence of petty or serious nature with an adult or group of adults, then FIR can be registered, however, a child alleged or found to be in conflict with law shall not be apprehended or detained. (Proviso of Rule 8(1)).
- 2.1.4 There shall be no joint proceedings of a child alleged to be in conflict with law, with a person who is not a child. (Section 23).



2.1.5 No child alleged or found to be in conflict with law to be kept in police lockup or jail. (Proviso of Section 10(1))

2.1.6 No police action shall be undertaken against any child in the matters of preventive arrest. (Section 22)

2.1.7 In all such cases, the police shall prepare a Social Background Report (SBR) and submit it to the concerned JJB for their consideration within the 24 hours of registration of DD Entry. For gathering the best available information for the SBR, the police shall contact the parent or guardian of the child. (Proviso to Rule 8(1) and Form 1)

2.1.8 The police shall special make efforts to gather the best available information for the Social Background Report (SBR) by contacting the parent or guardian of the child. (Rule 8(5))

2.1.9 The child shall immediately be handed over to their parents or guardian with an undertaking that they will produce the child whenever JJB summons. (Rule 8(7) and Form 2)

2.1.10 The Probation Officer or Legal cum Probation Officer shall prepare the Social Investigation Report (SIR) of a child on the order of JJB within the time period of 15 days. (Rule 10(2) and Form 5 & 6)

2.1.11 The police shall complete their investigation within the time frame of two months and submit it to the JJB, if JJB takes cognizance of the matter. (Rule 10(6))

2.1.12 In cases of heinous offences, while apprehending the child who are alleged or found to be in conflict with law (if not released on bail at the level of the police station), Social Background Report and Apprehension Memo shall mandatorily be prepared by the police and submit it to the concerned JJB while producing the child, to ascertain the circumstances of apprehension.

2.1.13 The police shall inform the District Legal Services Authority to provide free legal aid to the child. (Rule 8(3)(vii))

2.1.14 Every police station shall ensure the display of the following information on their notice board:

"All cases of children below the age of 18 years shall be dealt with the provisions of Juvenile Justice (Care and Protection of Children) Act, 2015 by the Special Juvenile Police Unit and Juvenile Justice Board."

2.1.15 If the police find that the child falls under the category of a child in need of care and protection, then while making the report for JJB, shall mention this aspect for further consideration by the JJB.

2.1.16 During the production of a child who is alleged or found to be in conflict with law before the concerned JJB, the child welfare police officer shall give an undertaking that "the child has not been detained unlawfully or subjected to any maltreatment or abuse in the police station."

2.1.17 At every stage police shall take all appropriate measures to protect the privacy of the child and confidentiality of the case. (Section 74)

2.1.18 The police shall take all appropriate measures to ensure the safety and well-being of child in consultation with his/her parent or guardian.

## **2.2. Role of Juvenile Justice Board (JJB)**

2.2.1 At the time of the first production of the child who is alleged or found to be in conflict with law, the JJB shall interact with the child to understand whether he/she is been subject to any maltreatment or abuse by police, probation officer or by the advocate. (Section 14(5))

2.2.2 While considering the immediate need of child such as medical care, de-addiction services, self-harm tendency, mental health support etc., the JJB shall pass appropriate orders to the concerned Authorities. (Section 8(3), 93 and Rule 7)

2.2.3 The JJB, wherever necessary, shall direct the police to produce a child before the Child Welfare Committee (CWC) as child in need of care and protection. Additionally, except in heinous cases, in situations wherein a child is not bailed out or parents/guardian is absent for some reason, then during the interim proceedings, the JJB may consider the transfer such a child to the Child Welfare Committee (CWC) for care and protection with directions for the production of the child as and when required. (Rule 7(3))

2.2.4 The JJB may conduct a surprise visit or inspection of any police station to ascertain whether any child is being unlawfully detained in the police station.

2.2.5 JJB may call the record or photoaged of CCTV from the police to ascertain the facts of the case.

2.2.6 In case of any complaint regarding non-compliance with the above provisions, the JJB shall conduct an inquiry. (Section 8(3)(iii) and Rule 96)

2.2.7 If JJB founds any police officer guilty after making the preliminary inquiry, the JJB shall initiate legal and disciplinary action against the erring officer. (Section 8(3)(k), 14(5)(a) and Rule 96).

## **Chapter VI**

### **Diversion**

#### **1. Principle of diversion**

Measures for dealing with children in conflict with law without resorting to judicial proceedings shall be promoted unless it is in the best interest of the child or the society as a whole. (Section 3(xv))

#### **2. Legal provision for diversion**

- 2.1 Disposing of the case, if on the consideration of the documents and record submitted at the time of his first appearance, his being in conflict with law appears to be unfounded or where the child is alleged to be involved in petty offences. (Rule 10A(1)(i))
- 2.2 Referring the child to the Child Welfare Committee (CWC) having the jurisdiction where JJB is satisfied that the child is in need of care and protection and in such cases no further proceedings shall be carried out by the JJB and inquiry shall be deemed to be disposed of and records shall be transfer to the CWC. (Rule 10A(1)(ii))

#### **3. Scope for diversion**

- 3.1 Diversion is only possible at the stage of the first production of a child before the JJB.
- 3.2 Diversion can be considered in any offence whether it is a petty, serious, or heinous offence.
- 3.3 JJB is the competent authority to take decision for the diversion.

#### **4 Factors to be considered by JJB for diversion (Indicative list)**

- 4.1 Whether the alleged offence has been committed by a child who is below the age of twelve year
- 4.2 Whether a child has been apprehended or detained on mere spatulation and appears to be unfounded and there is no need of rehabilitation
- 4.3 Whether the child qualifies as a child in need of care and protection
- 4.4 Whether the alleged offence has been committed by a child who is without any parental support or guardian or has no ostensible means of subsistence
- 4.5 Whether the child suffers from a mental illness or disorder
- 4.6 Whether the alleged offence is nature of minor traffic violation
- 4.7 Whether the child has himself been a victim of any offence in the past or had a history of abuse and exploitation
- 4.8 Whether the alleged offence has been committed by a child under the influence of intoxicating liquor or any narcotic drug or psychotropic substance
- 4.9 Whether the child has suicidal tendencies or of harming himself
- 4.10 Whether the alleged offence has been committed during the situation of civil unrest or natural calamity for survival or safety
- 4.11 Whether the alleged offence has been committed under the control of an adult or group of adults

## **5 Procedure to be followed by JJBs**

- 5.1 Whenever any child alleged to be in conflict with law, produced or appeared before the JJB on first time, the JJB shall ascertain the possibilities of diversion through first summary inquiry.
- 5.2 The JJB shall interact with the child to understand the reasons and circumstances of the committed alleged offence.
- 5.3 The JJB shall also consider the following documents for consideration of diversion-
  - Social Background Report (SBR)
  - First Information Report (FIR), if available
  - Apprehension Memo, if available
- 5.4 Based on the consideration of documents placed before the JJB at the time of first production of the child in conflict with law, if the JJB finds that the child falls in any one of the factors where diversion is possible, then JJB may pass an order with this effect and dispose the proceedings at first production only.
- 5.5 While passing the order, JJB shall record its reasons for such consideration. A copy of the order shall be provided to the concerned police, DCPU, and the child or his/her guardian.
- 5.6 If JJB finds it appropriate, may pass an order for police or DCPU to engage any reputed voluntary organizations or any social worker or mental health expert for guidance, supervision or counseling of the child.
- 5.7 If JJB finds that the child shall be referred to the Child Welfare Committee (CWC), then while passing an order to this effect, shall direct the police to produce the child before the concerned CWC along with the available records.

- 5.8 After the passing of such an order by JJB, neither police nor JJB shall initiate any formal proceedings against the child.

## **6 Procedure to be followed by Police**

- 6.1 The police shall comply with the orders of JJB with regards to the engagement of reputed voluntary organizations or any social worker or mental health expert to ensure guidance or counseling for the child.
- 6.2 The police shall not disclose the facts of cases that are considered for diversion to any authority for the purpose of character certification or to any media as these cases are not even part of formal proceedings.
- 6.3 The police shall take all appropriate measures to ensure the safety and well-being of child in the community, if required.

## **7 Procedure to be followed by the District Child Protection Unit (DCPU)**

- 7.1 After receiving an order from JJB, the DCPU shall assign a case to a Probation Officer or Social Worker or Outreach Worker for supervision to prevent re-offending by the child while addressing the vulnerabilities of the child.
- 7.2 Probation Officer or Social Worker or Outreach Worker may conduct such supervision visits as directed by the DCPU.
- 7.3 DCPU shall provide psycho-social and mental health support to the child through its Counsellor, whenever needed.
- 7.4 DCPU shall coordinate with different agencies to address the vulnerabilities of the child or his/her family.

## **Chapter VII**

### **Group Counselling & Community Services**

The group counselling and community services have emerged as an alternative reformatory practice within the Juvenile Justice System for children in conflict with law.

The group counselling and community services has been defined as one of the dispositional orders aligned with the principles of restorative justice and could be explored based on the rehabilitation needs of particular child.

These services are seen as a more effective practice than traditional reformatory measures, such as institutionalization in a Special Home or Place of Safety for a set period. To implement these services effectively need assessment, preparation and regular follow-up is very critical.

#### **Scope:**

Section 18(1) of JJ Act defines “where a Board is satisfied on inquiry that a child irrespective of age has committed a petty offence, or a serious offence, or a child below the age of sixteen years has committed a heinous offence, or a child above the age of sixteen years has committed a heinous offence and the Board has, after preliminary assessment under section 15, disposed of the matter then, notwithstanding anything contrary contained in any other law for the time being in force, and based on the nature of offence, specific need for supervision or intervention, circumstances as brought out in the social investigation report and past conduct of the child, the Board may, if it so thinks fit,—

(b) direct the child to participate in group counselling and similar activities;

(c) Order the child to perform community service under the supervision of an organisation or institution, or a specified person, persons or group of persons identified by the Board;”

The Juvenile Justice Board (JJB) may consider following measures for effective utilization of group counselling and community services:



## **1. Group Counselling**

### **1.1 Definition:**

Group counselling is a therapeutic approach where a trained professional facilitates group-based sessions with a similar goal in a confidential environment. The participants engage in activities, sharing, and reflective exercises, accessing mutual support and learning from each other's experiences.

### **1.2 Role of JJB**

- 1.2.1 The JJB while passing the final order should consider the possibility for ordering group counselling for the child.
- 1.2.2 Where the Board decides to release the child after participation in group counselling, necessary direction may also be issued to the DCPU for arranging such counselling.

### **1.3 Role of District Child Protection Unit (DCPU)**

- 1.3.1 Upon receiving the order for group counselling from the JJB, the DCPU with help of mental health professional, shall design group counselling and connected processes for the child.
- 1.3.2 The DCPU through the Superintendent of Special Home or Place of Safety, shall ensure active participation of child in the group counselling processes.
- 1.3.3 The DCPU may assess the effectiveness of group counselling with help of mental health professional.
- 1.3.4 If DCPU are in opinion of that child is not participating in group counselling, then they shall inform the JJB to pass an appropriate order in this regard.
- 1.3.5 After the completion of group counselling, the DCPU shall submit the compliance report to the JJB.

## **2. Community Services**

### **2.1 Definition**

Community service means service rendered by children in conflict with law who are above the age of fourteen years and includes activities like maintaining a park, serving the elderly, helping at a local hospital or nursing home, serving disabled children, serving as traffic volunteers etc. (Rule 2(1)(vi))

### **2.2 Role of JJB**

- 2.2.1 The JJB while passing the final order may consider the possibility for ordering community service.
- 2.2.2 They may decide the nature and timeframe for community service based on the rehabilitation need identified through Individual Care Plan (ICP) of the child.
- 2.2.3 They may order concerned DCPU for arranging such community service and submit compliance reports before them.
- 2.2.4 They may assign the responsibility of supervising the community service any reputed organization or institution working in the field of child protection or they may consider any person or group of persons whom they find appropriate for this purpose with assign reason for it.

### **2.3 Role of District Child Protection Unit (DCPU)**

- 2.3.1 Based on the order of the JJB, the DCPU shall arrange community service for child in conflict with law.
- 2.3.2 The DCPU may assign the supervision responsibility to Probation Officer with such directions deems fit.

- 2.3.3 The DCPU may determine the effectiveness of community service by seeking report from Probation Officer and organization or person appointed for this purpose by JJB, if any.
- 2.3.4 The DCPU shall ensure the participation of child in the community service.
- 2.3.5 If DCPU are in opinion of that child is not performing community service actively, then they shall inform the JJB to pass an appropriate order in this regard.
- 2.3.6 After the completion of group counselling, the DCPU shall submit the compliance report to the JJB.

## **Chapter VIII**

### **Probation Services**

Probation has always been envisaged as an alternative to institutionalisation of offenders. It have been considered as the most viable sentencing option for children in conflict with law particularly for those children who have been alleged or found in conflict with law for first time and booked for petty and serious offence.

The purpose of probation is a reform of the children in conflict with law by means that are alternative to institutionalization such as admonition, constructive treatment, conditions of good conduct, and supervision.

Children in conflict with law can be admonished, directed to abide by certain conditions of good conduct and be put under the care and supervision of Probation Officer by the justice system, thus saving them from the stigma of institutionalization and from negative impact of other children in conflict with law charged with petty or serious or heinous offences when sent to Child Care Institutions established under Juvenile Justice System.

The probation officer's Social Investigation Report (SIR) and other reports will also have bearing on the decisions taken by JJB or Children Court's with regards to the preparation of his Individual Care Plan, the placement of children in conflict with law in a suitable CCIs and on and the ultimate rehabilitation of such child.

The Probation Officer shall carry out the directions given by the Board or Children's Court and shall discharge the following duties, functions and responsibilities:

1. To conduct social investigation of the child in Form 6;
2. The Social Investigation Report shall be prepared after a process of conducting interviews with the child, family, neighbours, any voluntary agencies or NGOs who the child has had contact with, Child Welfare Police Officer, teachers, peers of the child and any others deemed necessary;
3. The Social Investigation Report shall provide information and observations relating to risk faced by the child in the environment, exposure to risky behaviours,

materials, vulnerability in terms of problems faced in the family and problems by the family, economic and social;

4. To provide legal aid to children alleged to be or in conflict with law;
5. To ensure that the child obtains free legal aid through the SLSA/DLSA/legal cum Probation Officer under the DCPU;
6. To ensure that if required, a bank account of the child is opened;
7. To ensure that all children have Aadhaar card and such other documents of identification or of social security made;
8. To participate in the pre-release programme and help the child to establish contacts which could provide emotional and social support to the child after release;
9. To establish linkages with Probation Officers in other Districts and States for obtaining social investigation report, supervision and follow-up;
10. To establish linkages with voluntary workers and organisations to facilitate rehabilitation and social reintegration of children and to ensure necessary follow-up;
11. To conduct regular post-release follow-up of the child extending help and guidance, enabling and facilitating their return to social mainstream;
12. To prepare the individual care plan and post-release plan for the child;
13. To supervise children placed on probation as per the individual care plan;
14. To make regular visits to the residence of the child under his supervision and places of employment or school attended by such child and submit periodic reports as per Form 10;
15. To accompany children where ever possible, from the office of the Board to the observation home, special home, place of safety or fit facility as the case may be;

16. To evaluate the progress of children in place of safety periodically and prepare a report including psycho-social changes in behaviour, and forward the same to the Children's Court;
17. To discharge the functions of a monitoring authority where so appointed by the Children's Court;
18. To maintain a diary or register to record day to day activities such as number and description of visits made, social investigation reports prepared, follow-up done and supervision reports prepared;
19. To identify alternatives of community services and to establish linkages with voluntary sector for facilitating rehabilitation and social reintegration of children.
20. Any other task as may be assigned, that might include:
  - 20.1 Providing services for each child, as per the comprehensive assessment done, which will include inter alia, educational services, skill development, counseling, behaviour modification therapy and psychiatric support for the rehabilitation of the child. This will be reviewed periodically by the Probation Officer or Legal cum Probation Officer as directed by the Board/Children's Court.
  - 20.2 Preparing a post release plan and submit the same to the Board or the Committee, two months before the child is due to leave the Child Care Institution, recommending after care for such child, as per the needs of the child.
  - 20.3 At the time of release, if there is a plan for after-care, the Board/Children's Court shall designate a Probation Officer/Case worker to supervise/monitor the child's progress in after-care.
  - 20.4 On the report of a probation officer the Board may consider, the release of child from a place of safety, either absolutely or on such conditions as it may think fit to impose, permitting the child to live with parents or guardian or under the supervision of any authorized person named in the order, willing to receive and take charge, educate and train the child, for some useful trade or calling or to look after the child for rehabilitation.

- 20.5 If the parents are not present at the time of the admission of a child, the CWO/PO/Case worker shall establish contact with them and inform them about the first and subsequent weekly meetings and encourage them to meet the child on every such occasion.
- 20.6 If there are problems between child and his family, the CWO/PO/Caseworker shall facilitate the interactions between child and his family and sit in on meetings until necessary.
- 20.7 Every child shall be allowed to bring any written communication for the purpose of handing over to the Board or the Committee or the Children's Court, as the case may be, and be provided stationary, etc. for the same.
- 20.8 The Person-in-charge may allow a child to speak with his parents or guardians on telephone once a week under supervision of the Child Welfare Officer or Case Worker or Probation Officer and record shall be duly maintained of such calls.
- 20.9 The PO may be directed by the Board to make a home visit to find out the reason for parents' absence from weekly meetings and lack of attempt at any communication.
- 20.10 The DCPU social worker/PO must try and find out the reason for the above and encourage the family to make regular visits and phone call to the child.
- 20.11 The PO should submit a report of the home visit to the Board.
- 20.12 In addition, the counselor should inform the PO and the person-in-charge about the family therapy sessions where the presence of the family is required as per the mental health care plan of the child.
- 20.13 Every meeting shall take place in the presence of the Child Welfare Officer or Case Worker or Probation Officer of the Child Care Institution, who shall be responsible for any irregularity that occurs and who shall be so placed that he is able to see and to prevent any objectionable or prohibited article being passed between the parties.

## **Chapter IX**

### **Child Friendly Indicators**

The section 2(15) of the Juvenile Justice (Care and Protection of Children) Act, 2015 defines “child friendly” means any behaviour, conduct, practice, process, attitude, environment or treatment that is humane, considerate and in the best interest of the child.

Following child-friendly indicators have been identified and developed to support the effective discharge of duties by police officers and probation officers.

#### **Attitude**

1. There should be no bias or pre conceived notion about the children based on their current situation or socio-economic status.
2. No stakeholder should not blame the child or the child’s family for the child’s circumstances.
3. There should be no discrimination against the child on the basis of sex, caste, religion, region, language and economic or social status.
4. Every stakeholder should behave politely with children, keeping their psychological condition in mind.
5. Every stakeholder should listen attentively to the child and not treat the child like a criminal.

#### **Behaviour and Conduct**

1. The stakeholders while interacting with the child should take care of their body language, gestures, eye movements, expressions and tone of speaking should be aimed at making the child feel comfortable and secure and not intimidate the child in any way.
2. The stakeholders should behave at all times as a well wisher of the child and keep the best interest of the child uppermost as the basis of all their actions.



3. In no circumstances should bad, abusive or negative language be used with the child.
4. No stakeholder should violate the personal space of the child and have any physical contact with the child, as far as possible.
5. No stakeholder should cause any physical or mental suffering to the child.
6. No stakeholder should consume any form of tobacco or any other addictive substance in presence of the child.
7. No stakeholder should talk on the mobile phone or check it for other communication during the interaction with the child.
8. No stakeholder should act in an aggressive manner in presence of children, particularly of tender age, get scared seeing others being scolded.
9. Every stakeholder interacting with the child should treat them with a child friendly attitude and not like a criminal.
10. Every stakeholder interacting with the child should have requisite knowledge of child related legislation.

### **Practice and Processes**

1. All procedures should be followed keeping in mind the child's self respect and dignity.
2. The child's privacy and confidentiality of personal details should be maintained at all times.
3. Every stakeholder interacting with the child should listen carefully to everything the child says and should consider it objectively.
4. A regular case file/case diary/probation diary for every child should be maintained.
5. The Social Background Report should/Social Investigation Report be prepared after making proper inquiries.

6. It should be ensured that the identity of the child- name; address, parent's name, name of the school etc are not published by the media.
7. The statement of the child should be recorded in a manner, keeping in mind the mental state of the child.
8. No stakeholder should ask the child to sign any statement.
9. Assistance of translator or expert should be obtained whenever necessary.
10. Female social worker/staff should be present while interacting with a girl child.
11. Protection should be provided to the child and his or her family wherever necessary.
12. Every stakeholder particularly police should be in civil dress during interactions with the child.
13. It should be ensured that the child is not kept at the police station overnight under any circumstances.
14. The child and his or her family should be informed about the availability of para legal volunteers and free legal aid.
15. Every stakeholder interacting with the child should listen to the child carefully and should not compel them to confess to the alleged offence or sign any statement.
16. It should be ensured that girl child in conflict with law is not apprehended after sunset and before sunrise.
17. The child should not be handcuffed, fettered or put in a lock up under any circumstances or produced before a Criminal Court.
18. Every stakeholder should use positive attitude with the child, if needed. This entails maintaining calm behaviour with the child, and telling them gently if they are behaving in a wrong manner.
19. It should be ensured that the child is not hungry or thirsty and adequate provisions should be made, if they are.

20. It should be ensured that there are no instances of mal treatment or misconduct with the child and on such complaints should be acted upon promptly.
21. The child and her/his family should be informed about the government schemes available to provide assistance or relief to them.
22. It should be ensured that investigation is completed expeditiously and formal report is completed as early as possible.

### **Environment and physical infrastructure**

1. The police station and CCIs should have child friendly infrastructure, to make the child feel as comfortable as possible.
2. There should be a notice board in Police Station/CCI displaying the name and contact number of the CWPO, the District Child Protection Officer, the Probation Officer, the Child Help Line (1098), the numbers of Members of JJBs, the CWCS, the names and numbers of the MSCPCR.
3. Facilities like clean drinking water, a separate toilet for use by children and refreshment for children should be provided in every Institutions.
4. The child friendly space of police station and CCIs should be kept under CCTV surveillance to ensure the child is treated properly.

## References:

1. Rehabilitation of Children in Conflict with the Law: Possibilities and Opportunities by the Ministry of Women and Child Development, Government of India, New Delhi.
2. Living Conditions in Institutions for Children in Conflict with Law manual compiled by the Ministry of Women and Child Development, Government of India, New Delhi.
3. Guidelines for Establishment of Child Friendly Police Stations by National Commission for Protection of Child Rights (NCPCR), New Delhi.
4. Child Friendly Indicators notified by the Department for Child Rights, Government of Rajasthan, Jaipur.

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# PART C

## Mental Health and Psychosocial Support for Children in the Juvenile Justice System

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## Chapter I

### MHPSS for Children in Juvenile Justice System

MHPSS stands for Mental Health and Psychosocial Support. This approach caters to the mental health and psychosocial needs of individuals and communities. Mental health refers to a state of well-being where an individual can realise their abilities, cope with normal stresses of life, work productively and contribute to their community (WHO, 2022). The term 'mental health and psychosocial support' (MHPSS) refers to any type of local or outside support that aims to protect or promote psychosocial well-being or prevent or treat mental health conditions (IASC 2007).

The psychosocial approach is a perspective that combines the 'Psycho'- Psychological and 'Social'- environmental- components to understand and resolve the problems. The psychological aspects include the child's feelings, behaviours, thoughts, attachment patterns etc. The social aspects include the child's relationships, home environment, school, peers, living conditions, social location, geo-political climate etc. India ratified the United Nations Conventions of Rights of Persons with Disability (UNCRPD) in 2006 which rejects the medical model of disability and recognised the social model of disability, which understands disability- including psychosocial disability-arising from interaction between persons with impairments and attitudinal and environmental barriers that hinder full and effective participation in the society on an equal basis with others. The well-being of children and adolescents results from the interplay of physical, psychological, cognitive, emotional, social and spiritual aspects that influence the adolescent's ability to grow, learn, socialize and develop to their full potential (UNICEF, 2020).

The Mental Health Care Act (MHCA) 2017, recognises the right of any individual (or child) with mental illness to receive appropriate treatment, in a manner that protects, promotes and fulfils the right of such a person during the delivery of mental health services. The Juvenile Justice (Care and Protection of Children) Act 2015 and the Maharashtra Juvenile Justice (Care and Protection of Children) Rules 2018, provide provisions related to extending Mental Health and Psychosocial Support (MHPSS) for children in conflict with the law and those in need of care and protection. Different stakeholders in the JJ System have differing MHPSS implications depending on their roles and responsibilities. These range from assessments, home visits, care planning, counselling, rehabilitation, reintegration and aftercare support to children and their family members.

Children within the Juvenile Justice (JJ) System often face complex mental health challenges emanating from issues such as trauma, abuse, neglect, deprivation etc. Their psychosocial environment may have limited safety, stability and predictability. Studies indicate high prevalence rates of mental health disorders including depression, anxiety,

post-traumatic stress disorder (PTSD) and conduct disorders. Upon entering the JJ System, separation from caregivers, institutionalisation and the stigma associated with the Justice system make them further vulnerable to increased risk of recidivism, substance abuse, self-harm and other negative outcomes.

Children in conflict with the law, require specific support to address the underlying factors contributing to their delinquent behaviour and promote their rehabilitation and reintegration into society. Rehabilitation and restoration here play a critical role in offering emotional support, developing new coping mechanisms, addressing past problematic behaviours, addressing adverse childhood experiences, and facilitating behavioural change.

## **Chapter II**

### **Legal Framework for MHPSS in the Juvenile Justice System**

#### **Mental Healthcare Act, 2017**

The Mental Healthcare Act, 2017 (MHCA) recognises access to adequate and appropriate mental health care as a right of every individual. A person with a mental health condition should be placed at the centre of the mental healthcare system. Section 18 mandates states to offer provisions for child mental health services in an accessible manner. Furthermore, Section 21 of the Act states that a child below the age of 3 years of a mother who is receiving mental healthcare shall not be separated and should be allowed to stay with her at the place of her treatment. In cases where the treating psychiatrist based on their examination and information provided by others thinks that the woman due to her mental illness can cause risk of harm to the child, or it is in the interest and safety of the child then the child shall be temporarily separated from the woman during her stay at the mental health establishment. The separation can be made provided that the woman has continued access to the child under the supervision of the establishment or the family. The decision to separate the child from the mother has to be reviewed every 15 days.

The MHCA also recognised that any person (including children) who engages in an act of suicide shall be presumed to be under stress and shall not be punished under section 309 of the IPC, 1860. It decriminalises suicide and places the responsibility on the state to facilitate care, treatment, and rehabilitation for this person.

#### **Juvenile Justice (Care and Protection of Children) Act 2015**

The Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act) mandates ensuring the physical and mental well-being of children entering the Juvenile Justice System.

The general principles of Juvenile Justice include treating children with dignity, supporting their rights, maintaining their privacy, ensuring their safety, and maintaining a non-judgmental, non-stigmatizing approach. All these principles align with the tenets of building a psychologically safe environment for children.

The JJ Act recognized that children who are coming in the contact of Juvenile Justice System could have a history of hurt, neglect, trauma, abuse, violence, anxiety, mental health disorder etc. Losing their guardian or even running away from home can create a significant mental health impact on children. Therefore, JJ Act highlights access to mental



health services as a right of the children and responsibility of the authorities to ensure their well-being.

MHPSS capacities are central to conducting child-friendly meetings and processes, home visits, Child Care Institutions (CCIs) inspections, family meetings, and follow-ups by the Juvenile Justice Boards (JJBs), Child Welfare Committees (CWCs), and Children's Courts. When determining the need for rehabilitation for children, these authorities should consider their mental health needs. The JJ Act provides for extending mental health support to children during transitions into homes and while preparing for aftercare.

Under the Juvenile Justice Act (2015), roles and responsibilities of various stakeholders have been outlined for various stakeholders in addressing the mental health needs of Children in need of care and protection and children in conflict with law.

### **Roles of stakeholders in addressing Mental Health of Children in Need of Care and Protection (CNCP)**

#### **1. Role of Child Welfare Committee (CWC)**

- a) CWC shall conduct a thorough initial assessment of the child's physical, emotional and psychological state of mind upon meeting the child. This includes understanding their mental health needs.
- b) CWC shall guide the development of a detailed Individualised care plans that includes specific provisions for mental health care such as counselling, therapy, de-addiction services, life-skill education and psychiatric interventions. They shall also ensure that children have access to mental health facilities and services either within care institutions or through external service providers.
- c) They should refer children to appropriate mental health professionals and institutions for suitable psychological support.
- d) They shall conduct regular monitoring and periodic reviews of child's mental health and revise the care plan to address any new or ongoing issues.

#### **2. Role of District Child Protection Unit (DCPU)**

- a) The DCPU shall ensure availability and accessibility of mental health services to support the care and rehabilitation of children.

- b) They shall coordinate with various stakeholders such as the CWC, mental health professions and the CCIs to provide comprehensive mental health services to CNCP.
- c) The DCPU shall allocate adequate resources, including trained mental health professionals, to extend services for children in need of care and protection.
- d) The DCPU shall organise capacity building programs for caregivers, CCI Staff and other stakeholders to enhance their skills of identifying and responding to mental health issues.
- e) They shall monitor the services to ensure that they meet the established standards and principles as defined in the JJ Act.

**3. Role of Child Care Institutions (Children Homes, Open Shelter and Specialized Adoption Agency) in addressing mental health needs of CNCP**

- a) Mental health care services including counselling, assessments, regular individual and group therapy including de-addiction services, life skill education etc. shall be provided as a part of rehabilitation and reintegration process.
- b) The Child Care Institution (CCI) shall be responsible for undertaking regular assessments to identify the psychological needs of the children
- c) The CCI shall create a safe, nurturing and non-stigmatising environment within the institution that supports the mental wellbeing of children
- d) They should organise recreational and therapeutic activities such as art therapy, sports, groups counselling, life-skills development that promote mental health and overall wellbeing of the children
- e) The CCI shall incorporate mental health interventions into the rehabilitation and reintegration programs implemented at the home.

4. **Foster Carers and Guardian** shall provide mental health services and regular monitoring of the child's mental wellbeing.

**Roles of stakeholders in addressing mental wellbeing of Children in Conflict with Law (CICL)**

**1. Role of Juvenile Justice Board (JJB)**

- a) The JJB is responsible for conducting preliminary assessment in cases of heinous offences by children aged 16 to 18 years to evaluate the child's mental and physical capacity, ability to understand the consequences of the offence and circumstances of the offence. The JJB can order a psychological evaluation as a part of the preliminary assessment to better understand the child's mental state and needs.
- b) The JJB shall direct and ensure that children shall receive appropriate psychological support and mental health services during and after their stay in observation homes and special homes. They can recommend specific therapeutic interventions based on the needs of the child during assessment and ongoing case management.
- c) The JJB shall ensure mental health considerations are integrated in the legal and rehabilitation process of the child.
- d) They shall undertake regular monitoring and review to assess the status and progress of the child as per the ICP.
- e) The JJB shall undertake coordination with various stakeholders including CWCs, DCPUs, NGOs, mental institutions and educational institutions to ensure a holistic approach to child's mental wellbeing.
- f) The JJB shall also organise training programs for members of the JJB, Probation officers and other stakeholders to enhance their ability to understand and address mental health issues of CICL.

## **2. Role of the District Child Protection Unit (DCPU)**

- a) The DCPU shall ensure availability and accessibility of mental health services such as psychologists, de-addiction services, psychiatrists, restorative practices, life-skills etc to support the rehabilitation programs of the CICL.
- b) The DCPU shall allocate adequate resources including trained professionals and undertake regular capacity building of stakeholders on offering mental health care and services for CICL.

## **3. Roles of Child Care Institutions (Observation Homes, Special Homes and Place of Safety) for Mental Health of CICL**

- a) The Child Care Institution (CCI) shall conduct initial mental health screening for all children admitted to the CCI to identify immediate mental health needs of the child.

- b) The CCI shall provide comprehensive assessment and regular counselling through qualified mental health professionals. The services should be in alignment with the ICP.
  - c) The CCI shall create a safe, nurturing and non-stigmatising environment within the homes that supports the mental wellbeing of children
  - d) The shall ensure inclusion and access to mental health as a part of care, protection and rehabilitation services extended for the child.
  - e) They shall support formulation of the ICP inclusive of mental health assessment and intervention in response to their unique needs.
  - f) They should organise recreational and therapeutic activities such as art therapy, sports, groups counselling, restorative practices that promote mental health and overall wellbeing of the children
  - g) The staff shall collaborate with the JJB to ensure regular follow up and case management for the child.
4. **The Special Juvenile Police Unit** is responsible for sensitively handling CICL with considerations to their mental health needs especially during investigation.
5. **The Probation Officer** shall assess the mental health needs of children when preparing the Social Investigation reports and ensure that the children receive relevant services. They should also regularly undertake case management process to monitor overall wellbeing of children and ensure adherence to the ICP.

**The Maharashtra Juvenile Justice (Care and Protection for Children) Rules 2018** notified under the Juvenile Justice (Care and Protection of Children) Act, 2015 provides scope for the range of mental health services from prevention to response and treatment. These rules also outline procedures to be followed by various authorities to facilitate mental health assessment and treatment by qualified mental health professionals.

- Every CCI shall have a full-time counsellor who should be in-charge of mental health care of a child in the CCI.
- The Superintendent shall have tie-up with mental health experts (psychiatric social worker, psychologist and psychiatrist), mental health institutes and clinics, mental health rehabilitation homes, de-addiction centres.
- Every CCI shall have a child friendly space for therapeutic group intervention created in every Child Care Institution which shall have a non- threatening conducive environment, general ambience and resource availability. Such a

facility shall have the physical environment conducive to carry out a wide range of interventions and programmes from individual conferencing, counselling to group therapeutic sessions.

- Maintenance of confidentiality and reassurance of the same to the child forms an important aspect of the mental health programmes and interventions in a CCI.
- A mental health profile of every child shall be maintained and updated every month. Mental health care plan shall form an important aspect of the mental health profile of every child, developed in consultation with mental health experts associated with CCI.
- The record shall contain the details of conferencing, counselling sessions and any other group, family or individual therapy that the child may be going through.
- The mental health profile of every child shall include an activity plan and encourage involvement of the child in different activities and tasks for attitude change, aptitude development and behaviour modification.
- The Superintendent shall ensure that all recommendations and suggestions being made in the mental health records are being compiled with.
- A mental health assessment of every child shall be conducted once the child is admitted and in the reception dormitory. This initial assessment shall consist of detailed case history along with cognitive and personality assessment using tests as medically prescribed depending upon the age of the child.
- Any risk behaviour, trauma, mental health concerns/disorders/addictions/psychological care identified for a child at the time of mental health assessment or during the various intervention programmes shall be well documented in the mental health profile of the child.
- The Superintendent shall contact the appropriate mental health professional who will first carry out an assessment and suggest a plan of intervention, depending on the facts of the case.
- The mental health professional will orient the Superintendent, PO, counsellor, house father/mother for supervision and management of the child.
- No child shall be administered medication for mental health problems without psychological evaluation and diagnosis by appropriately trained mental health professionals. Medicines shall be administered to the children by trained and appointed medical staff.

### **Mission Vatsalya**

Mission Vatsalya, a centrally sponsored scheme for child protection, aims to provide comprehensive care and support to children in need of care and protection. The mission places great importance on addressing the psychosocial needs of children through a

multi-sectoral approach through collaborations with health, education and social welfare departments. Mission Vatsalya emphasizes the need for systematic mental health assessment and screening of children entering the child protection system. This includes identifying mental health concerns, trauma history, and psychosocial needs to inform appropriate interventions.

The Mission Vatsalya invests in capacity-building and training initiatives for caregivers, staff, and professionals working with the child protection system. This includes training on recognizing signs of mental distress, trauma-informed care, and implementing therapeutic interventions. It directs states to undertake capacity-building programs and facilitate access to counselling for children in CCIs through coordination and partnership with the District Mental Health Programs (DMHP), School Mental Health Programs, Rashtriya Kishor Swasthya Kariyakram (RKSK), Rashtriya Bal Kishor Swasthya Karikram (RBSK), Telecounselling services such as TeleManas, Child Helpline, The scheme advocates for prioritizing mental health within the child protection framework and raises awareness about the importance of addressing mental health concerns among vulnerable children. This includes advocating for policy changes, resource allocation, and community-based initiatives.

## Chapter III

### Understanding MHPSS Related Terms and Concepts

**Mental Health Professional (MHP):** According to MHCA (2017), A mental health professional includes a psychiatrist as defined in Section 2 (1) (y) of the MHCA, a professional registered with the State Mental Health Authority which includes mental health nurses, clinical psychologists, psychiatric social workers and a professional who has a post-graduate degree in Ayurveda for Mano Vigyan Avum Manas Roga, in Homoeopathy for Psychiatry, in Unani for Moalijat (Nafasiyatt) or Siddha for Sirappu Maruthuvam.

**Psychiatrist:** A medical practitioner with a post-graduate degree or diploma in psychiatry from a university recognized by (i) the University Grants Commission; or (ii) the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956; or (iii) Medical Council of India (iv) Includes any medical officer who having regard to their knowledge and experience in psychiatry has been declared by any State Government as a psychiatrist for the MHCA. A psychiatrist is a medical doctor who specialises in mental health disorders including substance use disorders. Psychiatrists can diagnose, prescribe medication and offer in-patient treatment.

**Clinical Psychologist:** Clinical Psychologists focus on studying mental disorders, they have a postgraduate degree with a specialisation in clinical psychology. They conduct psychometric tests and can offer psychological treatment. Clinical psychologists do not prescribe medications.

**Counselling psychologist:** Counselling psychologists hold a master's degree in counselling psychology, and specialise in various therapies of counselling to support the personal, emotional, behavioural and psychosocial goals of clients. Counselling psychologists do not conduct tests or prescribe medications.

**Mental healthcare:** Analysis and diagnosis of a person's mental condition and treatment including, care and rehabilitation of such person for their mental illness or suspected mental illness.

**Counselling:** Counselling shall be provided to every child at the time of admission and the section on Care To Be Provided To Children In The Reception Dormitory 'may be referred. The counsellor should conduct planned and goal-oriented counselling and therapy sessions for every child. Counselling sessions shall take place once a week for every child. The sessions are to be planned based on the counsellor's earlier sessions

with the child during his/her stay in the CCI, the counsellor's observation of the child and his behaviour during his/her stay and the feedback obtained from the other staff involved in the rehabilitative process with the child. The counselling plan shall be documented in the case file. Key observations and outcomes of each session shall be documented in the case file. The counsellor's input shall be considered during case review sessions, and the approval of the PO shall be sought when objectives of counselling have been achieved, if counselling needs to be extended or if the child needs to be referred for specialized services. The purpose of the counselling sessions shall be:

- a. To ensure that every child is allowed to share his/her feelings.
- b. To give every child space to form and articulate their opinions which must then be incorporated in all decisions which affect them—hearings, formulation of individual care plans, case reviews. to address behavioural/conduct problems in children.
- c. To give every child the opportunity and space to take accountability of the offence committed by the child if they have been found to have committed the offence, accept and forgive himself/herself and make a plan outlining steps to move forward.
- d. To improve the relationship between the child and his/her family. As reintegration of a child into the family and society is one of the key aspects of the rehabilitative stay in a CCI, the family should form an integral process unless it is not in the best interest of the child.

**Mental Health Assessment:** A systematic evaluation of a child's psychological, emotional, and social functioning to identify mental health concerns and develop appropriate interventions.

**Restorative Care:** Restorative care is the process of extending care and support to children based on the principles of Restorative Justice. Restorative Justice is a process whereby involved parties collectively seek to deal with and address the aftermath of an offence - or unwanted action- and its implications for the future (Marshall, 1995).

Restorative care uses restorative practices to establish balance and restore the damage caused by the conflict or offence. It creates conditions for the child to understand, acknowledge responsibility and repair the harm caused. Based on the understanding that people need strong and safe relationships to thrive, the pillars of restorative justice are relationship, respect, responsibility, repair and reintegration. Some restorative practices include family group conferencing, circle communication work, conflict resolution, victim-impact panels, victim-offender mediation and community reparative boards.



The section 18 of the JJ Act 2015 emphasises the JJBs to pass orders for CCL in alignment with concept of restorative justice such as directing the child to participate in group counselling or ordering the child to perform community service under the supervision of the organisation or institution or a specified person identified by the board.

**Rehabilitation:** The rehabilitation process helps people regain their functioning in their desired social environment. This involves restoring, developing, or improving a child's functioning and understanding to positively impact their actions and well-being after involvement in the juvenile justice system.

**Reformation:** Efforts to promote positive behaviour change, values, and attitudes through therapeutic interventions, education, and skill-building.

**Social Reintegration:** Process of facilitating the child's successful return to family, community, and society after rehabilitation. Social reintegration is expected to be permanent and active, with the community's support which allows the child to use their new resources and capacities, as they take on responsibilities in daily life.

**De-addiction Treatment:** De-addiction treatment involves a structured approach encompassing medical interventions, psychological counselling, behavioural therapies, social support, education, and skill building to address the physical, social and psychological impact of addiction and support recovery.

**Joint Sessions:** Joint sessions in counselling refer to sessions where two or more members such as the family, couples, and group members are present along with the counsellor to address a common goal. The joint sessions are aimed at addressing relationship dynamics, common understanding of interpersonal issues and offer an opportunity for all members to express their thoughts while working towards a resolution.

**Group Counselling:** Group counselling is a therapeutic approach where a trained professional facilitates group-based sessions with a similar goal in a confidential environment. The participants engage in activities, sharing, and reflective exercises, accessing mutual support and learning from each other's experiences.

**Life-skills Education(LSE):** Life Skills Education is a type of skill building that develops the child's ability to discharge his/her/their life appropriately. LSE seeks to enhance the child's abilities for adaptive and positive behaviour which enables the child to deal effectively with the demands and challenges of everyday life.

**Alternative therapies:** Alternative therapies include non-conventional approaches to achieve health and wellness. These therapies focus on holistic healing and complement

traditional medical treatment. A few types of alternative therapies include yoga, sports, expressive arts & movement therapy to promote recovery and rehabilitation.

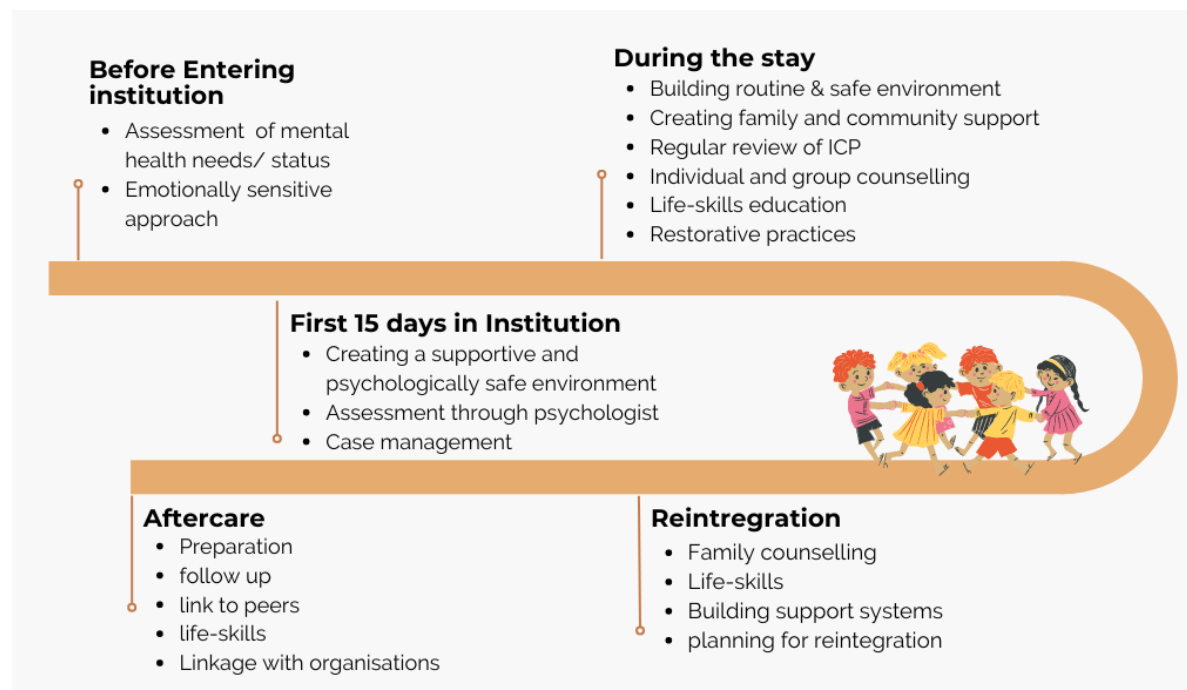
**Behaviour Modification:** Behaviour modification is based on the Behavioural school of psychotherapy. It focuses on understanding and modifying problem behaviour through the use of techniques such as reinforcement, behaviour analysis, conditioning, token economy, observation and rewards.

## Chapter IV

### Approach of offering MHPSS to Children in JJ System

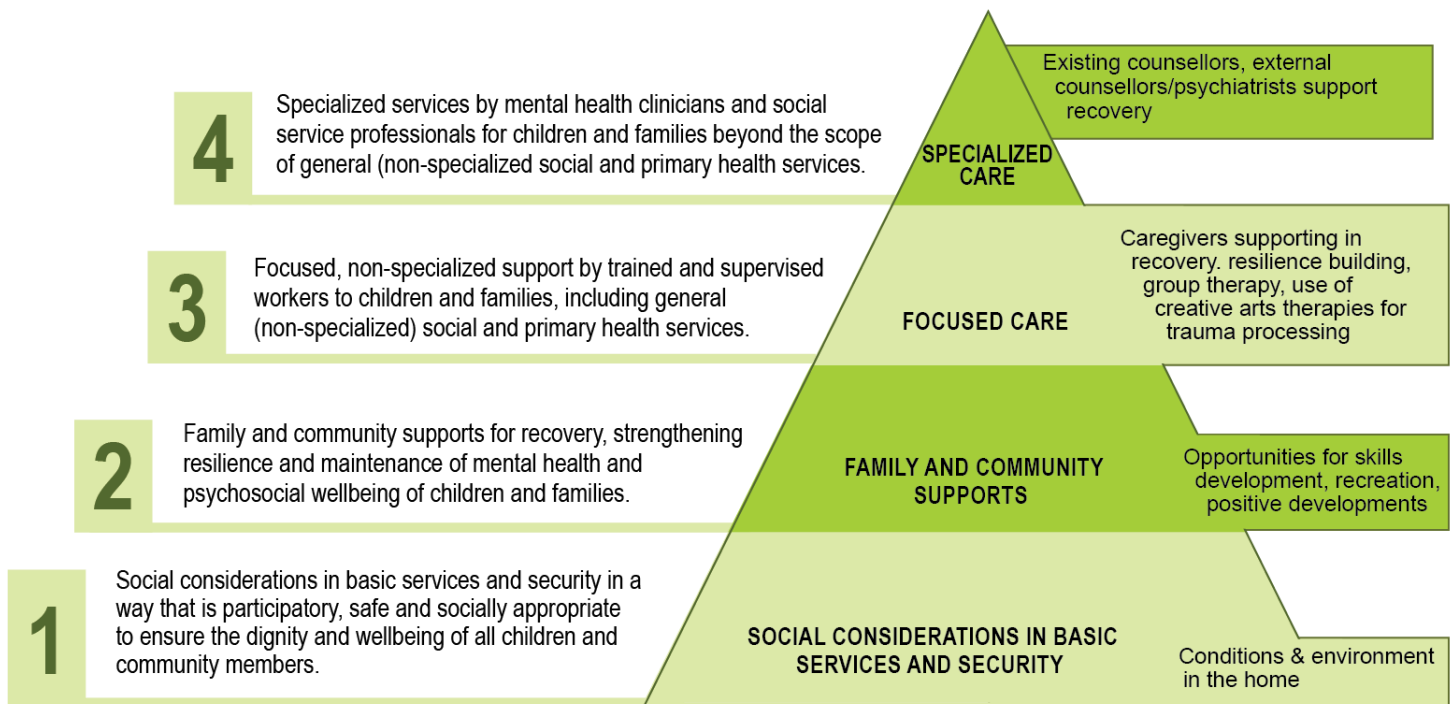
#### 4.1 Approach for Offering MHPSS

The MHPSS interventions in the JJ System must be specialized to address the emotional and psychological needs to facilitate recovery and promote rehabilitation and reintegration. This includes counselling interventions and other components such as child-friendly procedures, assessments, care planning, individualised care plans and family-strengthening actions. The mental health and psychosocial interventions first and foremost have to focus on acknowledging and validating the child's trauma in a safe space, building stability, trust and empowering the child to address their past to facilitate building a healthy future. MHPSS interventions shall enhance the child's resilience, coping skills, and emotional regulation to aid recovery and rehabilitation and strengthen positive social relationships. The following process highlights mental health needs of children in the JJ system across various stages.



The IASC pyramid for mental health and psychosocial support framework outlines different levels of interventions and services. The framework guides how to provide comprehensive MHPSS interventions. According to the framework, the response is

offered across four levels. The first level comprises social considerations in basic services and security, the second level focuses on building community and family support, the third level addresses focused, and non-specialized support and the fourth level includes interventions through specialized services. The following Mental Health and Psychosocial Support (MHPSS) actions can be identified across the aforementioned levels in the context of the Juvenile Justice (JJ) System:



- a. **Social considerations in basic services and security:** Establishing a psychologically safe environment for children through stable and predictable routines; integrating games, play, sports, and arts into everyday activities; allocating space in homes for accessing structured resources for emotion regulation, such as calm corners and anger corners, following child-friendly processes; identifying MHPSS needs through screenings in Social Investigation Reports (SIR) and integrating MHPSS interventions in Individual Care Plans (ICP).
- b. **Building community and family support:** Developing peer-led clubs for recreation and learning; providing life-skills education to aid healthy relationships; offering vocational training; facilitating access to group counselling; introducing restorative practices such as circle work; supporting families in addressing the needs of children and managing conflicts.

- c. **Focused, and non-specialized support:** Working with caregivers to identify signs of mental distress, build positive healthy relationships, and address conflicts. Access to group work, expressive arts and movement-based sessions, learning empathy, safe-unsafe touch, and problem-solving skills to help children address everyday challenges.
- d. **Interventions through specialized services:** Providing access to psychometric assessments; referring children to appropriate mental health professionals based on their needs; addressing crisis issues such as suicide, self-harm, deaddiction, and defiant/conduct behaviours; conducting capacity building for specialized professionals on trauma-informed care, restorative care, rehabilitation, and reformation.

#### **4.2 Identifying signs of mental distress and referring children for mental health and psychosocial support:**

There are different forms of treatments under the domain of mental health and psychosocial support. When offering focused care to children, some children may show signs of mental distress or illness. Based on the child's needs and the severity of symptoms, the stakeholders can decide on an appropriate point of referral. Mental health services can be extended to children in the Child Care Institutions and observation home through in-house psychologists, social workers and appointed doctors. In some cases where qualified experts are unavailable, temporary arrangements shall be made through collaboration with local experts, hospitals and NGOs. This can be done by the DCPU, JJB, CWC and Superintendents. The following collaborations can be established to facilitate multisectoral referrals:

- **District Hospitals:** Collaborations shall be made with Psychiatry department of the district hospital or the head of the District Mental Health Program. These departments can offer referrals for Psychiatrists, clinical psychologists, counsellors and psychiatric social workers.
- **Local NGOs:** Local NGOs offering mental health services such as counselling, assessment, individual and group sessions, life-skills education, de-addiction services, restorative practices with a focus on child welfare and an understanding of the JJ system.
- **Local mental health experts:** Professionals with focused expertise such as expressive-arts based therapies, restorative work, life-skills education, vocational training, rehabilitation can be contacted for referral based on the needs of the child.

Children need specific mental health support based on their symptoms and degree of distress. Following are some symptoms and details of relevant referral avenues which can be activated based on the child's needs.

Level of Severity	Mental health symptoms	Relevant referral
Mild	Mild Anxiety, worry, restlessness, occasional mood swings, difficulty regulating emotions, behavioural difficulties like moodiness, resistance, poor concentration	Counsellor, group counselling
Moderate	Moderate anxiety, difficulty concentrating, restlessness, irritation, persistent sadness, crying bouts, looking lost, sleep and eating disturbances	Counsellor, Group counselling, In house doctor
Severe	Severe anxiety, frequent panic attacks, suicidal ideation, and difficulty in daily functioning. Addiction-related issues such as high cravings, withdrawal, and tolerance difficulty.	Counsellor, Psychiatrist, might need hospitalisation, de-addiction support
Critical	Severe Depression, anxiety, Psychosis, not in touch with reality, Harm to self and others, delusions Severe withdrawal, violent outbursts, compulsive drug-seeking	Counsellor, psychiatrist, psychiatric hospitalisation, crisis counselling, de-addiction rehab & joint sessions

## Chapter V

### Principles of offering MHPSS responses

Adopting a right-based and child-centred approach is of central importance to the well-being and development of the child. The JJ act also outlines various principles in ensuring the care, protection, and rehabilitation of children in the JJ system. Mental health and psychosocial support actions shall be aligned to those principles. MHPSS approaches and practices shall centre the child's interests and participation in the process. In addition to principles such as supporting best interest, dignity and worth, non-discrimination, non-stigmatisation, privacy and confidentiality some additional principles to be followed in offering a mental health wellbeing to children are;

- a. ***Being Diversity-Friendly***: Each child and their context are different. Children come with diverse needs, concerns, contexts, expectations etc. As a child-friendly responder, keep an open mind to diverse realities.
- b. ***Building a trustworthy relationship***: Children in the JJ system often have complicated relational histories. Building a safe relationship where the child feels warmth, unconditional support and safety forms the foundation of their healing journey.
- c. ***Centering children's reality***: Locate the child's 'symptoms' and "dysfunctional behaviour' in their context. The child's emotions and actions are an outcome of their lived realities, trauma experiences and normal coping responses to abnormal life realities.
- d. ***Helping children speak out***: Empowering children to speak out will assist in building trust. They may have fears and hesitations before truly sharing what's on their mind. Let them know that you are interested in hearing what they have to say and treat their inputs with respect.
- e. ***Create supported decision-making***: Building further on the previous action, it is important to not make the decisions on behalf of the child. But to empower them with all the relevant information and support them in making decisions about their life.
- f. ***Identifying and building on children's strengths***: Children in the JJ system face labelling and judgement. Taking an approach that identifies their strengths and using those to address challenges helps in recovery.

- g. ***Being Non-judgemental towards the child*** – Linked to respecting the child's dignity and diversity, is the principle of non-judgemental care. Accept the child without judgement, with their strengths, weaknesses, traumatising past experiences, helpful and unhelpful attitudes and treat them with compassion and respect.
- h. ***Maintaining Confidentiality*** - As stated in the principle of confidentiality and privacy, the child has a right to have their information protected. The Principle of confidentiality often helps children build trust and talk about their difficulties in a professional setting. All information shared must be kept confidential and shared only for purposes of care or treatment with the informed consent of the child.



## Chapter VI

### Do's & Don'ts in responding to Mental Health Needs of Children in JJ System

Mental Health is a sensitive topic. Children may not immediately feel safe to talk about their emotions. Any discussions on mental health shall be approached with great sensitivity and care. Here are some basic dos and don'ts for all stakeholders to consider when responding to mental health needs of children.

What to do	What not to do
<ul style="list-style-type: none"><li>• Take time to build capacities on mental health and psychosocial support</li><li>• Practice active listening and empathy</li><li>• Look at children's problem behaviours as coping mechanisms</li><li>• Promote use of positive reinforcement</li><li>• Identify and highlight the child's strengths and qualities</li><li>• Do respect the child's confidentiality</li><li>• Do validate the child</li><li>• Approach all conversation with kindness and compassion towards the child</li></ul>	<ul style="list-style-type: none"><li>• Do not label the child</li><li>• Do not ignore signs of mental distress</li><li>• Do not minimize or dismiss the child's feelings</li><li>• Do not rush the mental health recovery</li><li>• Do not isolate or segregate the child</li><li>• Do not make promises you can't keep</li><li>• Do not underestimate the impact of your role</li></ul>

## **Chapter VII**

### **Considerations for creating a safe and mentally friendly environment in the Child Care Institution**

- a. Build a schedule for the children that includes Focus time (goal-oriented activities such as gardening, reading, studying), Play time (time to be creative and enjoy novel experiences), Connecting time (time to connect with other people, peers through circle work), Physical time (time to undertake physical exercise), Time in (time to meditate or reflect), downtime (time to relax without an agenda with activities like watching TV, doing arts and crafts) and sleep time (giving rest to our mind with 8 hrs of sleep).
- b. The living space should be well-lit, have appropriate ventilation. Make use of posters, plants, colours, flyers etc. to make the place look warm and welcoming. You can allocate spaces for e.g. a calm corner with warm colours and art material where the child can sit in if they feel the need to calm their emotions.
- c. Teach all the children about emotions and empathy. Allow opportunities to talk about emotional experiences individually and in groups. It is critical to build a supportive environment.
- d. Include daily check ins to talk about how one is feeling, one good thing and one bad thing that happened in their day. These check-ins can be moderated by the older children in the institution or the care-takers. Some circles can adopt specific themes such as positive qualities, giving each other compliments, problem solving etc.
- e. Establish safety and security for the child by laying clear boundaries to provide a sense of structure and predictability.
- f. Help the child identify like-minded peers and connect with them. Encourage all the children to be welcoming towards the child who has joined newly. You can also introduce peer run clubs for reading, gardening, games, studying or any cultural activities as well.

# ***ANNEXURES***

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## Annexure I: Declaration of a Child as Child in Need of Care and Protection

### Declaration of a Child as Child in Need of Care and Protection (Section 37 (1) (a) of the JJ Act, 2015)

Case No. ....of .....20.....

In Re.....

Whereas (name of the child) ....., age..... who has been produced before the Committee under section 31 of the Juvenile Justice (Care and Protection of Children) Act, 2015.

As per section 36 and section 37 (1) (a) of the Juvenile Justice (Care and Protection of Children) Act, 2015 and Rule 19 of the Maharashtra Juvenile Justice Rules 2018, the Committee declares that the abovementioned child is a **Child in Need of Care and Protection** in accordance to section 2(14) of the Juvenile Justice (Care and Protection of Children) Act, 2015 as the child is found to be a child -

(Please tick mark whichever is applicable, at least one)

- (i) who is found without any home or settled place of abode and without any ostensible means of subsistence; or
- (ii) who is found working in contravention of the provisions of this Act or labour laws for the time being in force or is found begging, or living on the street; or
- (iii) who resides with a person (whether a guardian of the child or not) and such person—
  - a. has injured, exploited, abused or neglected the child or has violated any other law for the time being in force meant for the protection of child; or
  - b. has threatened to kill, injure, exploit or abuse the child and there is a reasonable likelihood of the threat being carried out; or
  - c. has killed, abused, neglected or exploited some other child or children and there is a reasonable likelihood of the child in question being killed, abused, exploited or neglected by that person; or
- (iv) who is mentally ill or mentally or physically challenged or suffering from terminal or incurable disease, having no one to support or look after or having parents or guardians unfit to take care, if found so by the Board or the Committee; or
- (v) who has a parent or guardian and such parent or guardian is found to be unfit or incapacitated, by the Committee or the Board, to care for and protect the safety and well-being of the child; or
- (vi) who does not have parents and no one is willing to take care of and protect or who is abandoned or surrendered; or

- (vii) who is missing or run away child, or whose parents cannot be found after making reasonable inquiry in such manner as may be prescribed; or
- (viii) who has been or is being or is likely to be abused, tortured or exploited for the purpose of sexual abuse or illegal acts; or
- (ix) who is found vulnerable and has been or is being or is likely to be inducted into drug abuse or trafficking; or
- (x) who is being or is likely to be abused for unconscionable gains; or
- (xi) who is victim of or affected by any armed conflict, civil unrest or natural calamity; or
- (xii) who is at imminent risk of marriage before attaining the age of marriage and whose parents, family members, guardian and any other persons are likely to be responsible for solemnisation of such marriage;

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**(Signature)**

**Chairperson/Member**

**Child Welfare Committee**

**Annexure II: Order for follow up of child under the care of Parent or Guardian or Fit Person**

**Order for follow-up of Child under the care of a Parent/Guardian/ Fit Person  
(Pending Inquiry/Post Restoration)**

**(Rule 19 (17), Rule 84 (9), 84 (10) of Maharashtra JJ Rules, 2018)**

**Case No. ....of .....20.....**

**In Re.....**

To,

Child Welfare Officer/ Social Worker/Case Worker/ Person in-charge of Home/ Representative of a Non- Governmental Organization

\_\_\_\_\_, (Name of Institution/Organisation)

\_\_\_\_\_. (Address)

Whereas (name of the child) \_\_\_\_\_, age (approximate)..... has on.....(date) been found to be in need of care and protection, and remains under the care of (name of the parent / guardian / fit person)

.....

(address).....

The Committee agrees that issuing a follow-up order for the child as per the time period mentioned below is in his/her best interest.

You are hereby directed to conduct follow up of the child as per the timeline stated under and submit a follow up report to the Committee.

- In cases where enquiry is pending, follow up to be conducted every \_\_\_\_\_ days/months till \_\_\_\_\_(month, year) or
- In cases where there is final disposal of the case, follow up to be conducted not later than one month from the date of disposal of the case and thereafter once every month for the period of first six months and thereafter every three months for a minimum of one year or till such time as the Committee deems fit.

- You are directed to submit a follow-up report to the committee regarding the rehabilitation progress of the child every \_\_\_\_\_ month

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**(Signature)**

**Chairperson/Member**

**Child Welfare Committee**

### **Annexure III: Follow Up Report Template**

#### **Follow-up Report of Child in Need of Care and Protection**

***(Confidential, not for circulation)***

**Case No. ....of .....20.....**

Name of the Social Worker / Case Worker / Child Welfare Officer

\_\_\_\_\_

Date of Preparing the Follow-Up Report

\_\_\_\_\_

Date of submissions of previous Follow-Up Reports, if applicable

\_\_\_\_\_

Name of the Child:

Age of the Child:

as on:

DD/MM/YYYY

Date of birth:

as per:

Education:

School:

Current Address of the Child:

Permanent Address of the Child:

Contact Number:

Date of conducting the follow-up visit:

Time of the visit:

Family Constellation:



Sr. No.	Name of the Person	Age	Relation with the child	Education	Occupation	Income

N/A: Not Applicable

N/K: Not Known

Brief Case History / Narrative:

Status of Social Security Documents of the Child:

Social Security Documents	Present Status (Please tick whichever if applicable)		Action Taken
	Yes	No	
Aadhaar Card			
Birth Certificate			
School Certificate			
Ration Certificate			

Bank Account Passbook			
Caste Certificate, if applicable			
Orphan Certificate, if applicable			
Disability Certificate, if applicable			
Immunization Card, if applicable			

**Interaction with the child:**

(age-appropriate interaction, covering all aspects of rehabilitation as per the sections in the Individual Care Plan)

Interaction with the primary caregiver:

Interaction with any other stakeholders, if applicable:

Observations:

Recommendations and Future Plans:

**Report prepared by:**

**(Name and Signature)**

**Report submitted to the CWC on: DD/MM/YYYY**



महाराष्ट्र राज्य बाल हक्क संरक्षण आयोग  
महाराष्ट्र शासन

**Maharashtra State Commission for Protection of Child Rights**