

FORM 22

[Rule 19(8)]

SOCIAL INVESTIGATION REPORT FOR CHILD IN NEED OF CARE AND PROTECTION\*

\*Modifications made by Miracle Foundation appear in red ink.

Completed when the child enters the CCI (within 15 days), and annually thereafter to determine suitability of reunification with family or other family based care options.

To be used in conjunction with the child's ICP (JJA Form 7- Individual Care Plan)

Sl. No.....

Produced before the Child Welfare Committee.....

Case No.....

Social Investigation Report Prepared by: Child Welfare Officer/ Social Worker/Case Worker/ Person in charge of Home/ representative of Non- Governmental Organization (Circle one)

Details of child in need of care and protection:

1. Name.....

2. Age/Date/Year of birth.....

3. Sex.....

4. Caste.....

5. Religion.....

6. Father's Name..... Alive/not alive/not known

7. Mother's Name ..... Alive/not alive/not known

8. Marital Status of parents:

- Married
- Separated
- Divorced
- Remarried: Step mother/father names:

8. Guardian's Name..... Alive/not alive/not known

9. Family/Guardian's Permanent Address.....

10. Family/Guardian's Present Address if different from permanent.....

10. Landmark of the address.....

11. Address of last residence.....

12. Contact no. of father/mother/family member.....

13. Whether the child is differently abled:

- Hearing Impairment
- Speech Impairment
- Physically disabled
- Mentally disabled
- Others (please specify)

**FAMILY RELATIONSHIPS**

14. Nuclear Family Details:

Name and relationship (Parents, siblings)	Age	Location	Education (Place of education, public/private)	Occupation	Marital Status	Health status	History of Mental Illness	Addictions

15. Other Relatives or extended Family Members (Grandparents, Aunts, Uncles, etc.)

Name	Type of Relationship with Child	Location and Contact Information	Income Status	Support they provide to child and family (practical help, emotional support, financial help, etc.)

17. Does the child visit his/her siblings? Yes/No

Details:

18. Does the child spend holidays with their family? Yes/No

Details and frequency:

19. Do family members or others visit the child? Yes/No

If yes, list the names of the people who visit and frequency:

Name/relationship	Address and contact information	Frequency of Visits

15. Relationship among the family members:

- |                      |                                 |
|----------------------|---------------------------------|
| a. Father & mother   | Cordial/Non cordial/Not known   |
| b. Father & child    | Cordial/ Non cordial/ Not known |
| c. Mother & child    | Cordial/ Non cordial/ Not known |
| d. Father & siblings | Cordial/ Non cordial/ Not known |
| e. Mother & siblings | Cordial/ Non cordial/ Not known |
| f. Child & siblings  | Cordial/ Non cordial/ Not known |
| g. Child & relative  | Cordial/ Non cordial/ Not known |

16. What are the parents' level of parenting skills and abilities (e.g., discipline, emotional connection, etc.):

- Good
- Could be improved
- Poor
- Lacking

16. If child is married, name, age and details of spouse and children.....

17. History of involvement of family members in offences, if any:

S. No.	Relationship	Nature of Crime	Legal status of case	Arrest if any made	Period of confinement	Punishment awarded
1.	Father					
2.	Step father					
3.	Mother					
4.	Step Mother					
5.	Brother					
6.	Sister					
7.	Others (uncle/aunty/grandparents)					

18. Attitude towards religion:

Child	Family
Religion:	Religion:
<input type="checkbox"/> Actively participates	<input type="checkbox"/> Actively participates

<input type="checkbox"/> Occasionally participates	<input type="checkbox"/> Occasionally participates
<input type="checkbox"/> No participation/no interest	<input type="checkbox"/> No participation/no interest

### HOUSEHOLD ECONOMY

19. Is the head of household in paid employment? Yes/No

20. Are there any other adults in the family in paid employment? Yes/No

If yes, explain:

21. Is employment reasonably secure? Yes/No

22. Is the family gaining income through?

- Seasonal work
- Occasional work
- Working interstate/in country
- Working away from home for periods of the year

23. Do the patterns of work adversely impact child care? Yes/No

Explain number of hours, on which days, and what times:

24. Are all entitled benefits claimed? Yes/No

Specify:

25. Are household bills paid regularly? Yes/No

26. Is the family managing with the income they receive? Yes/No

27. Is the family in debt? Yes/No If yes, is this increasing? Yes/No

28. Does family hold BPL or avail themselves of support schemes?

28. Does the family own cultivable land? Yes/No

29. Does the family own livestock? Yes/No

30. Is the family involved in other income generating activity? Yes/No

Specify:

Total income/month:

Total bills/month:

Total debt:

### LIVING CONDITIONS

19. Family's Present living conditions:

A. Type of dwelling:

- Owned
- Rented/Leased
- Informal arrangement

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- Based in Community
- Chawl
- Wada
- Farm
- House
  - Tin house
  - Brick walls with tin roof

- Apartment
- Shared residence
- Shelter
- Homeless
- Railway platform

B. Is the family vulnerable to eviction? Yes/No

C. Is the family in temporary accommodations? Yes/No

D. Is the house and immediate surroundings safe for the child? Yes/No

If no, explain:

E. Does the house have basic amenities?

- Clean Water
- Cooking facilities
- Food Storage
- Sleeping arrangements
- Sanitation
- Indoor toilet

<b>COMMUNITY SUPPORT</b>
--------------------------

- |                                                                |        |
|----------------------------------------------------------------|--------|
| A. Does the family feel accepted in their community?           | Yes/No |
| B. Do family members experience discrimination and harassment? | Yes/No |
| C. Does the family have local friends?                         | Yes/No |
| D. Is the family involved in local organizations/activities?   | Yes/No |
| E. Is the family receiving support from government/NGOs?       | Yes/No |
| F. Are there accessible community resources?                   | Yes/No |

- Does the family take advantage of community resources? Yes/No
- Specify:

20. Other factors of importance if any:

**CHILD BEHAVIOR**

21. Habits of the child

A	B
a. Smoking	Watching TV/movies
b. Alcohol consumption	Playing indoor/outdoor games
c. Drug use (specify)	Reading books
d. Gambling	Religious activities
e. Begging	Drawing/painting/acting/singing
f. Any other	Any other

22. Extra-curricular interests.....

23. Outstanding characteristics and personality traits.....

**EDUCATION AND SKILLS**

24. The details of education of the child (tick as applicable)

- a. Illiterate
- b. Studied up to V Standard
- c. Studied above V Standard but below VIII Standard
- d. Studied above VIII Standard but below X Standard
- e. Studied above X Standard

25. The details of the school in which studied last (tick as applicable):

- a. Corporation/Municipal/Panchayat
- b. Government/SC Welfare School/BC Welfare School
- c. Private management
- d. School under NCLP

26. Attitude of class mates towards the child.....

27. Attitude of teachers and classmates towards the child.....

28. **If not attending school**, the reason for leaving school (tick as applicable)

- a. Failure in the class last studied

- b. Lack of interest in the school activities
- c. Indifferent attitude of the teachers
- d. Peer group influence
- e. To earn and support the family
- f. Sudden demise of parents
- g. Bullying in school
- h. Rigid school atmosphere
- i. Absenteeism followed by running away from school
- j. There is no appropriate level of school nearby
- k. Abuse in school
- l. Humiliation in school
- m. Corporal punishment
- n. Medium of instruction
- o. Others (pl. specify)

29. Do all children of school age in the household go to school? Yes/No

If no, specify the reasons:

30. Family's attitude toward child's education:

- Value education and supportive/involved (with children at home)
- Would like to be supportive but don't feel they are able to help
- Indifferent
- Not supportive

29. Child's Vocational training, if any:

30. Child's Employment Details, if any:

31. Details of child's income utilization:

32. Child's Work record (reasons for leaving vocational interests, attitude towards job or employers):

33. Level of formal education for head of household: For partner of head of household:

- Primary school
- Secondary school
- X Standard
- Above X Standard
- Vocational School

- College/university
- Unable to read or write

34. Skills of head of household:

Skills of partner of head of household:

- Tailor
- Builder
- Agriculture/farming
- Driver
- Other: (Specify)

### SOCIAL RELATIONSHIPS

33. Majority of the friends are (tick as applicable)

- a) Educated
- b) Illiterate
- c) The same age group
- d) Older in age
- e) Younger in age
- f) Same sex
- g) Opposite sex
- h) Addicts
- i) With criminal background

34. Attitude of the child towards friends.....

35. Attitude of friends towards the child.....

36. Observation about neighbourhood (to assess the influence of neighbourhood on the child).....

### HEALTH

37. Mental condition of the child: (Present and past) **See ICP**

38. Physical condition of the child: (Present and past) **See ICP**

39. Health status of the child

- a. Respiratory disorders - present / not known / absent
- b. Hearing impairment - present / not known / absent
- c. Eye diseases- present / not known / absent
- d. Dental disease- present / not known / absent



- e. Cardiac diseases- present / not known / absent
- f. Skin disease-present / not known / absent
- g. Sexually transmitted diseases- present / not known / absent
- h. Neurological disorders- present / not known / absent
- i. Mental handicap- present / not known / absent
- j. Physical handicap- present / not known / absent
- k. Urinary tract infections –present / not known / absent
- l. Others (pl. specify) -

40. Whether the child has any addiction Yes/ No

41. Does a member of the family have a chronic physical health condition?

- Asthma
- Epilepsy
- Diabetes
- Heart condition
- Other: (Specify)

How is the condition being treated?

42. Does a member of the household experience:

- Poor mental health
- Behavior issues
- Physical disability
- Learning disability
- Alcohol/drug abuse
- Other:

How is the issue being treated?

42. Do all family members have access to health care through PCH/CHC/district hospital? Yes/No

42. Does the family have access to a doctor that they visit regularly or in case of emergency? Yes/No

If no, please specify the reason:

### CHILD'S HISTORY – LIVING SITUATION

41. With whom the child was staying prior to production before the Committee:

- a. Parent(s) – Mother / Father / Both
- b. Siblings / Blood relative
- c. Guardian(s) – Relationship
- d. Friends
- e. On the street
- f. Night shelter
- g. Orphanages / Hostels/ Similar Homes

h. Other (pl. specify)

42. History/ tendency of the child to run away from home, if any.....

43. Parents attitude towards discipline in the home and child's reaction.....

44. Reasons for leaving the family (circle as applicable)

- a. Abuse by parent(s)/guardian(s)/step parents(s)
- b. In search of employment
- c. Peer group influence
- d. **Physical incapacitation/mental illness/alcoholism (circle) of father**
- e. **Physical incapacitation/mental illness/alcoholism (circle) of mother**
- f. Criminal behaviour of parents
- g. Separation of Parents
- h. Demise of - **both parents/father/mother (circle)**
- i. Poverty
- j. **Family conflict/crisis**
- k. **Abandoned by family**
- l. **Lack of acceptance (out of wedlock, young mother, physical or mental condition, etc)**
- m. **Access to better education**
- n. Others (please specify)

#### CHILD HISTORY OF ABUSE

45. Whether the child is a victim of any offence Yes/No

46. Types of abuse met by the child (tick as applicable)

- a. Verbal abuse – parents/siblings/employers/others (pl. specify)
- b. Physical abuse
- c. Sexual abuse parents/siblings/employers/others (pl. specify)
- d. Others – parents/siblings/employers/others (pl. Specify)

47. Types of ill-treatment met by the child (tick as applicable).

- a. Denial of food – parents/siblings employers/other (pl. specify)
- b. Beaten mercilessly –parents/ siblings/employers/other (pl. specify)
- c. Causing injury –parents/ siblings/employers/other (pl. specify)
- d. Detention -parents/ siblings/employers/other (pl. specify)
- e. Other(please specify)\_\_\_\_\_parents/siblings/employers/others(pl. specify)

48. Exploitation faced by the child

- a. Extracted work without payment
- b. Little (low) wages with longer duration of work
- c. Others (pl. specify)

49. Whether the child has been bought or sold or procured or trafficked for any purpose Yes/ No

- 50. Whether the child has been used for begging Yes/ No
- 51. Whether the child is used by any gangs or adults or group of adults or has been used for drug peddling: Yes/ No
- 52. Previous institutional/case history and individual care plan, if any (**Attach**)
- 53. Details of perpetrator: ( such as Name, Age, Contact number, Address details, Physical Characteristics, Relationship with the family, middle men involved, is there any other child from the same village who is abused / harassed / taken / sent by the perpetrator, how the child came in contact with the perpetrator).....  
.....
- 54. Attitude of the child towards the perpetrator.....
- 55. Whether the police have been informed.....
- 56. Action taken, if any against the perpetrator.....
- 57. Any other remark.....

**PLACEMENT PLAN**

**OBSERVATIONS OF INQUIRY (Refer to the child's ICP)**

- 1. Emotional factors
- 2. Physical condition.....
- 3. Intelligence.....
- 4. Social and economic factors.....
- 5. Suggestive causes of the problems.....
- 6. Analysis of the case, including reasons/contributing factors for the offence (**applicable only in case of juvenile offense**)
- 7. Reasons for child's need for care and protection.....
- 8. Opinion of experts consulted **Reports from doctor, Education Coordinator, psychologist included in ICP**
- 9. Psycho-social expert's assessment **Psychologist report included in ICP if applicable**
- 10. Religious factors.....
- 11. Risk analysis for the child to be restored to the family
- 12. Previous institutional/case history and individual care plan, if any: **See Case History and ICP**

13. Recommendation of Child Welfare Officer/Case Worker/Social Worker regarding psychological support, rehabilitation and reintegration of the child and suggested plan.....**Complete the Home Thrive Scale**.....

<b>Type of placement (CCI, Reunification, Adoption, Emergency foster care, etc.)</b>	<b>Reasons</b>	<b>Action plan</b>	<b>Timeline</b>

14. Child's view of proposed living situation:

15. Family's view of proposed living situation:

Signature

(Of the Person assigned)