

FORM 22

[Rule 19(8)]

SOCIAL INVESTIGATION REPORT FOR CHILD IN NEED OF CARE AND PROTECTION

(Tick whichever is applicable)

1. Sl. No.....
2. Produced before the Child Welfare Committee.....
3. Case No.....
4. Social Investigation Report Prepared by: District Child Protection Unit/ Social Worker/ Case Worker/ Person in charge of Home/ representative of Non- Governmental Organization
5. Details of child in need of care and protection:
 - (i) Name.....
 - (ii) Age..... DD/MM/YY
 - (iii) Gender.....
 - (iv) Caste: (tick as applicable)
 - General Scheduled
 - Caste Scheduled Tribe
 - Other Backward Class
 - Others, specify.....
 - Not Known
 - (v) Religion.....
 - (vi) Father's Name.....
 - (vii) Mother's Name
 - (viii) Guardian's Name.....
 - (ix) Permanent Address.....
 - (x) Landmark of the address.....

- (xi) Address of last residence
- (xii) Contact information father/mother/family member/guardian.....
- (xiii) Whether the child needs an interpreter/translator: Yes/ No
- (xiv) Whether the child is- Orphan / Abandoned / Surrendered / Others
- (xv) Previous institutional/case history and individual care plan, if any.....
- (xvi) Family Details: (YES/NO) If yes, then:

S.N.	Name and Relationship	Age	Sex	Education	Occupation	Income	Health Status	History of Mental Illness	Addiction
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

(xvii) Relationship among family members:

Father and mother	Cordial/Non cordial/Not known
Father and child	Cordial/Non cordial/Not known
Mother and child	Cordial/Non cordial/Not known
Father and siblings	Cordial/Non cordial/Not known
Mother and siblings	Cordial/Non cordial/Not known
Child and siblings	Cordial/Non cordial/Not known
Child and relative	Cordial/Non cordial/Not known

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

(tick as applicable)

- Parent(s) – Mother / Father / Both
- Siblings / Blood relative
- Guardian(s) – Relationship
- Friends

- On the street
- Night shelter
- Orphanages / Hostels/ Similar Homes
- Child Care Institution:
 - Children's home
 - Shelter home
 - Specialised Adoption Agency
 - Fit Facility
- Other (please specify).....

7. In case of orphan and abandoned child-

- (i) Where was the child found?
- (ii) What steps are being taken to trace the biological parents/relatives of the child? Please specify....
- (iii) If the biological roots of the child are known, reasons for death of both parents of the child.....

8. Whether the child needs to be repatriated: Yes/No. If yes:

- Inter- district repatriation
- Inter- state repatriation
- Inter- country repatriation

9. Whether child is eligible for the benefit of sponsorship: Yes/No

10. Whether the child is eligible for any scheme or entitlement.

Yes/No (If Yes, please specify)

11. Whether child has received any kind of compensation in regard to the demise of any parent: Yes/No; Please Specify.....

12. Whether child should get benefit under clause (c) of sub-section (1) of section of Section 12 of the Right to Education Act, 2009: Yes / No

13. Financial support recommended for the child:

- (i) Whether the child's parents had any property/FD/Cash/Insurance/bank

- accounts prior to their sudden demise: Yes/No; Details thereof.....
- (ii) Whether the child's parents have any loans, mortgages, financial liabilities?
A. Yes B. No. Details thereof.....
- (iii) Whether the child's parents have any collateral against that mortgage?
A. Yes B. No. Details thereof.....
- (iv) Whether the child's parents have any family business?
A. Yes B. No. Details thereof.....
- (v) Whether the child has acquired any right/share in the property (self-acquired/ancestral) from the deceased parent: Yes/No; Details thereof.....

14. Details of education of the child:

- (i) Whether the child has received education: Yes/No
- (ii) If yes, specify education up to which class.....
- (iii) If the child is enrolled in school, then name of the school-.....
- (iv) Whether the school of the child is registered on Unified District Information System for Education, if Yes, state Unified District Information System for Education Code.....
- (v) Type of school- Government/ Private.
- (vi) Whether the child has been enrolled in special training centre. Yes/No. If Yes specify duration of enrolment of child in Special Training center.....
- (vii) Whether the Special Training Center was Residential/Non- Residential
- (viii) The reason for leaving School (tick as applicable)
 - Failure in the class last studied
 - Lack of interest in the school activities
 - Indifferent attitude of the teachers
 - Peer group influence
 - To earn and support the family
 - Sudden demise of parents

- Bullying in school
- Rigid school atmosphere
- Absenteeism followed by running away from school
- There is no appropriate level of school nearby
- Abuse in school
- Humiliation in school
- Corporal punishment
- Medium of instruction
- Others (please specify).....

(ix) Attitude of class mates towards the child (If applicable)

(x) Attitude of teachers and classmates towards the child (If Applicable)

(xi) Vocational Training (if any).....

15. Other factors of importance if any.....

16. Habits of the child: (tick as applicable)

- Watching TV/movies
- Playing indoor/outdoor games
- Reading books
- Drawing/painting/acting/singing
- Religious activities
- Begging Gambling
- Alcohol consumption
- Smoking
- Drug use, if yes, specify.....
- Any other, please specify.....

17. Extra-curricular interests.....

18. Outstanding characteristics and personality traits.....

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

- Educated
- The same age group

- Older in age
- Younger in age
- Male
- Female
- Addicts
- Children in conflict with law

20. If child is friends with adults, please specify.....

21. Attitude of the child towards friends.....

22. Attitude of friends towards the child.....

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

24. Whether the child has any addiction- YES / NO, if yes, specify.....

25. In case the child is with disability or special needs or is terminally ill (If Yes, Specify):

A. Health status of the child

- (i) Respiratory disorders - present / not known / absent
- (ii) Hearing impairment - present / not known / absent
- (iii) Eye diseases- present / not known / absent
- (iv) Dental disease- present / not known / absent
- (v) Cardiac diseases- present / not known / absent
- (vi) Skin disease-present / not known / absent
- (vii) Sexually transmitted diseases- present / not known / absent
- (viii) Neurological disorders- present / not known / absent
- (ix) Mental handicap- present / not known / absent
- (x) Physical handicap- present / not known / absent
- (xi) Urinary tract infections –present / not known / absent
- (xii) Others (please specify).....

B. Whether the child is differently abled- Yes or No, if yes, specify-

- (a) Hearing Impairment

- (b) Speech Impairment
- (c) Physical disability
- (d) Mental disability
- (e) Locomotive disability
- (f) Others (please specify).....

- C. Whether the child has a valid disability certificate. (If Yes, provide details)
- D. Mental condition of the child: (Present and past).....
- E. Physical condition of the child: (Present and past).....
- F. Whether the child needs special education- Yes/No. If yes, specify:
- G. Special education already included in the current school curriculum: Yes/No/Not Applicable
- H. Whether the Child requires or has been using any medical equipment. (If yes, please specify)
- I. Previous institutional/case history and individual care plan, if any.....
- J. Whether the child is receiving any pension under disability schemes. Yes/No (If yes then specify)
- K. Any other remark/observation.....

26. In case the child belongs to Children in Street Situations/Trafficked/Involved in Drug Peddling/Child Labour:

- A. Whether the child belongs to any of the category under Children in Street Situations: Yes/No. If yes, specify:
 - (i) Children without support living on the streets all alone
 - (ii) Children stay on the streets in the day and are back home in the night with their families who reside in a nearby slum/hutments.
 - (iii) Children living on the streets with their families:
- B. With whom was the child staying prior to production before the Committee:
 - (i) Parent – Mother / Father / Both
 - (ii) Siblings / Blood relative

- (iii) Guardian – Relationship
- (iv) Friends
- (v) On the street
- (vi) Night shelter
- (vii) Orphanages / Hostels/ Similar Homes
- (viii) Other (please specify).....

C. If there is history/ tendency of the child to run away from home. Yes/ No. If yes:.....

a. What is the parents' attitude towards discipline in the home and child's reaction.....

b. Reasons for leaving the family:

- (i) Abuse by parent(s)/guardian(s)/step parents(s)
- (ii) In search of employment
- (iii) Peer group influence
- (iv) Incapacitation of parents
- (v) Criminal record of parents
- (vi) Separation of Parents
- (vii) Demise of parents
- (viii) Poverty
- (ix) Others (please specify).....

D. Where was the child found, please specify

E. Whether the child has been used for begging: Yes/No

F. Whether the child has been involved in rag-picking: Yes/No

G. Whether the child is used by any gangs or adults or group of adults or has been used for drug peddling: Yes/No

H. Whether the child has been bought or sold or procured or trafficked for any purpose: Yes/No, if yes:

I. Whether the child was trafficked with knowledge of parents: Yes/No

J. Whether the child was sold by the parents/relatives: Yes/No

If yes, then whether any action has been taken against the parents/relative: Yes/No

K. Whether the child was employed as a labour: Yes/No, if yes:

- (i) Industry in which the child was employed.....
- (ii) Whether the child has faced exploitation at work : Yes/No
 - a. Extracted work without payment
 - b. Little or low wages with longer duration of work
 - c. Others (Please specify).....
- (iii) Details of income utilization.....
- (iv) Any occupational hazard faced by the child: Yes/No. If yes, specify.....
- (v) Whether case filed against employer: Yes/No. If yes, specify case detail.....
- (vi) Compensation provided to the child:
 - a. Interim
 - b. Final
 - c. Child Labour Rehabilitation cum Welfare Fund

L. Previous institutional/case history and individual care plan, if any.....

M. Whether temporary shelter has been provided to child: Yes/No

N. Has any plan been made for rehabilitation of the child, specify.....

O. Any other remarks/observation.....

27. In case the child has faced any kind of abuse, including sexual abuse, or has been a victim of any offence:

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

B. Types of abuse faced by the child:

- a. Verbal abuse– parents/siblings/ employers/others (please specify).....
- b. Physical abuse- parents/siblings/ Employers/others (please specify).....
- c. Sexual abuse by- (tick as applicable) relatives through blood
 relatives through adoption

- relatives through marriage
- relatives through guardianship
- persons in foster care
- person living in the same or shared household
- any person in the ownership, or management, or staff, of any institution providing services to a child
- any person in position of trust or authority
- Others (please specify)

d. Others– parents/siblings/ employers/others (please specify).....

C. Types of ill- treatment met by the child:

- (i) Denial of food– parents/siblings employers/other (please specify).....
- (ii) Beaten mercilessly– parents/ Siblings/employers/other (please specify)
- (iii) Causing injury– parents/ siblings/employers/other (please specify).....
- (iv) Detention- parents/ siblings/employers/other (please specify).....
- (v) Any other (please specify).....

D. In case of sexual abuse:

- (i) Relationship with the perpetrator.....
- (ii) Gender of the perpetrator.....
- (iii) Age of the perpetrator.....
- (iv) How the child came in contact with the perpetrator.....
- (v) Any other child from the same place who is abused / harassed / taken / sent by the perpetrator....
- (vi) Whether any other person/s were involved in the offence.....
- (vii) Whether any compensation has been recommended to the child under the Protection of Children from Sexual Offences Act, 2012: Yes/No. If any other, please specify.....

E. Case/FIR registered by the police: Yes/No. If yes, specify Case No./ FIR No.....

- F. Whether the child has been a victim of cyber-bullying: Yes/No. If yes:
 - (i) Cyber bullied while using internet system at home
 - (ii) Cyber bullied while using internet system in school
 - (iii) Cyber- bullied while attending school classes from home
- G. Has the child been counselled: Yes/No, if yes, provide details.....
- H. Any other remark/observations.....
- I. Previous institutional/case history and individual care plan, if any.....

28. In case the child is victim of child marriage or is married:

- A. Name of the spouse.....
- B. Age of the spouse.....
- C. Date of marriage (DD/MM/YY).....
- D. Place of marriage.....
- E. Reasons for conducting marriage of the child.....
- F. People who were involved in getting the marriage of the child conducted-
 - i. Parents ii. Relatives iii. Others.
- G. If others, please specify.....
- H. Whether any case has been registered by police: Yes/No.
- I. If yes, provide details.....
- J. If any action taken, details thereof.....
- K. Any other remarks/observation.....

29. Whether the child needs to be repatriated: Yes/No. If yes: (tick as applicable)

- (i) Inter- district repatriation
- (ii) Inter- state repatriation
- (iii) Inter- country repatriation

OBSERVATIONS OF INQUIRY

- 30.** Emotional factors.....
- 31.** Physical condition.....
- 32.** Social and economic factors.....
- 33.** Suggestive causes of the problems.....

- 34. Analysis of the case, including reasons/contributing factors for the offence...
- 35. Reasons for child's need for care and protection.....
- 36. Opinion of experts consulted.....
- 37. Mental Health Expert assessment.....
- 38. Risk analysis for the child to be restored to the surviving parent/relatives/guardian.....
- 39. Previous institutional/case history and individual care plan, if any.....
- 40. Recommendation of District Child Protection Unit/Case Worker/Social Worker regarding psychological support, rehabilitation and reintegration of the child and suggested plan.....

Signature
(of the person assigned)