

**FORM 22**

**[Rule 19(8)]**

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

**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.....  
.....

7. Mother's Name  
.....  
.....

8. Marital Status of parents:

Married

Separated

Divorced

Remarried: Step mother/father names:

9. Guardian's Name.....  
.....

10. Family's Permanent Address.....  
.....

11. Family's Present Address if different from permanent.....

12. Landmark of the address.....  
.....

13. Address of last residence.....  
.....

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

15. Whether the child is differently abled:

Hearing Impairment

Speech Impairment

- Physically disabled
- Mentally disabled
- Others (please specify)

### FAMILY RELATIONSHIPS

16. Nuclear Family Details:

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

17. 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.)

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

Details:

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

Details and frequency:

20. 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

21. Relationship among the family members:

- a. Father & mother Cordial/Non cordial/Not known
- b. Father & child known 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

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

- Good
- Could be improved
- Poor
- Lacking

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

24. 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)					

25. 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

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

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

If yes, explain:

28. Is employment reasonably secure? Yes/No

29. Is the family gaining income through?

- Seasonal work
- Occasional work
- Working abroad
- Working away from home for periods of the year

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

Explain number of hours, days/times, etc:

31. Are all entitled benefits claimed? Yes/No

Specify:

32. Are household bills paid regularly? Yes/No

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

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

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

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

37. Does the family own livestock? Yes/No

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

Specify:

Total income/month:	
Total bills/month:	
Total debt:	

## LIVING CONDITIONS

39. Family's Present living conditions:

A. Type of dwelling:

- Owned
- Rented
- Informal arrangement

\*\*\*\*\*

- Based in Community
- Chawl
- Wada
- Farm
- House
- Tin house
- Brick walls with tin roof
- Apartment
- Shared residence
- Shelter
- Homeless

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?

- Safe Water

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

### **COMMUNITY SUPPORT**

- 40.** Does the family feel accepted in their community? Yes/No
- 41.** Do family members experience discrimination and harassment? Yes/No
- 42.** Does the family have local friends? Yes/No
- 43.** Is the family involved in local organizations/activities? Yes/No
- 44.** Is the family receiving support from government/NGOs? Yes/No
- 45.** Are there accessible community resources?
  - a.** Does the family take advantage of community resources? Yes/No
  - b.** Specify:
- 46.** Other factors of importance if any:

### **CHILD BEHAVIOR**

47. Habits of the child

A

- a. Smoking
- b. Alcohol consumption
- c. Drug use (specify)
- d. Gambling
- e. Begging
- f. Any other

B

- Watching TV/movies
- Playing indoor/outdoor games
- Reading books
- Religious activities
- Drawing/painting/acting/singing
- Any other

48. Extra-curricular interests.....

49. Outstanding characteristics and personality traits.....

### **EDUCATION AND SKILLS**

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

- Illiterate
- Studied up to V Standard
- Studied above V Standard but below VIII Standard
- Studied above VIII Standard but below X Standard
- Studied above X Standard

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

- Corporation/Municipal/Panchayat
- Government/SC Welfare School/BC Welfare School
- Private management
- School under NCLP

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

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

54. **If not attending school**, 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 (pl. specify)

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

If no, specify the reasons:

56. 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

57. Child's Vocational training, if any:

58. Child's Employment Details, if any:

59. Details of child's income utilization:

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

#### 61. Level of formal education for head of household

<input type="checkbox"/> Primary school	<input type="checkbox"/> Primary school
<input type="checkbox"/> Secondary school	<input type="checkbox"/> Secondary school
<input type="checkbox"/> X Standard	<input type="checkbox"/> X Standard
<input type="checkbox"/> Above X Standard	<input type="checkbox"/> Above X Standard
<input type="checkbox"/> Vocational School	<input type="checkbox"/> Vocational School
<input type="checkbox"/> College/university	<input type="checkbox"/> College/university
<input type="checkbox"/> Unable to read or write	<input type="checkbox"/> Unable to read or write

## 62. Skills of head of household: household:

### Skills of partner of head of

<input type="checkbox"/> Tailor	<input type="checkbox"/> Tailor
<input type="checkbox"/> Builder	<input type="checkbox"/> Builder
<input type="checkbox"/> Agriculture/farming	<input type="checkbox"/> Agriculture/farming
<input type="checkbox"/> Driver	<input type="checkbox"/> Driver
<input type="checkbox"/> Other: (Specify)	<input type="checkbox"/> Other: (Specify)

## SOCIAL RELATIONSHIPS

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

- Educated
- Illiterate
- The same age group
- Older in age
- Younger in age
- Same sex
- Opposite sex
- Addicts

With criminal background

64. Attitude of the child towards friends.....

65. Attitude of friends towards the child.....

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

## HEALTH

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

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

69. 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) -

70. Whether the child has any addiction Yes/ No

71. 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?

72. 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?

73. Do all family members have health insurance? Yes/No

74. 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**

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

- Parent(s) – Mother / Father / Both
- Siblings / Blood relative
- Guardian(s) – Relationship
- Friends
- On the street
- Night shelter
- Orphanages / Hostels/ Similar Homes
- Other (pl. specify)

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

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

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

- Abuse by parent(s)/guardian(s)/step parents(s)
- In search of employment
- Peer group influence

- Physical incapacitation/mental illness/alcoholism (circle) of father
- Physical incapacitation/mental illness/alcoholism (circle) of mother
- Criminal behaviour of parents
- Separation of Parents
- Demise of - both parents/father/mother (circle)
- Poverty
- Family conflict/crisis
- Abandoned by family
- Lack of acceptance (out of wedlock, young mother, physical or mental condition, etc)
- Others (please specify)

#### **CHILD HISTORY OF ABUSE**

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

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

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

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

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

82. Exploitation faced by the child

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

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

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

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

86. Previous institutional/case history and individual care plan, if any (**Attach**)

87. 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).....  
.....

88. Attitude of the child towards the perpetrator.....

89. Whether the police have been informed.....

90. Action taken, if any against the perpetrator.....

91. Any other remark.....

### **PLACEMENT PLAN**

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

92. Emotional factors.....

93. Physical condition.....

94. Intelligence.....

95. Social and economic factors.....

96. Suggestive causes of the problems.....

97. Analysis of the case, including reasons/contributing factors for the offence (**applicable only in case of juvenile offense**)

98. Reasons for child's need for care and protection.....

99. Opinion of experts consulted (Reports from doctor, Education Coordinator, psychologist included in ICP)

100. Psycho-social expert's assessment (Psychologist report included in ICP if applicable)

101. Religious factors.....

102. Risk analysis for the child to be restored to the family

103. Previous institutional/case history and individual care plan, if any: (See Case History and ICP)

104. Recommendation of Child Welfare Officer/Case Worker/Social Worker regarding psychological support, rehabilitation and reintegration of the child and suggested plan.

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

105. Child's view of proposed placement:

106. Family's view of proposed placement:

(Complete the Placement Plan Form)

Signature

(Of the Person assigned)