

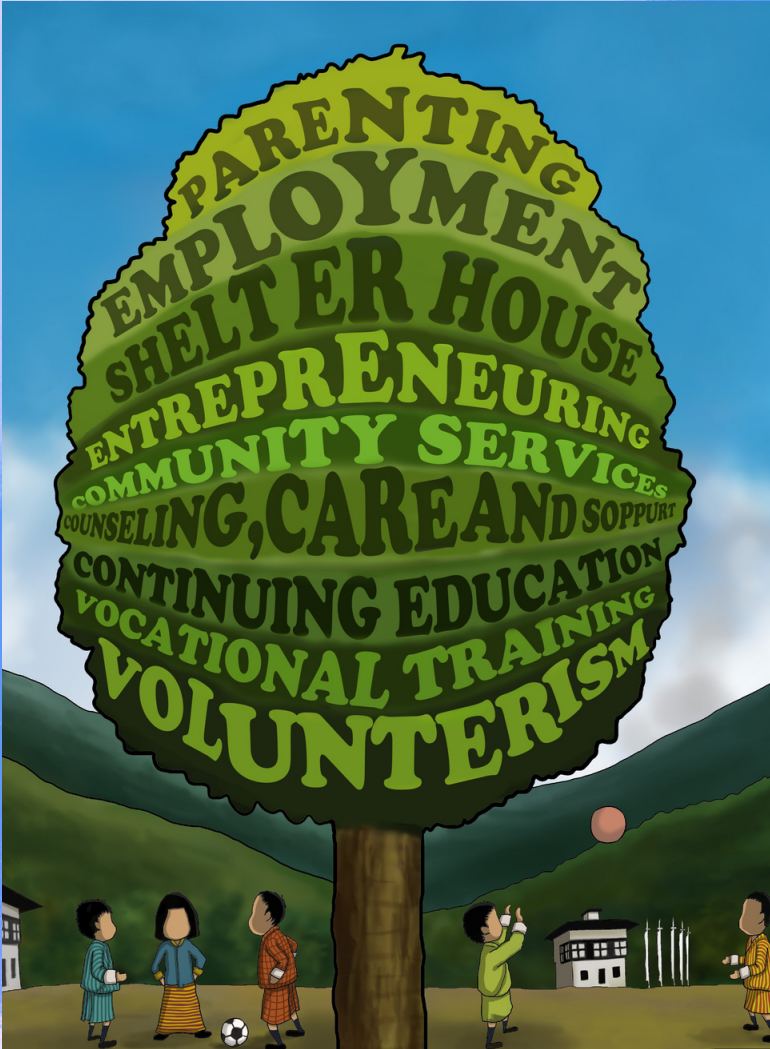


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Nazhoen Lamtoen

Transforming Children & Youth through reintegration

COMMUNITY CHILD PROTECTION TEAM



HAND BOOK -2023



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INTRODUCTION

His Majesty the King has time and again stressed on the importance of wellbeing of children and developing their strengths and capabilities to secure their future. In particular, the Royal Address during the 112th National Day Celebration 2019 is so profound and calling:

“It is in our hands to build a better future for our children. One of our most important national objectives is to empower every single child in Bhutan for success. Bhutan’s future will be mirrored by the strength and capabilities of our youth. For our children to excel, they must adhere to the highest standards, and have capability, integrity, discipline, 21st century education, unity and solidarity.”

The Constitution of the Kingdom of Bhutan, besides guaranteeing “Fundamental Rights” under Article 7, to which the State has duties, guarantees the education and development, wellbeing and safety of children as enshrined below:

“The State shall provide free education to all children of school going age up to tenth standard and ensure that technical and professional education is made generally available and that higher education is equally accessible to all on the basis of merit.” (Section 16)

“The State shall endeavour to take appropriate measures to ensure that children are protected against all forms of discrimination and exploitation including trafficking, prostitution, abuse, violence, degrading treatment and economic exploitation.” (Section 18)

(The Constitution of the Kingdom of Bhutan, Article 9: Principles of State Policy, p.20)

Further, cognizant of children as the nation’s most valuable asset, the Royal Government of Bhutan (RGoB) ratified the Convention on the Rights of the Child (CRC) in 1990 and its two Optional Protocols – Involvement of Children in Armed Conflict and Sale of Children, Child Prostitution and Child Pornography – in 2009-2010. It also ratified the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) in 1981 and signed the Convention on the Rights of Persons with Disability (CRPD) in 2010.

Community Child Protection Team- CCPT

The Community Child Protection Team (CCPT) is a group of community representatives who promote a community-wide approach to the problem of child abuse and neglect. Local teams identify and respond to gaps in the county's prevention/protection response, maximizing the use of limited resources.

Children in Bhutan are growing up in a complex world because of economic development, rapid modernization and increased urbanization. They face new challenges as the traditional layers of protection offered by families and communities are weakened, in some cases because of separation, divorce, stress or violence. At the same time, traditional practices such as child marriage and corporal punishment continue to place children at risk.

About every 6 out of 10 children in Bhutan have experienced some form of physical violence. Parents, teachers, adult caregivers and peers are among common perpetrators of violence. About 12 per cent of children experience sexual violence and nearly 50 per cent of children report experiencing emotional violence.

There is system in place to tackle the issue, like D/TWCC in each district to streamline and expedite the child abuse cases, however there are many challenges to meet the mandate;

Children in villages and communities face a host of protection issues – abuses, violence, neglect, while also being exposed to risk and vulnerabilities. They suffer in silence for a number of reasons – they are not aware of their rights, they do not know where to report and seek support, they do not have access to the national protection support and services due to their remote locations and circumstances.

This clearly show a gap at the implementation level by the duty-bearers mandated to provide support and services, and ensure the wellbeing of the children as mandated by Child Care & Protection Act, and the Child Safeguarding & Protection Policy.

To report a case to competent authority in Thimphu and receive support take much longer. To address this, Dzongkhag- level Dzongkhag Women and Child Committee has been established but it has not been able to resume its responsibilities owing to a host of logistical and other issues. The community is not even aware of the existence of such a committee. In order to close the gap and bring child protection support and services to children and their community a Community-based Child Protection program should be initiated. This will include empowering the local community members – children, parents, local leaders (tshogpas, gups), neighbours, school authorities in the community, health personnel, and other prominent members of the community.

The program will sensitize and raise awareness on CCPA and Child Safeguarding & Protection Policy, sensitize and raise awareness on child rights, and on the emerging child protection issues. Having community based child protection Team (CCPT) in Gewogs will also enable the Case Management Officers to analyst the type of cases and do the referrals and provide timely support.

Who is a child?

A person below the age of 18 years
- Section 16 of CCPA



Learning about child rights internationally, defining Child Protection/ Understanding Child Abuse, and learning about Child Protection in Bhutan

Who knows about the UNCRC? What can you tell me about the rights & protections it describes?

UNCRC: The United Nations Convention on the Rights of the Child (UNCRC) is an international human rights treaty that grants all children civil, political, economic, social and cultural rights. The UNCRC is presently the most widely ratified international human rights treaty; The Convention sets out these rights in 54 articles and two Optional Protocols. It spells out the basic human rights that children everywhere have: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The four core principles of the Convention are non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child. (Show slide 4, 5 PPT)

Defining Child Protection and Understanding Child Abuse:

What do we mean by Child Protection, in other words how can we define it?
Listens to participants answer, then explains: Simply child protection is Prevention and response to abuse, neglect, exploitation and violence against children. (Show slide 6 PPT)

Definition: Prevention and response to abuse, neglect, exploitation and violence against children in all situations.

However, we should also know what does abuse mean?
Listens to participants answer, then explains, Abuse is defined as any illegal, improper, or harmful practice or maltreatment. (Show slide 7 PPT)

Definition: Abuse is illegal, improper, or harmful practice or maltreatment

So, what do we mean when we say child abuse?
Listens to participants answer, and then explains: Child Abuse is a deliberate act of ill treatment an omission that can harm is likely to cause harm to child's safety, well-being, dignity and development. (Show slide 8 PPT)

Child Protection in Bhutan:

What do you know about child protection in Bhutan? What are the child protection relevant laws and regulations in Bhutan? What do these laws and regulations include?

Listens to participants answer, then explains There is the “The Child Care and Protection Act of Bhutan 2011” (CCPA) and there is “The Child Care and Protection Rules and Regulations of Bhutan 2015” (See Annexure 2, page no. 30 CCPA Bhutan)

“The Child Care and Protection Act of Bhutan 2011” (Show slide 9 PPT)

- Guiding Principles for child protection
- Prevention of child offences; the Act addressed the role of Central and local government, education institutions, mass media, community and family with regards to child protection.

- Description of children in difficult circumstances

- Description of children in conflict with the law

“The Child Care and Protection Rules and Regulations of Bhutan 2015” includes: (Show slide 10 PPT)

- Guiding Principles for child protection

- Roles and responsibilities of all governmental authorities and institutions with regards to child protection

- Roles and responsibilities of civil society organizations with regards to child protection

- Procedural matter that relates to children in difficult circumstances

- Procedural matter that relates to children in conflict with the law

- Alternative care

Understanding abuse types, indicator/signs in Bhutan and internationally

The CCPA determined that children in difficult circumstances require protection and referral to case management services; does anyone know how the CCPA defined the children in difficult circumstances?

The CCPA also determined that children in conflict with the law should also be referred to case management services; does anyone know how CCPA defined children in conflict with the law?

Takes answers and explains as follows:

A child in conflict with the law according to article 71 of the CCPA is a child who:

- Is above 12 years of age and found to have committed an offence.

A child in difficult circumstances according to the section 59 of the CCPA is a child who:

Understanding abuse types, indicator/signs in Bhutan and internationally

- Is found without having any home or settled place of abode and without any ostensible means of subsistence and is a destitute;
- Has a parent or guardian who is unfit or incapacitated to take care of or exercise control over the child;
- Is found to associate with any person who leads an immoral, drunken or depraved life;
- Is a frequent victim at the hands of individuals, families, or the community
- Is being or likely to be abused or exploited for immoral or illegal purposes;

Exercise: Types and indicators of abuse: Trainer separates participants into 5 groups

Each group will write the types and the indicators/signs of:

1. Physical abuse
2. Emotional abuse
3. Sexual abuse
4. Neglect
5. Exploitation
6. Multiple types of abuse

Each group will present their findings after hanging the activity paper on the wall.

Trainer will discuss and elaborate on each presentation.

Exercise: Picking the correct type of abuse 5 minutes

Reads out a statement after which participant should decide which form of abuse they think is being described in the statement.

- Leaving a small child at home all day
- Hitting a child with a belt
- Forcing a child to watch pornography
- Asking pupils to clean teachers' personal home
- Repeatedly shouting at a child who is not doing well at school
- Giving a child alcohol or illegal drugs (discuss whether it could relate to others as well)

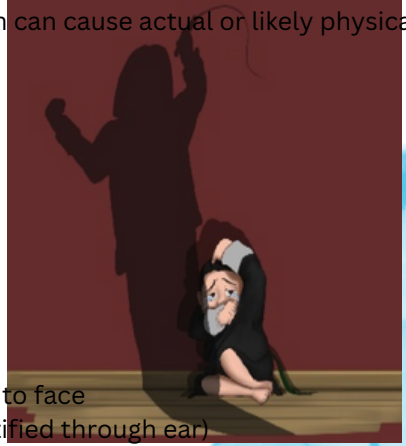
1. Physical abuse

Involves the use of violent physical force which can cause actual or likely physical injury or suffering
i.e.:

- Hitting
- Shaking • Burning • Torture...

Possible Signs Of Physical Abuse

- Bite marks
- Cigarette burns
- Evidence of old but untreated broken bones
- Signs of severe, long-term bruising especially to face
- Unexplained injuries (head injury can be identified through ear)



2. Emotional abuse

Includes humiliating and degrading treatment. i.e.:

- Bad names calling
- Constant criticism
- Belittling
- Persistent shaming
- Solitary confinement
- Isolation...

Possible Signs Of Emotional Abuse

- Identified by observing parents' behavior to child, or child's behavior/emotions
- Slow physical, intellectual and emotional development
- Learning problems or sudden speech disorders
- Disruptive /attention-seeking behavior
- Insecurity
- Poor self-esteem/fear of new situations



3. Sexual abuse

Includes all forms of sexual violence i.e.:

- Rape (by any perpetrator)
- Early and forced marriage
- Sexual exploitation
- Showing children pornographic material.
- Indecent touching and exposure
- Sexually explicit language



Possible Signs of Sexual Abuse

- Sudden/unexpected behavior change, isolated from friends
- Overly affectionate/knowledgeable in sexual way
- Medical problems: stomach pain when walking /sitting
- Chronic itching, pain, discharge, bleeding from the genitals
- Sexually transmitted diseases, pregnancy

4. Neglect

- Failing to provide for / secure for a child, their rights to safely and development.
- Severe neglect (causing toxic stress) can increase the risk of:
 - Health problems
 - Mental health problems including anxiety and depression
 - Behavioral problems and
 - Learning delays



Possible Signs of Neglect

- Frequent hunger, stealing or hiding food, losing weight
- Poor personal hygiene
- Constant tiredness
- Behavioral difficulties

5. Exploitation

- The use of children for someone else's advantage, or profit. Possible Signs of Exploitation
- Has money, gifts or expensive items not given by the parents
- Over confidence, sense of importance/maturity
- Very tired, sleeping in school, absenteeism
- Physical impacts: bent back, weaker, damage to hands ...

6 - Multiple types of abuse

- Chronic running away, fears going home, refuse to have parents contacted
- Aggression or being isolated or withdrawn
- Distrust of adults
- Fear of physical contact-flinching if touched
- Regressing to younger behavior or inability to concentrate
- Self-destructive tendencies
- Depression, self-mutilation, suicide attempts...

If any person is of the opinion that a child is apparently a child in difficult circumstances as mentioned in Section 59, such person shall:

- Inform the police or child welfare officer
- Whenever the information has been given to the police, the police shall inform the child welfare officer
- When information is given to an officer in charge of a police station or to a child welfare officer about any child in difficult circumstances such police officer or child welfare officer shall record the information and take such action thereon as deem fit.
- A child in difficult circumstances taken into the care of the police under this Act shall be transferred to the child welfare officer within 24 hours after being taken into the care of the police excluding the time necessary for the journey from the place.

Psychosocial Distress/ Consequences of violence against children

Psychosocial distress is a result of on going abuse and violence against children

Signs of Psychosocial distress can appear on the short and long term and it can inform us about an abuse and violence the child has been or is still being exposed to.

As a consequence of exposure to violence, many children will experience symptoms associated with Post-Traumatic Stress Disorder (PTSD)

Psychosocial Distress/ Consequences of violence against children

Some children may benefit from group activities offered and require no further supports. However, when a child's reaction is significantly affects their daily functioning and lasts a longer period of time, specialized support may be necessary. As a consequence of exposure to violence, many children will experience symptoms associated with Post-Traumatic Stress Disorder (PTSD)

Signs of Psychosocial Distress Emotional/ Behavioral

- Sadness/ Anxiety
- Feelings of fear
- Depression and other mental health disorders
- Difficulty Concentrating
- Isolation
- Aggression/ Self-destructive behavior
- Suicidal attempts or self-harm
- Regression in development mentally
- Difficulty trusting others
- Lack of interest in school/ previous activities
- In some cases sexual violence
- Lack of sense of safety
- Increased risk of alcoholism and substance abuse

Physical

- Problems sleeping
- Headaches
- Extreme reactions to loud noises
- Bed wetting
- Nightmares
- Regression in development physically
- Delay in brain development as a lack of positive stimulation
- Physical illnesses in childhood such as asthma, gastro-intestinal problems.
- Physical illnesses on the long term such as heart and lung diseases, cancer, high blood pressure.
- Serious impact on the immune and nervous system on the short and long terms

Potential Causes of Child Abuse

Individual level:

- biological and personal aspects such as sex and age
- lower levels of education
- low income
- having a disability or mental health problems
- harmful use of alcohol and drugs
- A history of exposure to violence.

Close-relationship level:

- lack of emotional bonding between children and parents or caregivers
- poor parenting practices
- family dysfunction and separation
- witnessing violence between parents or caregivers
- Early or forced marriage.

Community level:

- poverty
- high population density
- low social cohesion and transient populations
- easy access to alcohol and firearms
- High concentrations of gangs and illicit drug dealing.

Society level:

- social and gender norms that create a climate in which violence is normalized (cultural beliefs)
- health, economic, educational and social policies that maintain economic, gender and social inequalities
- absent or inadequate social protection
- post-conflict situations or natural disaster
- Settings with weak governance and poor law enforcement.

As per administrative data maintained with NCWC, RENEW & Nazhoen Lamten on reported cases between 2018 – June 2022

- 970 children and young persons between 0-24 years experienced violence.
- 68 per cent of survivors are female
- Neglect constitutes 34 % of cases, the highest at 326 cases
- Emotional violence ranks second at 26 % with 255 cases
- Physical violence constitutes 22% of total cases at 213 cases
- Sexual violence makes 14% of reported cases at 134 cases
- 42 cases of exploitation reported and constitutes 4 % of total cases
- 2021 saw the highest reported cases for all types of violence; 345 cases of 970 were reported last year alone

ACTION

How can we prevent and respond to violence effectively?

Individual level:

Children and adolescents should know and have the confidence to

- Speak up against any acts of violence
- Not harm or hurt others
- Talk to a trusted person
- Call Child helpline at 1098 or Police on 113 for support
- Reach out to organizations like NCWC, The Pema, RENEW and Nazhoen Lamtoen for support services
- And report violence

Parents and caregivers should have knowledge and confidence to

- Listen to children
- Involve and discuss violence with children
- Monitor and guide children
- Doesn't leave the child on their own
- Speak up and stand against norms and violence
- Creates a conducive caring family environment
- Abandon corporal disciplining approaches resort to positive parenting approaches

Community level:

As service providers

- Listen to children, young people, and parents about their concerns; and involve them in designing interventions.
- Reach out to children, parents and caregivers and educate them on the impacts of violence and how to identify violence, call help lines and seek professional support services
- Encourage children, young people, parents and caregivers to speak up against norms and attitudes accepting violence
- Provide technical support in creating an enabling safe community
- Provide timely coordinated support service to affected population

As an influential community member

Lead the way to break the culture of silence around violence by speaking up and intervene when you witness or know of violence against children. This will help children to report violence.

Use your position to speak against harmful practices and attitudes and social norms encouraging violence

Support children and young people facing violence by linking them to support services to recover and rebuild their lives.

Rally to in creation of safer communities with zero tolerance to all forms of violence against children and women.

Help build a community where all members are living in mutual respect and harmony, despite differences in terms of religious/cultural background, gender, ethnicity, etc.

Society level: Legislation, policies and social and cultural norms.

As decision makers

Position violence prevention as a priority, not an afterthought in local development plans.

Allocate resources, improve governance structure and management capacity.

And Implement laws, policies and programmes.

Asks and Discusses – do you think prevention and response could be done?

This could be done through several strategies as follows:

- Implementation and enforcement of laws (for example, banning violent discipline and restricting access to alcohol and firearms);
- Norms and values change (for example, altering norms that condone the sexual abuse of girls or aggressive behavior among boys);
- Safe environments (such as identifying neighborhood “hot spots” for violence and then addressing the local causes through problem-oriented policing and other interventions);
- Parental and caregiver support (for example, providing parent training to young, first time parents);
- Income and economic strengthening (such as microfinance and gender equity training);
- Response services provision (for example, ensuring that children who are exposed to violence can access effective child protection services such as case management and receive appropriate psychosocial support);
- Education and life skills (such as ensuring that children attend school, and providing life and social skills training).

Guiding Principles in CCPA

Guiding principles in Bhutanese CCPA are as follows:

- Best interest of the child: in actions concerning children under this Act whether undertaken by government, non-government or private social welfare institutions, courts of law, administrative authorities, family members or individuals, the best interest of the child shall be the primary consideration.
- A child shall be treated fairly and equally with respect and dignity and shall not be discriminated against on the grounds of race, sex, language, religion, political or other status.
- A child shall not be subjected to arbitrary arrest, detention, imprisonment or deprivation of liberty. Any arrest, detention or imprisonment of a child shall be used only as a measure of last resort and for the shortest appropriate period of time.
- The child justice system is essential to uphold the rights of children keeping them safe and promoting their physical and mental well-being.
- The prevention of child offences is an essential part of crime prevention in the society and requires efforts on the part of the entire society to ensure the harmonious development of the child with respect for and promotion of their personality from early childhood.
- A child in conflict with the law shall be provided with the opportunity to be heard in any judicial and administrative proceeding either directly or through a representative or an appropriate body in accordance with the Civil and Criminal Procedure Code.
- A child under confinement shall be provided with conducive physical environment and accommodation which are in keeping with rehabilitative aims of residential placement and due regard must be given to the needs of the child for privacy, opportunities for association with family, relatives and friends, participation in cultural, sports, physical exercise, and other leisure activities.
- If a child commits an offence, the child shall be treated in a manner that would divert the child from the criminal justice system unless the nature of the offence and the child's criminal history indicates that a proceeding for the offence should be initiated

Guiding Principles for CCPT

InCCPT, all stakeholders, service providers and or any person involved in the identification and referral process must agree to follow these guiding principles, which reflect international standards of care and best practice as outlined in the Child Protection Minimum Standards and the UN Convention on the Rights of the Child.

Confidentiality:

Confidentiality requires to protect information gathered about any individual of concern (child at risk or family) and to ensure it is accessible only with a beneficiary's explicit permission. For agencies, service providers and staff involved in identifying and referring cases, it means collecting, storing and sharing information on individual cases in a safe way as sharing information improperly could lead to endangering the life, health or safety of the child and family members involved.

Specifically, the person making the referral should never reveal children's names or any identifying information (i.e. location, phone number, physical address, family member's names, etc.) to anyone not directly involved in the provision of case management services. More specifically, this means that identifying information should never be shared beyond the person making the referral, their direct supervisor and focal point receiving the referral. When information is shared among stakeholders, it should be communicated verbally in a private place or attached to an email in password protected file with no identifying information in the email itself. The referral form should never be printed and should be saved on a single computer with password protection.

Key guidelines in maintaining confidentiality include:

- Always discuss referrals/ child protection concerns in private.
- Don't reveal personal information to anyone not involved in the case
- Collect and keep files regarding referrals safely (password protected, locked cabinets, etc.)
- Limit the number of people who have access to information about children
- Never include a child's name, location, date of birth or other identifying details in the body of an email.
- Always send sensitive information in a password protected document or communicate details verbally.
- Do not copy multiple people on emails. Send written information only to the Focal Point designated to receive it
- Avoid informal conversations with colleagues or friends about child protection cases.
- Only share information with the informed consent/ assent of the child and parents/ caregivers

Best Interest of the child

The “best interests of the child” encompass a child’s physical and emotional safety (their well-being) as well as their right to positive development. In line with Article 3 of the United Nations Convention on the Rights of the Child (UNCRC), the best interests of the child should provide the basis for all decisions and actions taken, and for the way in which service providers interact with children and their families. Front-liners and Service providers should prioritise the child’s health and safety above all other concerns, and consider what is in the best interest of the child before taking action.

Factors that determine the best interest of the child:

- The mental/emotional and physical health needs of the child is the top priority that determines the best interest
- The presence of domestic violence in the home including violence against the child
- The capacity of the parents to provide the basic needs as safe home and adequate food, clothing, and medical care
- The mental and physical health of the parents
- The emotional ties and relationships between the child and his or her parents, siblings, family and household members, or other caregivers □

Do No Harm

This means ensuring that actions and interventions designed to support the child (and their family) do not expose them to further harm. At each step of the referral process, care must be taken to ensure that no harm comes to children or their families as a result of staff conduct, decisions made, or actions taken on behalf of the child or family. Caution should also be taken to ensure that no harm comes to children or families as a result of collecting, storing or sharing their information. For example, collecting unnecessary information that is then found out about a child, or intervening to help a child that then causes conflict between individuals, families and communities, and unless care is taken, this may expose a child and his/her family to further harm such as revenge acts or violence.

Informed Consent/assent

Prior to providing a referral, person involved in the referral process must request the beneficiary's permission to provide services and provide them with enough information to make an informed decision. This process is called informed consent.

Informed Consent is the voluntary agreement of an individual who has the capacity to understand, and who exercises free choice, to be referred to a third party and/or to a specific service based on full and transparent information. Before proceeding with a referral, the person/Front-liner must obtain verbal consent by sharing information on: service options available, providers, the process and requirements to access services and potential risks as well as confidentiality and how information collected will be used and stored. This information should be communicated clearly and using non-technical language that the beneficiary can understand.

In the case of a child (under 18), a parent or caregiver's consent should be sought in addition to the child's consent, unless doing so might put the child at risk of further harm (e.g. where parents are implicated in abuse or could take "punitive" measures against a child). Where parents/ caregivers are unavailable or implicated in the abuse, the person/Front-liner should follow an informed assent process requesting permission from the child themselves. Informed assent is the expressed willingness to participate in services by children over 12 years. Informed assent requires the same process as informed consent, including sharing of information in a child-friendly format on services and potential risks and asking the child for his or her permission to help. Informed assent is not a legally binding process, but is an accepted procedure when children's caregivers cannot be involved due to their absence (e.g. death, located in a different area, or role in the abuse).

Age range	Caregiver implicated in abuse?	Type of consent/assent
0-5	No	Informed consent of caregiver
0-5	Yes	No consent/assent required – proceed with referral
6-11	No	Informed consent of the child and caregiver
6-11	Yes	Informed assent of child and trusted adult
12-18	No	Informed consent of the child and caregiver
12-18	Yes	Informed assent of the child

Communication Principles

1) Nurturing, Comforting and Supportive

Children who are at risk/have experienced abuse rarely seek help independently, especially younger children, and will usually be identified by someone else.

Children may not understand what is happening to them or may experience fear, embarrassment or shame about the abuse. This can affect their willingness and ability to talk to you or other service providers.

Your initial reaction will impact their sense of safety, willingness to talk, and psychological well-being. A positive, supportive response will help abused children feel better; A negative response (such as not believing the child or getting angry) could cause further harm.

2) Reassure the Child

Children need to be reassured that they are not at fault for what has happened to them and that they are believed. Children rarely lie about being abused.

Caseworkers should encourage children to share their experiences.

Healing statements are essential to communicate at the outset of disclosure and throughout case management. Find opportunities to tell children that they are brave for talking about the abuse and that they are not to blame for what they have experienced. Tell children that they are not responsible for the abuse and emphasize that you are there to help them begin a process of change.

“I believe you” which builds trust

- “I am glad that you told me”, which builds a relationship with the child
 - “I am sorry this happened to you”, which expresses empathy
 - “This is not your fault”, which is non-blaming
- “You are very brave to talk with me and we will try to help you”, reassuring and not making promises

Say that you accept that their feelings (anger, fear, anxiety...) are natural in the situation.

- “These are difficult things you are telling me”, or
- “Many children feel upset after a thing like that happens”

3) Do NO Harm: Be Careful Not to Distress the Child Further

Try to limit any interactions that might distress the child. Do not:

- Become angry with a child
- Force a child to answer a question that he or she is not ready to answer
- Force a child to speak about the situation before he/she is ready
- Have the child repeat the story of abuse multiple times to different people (follow-up conversations with children who become distressed are not considered “multiple interviews”)

4. Speak So Children Understand

Information must be presented to children in ways and language that they understand, based on their age and developmental stage.

5) Help Children Feel Safe

During Registration and/or Assessment, children often like to have trusted adult present, especially young children and those who are scared. Always offer children the choice to have a trusted adult present, or not. Do not force a child to speak to/in front of someone they appear not to trust. Do not include the person suspected of the abuse in the interview.

6) Tell Children Why You Are Talking with Them:

Every time you communicate with a child take the time to explain to the child the purpose of the meeting. It is important to explain why you want to speak with them, and what they will be asked and what will be asked to his/her caregiver. At every step of the process, explain to children what is happening.

7) Use Appropriate People:

In principle, only female service providers and interpreters should speak with girls about sexual abuse. Boys should be offered the choice. If this is not possible use a more open space or have someone the child chooses to be present. The best practice is to ask the child if he or she would prefer.

8) Pay Attention to Non-Verbal Communication:

It is important to pay attention to both the child’s and your own non-verbal communication during any interaction.

9) Respect Children's Opinions, Beliefs and Thoughts – Right to Participate

Children have a right to express their opinions, beliefs and thoughts about what has happened to them as well as any decisions made on their behalf. Service providers are responsible for communicating to children that they have the right to share (or not to share) their thoughts and opinions. The child should be free to answer "I don't know" or to stop speaking with a service provider if he/she is in distress. The child's right to participation includes the right to choose not to participate.

Communication throughout identification and referral stage Dos and Don'ts

Respect is the key to proper communication

All persons involved in the CCPT should treat children and their families with respect and consider their wishes regarding the referral or reporting of a case. They should treat all children and their caregivers with dignity and accept them without judgments. It is important that you respect the wishes, the rights and the dignity of a child, consider his/her best interests, when making any decision on the most appropriate course of action to prevent or respond to violence, abuse, exploitation or neglect. Respecting beneficiaries in terms of referrals includes:

Using Respectful Communication Techniques

- Discussing potential referrals in private settings (including outside of a home when others are present, asking beneficiaries if they would prefer to speak alone, etc.)
- Using language that the beneficiary can understand (i.e. speaking in the same dialect as the beneficiary; not using technical terms; in the case of a child, using simple language suitable to their age and developmental stage)
- Use appropriate communication techniques and body language, e.g. to demonstrate that we are interested in what they are saying and appreciate the trust they put in us, use the right tone of voice, do not interrupt, sit at the same level, etc.
- Asking the beneficiary only relevant questions required to facilitate a referral (do not investigate yourself)
- Using non-blaming language – never express judgment of the beneficiary, their families, parents or partners/ husbands, even when the latter may be implicated in abuse
- Use reassuring and validating language and demonstrate empathy towards the beneficiary
- Never forcing a child to answer a question
- Avoid requiring a child to repeat the story in multiple interviews

Involve the Child in Decision-Making

Children have the right to participate in decisions that have implications in their lives. This can be achieved during the referral process by taking the following actions:

- Communicating in simple, clear language appropriate to the child's age
- Asking children if they would like their family members (like caregivers or siblings) to be present during discussions
- Asking the child what they would like to happen next
- In cases where a child's wishes cannot be prioritized, the reasons should be explained to the child

Not Raising Expectations

- Never promising an outcome or that a service will meet all of a beneficiary's needs

Do's

- Find a quiet place to talk to the child
- Believe the child and take his fears seriously
- Use familiar expressions for children. Speak in a language the child understands
- Reassure the child that he has done the right thing by coming to you
- Listen carefully and try to understand what is happening
- Assure the child of privacy. You want to ask someone for help
- Be patient, and let the child tell you his story in a way that is comfortable for him
- Validate the child's feelings and Use expressions such as:
 - » This is not your fault
 - » Sorry that it happened to you
 - » I believe you
 - » That must be difficult/hard
- Tell the child about the next step

Don'ts

- Do not discuss sensitive matters with the group or in a place where others hear
- Don't ask embarrassing questions
- Do not behave too officially or use complex expressions
- Do not judge the child or family member
- Don't ask too many questions. Don't make the child repeat what happened
- Do not force the child to share the abuse with his or her parents or caregivers
- Do not force the child to answer questions that he does not want to answer
- Don't ask the child why. Don't judge this talk as a child's fault
- Promises do not give children that their problems will be solved

Case Study 1

Role of the Staff Member

A Health worker in a Centre has been seeing a child in the Area; his name is Dorji, he is 12 years old, every day working in carrying and loading rice bags. The Health worker is worried because Dorji is often working long hours and sometimes he looks exhausted and can barely walk. The health worker shared this information with his supervisor and they decided to talk to Dorji.

Role of Child

Your name is Dorji. You are 12 years old

You live with your parents; your family works in rice field; your father obliges you to carry and load the rice in order to sell in the market. He also obliged you to quit school because he says that you ate fool and will end up with nothing but failure in school.

You feel very tired; you have back pain; and you work on this duty from 8 am to 4 pm. You are afraid to say no as you did this before and your father beats you hardly whenever you say anything he does not like.

Informed Consent

For children under 10:

Part of my job is to make sure the children I work with are safe. I care about you and what happened to you, and I want to keep you safe. What you tell me is between you and me only, unless there is something that you tell me that worries me or if you need help that I cannot give you. If I am worried about your safety, I may need to talk to someone who can help you.

From what you have told me today, it sounds like you need help to stay safe and healthy. There are people at another organization who work to help keep children safe, and I would like to contact them to ask if they can help. They will keep information about you secret and won't tell other people without your permission. Is it okay if I contact these other people?

For children 11 and above:

Part of my job is to make sure that children I work with are safe and get help when they need it. Although most of what we talk about is between you and me, there may be some problems you might tell me about that we would have to talk about with other people.

There is another organization {insert name of appropriate agency} that has people who work with individual children to help keep them safe and healthy. Based on what you told me today, I think this organization may be able to help you.

I would like to share with them your name, location and how to contact you or someone you trust. The people at [name of organization] will not contact your family, neighbors or friends without your permission. Would it be okay if I contacted {insert name of appropriate agency} to ask them to help?

For adults:

Based on the information you have given me today, I think your child might benefit from individual assistance from [name of CP agency]. This organization works with individual children and their families to help ensure children are safe and healthy. They will assign one person to work with you and that person might refer you or your child to other services. If you wish, I can refer your child today to my colleagues at [Name of CP Agency] and ask them to get in touch with you to better explain the kind of support they offer. You will then be able to decide whether you are interested in accessing additional services or not.

The only information I will share with my colleagues are your name, location and best way to contact you (e.g. phone number, time to call, etc.). They will only use this information to contact you and will not share it with anyone else without your consent. We will not contact your family, neighbours or friends. Your name and personal details will always be kept private. Participation in services they offer is always voluntary – it's up to you. You can ask questions at any time today or in the future. You can also decide at any time to stop receiving services, and there will be no negative consequences for you or your family

Do you have any questions about the referral process?

Do you agree to allow me to make a referral to [Name of CP Agency] for further assistance? [Yes or No]

Risk level Guide

High Risk (level 1): Child significantly harmed or at immediate, serious risk of harm; Urgent response and frequent follow up required within 24 hours.

Medium Risk (level 2): Child harmed or at risk of serious future harm; Response and follow up required within 2-3 days

Low Risk (Level 3): Child at risk of harm; monitoring required or child no longer a level 2 but monitoring required ensuring harm removed follow up within 5-7 day

Type of Risk	High Risk	Medium Risk	Low Risk	No Risk
Violence (physical abuse)	Serious injury Infant or toddler injured in Domestic Violence (DV) incident Child attempted to suicide	Excessive corporal punishment Threats to injure Dangerous and reckless behavior Child is self- harming	Threats to injure Non injurious, occasional corporal punishment	No violence present (factors causing the harm have been addressed or removed) Person causing harm no longer has contact with the child
Abuse (sexual and emotional abuse)	Any sexual contact between a child and an adult (where person causing harm has access to the child) Child is being persistently belittled, isolated, or humiliated by a significant caregiver Child is promised to be married in the following days or child promised to married and will move out of the area (e.g. back to Syria) in the following days	Child is promised to be married in the future The child has been sexually violated in the past and not received any support Significant caregivers approach to the child is harmful (occasional belittling, isolation or humiliation)	Child is treated differently than other siblings and parent/ caregiver or other relevant person is negative towards the child	The child and family have received support and there are no sexual harm factors present Factors causing the emotional harm have been addressed (parent received support) Person causing harm no longer has contact with the child

Neglect	Serious injury or illness due to neglect (malnutrition with no apparent causal factors)	Lack of supervision Inadequate basic care Failure to protect The child is often left to look after themselves, or is undertaking tasks beyond his/her developmental capacity	Caregivers are emotionally distant	The child's basic needs are being met and the caregiver
Exploitation	Child involved in worst forms of child labor, including sexual exploitation or child associated with armed groups and forces	Child under 14 forced to work Child over 14 forced to work in dangerous or harmful circumstances	Parents are threatening to send the child to work Child over 14 is working in a safe environment with little exposure to harm	The child is no longer working, supports have been put in place to ensure the child does not return to work
Psychosocial distress (parent not coping, or not protective and/or no services involved)	The child has attempted suicide The child is engaging in very risky behaviors Child has stopped communicating/speaking The child's sense of reality is affected The child has intense violent behaviors	The child's social skills, ability to self-care and retain school attendance is significantly impaired The child is using drugs and/or alcohol The child becomes frequently absent minded The child has distressing flash-backs The child is bed-wetting The child is often crying and/or sad The child has unexpected and intense fears, phobias and anxiety The child has sleeping and concentration problems The child is suddenly behaving much younger than his/her age The child is self-harming	The child is sad and withdrawn The child is displaying anger	The child's psychosocial wellbeing is restored; the child is engaged in a range of activities and is not displaying behaviors of concern

Domestic violence present in the home	Child under 5 Child is witnessing domestic violence and there are level 2 harm factors Significant injuries to the parent suffering the violence	Child is displaying emotional distress and difficulties learning and socializing	There has been sporadic disputes and violence, but the child is over 15 and has support networks	No violence present (factors causing the harm have been addressed or removed) Person causing harm no longer has contact with the child
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Early Identification Referral form

<p>Referral By</p> <p>Name of Agency/organization:</p> <p>Name of staff/ Individual:</p> <p>Address:</p> <p>Phone number</p> <p>Email:</p>	<p>Referred to</p> <p>Name of Agency/ organization:</p> <p>Name of focal person:</p> <p>Address:</p> <p>Phone number:</p> <p>Email:</p>	<p>Date of Referral:</p> <p>Level of Risk:</p> <p><input type="checkbox"/> High (follow up within 24 hours)</p> <p><input type="checkbox"/> Medium (follow up within 2-3 days)</p> <p><input type="checkbox"/> Low (follow up within 5 days)</p>
<p>Child/Woman/elderly Information:</p> <p>Name:</p> <p>Date of Birth:</p> <p>Address:</p> <p>Nationality:</p> <p>Gender:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Child gave consent to referral?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No explain why?</p> <p>.....</p> <p>.....</p>	<p>Caregiver information in case of a child:</p> <p>Name of caregiver:</p> <p>Relation to child:</p> <p>Address:</p> <p>Phone number:</p> <p>Caregiver gave consent to referral?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No if No explain why?</p>	

Type of case:	
<p>Child in difficult circumstances:</p> <p>Specify:</p> <p><input type="checkbox"/> Is found without having any home or settled place</p> <p><input type="checkbox"/> incapacitated parent or guardian to take care and control</p> <p><input type="checkbox"/> associate a person who leads to immoral life</p> <p><input type="checkbox"/> being exploited for immoral, illegal purpose</p> <p><input type="checkbox"/> victim at the hands of individuals, families or the community.</p> <p><input type="checkbox"/> exposure to physical abuse</p> <p><input type="checkbox"/> exposure to emotional and verbal abuse</p> <p><input type="checkbox"/> exposure to sexual abuse, harassment</p> <p><input type="checkbox"/> exposure to neglect</p> <p><input type="checkbox"/> child labor</p> <p><input type="checkbox"/> Worst forms of child labour</p> <p><input type="checkbox"/> Witness of domestic violence</p> <p>other please specify:</p> <p>.....</p>	<p>Child in conflict with the Law:</p> <p>Specify:</p> <p><input type="checkbox"/> child committed an offence; please specify:</p> <p>.....</p> <p>.....</p>

Women in difficult circumstances		Elderly
<input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Economic Abuse <input type="checkbox"/> Intimate partner Violence Other Please Specify		Please describe situation:
Health Condition:		
Disability <input type="checkbox"/> Moderate Physical and/or Mental disability <input type="checkbox"/> Severe Physical and/or Mental disability Others Please specify:		Medical condition <input type="checkbox"/> Addiction <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Mental Illness <input type="checkbox"/> Child pregnant <input type="checkbox"/> Child in need for forensic medical examination (evidence should be collected by forensic services in 72 hours). <input type="checkbox"/> Life threatening medical condition requiring immediate intervention and treatment <input type="checkbox"/> Injuries Other please specify:
Services required		
<input type="checkbox"/> Case management services (protection) <input type="checkbox"/> Physical Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Shelter Other please specify Explanation:		
Previous Services provided if any:		
Agency:	Type of service:	Date:
Agency:	Type of service:	Date:
Agency:	Type of service:	Date:
Description of the case (Problem)		

Early Identification Referral form

Referral By Name of Agency/organization: Name of staff/ Individual: Address: Phone number Email:	Referred to Name of Agency/ organization: Name of focal person: Address: Phone number: Email:	Date of Referral: Level of Risk: <input type="checkbox"/> High (follow up within 24 hours) <input type="checkbox"/> Medium (follow up within 2-3 days) <input type="checkbox"/> Low (follow up within 5 days)
Child/Woman/elderly Information: Name: Date of Birth: Address: Nationality: Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Child gave consent to referral? <input type="checkbox"/> Yes <input type="checkbox"/> No If No explain why? _____ _____	Caregiver information in case of a child: Name of caregiver: Relation to child: Address: Phone number: Caregiver gave consent to referral? <input type="checkbox"/> Yes <input type="checkbox"/> No if No explain why?	

Type of case:	
Child in difficult circumstances: Specify: <input type="checkbox"/> Is found without having any home or settled place <input type="checkbox"/> incapacitated parent or gaurdian to take care and control <input type="checkbox"/> associate a person who leads to immoral life <input type="checkbox"/> being exploited for immoral, illegal purpose <input type="checkbox"/> victim at the hands of individuals, families or the community. <input type="checkbox"/> exposure to physical abuse <input type="checkbox"/> exposure to emotional and verbal abuse <input type="checkbox"/> exposure to sexual abuse, harrassment <input type="checkbox"/> exposure to neglect <input type="checkbox"/> child labor <input type="checkbox"/> Worst forms of child labour <input type="checkbox"/> Wittness of domestic violence other please spesify: _____	Child in conflict with the Law: Specify: <input type="checkbox"/> child committed an offence; please spesify: _____ _____



Early Identification Referral Form

རྩོད་འགོག་རྒྱུ་བཟོ་བའི་ཕྱི་རྒྱུག་འབྲེལ་གྲོག་

<p>Referral By ཕྱི་རྒྱུག་འབྲེལ་གྲོག་(གིས་) ,</p> <p>Name of Agency/Organization: ལས་ལྗོན་ལས་ཁུངས་(ཀྱི་)མིང་.....</p> <p>Name of staff/individual: ལས་གཞིན་གཤམ་གྱི་མིང་/མིང་གི་མིང་.....</p> <p>Address: ཁ་བུང་.....</p> <p>Phone No: བརྒྱུད་འཕྲིན་ཨང་.....</p> <p>Email address: ལྷོག་འཕྲིན་ཁ་བུང་.....</p>	<p>Referred To ཕྱི་རྒྱུག་འབྲེལ་གྲོག་(ལུ་) ,</p> <p>Name of Agency/Organization: ལས་ལྗོན་ལས་ཁུངས་(ཀྱི་)མིང་།</p> <p>Name of staff/individual: ལས་གཞིན་གཤམ་གྱི་མིང་/མིང་གི་མིང་.....</p> <p>Address: ཁ་བུང་།</p> <p>Phone No: བརྒྱུད་འཕྲིན་ཨང་།</p> <p>Email address: ལྷོག་འཕྲིན་ཁ་བུང་།</p>	<p>Date of Referral: ཕྱི་རྒྱུག་གི་ཉི་ཅེས་</p> <p>Level of Risk: ཉེན་ཁའི་གནམ་ཚད་</p> <p>() High risk (follow-up within 24hrs) ཉེན་ཁ་ཆེན་ལ།(རྒྱ་ཚོད་ 24 རེས་འཁོད་སྟུན་ལུ་འབྲེལ་དགོ་)</p> <p>() Medium risk(follow-up within 2-3 Days) ཉེན་ཁ་བར་ན་སྟོར་མ།(ཉིན་གྲངས་ 2 ན་ནང་གི་ནང་འཁོད་སྟུན་ལུ་འབྲེལ་དགོ་)</p> <p>() Low risk(follow up within 5 days) ཉེན་ཁ་ཆུང་སྟུ།(ཉིན་གྲངས་ 5 གི་ནང་འཁོད་སྟུན་ལུ་འབྲེལ་དགོ་)</p>
<p>Child Information: མ་ལོང་ལོ་གསལ་</p> <p>Name: མིང་།</p> <p>Date of Birth: སྤྱི་ཚེས་</p> <p>Address: ཁ་བུང་།</p> <p>Nationality: མི་ཁུངས་།</p> <p>Gender: མོ་མོའི་ཉུག་ལ།</p> <p>() Female/མོ () Male/མོ</p> <p>Child gave consent to referral? ཕྱི་རྒྱུག་འབྲེལ་དགོ་བའི་མ་ལོང་ལོ་གསལ་བཟོ་བའི་གཤམ་ལྱིན་ཡི་ག་།</p> <p>() Yes/ལྟོན () No/མེན</p> <p>If No explain why? གཤམ་ལྱིན་མེད་པ་ཅིན་ག་ཅི་སྟེ།</p> <p>.....</p>	<p>Caregiver's information in case of a child: མ་ལོང་དང་འབྲེལ་བའི་གནད་དོན་ནང་ལུ། མ་ལོ་གཅེས་རྒྱུང་བའི་ལས་གསལ་</p> <p>Name of caregiver: བདག་ག་ལོ་ལྗོན་འབྲེལ་བའི་མིང་།</p> <p>Relation to child: མ་ལོང་དང་ཅིག་ཁར་འབྲེལ་བ།</p> <p>Address: ཁ་བུང་།</p> <p>Phone No: བརྒྱུད་འཕྲིན་།</p> <p>Caregiver gave consent to referral? མ་ལོ་གཅེས་རྒྱུང་བའི་གསལ་ ཕྱི་རྒྱུག་འབྲེལ་དགོ་བའི་གནམ་ལྱིན་ཡི་ག་།</p> <p>() Yes/ལྟོན () No/མེན</p> <p>If No explain why? གཤམ་ལྱིན་མེད་པ་ཅིན་ག་ཅི་སྟེ། ལས་གསལ་བཟོ་གོ་ག་།</p> <p>.....</p>	



Type of case:

གནད་དོན་གྱི་དུམ་གྲིབ་

Child in Difficult Circumstances:

མ་ལོ་གནས་སྐབས་དུང་གཤམ་ལོ་གསུམ་གྱི་ལོ་དུམ་

Specify:

ཁ་གསལ་སྟེ་བཞོན་དུ།

- () Is found without having any home or settled place
སྤོང་སའི་ཁྱིམ་མེད་པ་ ཡང་ན་ སྤོང་སའི་ཁྱིམ་ཡོད་རུང་སྐབས་མེད་སྟེ་ ལུས་མི་ ཡིན་པ་ཅིན།
- () Incapacitated parent or guardian to take care and control
མ་ལོ་བདག་འཛིན་འཐབ་ནི་དང་ བཀག་འཛིན་འབད་ནི་ལཱ་ ཡམ་ཚུ་གསུབ་མེད་པ།
- () Associate a person who leads to immoral life
ཚུན་མིན་གྱིས་མི་ཚུ་དང་ ཅིག་ཁར་འབྲེལ་བ་འཐབ་དོ་ ཡིན་པ་ཅིན།
- () Being exploited for immoral, illegal purpose
ཚུལ་མིན་དང་ རྒྱུ་མཉམ་འགལ་གྱིས་ གནད་དོན་ཚོག་ འོག་སྤོང་འབད་འབད་མ་ ཡིན་པ་ཅིན།
- () Victim at the hands of individuals, families or the community
མི་སྡེ་དང་ བཟའ་ཚང་ ཡང་ན་ མི་ངོ་ཚུ་ལས་བརྟེན་ཏེ་ བྱང་མི་ ཉམས་རྒྱུད་པ་ ཡིན་པ་ཅིན།
- () Exposure to physical abuse
གཞུགས་ཀྱི་ རྩལ་སྤོང་བྱུང་མི་ ཡང་ན་ བྱང་ནི་གི་ཉེན་ཁ་ཡོད་པ་ཅིན།
- () Exposure to emotional and verbal abuse
མེས་སའམས་ས་དང་ དག་ཚོག་གི་ འོག་སྤོང་ བྱང་མི་ ཡིན་པ་ཅིན།
- () Exposure to sexual abuse, harassment
འདོད་སྤོང་གི་ འོག་སྤོང་ ཡང་ན་ བརྒྱུས་བཅོས་བྱང་མི་ ཡིན་པ་ཅིན།
- () Exposure to neglect
མ་ལོ་སྐང་མེད་བསྐྱར་ཏེ་ བཞག་མི།
- () Child labor
མ་ལོ་འི་ ལས་མི་དང་འབྲེལ་བའི་ གནད་དོན་ཡིན་པ་ཅིན།
- () Worse forms of child labour
མ་ལོ་འི་ ལཱ་ཐུགས་དང་ ཞན་ཤོས་བཞོལ་བཞོལ་ལཱ།
- () Witness of domestic violence
ནང་འཁོད་ རྩལ་སྤོང་གིས་ གཞོད་ལེན་བྱུང་ཚུང་བ།
- () Other please specify:
གཞན་ ཡོད་པ་ཅིན་ ཁ་གསལ་སྟེ་བཞོན་གནད།

Child in Conflict with Law:

མ་ལོ་རྒྱུ་མཚན་དང་རྒྱལ་འགལ་འབྱུང་གི།

Specify:

ཁ་གསལ་སྟེ་བཞོན་དུ།

- () Child committed an offence:
མ་ལོ་གིས་ཉེས་སྤོང་འབད་འབད་མ་ ཡིན་པ་ཅིན།

Specify please:

ཁ་གསལ་སྟེ་བཞོན་གནད།

.....

.....

.....

Health Condition:

གཞུགས་འམས་ཀྱི་གནས་སྐབས།



<p>Disability དབང་པོ་སྤོང་ལུགས། physical and/or Mental disability གཟུགས་སྤོང་ལུང་དང་ལུང་ན་ སེམས་ཁམས་ དབང་པོ་ལུ་ སྤོང་ ལུགས། () Moderate/བར་ན་སྤོང་ས () Severe/ཚབས་ཚེན་ () Others please specify: གཞན་ཡོད་པ་ཅིན་ ལགས་ལ་སྡེ་ བཞོད་འབད་གནང།</p>	<p>Medical Condition: གསོ་བའི་གནས་སྐབས། () Addiction གོསས་འདྲིས་/ལང་ཤོར་རྩྭ་སྤྱི། () Chronic illness ཨ་རྟག་/དུས་རྒྱུན་གྱི་ རྟ། () Mental illness སེམས་ཁམས་ཀྱི་ རྟ། () Child pregnant ན་ཚོད་མ་སྲིན་པ་ ཨ་ལོ་ཚགས་མི། () Child in need for forensic medical examination (evidences should be collected by forensic services in 72 hours). ཨ་ལོ་འདི་ གསོ་བའི་ ཚན་རིག་རྟག་དཔྱད་དགོ་པ་ ཡོད་པ་ཅིན་ (དུས་ལུན་ རྒྱུ་ཚོད་ཇ་ཉེ་གི་ ནང་འཁོད་ལུ་ སྲུབ་བྱེད་འདི་ ཚན་རིག་རྟག་དཔྱད་ཞབས་རྟོག་གིས་ ལེན་དགོ།) () Life threatening medical condition requiring immediate intervention and treatment. ཚོ་སྲོག་ གནས་སྐབས་ལུ་ ཉེན་ལ་ ཡོད་པ་ཅིན་ འདི་འཕྲོ་ལམ་ བར་འཕྲོ་ལ་དང་ སྲིན་བཅོམ་ འབད་དགོ། () Injuries མ་བཟོན་རྟེ་ ཡོད་པ་ཅིན། () Other please specify: གཞན་ཡོད་པ་ཅིན་ ལགས་ལ་སྡེ་ བཞོད་གནང།</p>
<p>Services required: ཞབས་རྟོག་དགོ་གི།</p>	
<p>() Case management service (protection) གནད་དོན་འཛིན་སྲུང་ཞབས་རྟོག་(སྲུང་སྲོབ་) () Physical health གསོ་བའི་གཟུགས་ཁམས་ཞབས་རྟོག་ () Mental health གསོ་བའི་ སེམས་ཁམས་ཞབས་རྟོག་ () Shelter གནས་སྐབས་ཀྱི་ སྤོང་གནས་ཁྱིམ། () Other please specify: གཞན་ཡོད་པ་ཅིན་ ལགས་ལ་སྡེ་ བཞོད་གནང།</p>	



Previous services provided if any:

གཤེས་ཅིག་སྡེ་རྒྱུས་ཞབས་ཏོག་ ལེན་ཏེ་ཡོད་པ་ཅིན་པོ་དྲན་པ་

Agency:
ལས་ཁུངས་

Type of services:
ཞབས་ཏོག་གི་དབྱེ་བ་

Agency:
ལས་ཁུངས་

Types of services:
ཞབས་ཏོག་གི་དབྱེ་བ་

Agency:
ལས་ཁུངས་

Type of services...
ཞབས་ཏོག་གི་དབྱེ་བ་

Date:
སྤྱི་ཚེས་

Description of the case (problem)

གནད་དོན་འབྲེལ་བའདད་ (དཀའ་ངལ་)

Consent for referral: (Optional)

ཕྱིར་གཏུགས་འབད་ཚོག་པའི་གནད་པ་ (གནམ་ཁ)

I..... (Person of concern name), understand that the purpose of the referral and of disclosing this information to..... (Referral agency), as to ensure the safety and continuity of care among service providers seeking to serve this family, the service provider..... (Referring agency), has clearly explain the procedure of the referral to me and has listed the exact information that is to be disclosed. By signing this form, I authorize exchange of information.

ང་..... (འབྲེལ་ཡོད་མི་རིམ་གྱི་མིང་) ཕྱིར་གཏུགས་ལས་ཁུངས་..... ལུ་ ཕྱིར་གཏུགས་འབད་དགོ་པའི་ རྒྱུ་མཚན་དང་ གནམ་ཚུལ་ ཕྱིར་གསལ་བཏོན་ འབད་མི་ཚུ་ ལེགས་ཤོམ་སྡེ་རང་ ཉ་གོ་ཡི། ཞབས་ཏོག་ཕྱིན་མི་ལག་གི་ནང་དོག་ ཉམས་ལུགས་ལྟུང་པ་དང་ བཟའ་ཚང་ཚུ་ལུ་ ཉེན་སྲུང་དང་འཕྲོ་འཕྲུང་ གཞེས་སྤོང་ཕྱིན་ནི་འཇུག་ལུ་ མིན། ཞབས་ཏོག་ཕྱིན་མི་གིས་ ང་ལུ་ ཕྱིར་གཏུགས་བྱ་སྡོའི་རིམ་པ་ཚུ་ ལེགས་ཤོམ་སྡེ་ ལགས་ལུ་རྒྱབ་ཏེ་ཕྱིན་ཡི། ང་གི་ཡང་ ཕྱི་གཏུགས་འབད་དགོ་པའི་ གནད་དོན་ག་མིན་སྡེ་ མོ་བཀོད་འབད་ཡི། འབྲི་ཤོག་འདི་ནང་ལུ་ མིང་རྟགས་དང་བཅས་ གནམ་ཚུལ་བཟེ་མོར་འབད་ཚོག་པའི་གནད་པ་ཕྱིན་ཡི།

Signature of responsible party:
གནམ་ལག་ཅན་གྱི་ མིང་རྟགས་

Caregiver: Date:

བདག་འཛིན་འཇུག་མི་གཞེས་སྤོང་པ། སྤྱི་ཚེས་

Receiving Agency:
ལེན་ཏེ་ལས་ཁུངས་

Referral received by: ཕྱིར་གཏུག་ལན་མི་ Date: སྤྱི་ཚེས་	Response provided to referred agency by: ལས་ཁུངས་ལས་ ལན་གསལ་ Date: སྤྱི་ཚེས་
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Guiding notes (ལས་ཁུངས་ཚོགས་ཀྱི་)

- This form is used by staff of governmental (NCWC,) and non-governmental agencies (CSOs) or any front-liner (certified front-line workers) who contracts children on regular basis and suspects' abuse, or received a report regarding abuse.
- འབྲི་ཤོག་འདི་ ཞི་གཡོག་པ་ མི་སྡེ་ལས་ཚོགས་ གནོང་ལར་འཛོན་ཏེ་ རྒྱབ་སྐྱོར་འབད་མི་ཚུ་གིས་ རྒྱབ་སྐྱོད་ལྱི་དོགས་པ་ ཡང་ན་ རྒྱབ་སྐྱོད་ལྱི་སྐྱེན་ལུ་འབད་མི་རེ་འཛོན་མ་ད་ གནད་དོན་འདི་ ཕྱིར་གཏུག་འབད་ནིའི་ དོན་ལུ་ ལག་ལེན་འཐབ་ཨིན།
- This referral form should be used among governmental and non-governmental agencies to refer cases.
- འབྲི་ཤོག་འདི་ ཞི་གཡོག་པ་དང་ མི་སྡེ་ལས་ཚོགས་ ལག་གི་ནང་དོག་ གནད་དོན་ཕྱིར་གཏུག་འབད་ནིའི་དོན་ལུ་ ལག་ལེན་འཐབ་ཨིན།
- The consent of care-giver and child is required, however, if for any reason consent was not able to be taken from a care giver the best interest of the child should be sought and a referral should be done.
- ཕྱིར་གཏུགས་ འབད་བའི་སྐབས་ ཨ་ལོ་དང་ ཨ་ལོའི་གཅེས་སྐྱོང་པ་ལས་ གནད་བ་དགོ་ གལ་སྲིད་ ཨ་ལོ་གཅེས་སྐྱོང་འབད་མི་ གི་ ཕྱིར་གཏུགས་འབད་ཚོག་པའི་ གནད་བ་མ་བྱིན་པ་ཅིན་ ཨ་ལོའི་ཐ་དོན་ཁོ་ན་ལུ་དམིགས་ཏེ་ ཕྱིར་གཏུགས་འབད་དགོ་པ་ཨིན།
- A front-liner should not carry any investigation or assessment as this might cause more harm; therefore, it is recommended to carry the referral on just need to know basis (only main information about or basic need)

TERMS OF REFERENCE (ToR) FOR COMMUNITY CHILD PROTECTION TEAM (CCPT)

a. Background

Children in villages and communities face a host of protection issues – abuses, violence, neglect, while also being exposed to risk and vulnerabilities. They suffer in silence for a number of reasons – they are not aware of their rights, they do not know where to report and seek support, they do not have access to the national protection support and services due to their remote locations and circumstances.

This clearly shows a gap at the implementation level by the duty-bearers mandated to provide support and services, and ensure the wellbeing of the children as mandated by Child Care & Protection Act, and the Child Safeguarding & Protection Policy. To report a case to competent authority in Thimphu and receive support takes much longer. To address this, Dzongkhag-level Dzongkhag Women and Child Committee (DTCC) has been established to address the issue, however the community is not even aware of the existence of such a committee. In order to close the gap and bring child protection support and services to children and their community a Community-based Child Protection program should be initiated. This will include empowering the local community members. This team is established to address child protection concerns, promote awareness, and collaborate with DTWCC and other relevant stakeholders to create a secure environment for children to thrive.

The CCPT also reflects the commitment of the village residents, local leaders, and concerned stakeholders to work collaboratively in safeguarding the rights and well-being of their children. By pooling their expertise, resources, and dedication, they aim to ensure that the community becomes a place where children can grow, learn, and thrive in a protective and supportive environment.

b. Objectives

- Facilitate coordination and collaboration with DTWCC and other relevant local organizations, agencies, and stakeholders. To protect and prevent vulnerable children from facing serious issues, particularly violence, exploitation and abuse against children including commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as child marriage etc.
- Provide support in further strengthening the child protection system and program support in the communities.

- Further improve the existing child protection system with regard to safely and properly identifying, and referring child protection cases.
- To better understand the elements of Early Identification as appropriate referral mechanism within the child protection.
- Identify and respond to child protection risks and concerns within the community.
- Raise awareness about child protection issues and best practices among community members.
- Provide support, guidance, and resources to families and caregivers for the protection of children.
- Strengthen the reporting and response mechanisms for cases of child abuse, neglect, and exploitation.
- Advocate for policies and practices that enhance child protection and welfare within the community.

3. Composition:

The Community Child Protection Team shall consist of members from diverse backgrounds and expertise, including but not limited to:

A. Community Child Protection Team members at Gewog level (GCPT)

1. GewogThrizin
2. Mangmi
3. GAO
4. Law enforcement

B. Community Child Protection Team at Community level (CCPT)

1. Tshogpa
2. Educators
3. Care givers/ parents
4. Children and youth representative

4. Role of Gewog Child Protection Team (GCPT)

- Convene regular monitoring to discuss child protection concerns, share information, and strategize responses with CCPT
- Collaborate DTWCC agencies, and stakeholders to pool resources and knowledge for effective child protection.
- Identify gaps in existing child protection services and advocate for improvements.

- Receive and facilitate the case referrals to DTWCC
- Provide guidance and support to CCPT

5. Role of Community Child Protection Team (CCPT)

- Report complaint of child protection concerns or CIDC received to the DTWCC in consultation with GCPT
- Follow-up with CIDC and their families to ensure the safety of the child and his/her reintegration into society.
- Convene regular meetings to discuss child protection concerns, share information, and strategize responses.
- Develop and implement community awareness campaigns on child protection and children's rights.
- Provide guidance and support to families and caregivers on parenting skills and child safeguarding.

6. Reporting and Communication:

The Community Child Protection Team shall report progress, challenges, and recommendations to the GCPT on a quarterly basis. Communication within the team shall be open, respectful, and focused on achieving the team's objectives.

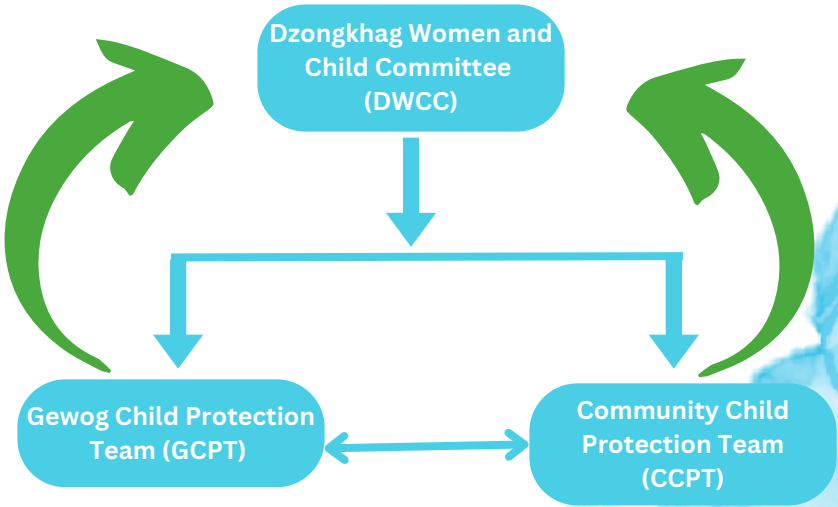
7. Confidentiality and Ethics:

All team members shall uphold strict confidentiality in handling sensitive information related to child protection cases. Discussions and information shared during team meetings shall not be disclosed outside the team without proper authorization.

8. Duration and Review:

The Community Child Protection Team's terms of reference will be reviewed on an annual basis to ensure its relevance and effectiveness. The team's mandate can be extended based on the assessment of its impact.

Flow chart



LAWS ON CHILD PROTECTION

Constitution of Bhutan 2008

- As a Bhutanese citizen children have the right to life, liberty, security, freedom to express yourself; movement; thought, conscience and religion; of peaceful assembly. Children are equal before the law and are entitled to equal and effective protection of the law and shall not be discriminated against on the grounds of race, sex, language, religion, politics or other status
- The State shall provide free education to all children of school going age up to tenth standard and ensure that technical and professional education is made generally available and that higher education is equally accessible to all on the basis of merit.
- The State shall endeavor to take appropriate measures to ensure that young people are protected against all forms of discrimination and exploitation.

2. United Nations Convention on the Rights of the Child (UNCRC) 1989

Every child has rights. "Rights" are things every child should have or be able to do. These rights are listed in the UN Convention on the Rights of the Child. Almost every country has agreed to these rights. All the rights are connected to each other, and all are equally important. As a child grows, he or she has more responsibilities to make choices and exercise rights.

- Children have the right to
 - o Protection from violence, abuse or neglect
 - o An education that enables fulfillment of potential
 - o Be raised by or have a relationship, with parents
 - o To express opinions and be listened to
- The UNCRC is a legally-binding international agreement setting out the rights of every child, regardless of their race, religion or abilities

The Government of Bhutan signed this agreement in 1990 and subsequently ratified the Optional Protocols on the Sale of Children, Child Prostitution and Child Pornography and on the Involvement of Children in Armed Conflict in 2009 and 2010, respectively

3. Child Care and Protection Act 2011

Prevention of child offences; the Act addressed the role of Central and local government, education institutions, mass media, community and family with regards to child protection.

4. Domestic Violence Prevention Act 2011

- A child being a member of the family is also impacted by the domestic violence. Recognizing this impact the DVPA has provisions which would ensure the safety of the child. These safety measures could include – defendant being directed to pay monetary relief/ having regulated or being denied access altogether to the child/ being denied temporary custody of the child

5. Marriage Act of Bhutan 1980 (& Amended Marriage Act of Bhutan, 1996)

- The minimum age for marriage is 16 years for women and 18 years for men. Marriage of children below the age specified above and those persons responsible for arranging such marriages are liable for penalty
- Custody (i) Children aged nine years and upwards, subsequent to parents getting divorced, shall have the rights to choose whether they wish to live with the father or the mother (ii) the mother has the right to custody of children below nine years
- Maintenance – (i) In the absence of any mutual agreement between the parents, and where a suit has been filed in a Court of law, & the mother hasn't remarried, the father shall have to pay a sum in cash to each of his children once a year or at one time (ii) Where the children have chosen to live with the father, then they shall not be entitled to any allowances from the mother (iii) Where the mother expires prior to the children attaining nine years, the father shall have to take custody of such children. And if he refuses to do so, then their monthly allowances shall have to be paid to the person who will look after them

Reference :

- a. Ending violence against the children-NCWC, UNICEF**
- b. Early Identification and Safe referrals -NCWC UNICEF**
- c. Child Care and Protection Act-2011**

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