Department of Probation and Child Care Services

University of Colombo, Sri Lanka, Faculty of Law
Centre for the Study of Human Rights

STUDENT HANDBOOK

ADVANCED CERTIFICATE IN HUMAN RIGHTS BASED APPROACH TO CASE MANAGEMENT AND CARE OF CHILD VICTIMS OF TRAFFICKING

2024

Save the Children

IOM UN MIGRATION

DEPARTMENT OF PROBATION AND
CHILD CARE SERVICES

UNIVERSITY OF COLOMBO, FACULTY OF LAW
CENTRE FOR THE STUDY OF HUMAN RIGHTS

STUDENT HANDBOOK

ADVANCED CERTIFICATE IN HUMAN RIGHTS-BASED APPROACH TO CASE MANAGEMENT AND CARE OF CHILD VICTIMS OF TRAFFICKING

2024

Save the Children

IOM UN MIGRATION

UNIVERSITY OF COLOMBO, FACULTY OF LAW

CENTRE FOR THE STUDY OF HUMAN RIGHTS

Our Vision

To create a nation with a rights consciousness in which the dignity and rights of all people are respected.

Our Mission

To be a centre of excellence for human rights education and research using a multidisciplinary approach.

ACKNOWLEDGEMENT

Project team & technical expertise – Centre for the Study of Human Rights

Prof (Chair) Wasantha Seneviratne - Director

M.A.M. Hakeem - Deputy Director

Chathuri Jayawardena - Project Manager

Lekha Herath - Assistant Programme Manager

S. Sri Dhayalini - Project Coordinator

Project team & technical expertise – Save the Children

Buddhini Withana - Senior Technical Advisor – Child Protection and Child Rights in Business

Jananee Chandramohan - Senior Technical Advisor, Mental Health Psycho-Social Support (MHPSS) and Child Participation

Sushetha Gopallawa - Senior Manager, Counter Trafficking

Project Team – International Organization for Migration (IOM)

Minoli P. Don – Head, Protection Unit

Michelle Berman – Senior Project Coordinator, Counter-Trafficking, Protection Unit

Translators:

Sinhala:
Pavithra Kannangara - Assistant Lecturer, Department of Sociology, Faculty of Arts, University of Colombo

Tamil:
Nishandeny Ratnam - Attorney-at-law (Sri Lanka)

Shaaiswary Pathmaseelan - Assistant Lecturer (Probationary)
KAATSU International University
Sri Lanka.

Cover page design:

Nayanika Seneviratne –Communications Officer, CSHR

Jointly published by:

Centre for the Study of Human Rights
94, Cumaratunga Munidasa Mawatha
Colombo 03, Sri Lanka
https://cshr.cmb.ac.lk/

Save the Children
18 Sinsapa Road, Colombo 06, Sri Lanka
www.srilanka.savethechildren.net/

International Organization for Migration
9th Floor, IBSL Building, No. 80 A,
Elvitigala Mawatha,
Colombo 08, Sri Lanka
https://srilanka.iom.int/

Disclaimer: This handbook has been compiled with information received up to April 2024. Kindly note that this handbook is only for general information and is not for official purposes. Any information contained herein should be confirmed by reference to the relevant authority.

The information in this handbook is owned by Centre for the Study of Human Rights (CSHR). No part of this publication can be reproduced or copied without making reference to this publication or to CSHR.

The publication of this handbook was made possible through support provided by the United States Department of State's Office to Monitor & Combat Trafficking in Persons, under the terms of Award No. SSJTIP22GR0008. Any opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the United States Department of State.

© Centre for the Study of Human Rights; © Save the Children International; © International Organisaton for Migration 2024

The opinions expressed are those of the authors only and should not be considered as representative of the University of Colombo, IOM and Save the Children, which shall not be liable for any consequences stemming from the publication and its reuse.

Centre for the Study of Human Rights is a non-profit organization attached to the Faculty of Law, University of Colombo. Its mandate is to conduct and facilitate human rights education and research programmes, with the mission to be centre of excellence for human rights education and research using a multidisciplinary approach.

The Department of Probation and Child Care Services, functioning under the Ministry of Women and Child Affairs, renders a specific service for the children and implement a large number of programmes on novel approaches to protect the rights of the children of Sri Lanka.

Save the Children works in more than 120 countries to contribute to immediate and lasting improvements for children, in emergencies as well as development contexts. We want a world in which all children survive, learn, and are protected.

IOM is committed to the principle that humane and orderly migration benefits migrants and society. IOM has more than 480 Country Offices and Sub-offices worldwide.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise without the prior written permission of the publisher.

Produced by: University of Colombo, Faculty of Law, Centre for the Study of Human Rights

In Collaboration with: Department of Probation and Child Care Services

Save the Children

Commissioned by: IOM UN MIGRATION

Funded by:

The CSHR is also profoundly grateful to the following **Technical Review Committee Members**:

Prof (Chair) Wasantha Seneviratne
Department of Public and
International Law
Faculty of Law
University of Colombo

Prof. Nishara Fernando
Department of Sociology
Faculty of Arts
University of Colombo

Prof. Piyanjali de Soysa
Department of Psychiatry
Faculty of Medicine
University of Colombo

Nirmalee Perera
Senior Probation Officer
Department of Probation and
Child Care Services

Priyangika Ratnayake
Assistant Director
Psychosocial Department
National Child Protection Authority

Jananee Chandramohan
Senior Technical Advisor, Mental Health
Psycho-Social Support (MHPSS) and
Child Participation
Save the Children, Sri Lanka

Roshan Dhammapala
Independent Clinical Psychologist

Sushetha Gopallawa
Senior Manager
Counter Trafficking,
Save the Children, Sri Lanka

Nevedita Jeevabalan
Mental Health Specialist/Manager
Child Protection Unit – LEADS
Ms. Roshan Dhammapala
Independent Clinical Psychologist

Chalanika Sandamali E.W.
Companion to Child Victims of
Trafficking

Buddhini Withana
Senior Technical Advisor
Child Protection and
Child Rights in Business
Save the Children, Sri Lanka

The CSHR extends our sincere appreciation to the following **module developers**:

Sandareka Liyanage
Assistant Commissioner
Department Probation and
Child Care Services

Roshan Dhammapala
Independent Clinical Psychologist

Nilusha Goonetillake
Consultant / Clinical Psychologist

Nevedita Jeevabalan
Mental Health Specialist/Manager
Child Protection Unit – LEADS

Subodha M. Malawara Arachchi
Managing Director, LIFE Consultancy
Firm and Skill trainer

Buddhini Withana
Senior Technical Adviser
Child Protection and Child Rights in
Business, Save the Children

The CSHR extends our sincere appreciation to the Department of Probation and Child Care Service (DPCCS) and the Provincial Commissioners of the DPCCS

Gayani Kaushalya Wijesinghe
Commissioner
Department of Probation and Child Care Services – National Office

Nirmalee Perera
Senior Probation Officer
Department of Probation and Child Care Services – National Office

DMCCK. Gunarathne
Provincial Commissioner,
Department of Probation and Child Care Services - Central Province

Riswani Rifan
Provincial Commissioner
Department of Probation & Childcare Services - Eastern Province

Rajendram Guruparan
Provincial Commissioner,
Department of Probation & Childcare Services - Northern Province

Ms. Suritha Perera
Provincial Commissioner,
Department of Probation & Childcare Services - North Central Province

MA Malkandhi Piyasena
Provincial Commissioner,
Department of Probation & Childcare Services - Northwestern Province

GD Lakmali U Kumari
Provincial Commissioner
Department of Probation & Childcare Services - Sabaragamuwa Province

Rashika UI Dissanayake
Provincial Commissioner,
Department of Probation & Childcare Services - Southern Province

TMN Chathurangi
Provincial Commissioner,
Department of Probation & Childcare Services - Uva Province

Peshala R. Abeysuriya
Provincial Commissioner,
Department of Probation & Childcare Services - Western Province

CONTENTS

Acknowledgment ..... *i*
Foreward ..... *vi*
Message From The Dean, Faculty of Law, University of Colombo ..... *vii*
Message From The Deputy Director ..... *viii*
Message From The Department of Probation And Child Care Services ..... *ix*
Message From The Save The Children International ..... *x*
Message From The International Organisation For Migration ..... *xii*
Acronyms ..... *xiii*

1. University Of Colombo 1
2. Centre For The Study Of Human Rights 2
3. Introduction To The Course 3
4. Course Content 5
   - 4.1. Key Principles Of Rights Of The Children 6
   - 4.2. Legal Framework 15
   - 4.3. Identifying Child Victims Of Trafficking & Other Forms Of Child Abuse 22
   - 4.4. Care Needs Of Child Trafficking And Other Types Of Abuses 27
   - 4.5. Managing Child Behaviours And Risks Of Child Victims Of Trafficking 35
   - 4.6. Supporting Child Protection Case Management And Record-Keeping 39
   - 4.7. Individual Care Plan And Re-Integration 60
   - 4.8. Self-Care And Caregiver Stress Management 69
5. Lecture Schedule 75
6. Course Guidelines 82
7. Assessment Schedule 86
8. Take Home Assignment 87
9. Individual Presentation 88
10. Logistic Guidelines 89
11. Administrative Guidelines 91
12. Key Dates 93
13. Key Information 94

FOREWARD

This Advanced Certificate in Human Rights-Based Approach to Case Management and Care of Child Victims of Trafficking was developed to capacitate caregiver staff of childcare institutions to improve victim services, in particular the quality and accessibility, for all identified child victims, in particular of trafficking, enabling the caregiver staff to provide effective protection, and increased understanding and reporting of cases of child trafficking.

This handbook serves as a comprehensive guide to the Advanced Certificate in Human Rights-Based Approach to Case Management and Care of Child Victims of Trafficking for caregiver staff in state institutions. Developed in collaboration with the Department of Probation and Child Care Services, Centre for the Study of Human Rights, and Save the Children, this handbook outlines the policies and academic regulations specific to this program.

As Students embark on this educational journey, it is imperative to understand and adhere to the guidelines set forth within this handbook. It is the responsibility of each participant to familiarize themselves with the regulations outlined herein.

The course structure is designed to be flexible, tailored to meet the needs and interests of the Department of Probation and Child Care Services, after consultation of a sample of caregiver staff themselves and senior officials of the Department. The modules offer a detailed overview of the course content, ensuring alignment with the academic standards set by the University of Colombo.

Throughout this program, CSHR team is dedicated to providing the students with a rewarding and intellectually stimulating experience. We are committed to supporting students in their pursuit of knowledge and skills in the field of human rights-based approach to case management and care of child victims of trafficking.

We extend our best wishes to all participants as they embark on this educational endeavor.

Professor (Chair) Wasantha Seneviratne
Director
Centre for the Study of Human Rights
University of Colombo

MESSAGE FROM THE
DEAN, FACULTY OF LAW, UNIVERSITY OF COLOMBO

Dear Participants,

Welcome to the Advanced Certificate Programme in Human Rights-Based Approach to Case Management and Care of Child Victims of Trafficking. Developed for 200 caregiver staff in state institutions, this program offers a significant opportunity for professional growth in child rights and protection.

In collaboration with Save the Children, the Department of Probation and Child Care, and the Centre for the Study of Human Rights, this initiative reflects our commitment to promoting social justice and advocating for the rights of every child, particularly the most marginalized.

I commend your dedication to enhancing your knowledge and skills in this critical area. Your participation not only enriches your professional journey but also contributes to safeguarding the rights and well-being of trafficked children.

Throughout the program, I encourage active engagement with course content, collaboration with peers, and utilization of faculty expertise to deepen understanding of human rights principles and explore innovative approaches to case management and childcare.

Wishing you all the best in your studies and looking forward to witnessing the positive impact of your work.

Prof (Dr). N.S. Punchihewa
Dean
Faculty of Law
University of Colombo

MESSAGE FROM THE DEPUTY DIRECTOR

I am pleased to extend a warm welcome to you as you begin your journey with the Advanced Certificate Program in a Human Rights-Based Approach to Case Management and Care of Child Victims of Trafficking.

Our program is unique in its focus on providing specialized training to caregiver staff working in state institutions and shelters, equipping them with the knowledge and skills necessary to address the needs of child victims of trafficking within a human rights framework. Under the guidance of the Faculty of Law at the University of Colombo and esteemed experts in the field, the curriculum of our program is carefully curated to provide practical and relevant insights.

Through a combination of lectures, discussions, and practical exercises, our program offers a comprehensive understanding of human rights principles, legal frameworks, and best practices in case management specific to child victims of trafficking. We are dedicated to fostering a supportive learning environment where participants can engage with each other and learn from shared experiences.

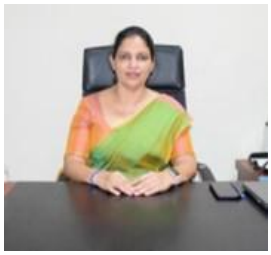
At the Center for the Study of Human Rights (CSHR), we are committed to excellence in teaching and research, with a focus on promoting the rights and well-being of vulnerable children. As you embark on this program, you will have the opportunity to learn from experienced professionals and contribute to the advancement of knowledge in this critical area.

I extend my best wishes to you for a successful completion of the program. Your dedication to the care and protection of child victims of trafficking is commendable, and I am confident that this program will empower you to make a positive difference in their lives.

M. A. M. Hakeem
Senior Lecturer
Deputy Director, CSHR
Department of Public and International Law
Faculty of Law
University of Colombo

MESSAGE FROM THE

DEPARTMENT OF PROBATION AND CHILD CARE SERVICES



Welcome to the Advanced Certificate in Human Rights- Based Approach to Case Management and Care of Child Victims of Trafficking, designed for caregivers of theDepartment of Probation and Child Care Services. Childvictims, including those of trafficking, endure profound physical, sexual, mental, and emotional hardships throughout their trafficking ordeals and upon reaching safety. Without prompt identification and comprehensive psychosocial support, these vulnerable individuals encounter formidable obstacles in their journey toward recovery and rebuilding their lives. Therefore, early identification, protection, and the provision of necessary therapeutic treatments are crucial. There is successful integration into society too equally important.

Therefore, after extensive consultations with experts and professionals in the fieldof child protection, comprehensive training modules were meticulously crafted. These modules aim to empower staff in childcare institutions with essential knowledge and skills, focusing on key principles of child rights. They cover criticalareas such as identifying victims, including those of trafficking, understanding their specific care requirements, effectively managing challenging behaviors and risks, supporting child protection case management, maintaining personalized care plans, and facilitating successful reintegration into society. Given the demanding nature of working with such victims, the training module includes topics on self-care and caregiver stress management.

This advanced certificate course developed in collaboration with Save the Children, the Department of Probation and Child Care Services, and the Centre for the Study of Human Rights, equips you to provide exemplary care to vulnerable victims under your supervision.

Your dedication and compassion are invaluable in making a difference. While encouraging your active participation in this training to ensure the best possible services for vulnerable victims within childcare institutions, I wish you all the bestfor your journey ahead.

Gayani Kaushalya Wijesinghe
Commissioner
Department of Probation and Child Care Services

MESSAGE FROM
SAVE THE CHILDREN INTERNATIONAL

I'm pleased to provide my thoughts and views about the Advanced Certificate in Human Rights-Based Approach to Case Management and Care for Child Victims of Trafficking, offered by the Center for the Study of Human Rights (CSHR), University of Colombo.

One of Save the Children's child protection priorities in Sri Lanka is supporting government and civil society efforts on counter-trafficking of children. Within this scope, over the past few years, we have developed our understanding of the challenges and opportunities that child victims of trafficking face while in residential care. We have learnt how often they are misunderstood, not identified as victims of trafficking, often leading to inappropriate and more harmful interventions as victim support.

Within a broad framework of relevant and quality support for child victims of trafficking, Save the Children is committed to build skills and expertise of those who directly engage with child victims, to ensure that children receive the best quality care and support they need to recover and build positive coping strategies.

At Save the Children, we firmly believe that institutional care should be the last resort offered to any child, as the best environment for children's holistic development is a home environment. Hence, children who enter institutional care are already at a disadvantage, as institutional settings may not offer the same conducive environment for their growth and wellbeing. Within this context, it is of paramount importance that those who provide care for child victims are geared with appropriate skills to ensure that children's growth and wellbeing is prioritized at all times. We are delighted to collaborate with the University of Colombo to offer this Advanced Certificate to caregiver staff of childcare institutions, which we anticipate will have a profound impact on how children are treated, cared for, and supported to develop and thrive, within institutional settings.

Save the Children has a long history of collaboration with the CSHR, particularly in providing structured training on children's rights to law enforcement and social service workforces. Our recent collaborations have focused more on the identification and response to victims of child trafficking including capacity development of child protection officers, which has led to this course being developed and offered this year.

I sincerely acknowledge and appreciate the partnership with the University of Colombo, Vice Chancellor Senior Professor (Chair) H.D. Karunaratne, Dean of the Faculty of Law Professor (Dr) N.S. Punchihewa and Director CSHR Professor (Chair) Wasantha Seneviratne and her staff for their dedication and commitment to our collaborative work. I'm grateful to the Commissioner of Probation and Child Care Services - Ms. Gayani Wijesinghe and her staff at the Department of Probation and Child Care Services for their dedication to support this course technically and administratively. I thank the Technical Review Committee and the lecture panel for their valuable time and expertise to develop and deliver a high-quality training opportunity. I'm grateful for the IOM and the US State Department Office for Combatting Trafficking in Persons for financially supporting this initiative and many others through the 'IMPACT' Project implemented by IOM, Save the Children and other partners.

I wish all participants a pleasant learning experience and hope that the skills developed during this course are translated into practice, to ensure a positive care environment for all child victims of trafficking.

Julian Chellappah
Country Director
Save the Children – Sri Lanka Country Office

MESSAGE FROM THE INTERNATIONAL ORGANIZATION FOR MIGRATION

Dear Participants,

I warmly welcome all participants to the "Advanced Certificate Programme in Human Rights-Based Approach to Case Management and Care of Child Victims of Trafficking" which has been developed in collaboration with the Centre for the study of human rights (CSHR), Faculty of Law, University of Colombo and Save the Children, to capacitate 200 caregiver staff in state and non-state care institutions. It is my belief that this course will instil the relevant knowledge and skills to cater and assist the most vulnerable, child Victims of Trafficking and to engage in effective case management.

Trafficking in persons is a crime that requires a holistic, coordinated and proactive response by all stakeholders involved, and integrated actions on the identification and protection of victims are very much imperative in effectively assisting child victims of trafficking. The International Organization of Migration (IOM), the UN Migration entity, has been working in the Counter Trafficking domain in Sri Lanka since 2007 and has collaborated with the Government of Sri Lanka and have been instrumental in establishing and providing technical assistance to the National Anti-Human Trafficking Taskforce since 2010, development of two consecutive five-year National Strategic Action Plans to Monitor and Combat Human Trafficking and the development of the cabinet endorsed Standard Operating Procedures (SOP) on the Identification, Protection, and Referral of Victims of Human Trafficking. IOM collaborated with Save the Children and has further provided technical assistance to the Ministry of Women and Child Affairs in the development of the SOP guidance note on the identification, referral and protection of child victims of trafficking (2021).

IOM in collaboration with Save the Children have been able to offer this course free of charge to 200 caregiver staff in State and non-state care institutions, with funding support from the United States Department of State's Office to Monitor and Combat Trafficking in Persons (J/TIP).

I sincerely wish all the participants in this Advance Certificate programme a successful and productive learning journey in order to develop the required expertise to effectively assist and protect child victims of trafficking under their care.

Sarat Dash
Chief of Mission to Sri Lanka and Maldives,
International Organization for Migration

ACRONYMS

CRC	Child Rights Convention
CSHR	Centre for the Study of Human Rights
CVoT	Child Victims of Trafficking
DPCCS	Department of Probation and Child Care Services
ICD	International Classification of Diseases
ILO	International Labour Organization
IMPACT	Strengthening Government and CSO Capacity to Combat Trafficking in Persons and Create Greater Impact
IOM	International Organization for Migration
JMO	Judicial Medical Officer
MHPSS	Mental Health and Psychosocial Support
NCPA	National Child Protection Authority
OHCHR	Office of the High Commission for Human Rights
SAARC	South Asian Association for Regional Cooperation
SCI	Save the Children International
TIP	Trafficking in Persons
TRC	Technical Review Committee
UN	United Nations
UOC	University of Colombo
UNTOC	United National Convention against Transnational Organized Crime
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organisation

1. UNIVERSITY OF COLOMBO

The University of Colombo, founded in 1921, is Sri Lanka's oldest Higher Education Institution. In keeping with its motto translated from Sanskrit as "Wisdom Enlightens", the University of Colombo continually strives to maintain academic excellence in all fields of study. The University is organized across 10 Faculties and 68 academic departments within faculties, along with 6 Institutes, a Campus, a School, and 20+ Centres & Units.

In addition to a large and diverse academic portfolio, the University of Colombo also offers library services, career guidance, sports, student societies, and accommodation on campus. Other facilities include an arts theatre where students can showcase their skills in performing arts.

The University prides itself on being a multi-cultural, multi-ethnic institution that emphasizes values of social harmony, cultural diversity, equal opportunity and unity among its staff and students. Several scholarships are available for international students, and the University boasts a number of academic partnerships with overseas universities, including Uppsala University in Sweden, Justus Liebig University in Germany, University of Copenhagen in Denmark, University of Heidelberg in Germany, University of Zurich in Switzerland, Chartered Institute in Management Accounting (CIMA) in the United Kingdom, Western Sydney University in Australia, Queensland University in Australia and University of Granada in Spain.

The University of Colombo actively engages in improving student life in numerous ways to supplement academic learning. Over the years, the University has built strong links with the industry in order to enhance the value of the education we provide. Similarly, the sports facilities provided by the university encourage the students to balance academics and social life, and many national and international achievements are recorded by our students every year in the sports arena.

[For further information, please visit: https://cmb.ac.lk/]

2. CENTRE FOR THE STUDY OF HUMAN RIGHTS

Centre for the Study of Human Rights (CSHR) was established in 1991 in response to extensive human rights violations in Sri Lanka at the time period. It was set up as a non-profit organisation within the Faculty of Law, University of Colombo, with the objective of making the public aware of their rights and remedies for the violation of rights. CSHR has been a pioneer of human rights education for more than 25 years with its mandate of human rights education and research.

Our role has also changed in response to changing global circumstances. At one time, the State Department was responsible for a number of domestic duties ranging from publication of the census to control of copyright to management of the Mint. We now work to fight terrorism, protect U.S. interests abroad, and implement foreign policy initiatives while building a more free, prosperous, and secure world.

The CSHR offers Certificate Courses, Advanced training programmes, Diploma programmes and Postgraduate programmes under CSHR Education programmes. In terms of Research, the CSHR carries out practically applicable research in relation to rights and also conducts research for other organisations. CSHR also works towards strengthening the capacity of those in state and non-state sectors with the aim of protecting and promoting their rights as well as making them aware of rights of their stakeholders. Over the years, the CSHR reached out to many groups such as secondary school students, rural and plantation communities, the university community, armed forces, police and prison officers, quazis, media personnel, prison inmates, and the general public among others.

CSHR also facilitate capacity-building programmes in disseminating human rights knowledge and knowledge services through its Resource Centre rich in a wide range of human rights resources. The beneficiaries include students, academics, researchers and the general public.

In relation to Human Rights Capacity Building, the CSHR conducted following programmes

- A tailor-made Training Programme for 100 officers over a period of three months in collaboration with the NCPA, funded by SCI.
- A training programme on Child Welfare in Sri Lanka, funded by SCI.
- The programme for Youth in the Youth Rehabilitation Centre in Watareka, funded by US Embassy

CSHR also focuses in Institutional Development facilitating the capacity building of the staff to improve their knowledge, skills, and capacities towards disseminating programmes to CSHR's partners effectively and efficiently. The CSHR's goal is to create a nation with a rights consciousness in which the dignity and rights of all people are respected.

3. INTRODUCTION TO THE COURSE

The CSHR identified that caregiver staff of state and non-state institutions lack the basic understanding of and training in caring for and managing Child Victims of Trafficking, through a gap analysis that was conducted with the support of the DPCCR, with the financial support of Save the Children (SC) in Sri Lanka. This analysis centres on the vital need to enhance the capacity of caregiver staff in state and non-state institutions of child care to identify child victims of trafficking and provide effective protection to children under their care. The Centre for the Study of Human Rights, Department of Probation and Child Care Services, and Save the Children in Sri Lanka joined forces to identify the existing gaps in knowledge, services, and processes in order for them to be addressed in a tailor-made advanced certificate course for caregiver staff on managing and caring for child victims of trafficking, and contributing towards improved victim services, including their quality and accessibility. Accordingly, the CSHR designed this Advanced Certificate in Human Rights-Based Approach to Case Management and Care of Child Victims of Trafficking, in order to improve victim services, including their quality and accessibility, under the guidance of a technical quality improvement of a group of experts in law, sociology, psychology, psycho-social support and institutional technical support of the DPCCS and NCPA.

The programme is specially designed to train 200 caregiver staff in the state and non-state care institutions who have completed the General Certificate of Education (Ordinary Level) or an equivalent qualification; offered free of charge, with the generous support of SC.

Course Structure

This course is designed based on the credit value system of **Sri Lanka Qualification Framework Level 2** (SLQF 2) and it allows a candidate to earn **15 credits** within the period of six ***months*** (06 months) by successfully completing eight (08) taught units offered.

This course is an introduction to Management and Care for Child Victims of Trafficking (CVoT). It focuses on the very basics of the relevant areas, particularly emphasizing the most important aspects, namely, Child Rights, Legal Framework, Child Abuses, Child Protection, Care Plan, Stress Management, Understanding Child Victims of Trafficking (CVoT), Care needs of CVoT, Case Management, and Record Keeping.

Financial Assistance

Save the Children will provide this course free of charge for selected 200 caregiver staff, with the support of Save the Children under the project on 'Strengthening Government and Civil Society Organization Capacity to Combat Trafficking in Persons and Create Greater Impact' (IMPACT), funded by the U.S. Department of State's Office for Countering Trafficking in Persons in

collaboration the International Organization for Migration (IOM). University of Colombo supports you with transport costs and lunch when the lectures are held at the University; and data costs when the course is held online. DPCCS will make suitable arrangements for the overnight stay in Colombo when the lectures are held in Colombo.

4. COURSE CONTENT

Advanced Certificate in Human Rights-Based Approach to Case Management and Care of Child Victims of Trafficking

(SLQF Level 02/15 credits/46 hours)

No.	Modules/Core Units	Credits Value
1.	**Module 01** Key Principles of Rights of the Children	02
2.	**Module 02** Legal Framework	01
3.	**Module 03** Identifying Child Victims of Trafficking and other Forms of Abuse	02
4.	**Module 04** Care Needs of Child Trafficking and other Types of Abuses	02
5.	**Module 05** Managing Challenging Behaviors and Risks of Child Victims of Trafficking	02
6.	**Module 06** Supporting Child Protection Case Management and Record-Keeping	02
7.	**Module 07** Individual Care Plan and Re-Integration	02
8.	**Module 08** Self-care and Caregiver Stress Management	02
Total Credits		15

4.1. KEY PRINCIPLES OF RIGHTS OF THE CHILDREN

Course Description

This course is an introduction to the field of child rights. Its fundamental concepts, historical background, and legal framework. It's designed to develop the skills required to provide services to children as well as to acquire a comprehensive knowledge of children's rights.

Learning Objectives:

- To make the participants aware of child trafficking and introduce ways of supporting victims.
- To make the participants aware of the definition of a child and What child rights are (including the right to development, right to survival, right to participation, and right to protection)
- To ensure the rights of children in institutional care.
- To create a conducive environment to suit all children in the child development centers.

4.1.1. DEFINING THE CHILD AND CHILD RIGHTS

In defining a child, the definition interpreted by the United Nations General Assembly in 1989 is accepted internationally.

Accordingly, a child means "every human being below the age of eighteen years unless, under the law applicable to the child, the majority is attained earlier". - (The Convention on the Rights of the Child – Article 01)

In Sri Lanka, there are differences in the interpretation of the term "child" in various laws, ordinances, and decrees currently in effect.

Examples:

1. Education Ordinance - Child under 16 years of age
2. Children and Young Persons Ordinance - Child under 16 years of age
3. Employment of Women and Children Ordinance - Child under 16 years of age

Children's rights are inherent rights that every child possesses simply by virtue of being a child. The United Nations Convention on the Rights of the Child is widely recognized as the

universal declaration of these rights. This document has 54 articles and has been signed and

ratified by the largest number of countries.

Articles 1-40 address the rights of children.

Articles 41-45 Convention implementation, verification, and related reporting process.

Articles 46-54 The role that a government must play for the Convention to be valid, along with the administrative process of the United Nations Organization concerning the Convention, are also outlined.

In accordance with the provisions of the International Convention on the Rights of the Child, Sri Lanka has developed a Child Rights Charter.

According to it, the rights of children are given below.

Article 1 - Definition of a child

Article 2 - Non-discrimination

Article 3 - Best interest of the child

Article 4 - Implementation of rights

Article 5 - Parental guidance and the child's evolving capacities

Article 6 - Right to life, survival, and development

Article 7 - Name and Nationality

Article 8 - Preservation of Identity

Article 9 - Protection from separation from parents

Article 10 - Family re-unification

Article 11 - Protection from kidnapping

Article 12 - Right to opinion

Article 13 - Freedom of expression

Article 14 - Freedom of thought, conscience, and religion

Article 15 – Freedom of association

Article 16 – Protection of privacy

Article 17 – Access to appropriate information

Article 18 – Promotion of patriotism

Article 19 – Responsibility of parent

Article 20 - Protection from abuse and neglect

Article 21 – Protection of child without family

Article 22 – Adoption

Article 23 – Refugee children

Article 24 – Disabled Children

Article 25 – Health and health services

Article 26 – Social security measures

Article 27 – Standard of living

Article 28 – Education

Article 29 – Aims of education

Article 30 – Children of minority groups

Article 31 – Leisure, recreational, and cultural activities

Article 32 – Protection from child labour

Article 33 – Protection from drug abuse and trafficking

Article 34 – Protection from sexual exploitation

Article 35 – Protection from sale and abduction

Article 36 – Protection from torture and deprivation of liberty

Article 37 – Protection from armed conflicts

Article 38 – Rehabilitative care

Article 39 – Administration of juvenile justice

Article 40 – Establishment of committee

The study of child rights can be categorized into four main domains. While these divisions facilitate comprehension, it is crucial to recognize that each right is intricately interconnected with the others.

Protection	Survival
Development	Participation

4.1.2. PURPOSE OF STUDYING CHILDREN'S RIGHTS

- In a rights-based approach, it is the responsibility of institutional staff to ensure that children are granted their rights.
- In order to provide optimal service to children, it is essential to have an awareness of their rights and entitlements.
- Institutionalized children are underprivileged and vulnerable children.
- To socialize a child as a good citizen, it is essential to ensure they inherit their rights. The reason is that the way a child is treated today directly influences their future behavior.
- It is important to provide not only for physical needs, such as food and nutrition, but also

for psychological needs, such as love, care, and participation.

- Recognizing the weak personality developed in Children when they are denied their rights.
- Highlighting that collaboration can contribute significantly to the overall development of the child.
- To emphasize the importance of treating all children equally in accordance with the principles of child rights.
- To emphasize the importance of involving institutionalized children in activities that include them.
- Being a human with a still-developing personality and reliant on adults for guidance, they cannot make decisions on their own.

4.1.3. BASIC PRINCIPLES OF THE CHILD RIGHTS CONVENTION (CRC)

- Best interest of the child (Article 3)
- Non-discrimination (Article 2)
- Right to life, survival, and development (Article 6)
- Right to opinion (Article 12)

4.1.4. IDENTIFICATION OF REASONS FOR CHILDREN BECOMING MORE VULNERABLE TO ABUSE

Many social, economic, cultural, and psychological factors influence this.

Social factors

- Parental separation/divorce/bereavement/neglect.
- Ignorance of parents about their children's needs, growth and parenting.
- Social disadvantages such as poverty and unemployment.
- Broken families/dispersed families
- Violence in the community
- Dangerous neighbors/surroundings
- Parental ignorance of the complexity of violence against children
- Parental ignorance of internet, mobile phones, and digital media
- Negative parent-child relationships/adverse teacher interactions

Economic factors

- The mother's departure abroad
- Child labour/procuration

- Lack of knowledge to plan family income and expenditure
- Desires to make quick money.

- Lack of basic physical facilities
- Dependent mentality
- Problems of inheritance of property.
- Anti-social and illegal manner of living
- Pressures due to poverty/lack of stable income

Cultural factors

- Identity crises
- Social norms, harmful rituals and cultural practices
- Caste issues
- Beliefs in corporal punishment as a method of correction
- Obscuration of customs and traditions associated with various religions
- Child marriage
- Gender inequality in society

Psychological factors

- Impairment of emotional control
- Unequal treatment of children by parents
- Parental stress and anxiety, including depression or other mental health problems
- History of domestic violence and conflict
- Parents who are victims of childhood abuse
- Parents' extreme and inappropriate expectations from their children
- Children's exposure to step father/mother violence
- Anti-social behaviours
- Low self-esteem
- Lack of life skills.
- Discriminatory attitudes toward adopted children

4.1.5. METHODOLOGY OF INTERVENING FOR VULNERABLE CHILDREN

It is crucial to accurately assess the child's vulnerability status. Determining whether the child's vulnerability is low, medium, or high is necessary to correctly implement interventions for the child.

Assessment methods

1.Observation 2. Interviews 3. Group Discussions 4 Various Models

Assessment tools

1.Family Tree 2. Historical Profile 3. Ecological Map 4 Capability Map 5. Life Experiences

The impact on the child is assessed based on the identified factors.

It is important to prepare care plans through conducting case conferences/family meetings and carry out intervention through a multidisciplinary approach for Highly vulnerable children as well as prepare and implement personal development plans for low/medium vulnerable children. (Trainers should be made aware of these techniques.)

Provide an updated service by following up/regulating the care plan or personal development plan and revising it as necessary.

4.1.6. RESPONSIBILITIES OF SERVICE PROVIDERS FOR INSTITUTIONALIZED CHILDREN

As a group providing services to vulnerable children, the institutional staff has a significant responsibility toward these children. This institutional staff has the primary responsibility of meeting the physical, mental, social, and spiritual needs of all children equally.

Accordingly,

- Developing skills in delivering services to vulnerable children
- Training and exchanging experiences in child psychology, Behavioral shaping, and Teamwork.
- Even if the children are institutionalized for any reason, make the best contribution to their socialization as soon as possible.
- Provide children with the skills and training needed to live as good citizens in society.
- Offer life skills to the children whenever possible during their stay in the institution.
- Provide opportunities for children to mingle with outside society whenever possible.
- Involve children in the decision-making process regarding child-related matters.
- Ensure that institutional staff always act as role models for children.
- Identify, implement, and regularly review the functions of the institutional staff.
- When the problems related to children's strange behavior/handling are identified, the responsible officials are informed about it and get the necessary contribution.
- Enhance the quality of service provided to children by incorporating their experiences whenever they can contribute to the development of the subject.

- Provide continuous education and vocational training to ensure children's future success and act as their legal (albeit temporary) guardian at all times.
- Actively participate in institutional committee meetings.

4.1.7. RESPONSIBILITIES OF CHILDREN

Teaching children only about their rights can result in them becoming a group of individuals who focus solely on their demands while neglecting their duties and responsibilities. Therefore, it is important to understand children's mental levels and instill an understanding of responsibilities appropriate to their respective ages.

- Ensure adequate acquisition of education and vocational training.
- Manage personal affairs, including maintaining personal cleanliness and keeping one's surroundings clean (appropriate to age)
- Emotional control- behaving in a way that does not harm others.
- Responsibility to protect one's body (being aware of good and bad touch)
- Cultivate the responsibility and habit of using goods, and services sparingly and safely.
- Treat the institution as one's home and regard the institutional staff and other members as family members.

4.1.8. IDENTIFICATION OF CATEGORIES OF CHILDREN IN INSTITUTIONS

Although children are institutionalized as individuals in need of care and protection, they do not all belong to the same category.

- Orphans
- Abandoned children
- Helpless children
- Children in conflict with the law
- Child victims
- Delinquent children

4.1.9. SERVING CHILDREN WITH A MULTIDISCIPLINARY APPROACH WITHIN INSTITUTIONS

For the provision of services to children to be accomplished, it is important to carry out multifaceted interventions that address every problem the child faces. This requires maintaining good relationships with all relevant institutions, officers, and organizations. For example,

Problem/Need	Intervention
Getting an education	School /Ministry of Education / Divisional Secretariat
Absence of birth certificate	Divisional Secretariat / Registrar General Department / General Hospital
Difficulty recognizing letters	Literacy Classes / Community Based Organizations / Sponsors
Reintegration	Convening officers of the Institutional Committee / Institutions
Health problems	General Hospital / Non-Governmental Organizations
Participation in children's clubs	Divisional Secretariat / Provincial Administration Department
Homelessness / Lack of source of income	Non-Governmental Organizations / Sponsors / Donors

4.1.10. HOW TO ENSURE THE RIGHTS OF PARTICIPATION OF CHILDREN IN CHILDCARE INSTITUTIONS

- Involve the child in decision-making related to children's matters.
- Engage children in activities conducted in the institution (e.g., preparing recipes, participating in charitable events, going on outings).
- Assign age-appropriate responsibilities to the child within the institution (intended to be constructive rather than punitive).
- Organize children's activities such as Children's Clubs, Youth Clubs, and Literary Societies.
- Provide opportunities for children to establish good relationships with visitors.
- Do not forcibly encourage children to engage in undesirable behaviors.
- Act in a manner that upholds children's dignity (When children receive food from external sources / empowering children and the community to reject terms like charity and expressing gratitude).
- Provide opportunities for interaction with children from the broader society.
- Ensure representation of children in institutional administration.
- Offer supervised opportunities for children to collaborate in groups whenever feasible.
- Provide opportunities for children to take on leadership roles.

PRESCRIBED TEXT(S):
Child Rights Convention. https://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf Optional protocols. https://www.ohchr.org/en/instruments-mechanisms/instruments/optional-protocol-convention-rights-child-sale-children-child CRC country reports/ concluding observations. https://www.mfa.gov.lk/wp-content/uploads/2018/03/CRC-4.pdf Guidance notes on the identification protection and referral of child victims of trafficking. https://resourcecentre.savethechildren.net/pdf/Guidance-Note-on-the-Identification-Protection-and-Referral-of-Child-Victims-of-Trafficking.pdf/ Guidelines for law enforcement officials on interviewing Child Victims of Trafficking. https://resourcecentre.savethechildren.net/pdf/Guidelines-for-Law-Enforcement-Officials-on-Interviewing-Child-Victims-of-Trafficking.pdf/ National case management on all forms of violence. https://bettercarenetwork.org/sites/default/files/2022-02/English_Report.pdf

4.2. LEGAL FRAMEWORK

Course Description:

The Management and provision of services of childcare institutions whether government or non-government is an invaluable service provided to identified and potential child victims of trafficking and their families. The sole responsibility of staff in such care institutions especially the caregivers is to provide care and protection for these institutionalized children. There are well-defined international, regional, and national laws for the protection and welfare of child victims of trafficking. Every citizen including caregivers are strictly bound by these legal frameworks. This will enable children to enjoy their rights without interruption as well as seek remedies for abuse and violation of these rights while ensuring their safety. On the other hand, a better understanding of laws related to child trafficking victims will enable caregivers to be equipped with the right knowledge and understanding of child protection principles and approaches in carrying out their duties.

This course is designed for caregivers to gain basic knowledge and understanding and to be able to identify and recognize existing laws related to child rights, victim rights, law enforcement procedures, redress mechanisms and services available for children, referral procedures, and relevant punishment/ fines imposed for the violation of the law. The course participants will also understand and define child trafficking in Sri Lanka and emerging new trends. Further, participants will be able to recognize and list out the different principles and approaches in child protection and how best to provide services for child victims of trafficking during a case pre-trial, trial, and post-trial period.

Learning Objectives

- To identify and recognize the relevant laws and policies on child rights and child trafficking when engaging in their profession.
- To define and identify child trafficking in Sri Lanka and emerging new trends of this organized crime.
- To recognize and list principles and approaches in child protection and child victim support

Key Topics

4.2.1. BASIC UNDERSTANDING OF THE CRIME OF TRAFFICKING IN PERSONS (TIP) AND CHILD TRAFFICKING

The crime of Trafficking in Persons (TIP) is clandestine and complex. It is a modern-day form of slavery. It is a serious crime with a negative long-term effect on the victims and society at large, and it is a crime that feeds and possible source of other serious criminal activities.

Child victims are especially vulnerable to trafficking because of their age, immaturity, and lack of experience, and face harmful consequences of abusive practices. Prolonged physical, mental, and sexual abuse and malnutrition very often lead to long term psychological scars and stunts the growth and hinders the emotional and physiological development of the child.

In order to recognize these factors, it is important to first understand what child trafficking is and its different types and forms of exploitation. It is also important to understand the different methods that traffickers use to control their victims. The effect of trafficking vary, and to an extent depend on the gender, forms of exploitation exposed to, duration of experience and methods of control used on the victim. Risks and consequences may vary accordingly

Key points to be covered:

- What is 'trafficking in persons and child trafficking'?
- Types and forms of exploitation in trafficking
- Methods used to control victims
- Risks and consequences of trafficking in persons
- Myths and misconceptions about TIP

4.2.2. INTERNATIONAL, REGIONAL, AND NATIONAL LAWS APPLICABLE TO CHILD TRAFFICKING

Trafficking in persons is often called modern day slavery. The slave trade that existed in the past was subsequently widely condemned and was considered immoral as it exploits another human being. The condemnation and efforts to abolish slavery and the slave trade contributed to the development of international legal and policy instruments in relation to

the slave trade. These international anti-slavery conventions in turn contributed towards the development of the international anti-trafficking framework.

Key points to be covered:

Relevance of;

- UN convention on the rights of the child

- UN protocol to prevent, suppress and punish Trafficking in persons, especially women and children
- SAARC Convention on Preventing and combating Trafficking in Women and Children for Prostitution
- Penal Code of Sri Lanka (Amendment) Act No. 16 of 2006

4.2.3. UNDERSTANDING THE DUTIES AND RESPONSIBILITIES OF RELEVANT CHILD PROTECTION SERVICE PROVIDERS WITHIN THE LEGAL AND POLICY FRAMEWORK OF CHILD RIGHTS AND CHILD TRAFFICKING

Child rights are secured by the UN protocols, international treaties and Sri Lankan laws. In line with the international and Sri Lankan laws, relevant authorities/ministries too have developed laws, policies, and regulations with regard to child rights and child trafficking. These laws and policies have identified the mandate of child protection service providers and accordingly have assigned duties and responsibilities for them. Those who work in the field of child protection are required to be sensitive and knowledgeable of the basics of child rights and child trafficking in order for them to provide a better service. In order to protect the overall and best interests of the child, those engaged in providing assistance and services to children must be sensitized to key factors of child rights and child trafficking.

Key points to be covered:

- Understanding of different duties and responsibilities of child protection service providers.
- Key elements in referral mechanisms and best practices of victim referral.

4.2.4. THE EXTENT OF THE PROBLEM OF CHILD TRAFFICKING GLOBALLY AND NATIONALLY

The scope and scale of trafficking in persons is most often difficult to determine or estimate. Given the challenges with victim identification, many victims may go unidentified, do not wish to be identified or decide to continue to live in those conditions.

It is estimated in 2021 that globally 52 million people were living in situations of modern-day slavery. Of this 28 million were in forced labour and 22 million were in forced marriage.[1] Women, Children, and Migrants remain the most vulnerable. More than 12 million of all those in modern slavery are children and women and girls account for over half of the total number in modern slavery.

[1] Global Slavery Index published by the Walk Free Foundation https://www.walkfree.org/resources/.

In 2020, the International Labour Organization estimated that 160 million children were in child labour, with millions more at risk due to the effects of COVID-19. [2] The United Nations Office on Drugs and Crime's (UNODC) report on global human trafficking trends shows that around 35 per cent, or one in three, of detected victims of trafficking are children.

Analysis of the case summaries collected by UNODC suggests that traffickers use more violence with women child victims, especially girls. Female victims, of any age described in these cases, are three-times more likely to suffer physical or extreme violence (including sexual violence) during trafficking than males. The same dataset shows that children (girls and boys) are 1.7 times more likely to suffer physical or extreme violence than adults (men and women), and girls are 1.5 times more likely to suffer violence than women. This holds true in all regions of origin, regardless of the type of criminality involved or form of exploitation.[3]

In Sri Lanka; reports and research have highlighted how children and individuals with physical deformities, and those from socially vulnerable groups are forced into begging or engaging in criminal activity in Sri Lanka's largest cities, including drug trafficking. Some child domestic workers in Colombo, mostly from the tea estate region, are subjected to physical, sexual, and mental abuse; non-payment of wages; and are under restrictive conditions which are indicators of labor trafficking. Reports and recorded complaints also show how traffickers exploit children in small shops, small and informal industries and

markets for labour. There are also documented instances of which employers "sold" workers' debts along with the worker and sometimes with the whole family to another employer which are also strong indicators of forced and bonded labour.

Research on Child Sex Tourism conducted by Save the Children in 2020[4] found that in most cases a child enters into the trafficking process either as a result of child molestation and abuse or through the inducement into the use of drugs. Children are thereafter deceived by those familiar to them and led into sex work within the locality the child resides and thereafter trafficked for sex work in the international tourism industry.

Key points to be covered:

- Global status of child trafficking
- Understanding the current status of child trafficking in Sri Lanka

---

2 Child Labour: Global estimates 2020, trends and the road forward- UNICEF/ILO joint publication.
3 Global report on trafficking in persons 2022 -UNODC https://www.unodc.org/unodc/en/data-and-analysis/glotip.html.
4 Child Sex Trafficking in the Tourism Sector in Sri Lanka- Peiris. P. 2021 Save the Children and IOM: Colombo.

4.2.5. PUSH AND PULL FACTORS OF TRAFFICKING OF CHILDREN AND NEW TRENDS OF CHILD TRAFFICKING

In order to understand better the crime of TIP and how victims continue to be 'recruited' and supplied for exploitation, one must understand the demand and supply process of TIP. The large profits gained by the trafficking of individuals keep the demand for cheap and exploitative labour to continue in a vicious cycle with a supply of vulnerable people pushed into TIP.

Over the years trafficking in persons has taken place due to many risk factors including conflict, natural disasters and global economic collapses. Usually, traffickers exploited a victims' vulnerabilities such as poverty, domestic violence, lack of educational opportunities and family support, homelessness, mental or physical disabilities, migration status and addiction to drugs. Children who came from families in which neglect or abuse was common were additionally vulnerable.

Key points to be covered:

- Push and Pull factors on child trafficking
- Identifying emerging new trends of child trafficking
- Social cost of child trafficking

4.2.6. THE ELEMENTS OF THE CRIME OF CHILD TRAFFICKING

To determine whether an individual is in fact a child victim of trafficking, it is necessary to understand the legal definition of what constitutes 'child trafficking'. To understand the identification process, participants should have a clear idea on the international definition as well as the local definition of "trafficking relating to children".

Article 3C of the UN Protocol to Prevent, Suppress and Punish trafficking in persons Especially Women and Children, 2000 provides specific clauses defining trafficking.

At the national level, the Penal Code Amendment Act No 16 of 2006 in Section 360 C (1) (c) comprehensively defines the offence of trafficking in persons largely in compliance with the UN trafficking protocol definition.

It must be noted that as per the above definition, only the elements of 'Act' and exploitative 'Purpose' need to be established in order to determine a case of child trafficking. As with adults, the 'means' used to obtain consent does not need to be established.

Key points should be covered:

- Article 3C of the UN Protocol to prevent, Suppress and Punish trafficking in persons Especially Women and Children, 2000

- Section 360 C(1)(C) of the penal code (amendment) Act no. 16 of 2006
- Elements of child trafficking

4.2.7. OVERARCHING PRINCIPLES AND APPROACHES IN CHILD PROTECTION AND CHILD TRAFFICKING VICTIM SUPPORT

The child victim plays a central role during the identification and screening process of the trafficking crime. A victim can provide critical information to first responders that will be used for the purpose of their protection. To help a child victim successfully cooperate, it is important to recognize their basic rights. When working with child victims, relevant authorities, parents, and guardians must act in the best interests of the child and consider the necessity of the child's participation in the decision-making process and the views of the child.

The overarching principles and guidelines that govern the best interests of the child are set out in the United Nations Child Rights Convention.

Key points to be covered:

- Overarching principles
- Rights-based approach
- Victim-centered approach
- Multi-disciplinary approach
- Community-based approach

PRESCRIBED TEXT(S):

Protocol to Prevent, Suppress and punish Trafficking in persons, especially women and children (the Palermo Protocol), Supplementing the United National Convention against Transnational Organized Crime (UNTOC) https://www.unhcr.org/media/protocol-prevent-suppress-and-punish-trafficking-persons-especially-women-and-children-1
UN Protocol on the rights of the child – 1989 https://www.ohchr.org/sites/default/files/crc.pdf
The optional protocol on the sale of children, child prostitution, and child pornography (OPSC) 2000 https://www.ohchr.org/sites/default/files/Documents/ProfessionalInterest/crc-sale.pdf
ILO Convention (C 182) of 1999 on the worst forms of child labor https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---declaration/documents/publication/wcms_decl_fs_46_en.pdf
ILO Convention (C 138) of 1973 on minimum age https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---ipec/documents/publication/wcms_ipec_pub_30215.pdf
SAARC conventions on preventing and combating the trafficking in women and children for prostitutions (2002) https://childprotection.gov.lk/images/pdfs/child-laws/saarc-convention-on-preventing-and-combating-trafficking-in-women-and-children-for-prostitution-1.pdf
Penal code (Amendment) Act number 16 of 2006. https://www.vertic.org/media/National%20Legislation/Sri%20Lanka/LK_Penal_Code_Amend_Act_No_16_2006.pdf
Other offences stipulated the penal code in relation with child trafficking
CYPO – 48 of 1939. https://www.socialproba.cp.gov.lk/download/ord_1939_48_en.pdf
Standard Operating procedures (SOP) for identification, protection and referral of victims of human trafficking, Sri Lanka https://resourcecentre.savethechildren.net/pdf/Guidance-Note-on-the-Identification-Protection-and-Referral-of-Child-Victims-of-Trafficking.pdf/
Guidance notes on identification, protection and referral of child victims of trafficking, Sri Lanka.
Recommended principles and guidelines on human rights and human trafficking, office of the High Commissioner for Human Rights (OHCHR) https://www.ohchr.org/sites/default/files/Documents/Publications/Traffickingen.pdf

4.3. IDENTIFYING CHILD VICTIMS OF TRAFFICKING & OTHER FORMS OF CHILD ABUSE

Course Description

The staff of childcare institutions play a vital role in the identification of potential victims of child trafficking and in the provision of protection and care for these children. It is important for these caregivers to be able to identify potential child victims of trafficking among children who are placed in institutional care for various reasons to ensure they receive timely and necessary assistance. Often children are identified as victims of other crimes or as offenders themselves under different crimes under the penal code.

Hence relevant staff of these childcare institutions must be equipped with the right knowledge and skills not only for the accurate identification of victims but also how to interact with and care for these child victims. This module would support the capacity building of participants with the right understanding, knowledge and skills on the elements of child trafficking, trafficking victim indicators, basic screening tools and interviewing victims. The identification of child victims will also enable staff to provide the necessary and timely referral of child victims to relevant authorities for medical, psychosocial, and other assistance and minimize potential further harm and abuse.

Further, staff will be sensitized to the needs of children and how best to provide support and assistance. For this purpose, staff must be equipped with the knowledge and understanding of who a child victim of trafficking is, reasons for he/she to be institutionalized, his/her needs as a victim, how to help him/her to recover from the trauma, etc. Objectives of this module would be for participants to gain skills to identify potential child victims with the use of Child Trafficking indicators and screening tools, to be aware of and define roles and responsibilities of individuals and institutions in the identification process and to demonstrate skills in child-sensitive communication and interviewing methods. Participants would also be sensitized to best practices and develop a positive attitude in caring for child victims of trafficking. The overall goal of the module is to change the thinking patterns of participants and thereby ensure the child safeguarding and improved well-being of child victims.

Learning Objectives

- To gain skills to identify potential cases of child trafficking through basic screening and trafficking indicators.
- To describe roles and responsibilities within a victim identification process.

- To demonstrate skills in child-friendly communication and interviewing methods and how best to deal sensitively with child victims.

Key Topics

4.3.1. THE NEXUS BETWEEN CHILD TRAFFICKING AND OTHER FORMS OF CHILD ABUSE IN SRI LANKA

Children are often neglected and face physical and mental abuse due to the commission of acts or omissions of caretakers. In Sri Lanka, there are different types of child abuse identified as crimes within the Penal Code. These may be categorized as physical and mental abuse, sexual and/ or exploitation.

Abuse as described by the World Health Organization is any form of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust, or power" (WHO, 2002).

Child trafficking is where children are exploited often under captivity, in harsh conditions, deprived of the love and affection of their friends and family, and treated with cruelty. The psychological and physical damage caused is potentially lifelong unless they can recover in safety and security.

It is often difficult to distinguish between Child abuse and Child Trafficking as abuse is seen within a child trafficking situation. However, participants will through this module understand and be able to identify that child trafficking is different from other forms of abuse. When a child is subjected to abuse for a long period of time, he/she can finally become a victim of child trafficking. Participants would also understand that the ultimate objective of trafficking is exploitation. Child exploitation would be the deliberate use of a child for the purpose of sexual services or labour.

Key points to be covered:

- Types of child abuse
- Link between child abuse and child trafficking
- Indicators of child abuse and child trafficking
- Special needs of child victims of trafficking

4.3.2. THE IMPORTANCE OF THE IDENTIFICATION OF CHILD VICTIMS OF TRAFFICKING

One of the most difficult tasks in this already complex crime is the identification of trafficked child victims. The very nature in which the trafficking process takes place poses challenges in identifying between other forms of child abuse from child trafficking.

Identifying victims of child trafficking is important because as victims of a serious crime, they may have security concerns not only for themselves but also for their family members.

Further, it is crucial to identify child victims and refer them to appropriate services to ensure that they are given access to the special protection measures to which they are entitled under international law and having faced violation of their rights. Timely and accurate identification is also necessary to ensure their physical and mental health needs and other assistance required are met.

Key points to be covered:

- Who are child victims of trafficking?
- Common myths about victims
- How is victim identification done?
- Challenges in victim identification

4.3.3. VICTIM IDENTIFICATION PROCESS

The timely and accurate identification of potential child victims of trafficking is of paramount importance to ensure that child victims receive the support and assistance to which they are entitled. It is also crucial for the effective investigation and prosecution of the crime. Proactive identification of potential victims can also disrupt the trafficking process before it even starts and thus prevent the exploitation of vulnerable children.

All measures taken with regard to trafficked children should be based on principles set out in the Convention of the Rights of the Child (CRC) and the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children (2000). The best interests of the child must always be a primary consideration, and the child's views must be taken into account in all matters affecting him or her.

Key points to be covered:

- First contact
- Initial Interview
- Assessment of additional factors
- Final decision

4.3.4. SCREENING INDICATORS AND INITIAL SCREENING TOOLS TO HELP IDENTIFY POTENTIAL VICTIMS OF CHILD TRAFFICKING

Traffickers often groom the child, their family, or members of their community to gain trust. They might also threaten families or the child with violence or harm. Most often children would not understand the gravity of the nature of the crime/harm committed against them and they may feel scared to reveal details. Screening indicators are developed to help obtain basic and necessary information to conduct preliminary identification child trafficking.

Child victims of trafficking can be found in a variety of situations. Through use of case studies and role play participants will gain knowledge and skills in the identification of victims.

Key points to be covered:

- General Indicators of Child Trafficking
- The use of screening tools

4.3.5. BASIC PRINCIPLES IN INTERVIEWING CHILD VICTIMS OF TRAFFICKING

Many of the basic principles of interviewing vulnerable victims are applicable to child victims as well. It is important to know that interviewing child victims of trafficking may be more challenging and requires more awareness and sensitivity than when interviewing adult victims of trafficking.

Key points to be covered:

- What are the reasons for child victims of trafficking are more vulnerable than adult victims?
- Who should interview a child?
- The purpose of interviewing a child victim and recommended guidelines when interviewing children
- Introduction of the PEACE model
- When NOT to interview a child

4.3.6. CHILD –SENSITIVE COMMUNICATION

Children think, speak, experience, and behave in a different manner to adults and in a way that reflects their age, maturity, gender, disabilities, and other characteristics. Adults, and thus also professionals, need to adapt their language, behavior, and attitude when communicating with children in general and child victims in particular in order to enable them to participate in a meaningful manner in the assistance processes and to protect them from further harm.

All respondents who come into contact with child victims should be able to communicate in a child-sensitive manner. Children can only fully participate in the various stages of the identification and assistance process only if they understand what is being communicated.

Each child is unique and factors such as social environment, education, culture, etc. influence his or her capacity and development. The stages of child development give an indication of which capacity an average child normally achieves at a certain age. However, respondents should be aware that a child who is in a new environment and/or who is troubled, for example, due to having experienced crime, may regress to an earlier developmental stage. This means that the child may not be able to understand information or a question nor to accurately answer questions that he or she might have been able to understand and answer under less threatening circumstances.

Key points to be covered:

- The main components of a communication process
- Verbal and nonverbal communication skills
- Key actions in initial conversations with the child victims
- Confidentiality and safeguarding

PRESCRIBED TEXT(S):

Recommended principles and guidelines on human rights and human trafficking, office of the High Commissioner for Human Rights (OHCHR)
https://www.ohchr.org/sites/default/files/Documents/Publications/Traffickingen.pdf
UN Protocol on the rights of the child – 1989 https://www.ohchr.org/sites/default/files/crc.pdf
Standard Operating procedures (SOP) for identification, protection and referral of victims of human trafficking, Sri Lanka.
https://srilanka.iom.int/sites/g/files/tmzbdl1601/files/documents/Standard%2520Operation%2520Procedures%2520%2528SOP%2529%2520for%2520the%2520Identification%252C%2520Protection%252C%2520and%2520Referral%2520of%2520Trafficking%2520Victims.pdf
Guidance note on identification, protection and referral of child victims of trafficking, Sri Lanka.
https://resourcecentre.savethechildren.net/pdf/Guidance-Note-on-the-Identification-Protection-and-Referral-of-Child-Victims-of-Trafficking.pdf/
Guidelines on the protection of child victims of trafficking, (UNICEF)
https://www.unhcr.org/sites/default/files/legacy-pdf/4d9484e39.pdf
Guidelines on child friendly legal aid, UNICEF, 2018.
https://www.unicef.org/turkiye/media/7066/file/Guidelines%20on%20Child-Friendly%20Legal%20Aid%20-%202018.pdf
General Child Care Course For Careers in Child Care Giving, NCPA Sri Lanka, 2019.
https://childprotection.gov.lk/images/pdfs/acts-guidelines/2019%20-%20Trainers%20Guide%20(%20General%20Child%20Care%20Course%20_%20NVQ%20Level%204)%20-%20English.pdf
Child Protection Handbook, NCPA Sri Lanka, 2019.
https://childprotection.gov.lk/images/pdfs/handbooks/Child%20Protection%20Handbook%20-%20Sinhala%202019.5.10.pdf

4.4. CARE NEEDS OF CHILD TRAFFICKING AND OTHER TYPES OF ABUSES

Course Description:

Giving care to children who have experienced trafficking and abuse while paying close attention to their primary necessitates such as health, safety, and well-being often goes above and beyond the fundamental rule of "do no harm." The responsibility of providing for the care needs of the institutionalized children falls on the staff of the caregiving facilities. The quality of care that children receive is essential to their development, survival, and the ability to heal from trauma. Since trafficking is a complex phenomenon with many dimensions, it is crucial to provide holistic care using a psychosocial approach for the children who have faced trafficking and other types of abuse (IOM, 2010). According to the psychosocial approach, any form of support must consider the interconnectedness of the social, psychological, and cultural domains, to prevent further emotional injury to victims of trafficking or abuse, caregiver staff working with them should be sensitive to their psychological condition and past experiences, as well as their cultural background. Therefore, it is vital for them to impart knowledge and understanding of the care needs of child victims of trafficking, which are different from those of other children under institutionalized care. The essential needs that are required include physical needs, mental health, emotional and psychological needs, educational and vocational training needs, social needs, needs for legal assistance and representation, and re-unification and reintegration needs. To fulfill those needs and facilitate their journey towards recovery, the caregiver staff needs to be equipped with knowledge and skills to reintegrate child victims of trafficking into society.

Learning Objectives

General objective of the module:

The main objective of this module is to develop knowledge and understanding among the child caregiver staff in Sri Lanka regarding the different categories of care needs of child victims of trafficking and other types of abuse, such as developmental needs, health needs (physical and mental), emotional and psychological needs, educational and vocational training needs, social needs, needs for legal assistance and representation, and re-unification and reintegration needs, as well as the skills that are required to provide the required care needs to child victims of trafficking. Further, to increase awareness of the

additional support services available for providing care for child victims of trafficking and other types of abuse in the Sri Lankan context.

After completion of this module, participants should be able to:

(1) understand the significance of meeting the care needs of child victims of trafficking and other types of abuse.
(2) identify the different types of care needs for child victims of trafficking and other types of abuse.
(3) apply a psychosocial approach to respond to the care needs of child victims of trafficking.
(4) demonstrate the essential skills to provide care support for children in need.
(5) identify the signs and indicators of common mental health issues among children in care.
(6) demonstrate awareness to destigmatize mental health conditions.
(7) synthesize the knowledge of existing additional support services and referral protocols in the Sri Lankan setting.

Key topics

4.4.1. INTRODUCTION TO THE IMPORTANCE OF FULFILLING THE CARE NEEDS OF CHILD VICTIMS OF TRAFFICKING AND OTHER TYPES OF ABUSE

4.4.1.1. Define child trafficking and other types of abuse

I. Child trafficking and the physical, emotional, sexual abuse and neglect of children are significant humanitarian issues requiring immediate and comprehensive attention. Specialized care is crucial for their wellbeing, developmental growth, and for promoting compassion, justice, and the development of society.

II. Traffickers take advantage of the vulnerabilities, innocence, and helplessness of these children. Hence, trafficking victims face deprived childhoods, forced labor, imprisonment, and abuse. This leads to safety, legal, and health care issues, including re-traumatization.

III. Meeting the care needs of children impacted by human trafficking and abuse is crucial for ending the cycle of vulnerability, preventing recidivism, and creating resilient individuals, while also contributing to a society that values their wellbeing.

4.4.1.2. Recognizing the difference in care needs of child victims of trafficking from other children under institutionalized care.

I. Child trafficking has been identified as a criminal act, a human rights violation, a form of exploitation and an act of violence. Child victims of trafficking often manifest heightened care needs compared to other children under institutionalized care due to the specific traumas and experiences they have endured. Identify some key differences:

a. Severe trauma and exploitation
b. Legal issues
c. Safety concerns
d. Recovery from exploitation
e. Reintegration challenges
f. Education Gaps and Skill Development
g. Cultural and Language Sensitivity
h. Psychological and health care necessity

II. Children under institutionalized care, without a history of trafficking, may have more generalized needs such as basic needs (e.g., adequate nutrition, shelter, and clothing), nurturing, education, healthcare, stable relationships, and emotional support. These children also need to meet educational needs, promote socialization, receive routine healthcare, and address behavioral and emotional challenges, although the nature and intensity may vary.

III. Although there are certain components of childcare that are similar, the experiences of children who have been trafficked have unique requirements.

4.4.1.3. Identifying the different types of care needs for child victims of trafficking and other types of abuse:

a) Developmental needs (including disability needs if any and needs related to sexual orientation)
b) Mental health, emotional and psychological needs
c) Educational/vocational training needs
d) Social needs
e) Needs for legal assistance/representation.
f) Re-unification and re integration needs

4.4.1.4. The Psychosocial approach to supporting care needs of child victims of trafficking and other types of abuse

I. The psychosocial approach considers the interconnectedness of the three realms of social, psychological, and cultural elements in providing any kind of assistance to children who have experienced trafficking or abuse. While providing social care, a caregiver should be aware of the psychological state of the child and his or her past experiences, in order not to harm the child further or re-traumatize the child emotionally. When providing support, child

caregiver needs to connect with the social supports systems and consider culturally appropriate and sensitive helping mechanism for the child.

II. UNICEF has complimented the IASC guidelines (2007) and suggests that four levels of intervention are involved in developing psychosocial support and intervention programmes for children (IOM, 2020).

Use IASC Mental Health and Psychosocial Support (MHPSS) pyramid (World Health Organization, War Trauma Foundation, World Vision International, 2011).

4.4.2. IDENTIFICATION AND PRACTICE OF ESSENTIAL SKILLS IN SUPPORTING CARE NEEDS

4.4.2.1. Communication skills: verbal and non-verbal communication skills, active listening, empathy, and compassion

I. Role-play practice for verbal communication:

Empathetic listening, open-ended questions, trauma-informed language (avoiding triggering phrases and ensuring a supportive environment), cultural sensitivity (recognize and respect the child's cultural background, ensuring communication is sensitive to their unique experiences and beliefs).

II. Role-play practice for non-verbal communication:

a. Body Language: pay attention to your own body language to convey openness, warmth, and non-threatening behavior. Observe the child's body language for cues about their comfort level.

b. Facial Expressions: use appropriate facial expressions to convey understanding, support, and empathy.

c. Eye Contact: maintain appropriate eye contact to build a sense of trust while being aware of cultural differences that may influence eye contact norms.

4.4.2.2. Differentiating empathy from sympathy

I. Define empathy and sympathy and identify the differences and the importance of having empathy towards the children who were abused and trafficked rather than sympathizing with them.

II. Participants may apply their working experiences during the practices.

4.4.2.3. Building emotional regulation skills in child caregiver staff to assist child victims of trafficking to regulate their emotions

I. Explain the reasons why it is crucial that child caregiver staff maintain boundaries to create a supportive environment for child victims of trafficking.

II. Applicable strategies to maintain boundaries.

a. Mindfulness Practices

b. Training and education

c. Self-awareness development activities

d. Care givers serve as role models.

e. Emotional Coaching

4.4.2.4. Heightening the ability to maintain healthy boundaries and routines sensitively

I. Caregivers should establish and maintain healthy boundaries and routines for the well-being of child victims of trafficking and other abused children, using sensitive strategies.

a) Establish consistent and predictable daily routines: children who have experienced trauma often find comfort in routine, as it provides a sense of stability and predictability.

b) Applying trauma-informed care principles: apply trauma-informed care principles when establishing boundaries. Understand the potential impact of trauma on a child's ability to trust and form relationships and approach boundary-setting with sensitivity. Be aware of potential triggers and avoid topics or language that may retraumatize the child. Create a safe space for communication and validate the child's feelings and experiences, emphasizing that their emotions are acknowledged and respected.

c) Prioritizing safety

d) Respecting personal space

e) Involving children in decision-making when appropriate

f) Maintaining open communication channels

g) Provide choices within limits: offer children choices within reasonable limits. This allows them to exercise some control over their environment, promoting a sense of autonomy.

4.4.3. RECOGNIZING THE SIGNS AND INDICATORS OF PREVALENT MENTAL HEALTH ISSUES IN CHILD VICTIMS OF TRAFFICKING AND THE SIGNIFICANCE OF ELIMINATING STIGMATIZING OR LABELLING THEM

4.4.3.1. Eliminating stigma and labeling mental health conditions

a. The difficulties children currently experience are made worse by stigmatization, which impedes their ability to heal and obtain essential mental health care.

b. children may internalize emotions of shame and loneliness, which can have a detrimental effect on their self-worth and general well-being.

c. Emphasizing that having mental health difficulties are not their faut.

4.4.3.2. Identifying the signs and indicators of prevalent mental health issues in child victims of trafficking and abuse

Discuss these below-given conditions in brief with participants. Use general symptoms for the conditions and do not use the International Classification of Diseases (ICD) or Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnostic criteria. Please note that the instructor needs to mention that caregivers are not able to diagnose children and that they need to refer them to a healthcare professional for diagnosis; this is only for the identification of the condition.

a) Trauma

b) Depression and low mood

c) Attention-related problems

d) Hyperactivity

e) Aggressive and defiant behaviours

f) Anger (emotion dysregulation)

g) Learning difficulties

h) Autism

i) Self-harm

4.4.4. CHILD VICTIMS REFERRAL GUIDELINES AND PROCEDURES - SAFE REFERRALS

4.4.4.1. Identify the importance of referrals

Discuss the importance of getting all key stakeholders involved in providing the relevant needs and assistance for child victims of trafficking and others who need it.

4.4.4.2. Follow the referral mechanism based on the “Guidance Note on the Identification, Protection, and Referral of Child Victims of Trafficking"

Phase 1

First step: first information reporting, complaint recording, and identification of urgent needs.

Information or complaints relating to potential child trafficking or abuse can be made, received, or recorded by many agencies, including the following:

1. The Sri Lanka Police (The Police headquarters through 119 or local police stations, tourist police, 'Children and Women's Bureau Desk').
2. The National Child Protection Authority (Head office through 1929, to NCPA police or to district and divisional officers of the NCPA).
3. The National Department of Probation and Childcare Services (through Child Rights Promotion Officers) and the Provincial Department of Probation and Child Care Services (through Probation Officers)
4. The National Committee on Women of the Ministry of Women and Child Affairs via 1938
5. Department of Labour at national/local level (through labour officers)
6. Immigration and Emigration Department
7. Civil society organizations / local and international non-government organizations
8. Sri Lankan embassies/consulates
9. Sri Lanka Bureau of Foreign Employment

Phase 2

Response to transitional and long-term needs - Medical care

Hospitalization - the closest government hospital or JMO for any necessary medical treatment.

1. Clinical Case Conferencing and Institutional Case Conferencing by the Ministry of Health - key stakeholders such as law enforcement authorities, medical professionals, the NCPA and a Probation Officer.
2. The Institutional Case Conference must be submitted to the relevant court by the Probation officer along with his/her Social Inquiry Report for the consideration of the relevant magistrate.

Phase 3

Investigation by the police (pre-trial) and reporting facts to the courts.

Phase 4

Trial and post-trial.

Phase 5

Return/repatriation of foreign victims of child trafficking. Awareness building in existing additional support services.

4.4.4.2. public sector services

4.4.4.3. Services offered by Non-Governmental Organizations

Follow the “Guidance Notes on the Identification, Protection, and Referral of Child Victims of Trafficking, Ministry of Child Development, Sri Lanka."

PRESCRIBED TEXT(S):

Greenbaum, J., & Albright, K. (2018). Improving health care services for trafficked persons. International Centre for Missing & Exploited Children. https://publications.iom.int/books/caring-trafficked-persons-guidance-health-providers

International Organization for Migration. (2020). Caring for trafficked persons: Guidance for health providers. Training, Facilitator’s guide. https://publications.iom.int/books/caring-trafficked-persons-guidance-health-providers-facilitators-guide

IASC. (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: Inter-Agency Standing Committee. https://interagencystandingcommittee.org/sites/default/files/migrated/2020-11/IASC%20Guidelines%20on%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings%20%28English%29.pdf

State Ministry of Women and Child Development, Pre-Schools & Primary Education, School infrastructure & education Services. (n.d). Guidance note on the identification, protection and referral of child victims of trafficking. https://srilanka.savethechildren.net/sites/srilanka.savethechildren.net/files/library/SOP%20Book%20Final%20Artwork-compressed.pdf

4.5. MANAGING CHALLENGING BEHAVIOURS AND RISKS OF CHILD VICTIMS OF TRAFFICKING

Course Description

This module offers an introduction to challenging behaviours which are particularly associated with child victims of trafficking, abuse, and other forms of deprivation. It equips students to place challenging behaviour in the context of the child's life experience and other predisposing factors which may be causing them to enact certainly learned survival responses.

Unlike children who grow up in a supportive or stable family environment, children who have been trafficked will most often encounter significant life stress due to financial or social insecurity; absent, poorly equipped, unavailable, sick or unstable parents or caregivers, who are unable to provide sufficient care, safety and protection; adults who exploit them and their families, and adults who are both helpful but also cruel. Trafficked children in particular may learn to be wary and mistrustful of adults and may have also experienced adults in authority as unhelpful or lacking in understanding of the realities they face. For example, children from unstable homes and insecure financial backgrounds may have already faced judgement and rejection from social and school environments. Children who have been abandoned by a parent or caregiver or been abused may believe that they are unworthy of love, protection and aspirations. This may be the reason that some children are mistrustful of care providers or try to disrupt activities, or mock or withdraw from authority. If care providers have not taken time to understand what these behaviours are about, they are at risk of reacting punitively to the child's defiant or disrespectful or guarded behaviour in the manner that the child expected of them in the first place, which is to judge them as inherently bad, and deserving of punishment. This destroys any possibility of the child trusting a caregiver and being open to learn new behaviours from them. This highlights the importance for students to develop an understanding of the possible contributing factors and functional purpose of challenging behaviours from the perspective of the child, before they make any attempt to change or dismantle them.

The module introduces knowledge and skills for people who act as care providers to these children, and introduces them to constructive and helpful responses to challenging behaviours, which reduce risk, increase safety and enable new learning and adaptive coping for children in distress; to identify and refer children who are in need of additional support where appropriate; to recognise and eliminate harmful practices in behaviour

management while becoming aware of their own attitudes, values and intolerances which may contribute to such practices.

Learning Objectives

The student

1. gains knowledge and process of examining contextual factors related to challenging behaviours in order to understand their function and purpose.
2. is equipped with basic assessment skills to identify contextual factors related to challenging and harmful behaviours.
3. learns strategies to respond to challenging behaviours in a manner that enables new learning and adaptive coping among child victims of trafficking and abuse.
4. is able to identify children in distress, who require referral for additional or specialist support.
5. Learns strategies to mitigate risks and promote harm reduction in behaviour management interventions.

4.5.1. MAKING SENSE OF CHALLENGING BEHAVIOURS

Children growing up in unpredictable and unsafe environments will inevitably develop survival behaviours which are different from those of a child who has had at least one safe and stable adult relationship in their life which offered them a sense of love, care and security.

Students learn to identify factors that contribute to, trigger and maintain challenging behaviours in child victims of trafficking and abuse. Students also learn of the impact of abuse, neglect and trafficking on child development, their caregiver relationships (impact on trust/ attachments) and how this may influence their response to future caregivers or authority figures. Eg: aggressive, inflicting harm to self or others, defiant, disengaged, sexualized behaviours etc.,

4.5.2. FUNCTIONAL PURPOSE OF CHALLENGING BEHAVIOUR

All behaviour has meaning and purpose-oriented to meeting various needs (survival, safety, love and belonging, esteem and personal goals). Behaviour is understood as a means of achieving these needs.

By understanding contextual factors students learn to identify what feelings these behaviours are trying to express or what needs these behaviours are trying to meet. Students learn to identify the purpose of challenging behaviours from the perspective of the child, before they make any attempt to challenge, change or dismantle them.

Students use a model or framework to place challenging behaviour in context of the child's life experience and other predisposing factors which may be causing them to enact certain learned survival responses.

A framework or model such as the 5P Model by Weerasekera, (1996) or push and pull factors could be helpful to map the history of a challenging behaviour while also considering what factors have impacted the child and their family's immediate social world, within a broader socioeconomic context. As the student begins to map the history of these behaviours and how they are activated in the present, they may also begin to understand that children in care may be acting out of necessity and fear as this is how they have previously learned to navigate and survive danger or have their needs met by unreliable adults, rather than acting out of an intention that is personalized toward the caregiver.

4.5.3. BASIC ASSESSMENT SKILLS TO EXAMINE THE FUNCTIONAL PURPOSE OF CHALLENGING BEHAVIOURS

In order for care providers to understand the purpose behind the child's behaviour the following set of questions could be used to assess the behaviour. This should include a description of the nature and intensity of the behaviour, observations of when and where the bahviour occurs, and what happens before, during and after (consequences of) the behaviour takes place, for the child as well as those around them; based on this information gathered, students try to identify what the child is trying to communicating, and attempting to achieve (needs) or escape (fears) by engaging in the behaviour.

Resources:

https://iris.peabody.vanderbilt.edu/module/fba/cresource/q2/p04/#content

4.5.4. DE-ESCALATION STRATEGIES FOR CHALLENGING BEHAVIOUR AND REFLECTIVE WORK TO RESPOND TO CHALLENGING BEHAVIOURS AND CRISIS SITUATIONS

The emphasis on de-escalating challenging behaviours is based on the Therapeutic Crisis Intervention techniques developed by Cornell University's Residential ChildCare Project. Emphasis is on creating safe environments for both children and their caregivers, while caregivers have an awareness of the child's trauma history, identify potentially difficult or triggering experiences in the child's daily interaction and where possible, act in ways that reduce risk. One of the most important components of therapeutic crisis intervention is to

be aware of how behaviour escalates under threat and stress, especially when adults intervene in anger, and that discussions about behaviour change and new learning can only be effective when the child's sense of safety is restored.

4.5.5. IDENTIFY CHILDREN IN DISTRESS, WHO REQUIRE REFERRAL FOR ADDITIONAL OR SPECIALIST SUPPORT

The 4th Module, 'Care needs of child trafficking and other types of abuses' introduces students to the referral process and pathways. In this lecture, students recognize when behavioural and emotional reactions might indicate signs of a trauma or anxious (fear) response and therefore, do not show signs of improvement. In such instances it is important to identify whom to refer the child to counsellor or mental health service and collaboratively work with them to improve the child's sense of safety and wellbeing.

4.5.6. INTRODUCE STRATEGIES TO MITIGATE RISKS AND PROMOTE HARM REDUCTION IN BEHAVIOUR MANAGEMENT INTERVENTIONS

Students learn to recognise harmful behaviour management practices and their potential unhelpful outcomes.

Students learn to use a model to reflect of their responses to challenging behaviours, becoming aware of their own attitudes, values and intolerances which may escalate their own emotions and personalize the child's behaviour, which can contribute to harmful practices in behaviour management.

PRESCRIBED TEXT(S):
Incorporate components of Therapeutic Crisis Intervention https://rccp.cornell.edu/TCI_LevelOne.html Content of TCI is available in abbreviated form on this link: https://www.greenchimneys.org/wp-content/uploads/2020/05/TCI-Pocket-Guide.pdf Curriculum outline https://synergy-fostering.co.uk/therapeutic-crisis-intervention-families/

4.6. SUPPORTING CHILD PROTECTION CASE MANAGEMENT AND RECORD-KEEPING

Course Description:

This course is expected to help caregivers of children in care institutions to understand the process and procedures that are followed for child protection case management. Although caregivers don't have a direct responsibility in conducting case management, they have an important role to play in supporting the officials in ensuring that the decisions taken for the protection and wellbeing of the child can be implemented successfully.

The caregivers have a direct role in supporting the implementation of the Individual care plan that is developed through the case management process. Caregiver sensitivity to the expectations and objectives of the care plans to build psychosocial wellbeing of the children is vital for case management to be successful. Caregivers understanding of the process that is followed to plan and manage children's cases and develop children's coping skills through an empathetic approach will help them take vital responsibility for supporting case management and eventual re-integration of children.

The Child protection case management process does not differ according to the type of violence the child has faced. The process remains the same for every child victim. However, the implementation of the various components of the process will be dependent on the impact of particular types of crimes on children; hence the CPCM process with CVoTs can have its own implications and challenges.

Learning Objectives

The student

1. Gains an intro-level understanding of child protection case management for children in institutional care
2. Identifies their unique role and responsibilities in the care and protection of children
3. Is encouraged to collaborate with those involved in child protection case management – especially the Probation Officers
4. Develop an understanding of non-specialized methods of support caregivers can provide children
5. Understands risks and challenges in working with children affected by adversity

4.6.1. WHAT IS CHILD PROTECTION CASE MANAGEMENT?

Case management is an approach for addressing the needs of an individual child who is at risk of harm or has been harmed. The child and their family are supported by a caseworker in a systematic and timely manner through direct support and referrals. Case management provides individualised, coordinated, holistic, multisectoral support for complex and often connected child protection concerns[5].

Child protection case management:

- Focuses on the needs of an ***individual child*** and their family, ensuring that concerns are addressed systematically in consideration of the best interests of the child and building upon the child's and family's resilience in the given context. It is important to note that, in most contexts, a case worker will be working with families with multiple children, including child-headed households. In addition to each individual child, a case worker should consider the entire family or household when conducting case management.
- Is provided by ***one key worker,*** referred to as a case worker, who is responsible for ensuring that decisions are taken at the best interests of the child and that the case is managed in accordance with the established process, and who is accountable for coordinating the actions of all actors. The case worker for children in institutional care in the Probation Officer.
- Is provided in accordance with the ***established case management process,*** with each case moving through a series of steps involving children's meaningful participation and family empowerment throughout.
- Requires the case worker to ***coordinate*** a complex set of ***family, community and government supports and services*** through a safe and ethical referral system, as well as acting as an advocate to ensure a continuity of care.

Managing cases in this systematic way will result in better outcomes for children, helping to ensure that they receive the services they require in a timely manner and that their families are supported to better care for their children. Ensuring accessible, non-discriminatory, age-friendly, gender-sensitive, and inclusive case management is a key factor in providing appropriate accessible services for children.

[5] Alliance for Child Protection in Humanitarian Action (2019) Minimum Standards for Child Protection in Humanitarian Action.

4.6.2. ROLES AND RESPONSIBILITIES OF ACTORS INVOLVED IN CASE MANAGEMENT IN INSTITUTIONAL CARE FACILITIES

Different actors play specific roles in the case management process in institutional care settings:

- The child and their (extended) family
- Case workers, government child protection services, caregivers in the institutions (hereafter referred to as 'caregivers').
- Communities, including community members and community-based structures
- Service providers (government and non-government) including hospitals, schools, non-formal educators, counselors, etc.

The child

The child is at the heart of the case management process. The case worker and caregivers must be comfortable in speaking and working with the individual child based on their age, gender, ability, and developmental understanding. The child should be supported to:

- Feel comfortable with their caseworker and caregivers.
- Provide informed consent/assent
- Express their opinions and desires, ask questions, and express (dis)agreement in relation to suggested actions in each step in the case management process.
- Understand the key decisions that are being made and contribute to that decision-making process.
- Feed into improving the case management process. Based on their age and maturity, children should be able to give feedback on the process and whether or not they were satisfied with the outcome.

Key considerations:

→ It is the case worker's and caregivers' role to make the child feel relaxed and safe, listen to the child's concerns, and explain what's happening in an age-appropriate, accessible, non-discriminatory and gender-sensitive way. The child should also be speaking with a case worker and caregivers who speaks their own language, including sign language or non-verbal communication means.

→ There may be times when a child may not want their caregivers or family members to be part of the process. Wherever possible, the case worker must try to understand what the child is concerned about and try to adequately address those concerns. The case worker

must also have an understanding of the legal requirements of the country on when caregivers must be part of the decision-making process.

Families

Families are social groups connected by kinship, marriage, adoption or choice. Family members have clearly defined relationships, long-term commitments, mutual obligations and responsibilities, and a shared sense of togetherness.[6] These are often made up of one or both parents, but could also include step-parents, grandparents and extended family members, formal or informal foster and adoptive parents, guardians who are directly responsible for the child at home. Decades of research have shown that the most protective environment for a child is the immediate and extended family.

Unless decided otherwise, the role of **parents, extended family or guardians** in case management should be:

- To provide informed consent for the child
- To be involved in all steps of the case management process
- To implement agreed actions in the case plan.

Other family members could be involved in the following ways:

- To act as a trusted adult in the case management process in addition to or in absence of a parent/ guardian, on the request of the child.
- To implement agreed actions in the case plan. For example an aunt who routinely communicates with the child while her mother is working overseas; or a grandmother who looks after the child during holiday periods.

Case workers

The caseworker in case management is the key worker involved in a case, who maintains responsibility for the child's and their family's care – from the initial screening and registration to case closure. A Probation Officer is assigned by the Courts for the care and protection of every child who enters the care system. Hence, the Probation Officer is responsible for child protection case management for the children in his/her care.

A case worker has three core functions with related responsibilities[7]:

1. Supportive function:
    - Provide basic emotional support and focused, non-specialized MHPSS

[6] Save the Children (2014) Position statement: Families

[7] Alliance for Child Protection in Humanitarian Action (2021) Revised Interagency Child Protection Case Management Training: See training Level 1 Module 2 Foundations of child protection case management.

- Provide information to the child and their family
- Advocate on behalf of the child
- Ensure access to services to respond to the child's needs
- Provide support to ensure a child's safety
- Help children find safe care arrangements and trace families if separated during an emergency

2. Coordination function:
   - Coordinate with key stakeholders to proactively identify children and families in need of case management support
   - Locate services and help children and their families access those services
   - Advocate for improved access to services
   - Hold case conferences
3. Information management function:
   - Documentation of cases
   - Storage of case management information and files
   - Update the case management database
   - Uphold the signed Data Protection and Information Sharing Protocols

Multi-sectoral service providers

Mapping existing services is an essential element of case management. Safe, child-friendly, gender-sensitive and inclusive multi-disciplinary referral pathways – involving service providers working in child protection, gender-based violence, disability inclusion, education, health, nutrition, water, sanitation and hygiene (WASH), livelihoods, social protection, or protection – will enable individual children and their families to have access to appropriate holistic support.

Service providers play different roles in case management:

- They offer appropriate support to individual children and their families who have been referred to them for support by case workers, as per the child's case plan.
- They are responsible for identifying and referring vulnerable children to appropriate services through the referral pathways.

4.6.3. GUIDING PRINCIPLES FOR CASE MANAGEMENT

Child protection case management follows the guiding principles included in the Interagency Guidelines for Case Management and Child Protection. For a more complete explanation of the key principles, please refer to these Guidelines.

- **Do not harm:** The most fundamental principle in case management is that all actions and interventions do not expose children and their families to further harm. At each step of the process, all those involved in the case management process must ensure that no harm comes to children and their families due to decisions being made or information that is collected.

- **Prioritise the best interests of the child:** all those involved in the case management process must be working in the best interests of the child. This includes a child's physical and emotional safety and well-being. Case workers must evaluate the risks and resources of the child and his or her environment before making decisions. This might mean making choices that prioritise the interests of the child over the interests of their parents or caregivers, or the interests and/or cultural values of the community or others who may be involved in their case.

- **Non-discrimination:** Those involved in the case management process must treat each child based on his or her individual needs. Children and their families should not be discriminated against based on their gender, age, religion, disability, ethnicity, race, sexual orientation, or economic status. Children and their families should be able to communicate with the case worker in their own language, including national sign language or in exceptional cases non-verbal communication. All those involved in the case management process s must actively avoid judgmental, derogatory or negative language and challenge discrimination and prejudice in policies and practices.

- **Adhere to ethical standards, in particular child safeguarding principles:** For agencies and staff working with children, ethical standards and child safeguarding procedures need to be applied. Caregiver staff must also know the national laws and policies.

- **Seek informed consent and/or informed assent:** Informed consent is the voluntary agreement of a person who exercises free and informed choice. To give *informed consent,* children and their families must fully understand the services and options available, the potential risks and benefits of receiving services, and how information will be collected and used. Children and their families also need to understand when and why confidentiality would be broken. *Informed assent* is the willingness to participate in services. It is used when children are too young, either by law or biologically, to give informed consent, but still old enough to agree to participate.

- **Respect confidentiality:** Those involved in the case management process need to ensure children's and families' right to privacy. This includes how information is stored, shared, and

released to others. The term '**need-to-know**' describes limiting information, especially sensitive information, to only those people that need to know it in order to protect the child. Respecting confidentiality requires service providers to protect information gathered about a child and collect and store information safely, with agreed data protection policies. All those involved in the case management process should not tell the

names of children or other identifying information about them, to anyone who is not directly involved in the case, including other case workers. There are some limits to confidentiality when it comes to identifying immediate safety concerns for a child or being required by law to report a crime. The limits to confidentiality must be explained to children and their families at the beginning of the assessment.

- **Ensure accountability:** All those involved in the case management process are accountable to the child, family, and the community. They should be held responsible for their actions and the results of those actions.

- **Empower children and families to build on their strengths:** Case workers should use a strengths-based approach. Children and their families are very often resilient. They possess the resources and skills to help themselves and contribute towards finding solutions to their own problems. Case workers must engage children and their families to play an active role in all aspects of the case management process, focusing not only on risks and vulnerabilities but also enabling children and their families to build on their strengths and resources to address child protection concerns. This will result in better tailored and more sustainable solutions for children.

- **Base all actions on sound knowledge of child development, child rights and child protection:** Case workers and caregivers must understand vulnerabilities, power dynamics and risk factors to help meet the underlying and often unspoken needs of children and their families. A strong understanding of child development will help all involved to better involve and communicate with children based on their age, gender, ability and evolving capacity.

- **Facilitate the meaningful participation of children:** Children have the right to express their opinions and participate meaningfully in decisions that affect their lives. This includes choosing not to answer questions that make them uncomfortable. Case workers must assist children and their families to play an active role in the case management process.

- **Provide culturally appropriate processes and services:** All those involved in the case management process need to understand the diverse community they are working in and

be aware of individual, family and community differences. When the best interests of the child conflicts with cultural values or practices, all involved must prioritise the child's best interests and take decisions that do not place him or her at greater risk. In some contexts, confronting child protection issues and cultural practices can lead to conflict or additional risks to children, families, communities and case workers. Decisions must be made on careful assessment of risk and respect the principles of do no harm and the best interests of the child.

- **Coordination and collaboration**: One of the main goals of case management is to provide well-coordinated services. Case management can provide a process for improving coordination and collaboration among all organisations with a mandate to protect children.
- **Maintain professional boundaries and address conflicts of interest:** All those involved in the case management process must not ask for or accept favours, payments or gifts in exchange for services or support.

In addition, being **child-friendly** and **child-centred** are two central key approaches within Steps to Protect.

- Being **child-friendly** entails providing support to children in ways that are appropriate and accessible for children. For example, by communicating and providing information that can be easily understood by children of different ages, abilities and comprehension levels.
- Being **child-centred** entails organising and providing support services and making decisions in a way that centres on the child's needs and their best interests.
- In particular, a child-centred approach means:
  - taking the time to **develop connections and relationships** with the child, **listening to the child** and **responding to the child as an individual** and **unique rights-holder**.
  - Ensuring that case management enables the child to be an **active participant** in his or her own case, **listening to the child's views** and **involving children in decisions that affect them** in line **with their** developmental **age and understanding**.

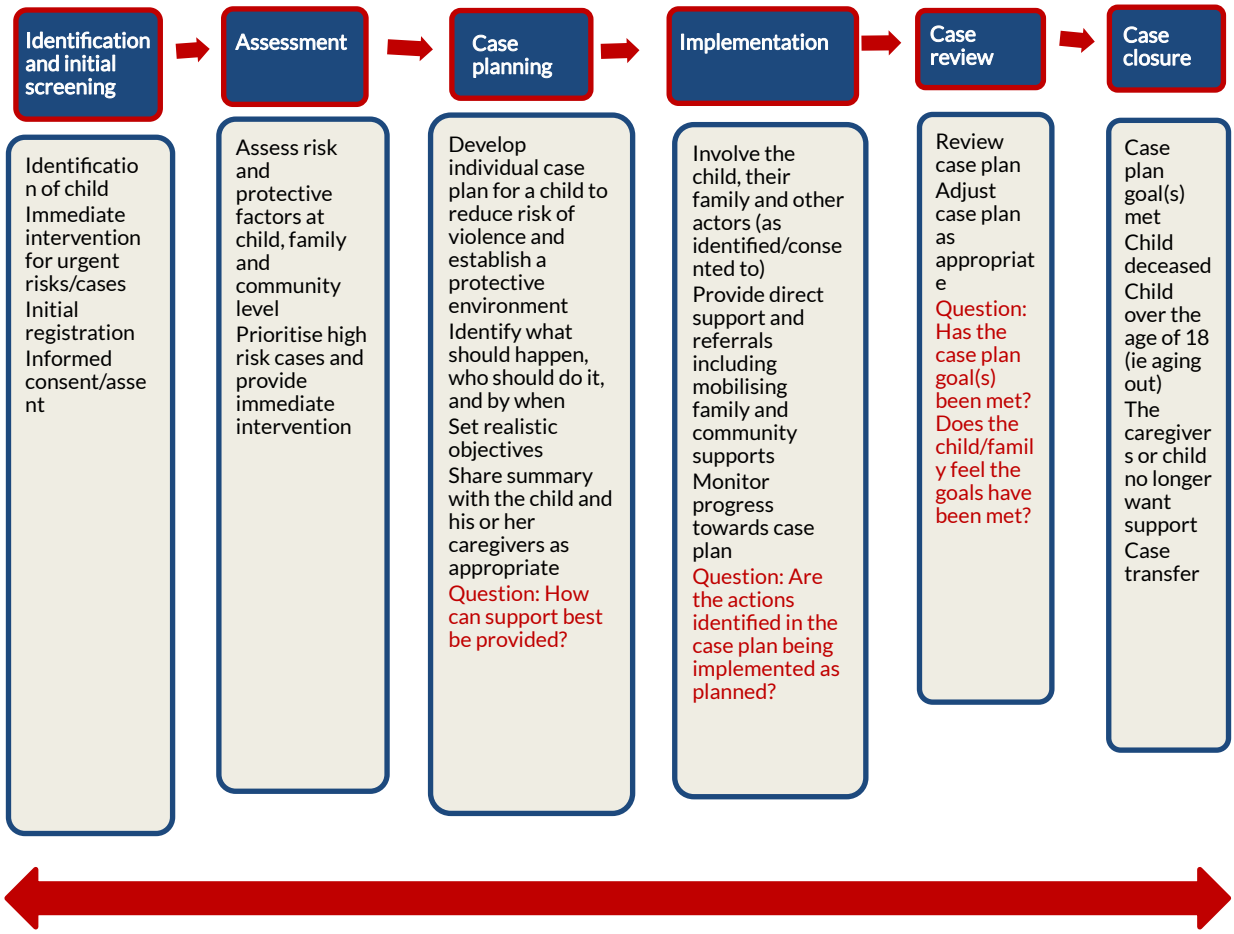
4.6.4. THE CHILD PROTECTION CASE MANAGEMENT PROCESS – AN INTRODUCTION

The CPCM process includes six stages, from beginning to end – as presented in the chart below. The Probation Officer is assigned before the start of the case management process, and he/ she takes over the responsibility of case worker when the CPCM process starts. In Sri Lanka, most children who require care and protection as decided by courts of law are referred to hospitals

where the hospital-based child protection case management process begins, led by medical officers. The Probation Officer is assigned the role of case worker in this process.

The case worker starts the process with identification and screening, followed by assessment and case planning, together with medical officers. Children who are referred to institutional care usually have a case plan developed through this process, when they arrive at the

care setting. Hence, the role of the caregivers begin from the stage of **implementation**, although as described below, planning can recur if needed, according to the child's circumstances.



The steps shown above are **interlinked** and may at some time trigger a return to an earlier stage in the process. Assessment, case planning, implementation and case review may be repeated several times before a case is closed. Case workers should constantly monitor the situation of a child and their family and use the case management steps as flexible tools to organise their work.

Step 1: Identification and initial screening

Children can be identified through a variety of sources including:

- the child, his or her caregivers or other family members
- community members and child protection committees and groups

- children's clubs and youth groups
- teachers, school workers
- healthcare professionals
- police, immigration officials
- social workers such as Child Rights Promotion Officers, Probation Officers, Child Protection Officers, PHMs, ECCD Officers
- other agencies and/or civil society organisations
- staff members working in other sectors

Step 2: Assessment

The assessment should consider the following:

→ Immediate physical protection, health and safety issues.

→ The physical, social, and emotional needs of the child. It is important to focus on needs rather than services, for example saying that a child needs education rather than needs to go to school, as there are often many ways of addressing the child's educational needs and school is just one of the options.

→ It is also important to consider the drivers of the various protection concerns. For example, if a child is at risk of or engaged in child labour, it is likely that there are several drivers that will need to be addressed through various interventions. This may include support to access education, social norms work with the caregivers, and cash and voucher assistance (CVA) to provide short-term coverage to the loss of income for the family (while longer term livelihood/social protection opportunities are explored).

→ Risk and protective factors at the child, family and community level. Such factors may include the child's age, gender and capacity, the family's education, economic situation, psychosocial well-being and (mental) health, and/or risks or safety concerns in the community.

Step 3: Case planning

Case planning involves the child and his or her family and is a process of determining the **most appropriate response** based on the needs, potential risks, and strengths identified during the assessment. The plan should include information on how to meet each of the identified needs, who is going to address those particular needs, and when those actions will take place. The case worker can help the child and the family identify short-, medium- and long-term **goals**. It is important not to raise the expectations of the child and family about being able to fix all the problems identified right away, especially if some forms of services and supports are unavailable.

The **wishes and opinions of the child MUST** be taken into consideration. This does not mean simply doing what the child wants, as there may be risks the child has not considered or understand, but the child should be helped to understand how and why a case worker decided on a specific plan – especially if this is different from what the child wanted.

Case conferencing

For most cases of children requiring care and protection, hospitals convene a case conference in accordance with the 'The National Guidelines for the Management of Child Abuse and Neglect' (SL College of Paediatricians, 2014). This takes place through a two-fold approach.

1. Clinical case conference: Conducted within 24 hours of a child being presented to the hospital, to ensure that the child is not interviewed multiple times by different specialists, to inform different specialists about the child and to plan further clinical management.
2. Institutional (multi-sectoral) case conference: Conducted on a day proposed at the clinical case conference, to develop care plans for the care, protection, education, psychosocial wellbeing and reintegration of the child.

The purpose of the institutional case conference is to coordinate multi-disciplinary/interagency services and to make formal decisions in the best interest of the child. The panel should consist of those involved in the child's life and those who know the child well along with the relevant workers (case workers, teacher, social worker, local government official, etc).

- → It is important to keep a child-centred approach throughout the process.
- → The child and his or her family members participate in some case conferences, depending on how appropriate it is to have family take part. Any participation requires careful planning and facilitation. The opinions and input of the child and family should always be sought to feed into decisions made.
- → Case conferences should be formally documented using a reporting format and/or minutes.
- → Case conferences should include case workers and other professionals with expertise in working with children with disabilities, to guide caseworkers and supervisors on responding to the needs of children with disabilities.

Step 4: Implementation

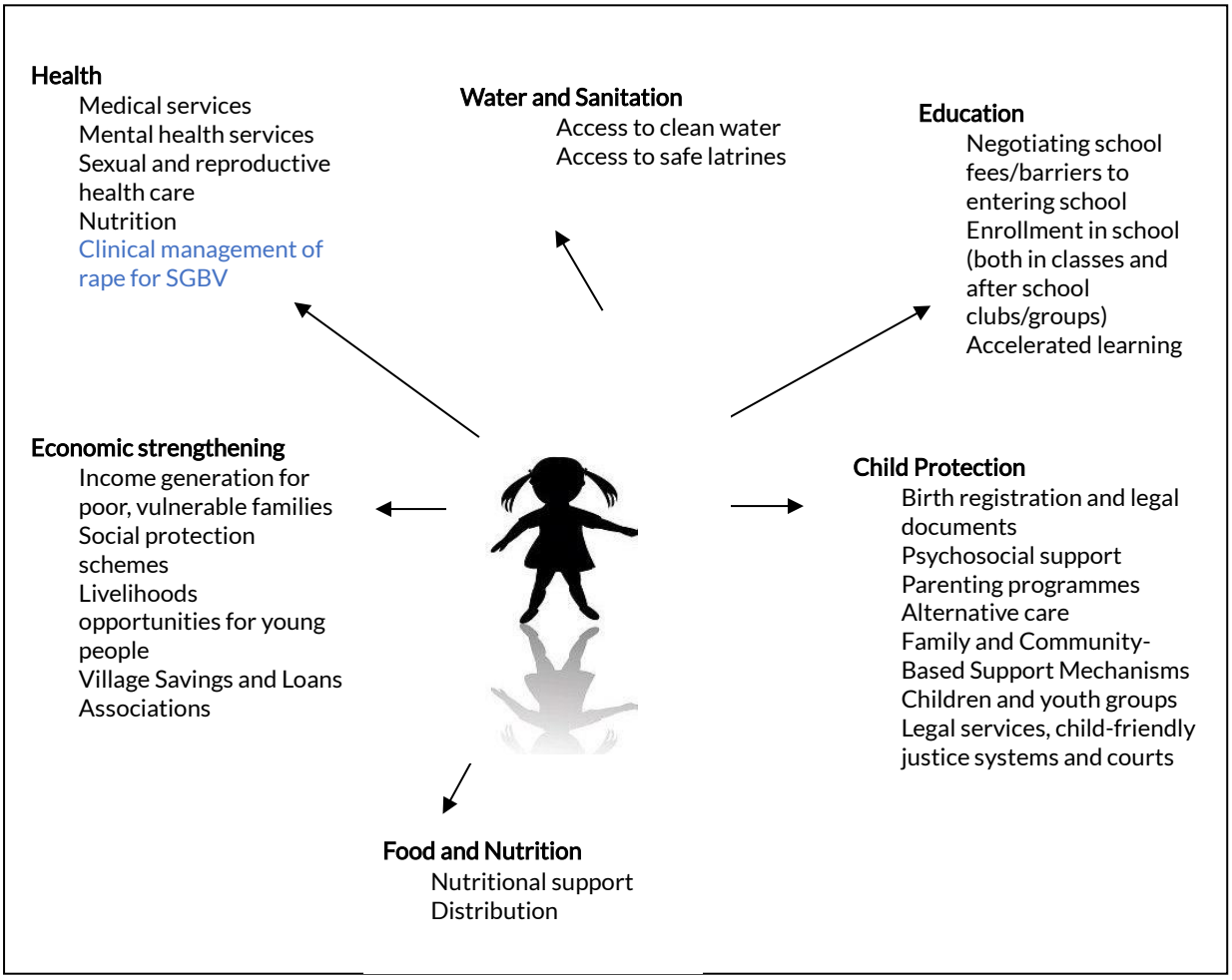
After the case plan has been developed, implementation can begin. This includes working with the child and his or her family to carry out the actions detailed in the plan.

The caseworker will often provide **direct services**, such as psychosocial support, regular visits and meeting with family members who are expected to play a significant role in addressing the child's protection needs as per the case plan.

An essential role of the case worker is to help the child and their family get access to the services they are entitled to. This should include **referrals** to basic services and/or more specialised services as well as sources of community supports where needed.

Referral pathways must be as specific as possible and frequently updated. Case workers should maintain and update the mapping of services and supports or assist the coordination between inter-agency referral pathways.

Types of referrals



Role of the caregiver in providing direct services to the child

Probation officers have limited interaction time with children in institutions, compared with their caregivers. Children spend most of their time in the care institution with their caregivers, and they become the first point of contact for the children.

Hence, caregivers should be ready to provide essential and basic support for children in their care, especially through non-specialized psychosocial support and suggestions for referrals.

Step 5: Case Review

The case review allows for **systematic and regular reflection** which enables the case worker, child, children, and their caregivers to check whether the objectives in the case plan are being met. It is a time to check whether the plan is still relevant and whether any changes need to be made. The child and his or her family should have time to reflect on how they feel and if they are satisfied with the progress they have made.

Case review may take place in three different ways:

- **Case review meeting** (with the child and his or her caregivers): Meeting between the case worker, the child, and his or her caregivers to review the case plan. If agreed and appropriate, other family members or actors may be present. This meeting is similar to the case planning meeting.
- **Case conferences** (between multiple agencies/services): More formal case planning or review meetings between different agencies and services for complex cases or serious issues

Key considerations

→ The child and his or her caregivers should have time to reflect on how they feel and if they are satisfied with the progress they have made.

→ Reviews should include those who are able to continue to support the achievement of the objectives in the case plan.

Step 6: Case closure

Cases are most often closed when the child and family have met the goals of the case plan, the child is safe from harm and his or her well-being is being supported.

Other reasons a case may be closed are:

→ When a child has been officially transferred to another facility, especially if they are operating in another location.

→ When the child and his or her caregivers no longer want support and there are no grounds for going against their wishes, provided this is safe for the child. This includes successful reintegration of the child with their family.

→ Some cases close after a child becomes 18. In this instance, when a child is 16 or 17 they should be provided transitional support to help them receive the appropriate services they need as a young adult once they turn 18, and this should form part of the case plan.

This is specifically applicable in alternative care programming for children aging out of residential care.

4.6.5. DOCUMENTATION AND RECORD KEEPING[8]

Documentation is the process of collecting and storing information specific to individual children and their families, including information that the child and their family provide directly as well as any information collected indirectly. Proper documentation facilitates effective and accountable case management and reduces risks to the safety of the child, his or her caregivers and staff.

Record keeping

Records should be kept in a way that is in line with the legal obligations of the country you are in and with the confidentiality principle. **Good record keeping** is a professional and ethical responsibility. Poor record keeping may result in breaches of data protection with associated risks to children.

Confidentiality is a key principle of case management that needs to be ensured at all levels through Data Protection and Information Sharing Protocols. Confidentiality is fundamental to protecting children and upholding their best interests. It is maintained by ensuring consent to share information with other parties, and only sharing information on a need-to-know basis and in the best interests of the child.

Data protection means collecting, keeping, sharing and storing information in a safe way with secure, limited access.

Informed consent and/or informed assent

Informed consent and assent are central to respecting the **principle of confidentiality** that requires all actors to protect information gathered about children and their families and ensure it is accessible with a child and their caregivers' consent, except in limited circumstances.

Informed consent is the voluntary agreement of an individual who has the legal capacity to give consent. To provide 'informed consent' the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their consent. Parents or guardians are typically responsible for giving consent for their child to receive services. In some settings, older adolescents are also legally able to provide consent in lieu of, or in addition to, their caregivers.

[8] Alliance for Child Protection in Humanitarian Action (2014) Interagency Guidelines for Case Management and Child Protection.

Informed assent is the expressed willingness of an individual to participate in services. Children below the age of 16 are by definition too young to give informed consent, but old enough to understand and agree to participate in services. Hence, their 'informed assent' is sought.

In some situations, informed consent may not be possible or may be refused, and yet intervention may still be necessary to protect the child. For example, if a 12-year-old girl is being sexually abused by her father, she may feel loyalty to him and her family and not want to take any action. That does not mean that case workers can ignore what is happening. Where consent is not given, and where the case worker involved need to take actions to protect a child, the reasons for this should be explained and the participation of the child and non-offending family members continually encouraged.

4.6.6. THE ROLE AND RESPONSIBILITIES OF INSTITUTIONAL CAREGIVERS IN CHILD PROTECTION CASE MANAGEMENT

Child protection case management can be a long process, especially as many children live in institutional care facilities for years. These children are often victims, offenders, or children who have been abandoned, orphaned, or destitute. Case management for children in such adverse circumstances has to always be accompanied with regular psychosocial support, together with empathetic care and protection to enhance their well-being. Probation officers usually conduct monthly visits to monitor the care and well-being of children in the care institutions. However, they are unable to spend quality time with the children due to their other duties. This role is most practically possible for the caregivers in the institutions, as they are with the children all day and night and are the first point of contact if a child is in distress.

Hence, the main responsibility of caregivers in the CPCM process is to ensure that the psychosocial outcomes that are expected from the case plan are achieved and the case worker is supported with information regarding and risks and referral needs of the children.

What is Psychosocial Support?

Mental health is about emotional, psychological, and social well-being. It affects how people think, feel and act. It determines how we handle stress, relate to others, and make choices. Mental health and psychosocial well-being are important at every stage of life, from childhood through adulthood. Emergencies, distressing events, and periods of adversity can cause immediate and long-term psychological and social suffering to children and their caregivers. When children have experienced and witnessed violence, loss, and suffering, they may exhibit signs of psychosocial distress, such as difficulty sleeping, changes in appetite, difficulty concentrating etc. If distress is not mitigated or is managed through negative coping strategies (such as substance use, behavioral problems, or self-harm), children and families can develop mental health conditions that require specialized support.

Children's ability to successfully cope with distress (their 'resilience') is influenced by:

- Their age, developmental stage, and disability status;
- Their access to basic survival and security needs;
- The pre-existing physical and mental health status of themselves and their families;
- The emotional and social support they receive from families;
- The emotional and social support their families receive; and
- Their overall social environment (such as community support and material resources).

Case workers and caregivers have an important role to play in working with children facing a distressful situation by providing appropriate psychosocial support services to strengthen the child's physical, mental, and social wellbeing. Where a caregiver's mental health or psychosocial distress impacts the child's care and well-being, interventions should also be targeted to support the caregiver.

Case management must be delivered in a way that:
- is sensitive to mental health needs.
- promotes safety and psychosocial wellbeing of the child and caregiver.

The caregiver can provide a combination of the following MHPSS support:

1. **Apply basic psychosocial support skills in each contact** with the child and their family, ensuring that all interactions are respectful, build trust, and promote individual strengths of the child and family to cope positively with difficult and distressing situations.
2. **Strengthen the child's protective environment** within the institution which can help improve the child's mental health and wellbeing.
3. Provide **direct focused non-specialised psychosocial support** to the child.
4. Get support for the child and their family through safe, child-friendly, gender-sensitive and inclusive **referral to appropriate MHPSS services**, working together with the case worker.

NOT the caregiver's role
- Diagnose a child
- Provide specialized MHPSS interventions such as therapy or counselling

Direct provision of focused non-specialized MHPSS by caseworkers

Caregivers may directly provide focused non-specialized MHPSS interventions. Any MHPSS intervention should be tailored for children of different ages and offered in a gender-sensitive and inclusive way.

The focused non-specialized MHPSS interventions with a child and their family may have the following objectives:

- To strengthen trust and assess the child's needs.
- To understand and cope with a severely distressing experience.
- To increase a sense of safety.
- To strengthen coping skills and regulate emotions.
- To strengthen self-esteem.

Here follows three types of focused nonspecialised MHPSS interventions which may be provided by caregivers. Caregivers may use a combination of activities from the different interventions to achieve a particular goal. In order to effectively and appropriately implement these with children, caseworkers must select and tailor (i.e. adapt) the interventions to the **child's age and developmental level** as well as the other characteristics of the child and their situation.

> **Special caution should be taken when assessment shows** children, caregivers and/or other family members are:
> Enduring mental health conditions, severe sleep problems, uncontrollable strong emotions
> Displaying behavior that risks self-harm, including suicide ideation
> Living and complaining about persistent physical symptoms
> Sharing about dependency on alcohol or drugs
> **In these situations, the caregiver should take extra care to do no harm. Direct focused non-specialised interventions might not be the most appropriate support needed. It is recommended to inform the case**

1. Psychoeducation

Psychoeducation is commonly used in social work. It provides children support to manage and cope in the face of adversity. This intervention helps children and their family to understand how their mind works and how their behaviour is linked to their emotional and cognitive experiences, and how this is a response to events and experiences. It helps children understand that often their reactions are very normal reactions to abnormal circumstances; giving comfort and helping them to feel safe.

> Psychoeducation has 3 objectives:
> To better understand emotional health and wellbeing
> To feel more confident and in control (empowering)
> To support coping

Psychoeducation is also a family strengthening intervention, as this can strengthen the capacity of caregiver to:

- Support their child to express themselves
- Better understand their feelings
- Regulate their emotions
- Cope with changes or adverse events

A caseworker should not provide psychoeducation beyond basic level as they are not specialized in MHPSS and specialized focused MHPSS is not part of their role.

Examples of how the intervention can be used by a caregiver:

- To gain the child and caregiver's trust.
- To create a foundation of safety for children of different ages and adults by creating sense of normalcy, stability and predictability.
- To support the development of self-regulation strategies.
- To support the building of problem-solving capacities.

2. Expressive activities

Expressive activities use forms of creative expression such as art, music, movement and dance in a supportive setting – to help children and caregivers express, explore and transform difficult emotions and memories that may be hard to put into words. The purpose is not the drawing or creative expression in itself, it is used as a tool to facilitate communication with a trusted adult who is able to support the child, caregiver and/or other family members to understand the emotions involved.

Examples of how the intervention can be used by a caregiver:

- To gain the child's trust.
- To create a foundation of safety for children of different ages and adults.
- To help children share, understand and process feelings and memories that may be hard to put into words.
- To release stress and allow for positive distractions.

3. Emotional regulation activities

Emotional regulation is a fundamental psychosocial skill which refers to the process where children and their family influence which emotions they have, when they have them, and how they experience and express their feelings. Learning how to recognize and exert control over their own emotional state is very important for children and family members who have been through stressful events in their lives.

This has the following psychosocial benefits:

- It strengthens the individual's capacity to help a person to feel better when they are upset, sad or angry.
- It enables a person to acknowledge and name their feelings and understand that emotions are not either good or bad.

- It enables a person to recognise the emotions of other people and understand that everyone has different kinds of feelings.
- It enables a person to realise that everyone, in accordance with their age and developmental level, can choose to respond in healthy and respectful ways to their feelings.

Activities can include relaxation and breathing techniques, mindfulness, stress management techniques, etc.

Examples of how the intervention can be used by a caregiver:

- To create a foundation of safety for children of different ages and adults
- To establish a level of emotional stability before referral/introduction of other supports.
- To help the child go from reliving to relieving through self-regulation strategies.
- To help build self-esteem and problem-solving capacities.

Dealing with grief and loss

'Grief' is the name given to the painful emotions, as well as thoughts and behaviours that people feel in response to the loss of loved ones, persons, or places with which they feel a connection. Though grief is often associated with **death**, the same painful emotions accompany being **separated from family, friends**, **as well as familiar places** such as home, school, or a place of worship.

Forced displacement is therefore a significant source of loss and grief, due to leaving behind family and friends, belongings, places, routines, and other sources of identity, security, belonging, and meaning. Separation and feelings of being abandoned by their caregivers can also come as a result of **infectious disease** (eg.COVID-19), for example if children are placed in alternative care with no proper explanation for the separation. Children or caregivers dealing with the **loss of limbs or body** part as a result of injury or disease, can experience intense feelings of grief and loss, as well as denial. Grief also accompanies the **loss of a sense of security or hope for and confidence in the future**.

A child or caregiver may therefore experience loss or grief from both external and internal losses, and their effects can be overwhelming (Jones, 2014). Grief and loss can exacerbate pre-existing mental health conditions and increase the risk of prolonged psychological stress and emotional and physical pain.

Reactions to loss and grief, and associated appropriate responses, may differ according to the specific culture, as well as the nature of the loss. For example, the uncertainty after a loved one has gone missing can make it impossible to get closure, whilst the grief experienced after

suicide can be particularly complicated and include feelings of guilt, rejection, anger or shame, as well as stigma. Child victims of trafficking may find separation from the trafficker traumatic and want to return to the trafficker.

It is therefore critical to understand the contextual environment, cultural beliefs and practices, and existing coping mechanisms. These may draw upon religious, spiritual, and cultural beliefs and practices and may be very important for children (particularly those who are displaced and far from home) to feel a sense of belonging to their and their loved one's culture and community.

Grief can continue for a long time when life circumstances are challenging. It can also return unannounced months after a child has appeared to forget or recover. It may be triggered by a reminder, such as an anniversary, a favourite activity that the child did with the lost person, or a particular song on the radio that they both enjoyed.

MHPSS support for children facing loss and grief

In order to appropriately support and refer children and families experiencing loss – and recognize whether their reaction may be the result of something other than grief – it is critical for the caregiver to understand:

- The specific and unique needs of the individual child and family members, type of loss, who has died or is 'lost,' risk and protective factors, etc.
- The beliefs and practices in relation to grief and loss, within the child and their family's culture and religion.

Focused non-specialized MHPSS interventions (see Section 3.3.4) may include:

- **Creating opportunities for children to talk** about the missing person or other loss and to recognize and name the feelings associated with loss and grief.
- Supporting children to **create a foundation of safety through increased understanding of the experience of loss and grief,** including the accompanying feelings of stress, confusion, and hopelessness (normal response to abnormal situations)
- Support children to develop **strategies to self-regulate to help manage their grief**: identifying triggers and managing emotions through breathing exercises, singing songs, drawing, and other activities

The caregivers should also identify the need and opportunities for referral to appropriate services and make necessary suggestions to the case worker. This could include:

- Children, caregivers and/or other family members requiring specialised mental health services.

- Opportunities to strengthen support systems around the child and family, such as joining group activities to strengthen peer-to-peer support.

Dealing with suicide and self-harm

Suicidal ideation, behaviour and attempts do not occur in isolation. They are often, but not always, associated with symptoms of mental health condition or substance abuse. In adolescents, suicidal behaviour can often be associated with drug use and impulsivity. Caregivers can be among the first to identify the warning signs and reduce the risk of suicide by intervening when a child is in a state of crisis.

Suicide is a complex issue and requires coordination and collaboration among sectors and stakeholders[9].

Caregivers are at the frontline of disclosure of suicidal ideation, behaviour and attempts. While being alerted to warning signs for imminent risks, the caregiver can support the case workers to identify risk factors at the child, family, community and

society level. The case worker should also assess for protective factors that may reduce imminent or short-term risks for self-harm and suicide in their case plan when relevant.

PRESCRIBED TEXT(S):

Alliance for Child Protection in Humanitarian Action (2014) Interagency Guidelines for Case Management and Child Protection.
https://alliancecpha.org/sites/default/files/technical/attachments/cm_guidelines_eng_.pdf
Alliance for Child Protection in Humanitarian Action (2021) Revised Interagency Child Protection Case Management Training: See training Level 1 Module 2 Foundations of child protection case management.
https://alliancecpha.org/sites/default/files/elearning/attachments/Facilitator%20Guide_English.pdf
Inter-Agency Standing Committee (2022) IASC Guidance, Addressing Suicide in Humanitarian Settings.
IASC Guidance, Addressing Suicide in Humanitarian Settings

9 Inter-Agency Standing Committee (2022) IASC Guidance, Addressing Suicide in Humanitarian Settings.

4.7. INDIVIDUAL CARE PLAN AND RE-INTEGRATION

Course Description:

This course is designed to help the staff of Child Development Centers (CDCs) and other institutions responsible for the care of Child Survivors of Abuse, gain a greater understanding about the case management phases as per the Restorative Care Model for Child Survivors of Abuse. The course is formulated in a manner that guides staff on assessing current practices in individual care and re-integration and moving towards formulating practices that are trauma-informed so that they are capacitated to offer empathic, skilled, and informed care for children. This course is also designed to help the staff of CDCs become aware of the integral role they play in the healing and reintegrative journey of the children who come under their care, therefore empowering them to become active agents who support this process.

Learning Objectives

- Participants will be able to explain the concept of case management and associated phases (referral, intervention and follow up) in the process of care and reintegration of Child Victims of Trafficking (CVoT)
- Participants will be able to discuss the roles they play in the present system of case management
- Participants will be able to explain the various effects of child trafficking and neglect on children and identify symptoms of trauma and abuse in CVoT
- Participants will be able to demonstrate skills used in the interaction with and care of CVoT.
- Participants will be able to evaluate their skills and identify their strengths and limitations.
- Participants will be able to evaluate current practices when providing individual care and reintegration support for Child Victims of Trafficking (CVoT) and demonstrate an understanding of the repercussions of not attending to varying components of the reintegration process.
- Participants will be able to understand the different challenges of the family members were involved in the trafficking of the children.
- Participants will be able to conceptualize pathways to mitigate challenges faced in the reintegration process.

4.7.1. INTRODUCTION TO THE CONCEPT OF CASE MANAGEMENT AND THE ASSOCIATED PHASES

Case management covers the whole process from when a child is referred for support until the child is reintegrated back into society. The entire process can be divided into three phases for better understanding

A) Referral Phase

B) Intervention Phase

C) Follow-up Phase

A. Referral

This phase includes handling referrals through multiple sources for counselling and support services. The mode of referral could be through a court order.

B. Intervention Phase

Developing an Intervention Plan

- Interventions for the child - This can include Counseling, Therapeutic Care, Parental Care, Education Support, Family Strengthening (social support)
- Interventions for the family - This can include Family strengthening and reintegration support, legal support, implementation of the Intervention Plan

C. Follow-up Phase

Follow up

At this phase, the social worker will continue working with the family by engaging in family-strengthening interventions and helping the legal, educational, or vocational processes of the child.

4.7.2. CLOSER LOOK AT THE ROLE PLAYED BY CDC STAFF IN THE CASE MANAGEMENT PROCESS

- Making timely referrals and obtaining counseling or therapeutic support for children
- Ensuring the environment at the CDC remains therapeutic for children
- being able to identify the symptoms of trauma and neglect in children
- Taking on an active role in the decisions regarding reintegration of the CvoT

4.7.2.1. Effects of child trafficking and neglect

4.7.2.2. Care for CVoT - Skills Practice

4.7.3. REINTEGRATION OF CHILD VICTIMS OF TRAFFICKING

Reintegrating CVoT is a complex and crucial process aimed at helping these young individuals recover, rebuild their lives, and reintegrate into society. Child trafficking involves the exploitation of children for various purposes, such as forced labor, sexual exploitation, or involvement in criminal activities.

- These children often endure significant physical, emotional, and psychological trauma and economic violence, making the reintegration process challenging and multifaceted.
- Reintegration of CVoT is defined as “The process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and the community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life” – Interagency Group on Reintegration, 2013.
- The reintegration of CVoT requires collaboration among various stakeholders, including government institutions, International and local non-governmental organizations, law enforcement, and communities. It is a collective effort that aims to restore the rights and dignity of these children, empowering them to lead fulfilling and independent lives free from exploitation.
- Reintegration for CVoT refers to the process of assisting and supporting these children in transitioning from a situation of exploitation and abuse, back into society in a safe and sustainable manner. It involves addressing their physical, psychological, social, and legal needs while empowering them to regain control over their lives, bodies and achieve their full potential. These must be considered when addressing the 3 main dimensions of reintegration.

4.7.3.1. Key Dimensions to Reintegration

There are 3 key dimensions to reintegration.

1. Social reintegration - Access to medical care, education, vocational training, accommodation, access to justice
2. Economic reintegration - livelihood activities, and financial support services for family members so that the child will be able to benefit and can be protected/ cared for within the family to which the child has been reintegrated.

3. Psychosocial reintegration – Access to counseling, therapy, peer support, family support, education (mainstream/vocational), extracurricular activities, skill building, participation etc.

4.7.3.2. Levels of reintegration

The primary goal of reintegration is to restore the rights, well-being, and dignity of CVoT. It goes beyond providing immediate care and protection of the child by focusing on their long-term healing, recovery, and successful integration, where possible, into their families, communities, and society at large. It is essential that reintegration support takes place at different levels:

Individual Level: Tailored support is crucial at the individual level, addressing the unique needs and experiences of each child victim. This involves providing specialized counseling, education, and vocational training to empower them for independent living. Psychological and emotional healing, coupled with skill development, are essential components to enable the child to rebuild their life with confidence and resilience.

Family Level: Reintegration efforts extend to the family unit, recognizing the significant role of family dynamics in the trafficking experience. Support programs should engage families in counseling and skill-building initiatives, fostering an environment conducive to the child's return. Addressing underlying family issues, such as poverty or lack of awareness, is vital for sustained reintegration. If family members have been involved in trafficking, this becomes a challenge to work with family members.

Community Level: The community plays a pivotal role in creating a supportive environment for the child's reintegration. Key strategies involve raising awareness about the consequences of trafficking, dispelling stigmas associated with victims, and promoting community involvement in rehabilitation efforts. Community-based programs serve as a safety net, ensuring acceptance and support as the child reintegrates into society.

Structural Level: Broader structural changes are imperative to tackle the root causes of child trafficking. This includes advocating for legal reforms, implementing policies to address socioeconomic disparities, and initiating efforts to strengthen child protection mechanisms. Collaboration between governmental and non-governmental

organizations is essential to implement systemic changes that prevent trafficking and enhance the overall well-being of vulnerable children.

Collaboration and multidisciplinary approach:

Collaboration and multidisciplinary approach are essential. Effective support requires collaboration among various professionals and agencies. Collaboration with child protection services, law enforcement, healthcare providers, educators, and other relevant stakeholders must be ensured for a holistic and coordinated response.

Process of Reintegration:

Introduce the thought process that needs to guide the reintegrative (Provide pictorial representation)

4.7.3.3. Components of Reintegration

*At each component the support provided must be conducted in a child-friendly age appropriate manner.

Protection: The first step is to identify and rescue trafficked children, ensuring their immediate safety and removing them from exploitative situations. They need to be placed in a secure and supportive environment. A placement committee meeting must be held at the Institution, to consider the report of the CDC Staff member on the reintegration of the child, based on his/her determination of the child's best interests. The Placement Committee, chaired by the Provincial Commissioner of Department of Probation and Child Care Services (DPCCS) or the Probation Officer In-Charge (POIC) must hear the recommendations of the CDC Staff member on the best interests of the child for reintegration.

Physical and psychological support: CVoT can often suffer from physical injuries, malnutrition, sexually transmitted infections, substance abuse issues, unwanted pregnancies and various other health issues resulting from their exploitation. They require medical care and access to appropriate health services. Additionally, psychological support is crucial to help them address the emotional and psychological trauma they have endured. Sessions with skilled counsellors who can truly listen to concerns and reframe them as realistic immediate and short-term steps; provide the child with space to express emotions safely; for example, through exercise, art, dance, or listening to and creating music. Some children may have health issues and undergo periodic or regular medication, which should be continued on the recommendations of health officials. The CDC Staff should seek advice and recommendations for necessary

linkages between relevant health services and caregivers to ensure children's regular medical treatment is not disrupted or stopped.

Education: Access to education is essential for the long-term reintegration of trafficked children be it formal, vocational, skill building, extracurricular etc. Not all CVOTs will pursue formal education, which also means many may require more skill development trainings or even some sort of economic empowerment opportunity. They should be provided with quality education or skill building that meets their specific needs, including catch-up classes if they have missed out on formal schooling. Vocational training programs with certification such as NVQ can also equip older children with life and social skills trainings that enhance their prospects for employment, self-sufficiency and financial independence. Stigmatization by teachers and classmates is common amongst separated children. Teachers and the school environment can often be very discriminatory and attitudes of teachers often stigmatize and reject a child victim. This is especially significant in the case of girls, as the stigma related to gender described above is clearly seen in the schools system. The CVoT will have to be supported through this and also the service providers will have to advocate on behalf of the child. Training teachers to be sensitive, caring, supportive and empathetic to ensure the right (encouraging/ supportive) attitudes towards any child made vulnerable by trafficking – especially when from a poor, marginalized family.

Psychosocial support: CVoT need a strong support system that includes the DPCCS, counselors, and other professionals who can provide them with emotional, economical, legal and administrative support, and guidance. Individual and group counseling can help them process their experiences, rebuild self-esteem, self-care, and develop coping mechanisms. It is imperative that the CVoT receives the Mental Health and psychosocial support services (MHPSS) required and that he/she is referred/re-referred to the most suitable support services. Strengthening the self-esteem and self-worth of separated children, particularly that of trafficked girls. Group and individual therapeutic activities should be provided which help children recover a sense of self-worth; adults who are in a caring and supervisory role with children should ensure that their words and actions praise such children and contribute to the restoration of their self-esteem. Interventions should promote independence, self-sufficiency, and trusting one's own judgment.

Family and community engagement: Reintegration efforts should involve engaging with the child's family, a close relative or guardian (whenever possible), to create a safe and supportive environment for their return. This may involve psychoeducation for the CVOTs and their family members, family counseling, livelihood support for caregivers,

and efforts to reduce poverty and vulnerability in the community. The CVOT and the family must also be provided social and life skills to face their circumstances.

The family can be made aware of the National Authority for the protection of victims of crime and witness on how the government authority operates on protecting Victims of trafficking and their families from the perpetrators. Community awareness campaigns can also help combat stigma, distrust and discrimination against trafficking survivors and to reduce protection risks and risks of revictimization. As a child victim of violence needing care and protection, the child would have likely been placed at the institution through a court order. Therefore, the CDC must seek judicial approval for reintegration prior to commencing the process with the child and family. The CDC should present to court the circumstances of the child that seem conducive for reintegration and request a court order for the process to commence.

Legal support: CVoT may need legal support to seek justice against their traffickers and to ensure their rights are protected. This includes teaching the victim about their rights and what provisions they have access to, providing access to legal aid, assisting with legal proceedings, and advocating for inclusive child-friendly justice systems. It is important to make the victim and their family aware of the legal implications and what the years to come will be like in terms of the legal process. When they become 18 years old, they are no longer under the care of the DPCCS. However, with court delays etc., sometimes the child is above 18 when the case comes to completion. Thus, it is very important for whoever is supporting the child, to maintain all the legal records and proceedings collected in a systematic manner to be used when the case appears at high court. The child too will now be able to take the case forward with guidance. Throughout the legal process, it is important that the CVoT and the family are connected to MHPSS services as the legal procedure can trigger trauma and different time and ages

due to the legal system being prolonged over many years. It is important that they identify whom they may be able to connect to and whom they are comfortable with talking to in such an event.

Long-term support and follow-up: Reintegration is an ongoing process that requires long-term support and monitoring. Aftercare programs should be in place to ensure the well-being of reintegrated children and provide them with continued assistance, including educational support, skills training, psychosocial support, counseling, and access to essential services.

It's important to note that the reintegration process should be child and survivor centered, considering the unique needs, gender, age, level of abilities and vulnerabilities, and wishes of each child.

Collaboration among government agencies, non-governmental organizations (both international and local), and other stakeholders is crucial for effective, comprehensive, customized, and sustainable reintegration efforts. Here there must be good dialog between the child and the helper. The helper must gauge an understanding of what the child's needs, interests and talents are. This understanding will support to steer the child in an appropriate direction.

**If reunification is not possible in the child's best interests, existing national/ provincial guidelines on case management should be followed to support children's care, protection, development and wellbeing.

4.7.3.4. Identifying challenges in the reintegration of CVOT

Service providers assisting trafficking victims encounter intricate challenges, particularly concerning family dynamics. Some victims are coerced or encouraged by family members into exploitative situations such as prostitution or labor, often due to financial constraints. Recognizing the complexities of these family relationships is crucial when considering reunification efforts, especially when the family has played a role in the trafficking.

Service providers must navigate the intricacies of these relationships, taking into account the limited support systems or connections victims may have. Despite the harm caused, some victims may choose not to sever ties with their families, and this choice must be considered, respecting the autonomy of the individuals involved.

In certain cases, families may make apparently rational decisions to send a child away for work, driven by structural circumstances and the desire to improve the overall family situation. Understanding these circumstances is vital for effective assistance. However, prioritizing the child's safety, returning them home may not be immediately feasible. Instead, efforts should focus on working with the child and the family to foster a more supportive, healthy relationship while addressing legal challenges.

In situations where social welfare options are limited, breaking ties with family entails significant consequences e.g.: When the child turns 18 and is no longer under the care of the Department of Probation. Service providers must carefully weigh the potential risks and benefits of severing family connections, recognizing that imperfect family support

may still offer a safety net. Assistance programs should adopt a holistic approach, understanding the multifaceted nature of the challenges faced by trafficked individuals and tailoring support accordingly.

Therefore, a nuanced, victim-centered approach is essential, respecting their agency, understanding the complexities of family dynamics, and considering the broader structural and social context in the reintegration process.

4.7.3.4. Developing ways to mitigate challenges

4.8. SELF-CARE AND CAREGIVER STRESS MANAGEMENT

Course Description:

Providing support to a Child Victim of Trafficking (CVoT) is a highly unique and rewarding experience; however, it is an immensely challenging task in the Sri Lankan context due to various reasons, including the fact that the care institutions are understaffed, and the ratio of children to caregivers is relatively high. Despite their intense motivation and commitment to supporting trafficked children, caregivers are more susceptible to stress, exhaustion, and burnout because of the many tasks and responsibilities they perform all day, every day, and the hazy boundaries that exist between their personal and professional lives. As a result, the specific care needs and demands of children who have experienced abuse and human trafficking can impact caregiver wellbeing.

Therefore, it's critical to identify the stressors and stress responses that the caretakers encounter often, and develop strategies for coping with caregiver stresses, and incorporate self-care practices into their daily lives to enhance their well-being.

Learning Objectives

General objective of the course:

The key objective of this module is to develop stress management skills and enhance adaptive coping strategies to promote mental health and well-being among the child caregiver staff in Sri Lanka. Hence, at the end of this module, the staff members would have the knowledge and skills to manage stress and develop a personalized self-care routine for themselves, enabling them to provide safe and effective services for children in their care.

Upon completion of this module, participants should be able to:

(1) identify types of stressors and the stress responses in themselves and others.
(2) recognize the burnout and its characteristics.
(3) demonstrate an understanding of well-being and quality of life.
(4) develop healthy boundaries between their personal and work lives.
(5) establish healthy boundaries with peers.
(6) develop personalized self-care routines to enhance the quality of life and personal well-being.
(7) practice stress management techniques.

4.8.1. INTRODUCTION TO SELF-CARE AND THE IMPORTANCE OF SELF-CARE

Human rights are gravely violated by child trafficking, which leaves victims with long-lasting harm. Intense work and painful experiences can lead to psychological exhaustion and burnout in caregivers, who are vital to the healing process. self-care is not a luxury but a necessity for those dedicated to the challenging task of caring for child trafficking survivors.
Self-care is any activity that you do deliberately in order to take care of your mental, emotional, and physical health.

Self-care refers to the "ability to refill and refuel oneself in healthy ways" (Gentry, 2002, p. 48), including "engagement in behaviours that maintain and promote physical and emotional well-being" (Myers et al. 2012, p. 56).

The importance of self-care for caregivers is to build emotional resilience, prevent burnout, maintain mental well-being, increase compassion and effectiveness, establish and maintain healthy boundaries, model positive roles for survivors of trafficking, and build supportive communities.

4.8.1.1. Identify the ways self-care relates to work

Prioritizing the self-care of caregivers is crucial for the holistic rehabilitation of child trafficking survivors and the success of efforts to combat the trauma, as it not only enhances the personal health of the caregiver but also aids in the process of recovery for the child victim of trafficking. Further caregivers' long-term commitment and work sustainability, effectiveness of work, and ability to deal with trauma and vicarious trauma will be enhanced.

4.8.1.2. Understanding stress and how it connects to caregivers of child trafficking

The rigorous responsibilities of supporting victims of child trafficking expose caregivers to a great deal of stress and mental exhaustion.

4.8.1.2.1. Define stress and identify different stress responses

The body's internal reaction to any external stimulus that is deemed harmful (Lasarus & Folkman,1984).
The different stress responses are physical, emotional, behavioural, cognitive, and interpersonal.

4.8.1.2.2. Identifying causes of stress

Caregivers frequently witness or hear about traumatic experiences (secondary traumatic stresses), emotional burdens, limited resources, high workload, ethical dilemmas, lack of self-care, and limited support that caregivers receive from others, which may cause a high level of distress.

4.8.1.2.3. Types of stresses

Eustress - Positive stress that arises from exciting or challenging situations, leading to a motivated and energized state.

Distress - Negative stress that results from unpleasant or harmful situations, contributing to a sense of discomfort or unease.

4.8.2. DEFINE BURNOUT AND ITS CHARACTERISTICS

Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:

- feelings of energy depletion or exhaustion.
- increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and
- reduced professional efficacy (ICD, 11).

The term "burnout" is reserved for phenomena that occur in the context of an occupation and should not be used to characterize events in other spheres of life. However, when dealing with child victims of trafficking and abuse, caregivers may experience burnout due to client-related issues, such as secondary trauma, personal safety threats, and dealing with clients' vulnerabilities.

4.8.2.1. Identify how to deal with and heal from burnout

To manage burnout caregivers who are working with child victims of trafficking need to consider three main areas.

I. Managing workload – Use teaming approach, allow job mobility for a change of role, reduce unimportant paperwork, set, and honour your workload limit.
II. Build a supportive organization climate – Encourage peer relationships, normalize asking for and receiving help, and use trauma informed approach to better support workforce and children.

III. Apply self-care – "A-B-C for self-care."

A – Awareness
B – Balance
C – Connection

4.8.3. DEFINE WELL-BEING

Well-being is a positive state experienced by individuals and societies. It is a resource for daily life and is determined by social, economic and environmental conditions. Well-being encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose (WHO, 2021).

4.8.3.1. Introduce the well-being flower

- Wellbeing consists of many facets such as biological (physical), material, social, spiritual, cultural, mental (thinking and learning), emotional. Identifying the individual factors that sustain well-being.
- Identifying the individual factors that can improve well-being.
- Recognize that achieving wellbeing is a process, so the caregiver may not achieve one area, but the person may have achieved other areas highly.

4.8.3.2. Recognizing and changing unhelpful thinking patterns

The caregivers must recognize any harmful or unfavorable thought patterns that can cause one to burn out or compromise their mental well-being. By using this method, caretakers can learn how to challenge these thoughts and develop more constructive thought patterns that will aid in the management of their emotions and stress.

4.8.3.3. Understand the Thought-Behavior-Emotion Cycle

A concept that shows how a caregiver's negative thoughts, emotions, and behaviors are interconnected is called the thought-behavior-emotion cycle. This cycle has the potential to prolong weariness and stress in the context of burnout. This is how the cycle usually operates:

I. Thought - negative and distorted thoughts often play a significant role. These thoughts may include feelings of overwhelm, self-doubt, perfectionism, or a sense of being unable to meet demands.

E.g., thoughts like "I must do everything perfectly" or "I can't afford to take a break" can contribute to burnout.

II. Emotions - Negative thoughts trigger negative emotions. In the burnout cycle, you might experience feelings of frustration, anxiety, sadness, or even guilt.

These emotions can further intensify stress and contribute to a sense of emotional exhaustion.

III. Behaviours - Emotions and thoughts influence behaviors. In the context of burnout, this might involve overworking, neglecting self-care, or withdrawing from social activities.

Behaviors driven by burnout can create a cycle of increased stress, as the person may engage in workaholic tendencies or neglect activities that could help alleviate stress.

4.8.4. UNDERSTAND RESILIENCE AND DEVELOP STRATEGIES TO STRENGTHEN RESILIENCE

4.8.4.1. Identify factors that can support building resilience for caregiver staff

a. Seek social connections and support.
b. Clarify values and do what matters.
c. Deal with a crisis by taking one step at a time.
d. Accept change.
e. Take action to change.
f. Look for opportunities for self-discovery.
g. Think compassionate about yourself.
h. Application: Take care of yourself by practicing adaptive habits such as spending time in nature, mindfulness practices, reducing screen time, engaging in spiritual practices, and choosing social contacts that empower them rather than those that agitate their mind.

4.8.5. EXAMINE CAREGIVERS' WEEKLY ROUTINES TO IDENTIFY OPPORTUNITIES FOR IMPROVING THE QUALITY OF LIFE AND DEVELOP A PERSONALIZED SELF-CARE ROUTINE

4.8.5.1. Caregivers need to develop their own personalized daily and weekly routines including adaptive self-care habits

4.8.5.2. Practice those self-care routines to enhance the quality of life

a. Circle of Control
b. Relaxation Activities
c. Mindfulness activities: mindfulness breathing, eating, and other activities

4.8.6. REFLECTIVE PRACTICE EXERCISE – GIBBS' REFLECTIVE CYCLE

Identification and application of all 05 steps of Gibbs' Reflective Cycle in caregivers' lives.

PRESCRIBED TEXT(S):

Child Welfare Information Gateway. (n.d.). Child Welfare Can Address Burnout.
https://ncwwi.org/files/--Documents/Child_Welfare_CAN_Address_Burnout.pdf
https://www.childwelfare.gov/topics/workforce/preventing-burnout/
Early Childhood National Centres. (n.d.). Promoting Informed Childcare Choices: A Training Guide for Childcare Subsidy Staff.
https://childcareta.acf.hhs.gov/sites/default/files/new-occ/resource/files/training_guide_ccsubsidystaff_09_0.pdf
Taephant, N. (2010). The IOM Training manual on psychosocial assistance for trafficked persons. International Org. for Migration, Regional Office, Bangkok, Thailand.
https://thailand.iom.int/resources/iom-training-manual-psychosocial-assistance-trafficked-persons

05. LECTURE SCHEDULE

Course Content	Duration (hours)	Date & Time (Tentative)	Mode of delivery
1. Key Principles of Rights of the Children	**4.5**		**Hybrid**
1.1. Define the child and child rights 1.2. Purpose of studying children's rights 1.3. Basic principles of child rights 1.4. Identification of reasons for becoming a vulnerable child.	1.5	Batch 1 24 June 2024 09.00 am – 10.30 am	Online
		Batch 2 25 June 2024 09.00 am – 10.30 am	
		Batch 3 26 June 2024 09.00 am – 10.30 am	
		Batch 4 25 June 2024 09.00 am – 10.30 am	
1.5. Methodology of intervening for vulnerable children 1.6. Obligation of service providers and duty learners of children 1.7. Responsibility of children	1.5	Batch 1 24 June 2024 10.45 am – 12.45 pm	
		Batch 2 25 June 2024 10.45 am – 12.45 pm	
		Batch 3 26 June 2024 10.45 am – 12.45 pm	
		Batch 4 25 June 2024 10.45 am – 12.45 pm	
1.8. Identification of categories of children in institutions 1.9. How to establish a multi-disciplinary mechanism to provide services for childcare institutions. 1.10. How to ensure the rights of participation of children in childcare institutions.	1.5	Batch 1 01 July 2024 09.00 am – 10.30 am	Online
		Batch 2 02 July 2024 09.00 am – 10.30 am	
		Batch 3 03 July 2024 09.00 am – 10.30 am	
		Batch 4 04 July 2024 09.00 am – 10.30 am	
2. Legal Framework	**5.0**	**Hybrid**	
2.1. Basic understanding of the crime of trafficking in persons (TIP) and child trafficking	1.5	Batch 1 01 July 2024 10.45 am – 12.15 pm	
		Batch 2 02 July 2024 10.30 am – 12.15 pm	

2.2. International, regional, and national laws applicable to child trafficking		Batch 3 03 July 2024 10.30 am – 12.15 pm	
		Batch 4 04 July 2024 10.30 am – 12.15 pm	
2.3. Understanding the duties and responsibilities of relevant child protection service providers within the legal and policy framework of child rights and child trafficking 2.4. The extent of the problem of child trafficking globally and nationally	1.5	Batch 1 13 July 2024 9.00 am – 10.30 am	
		Batch 2 13 July 2024 9.00 am – 10.30 am	
		Batch 3 13 July 2024 12.30 pm – 02.00 pm	
		Batch 4 13 July 2024 12.30 pm – 02.00 pm	Onsite
2.5. Push and pull factors of trafficking of children and new trends of child trafficking 2.6. The elements of the crime of child trafficking 2.7. Overarching principles and approaches in child protection and child trafficking victim support	2	Batch 1 13 July 2024 10.45 am – 12.45 pm	
		Batch 2 13 July 2024 10.45 am – 12.45 pm	
		Batch 3 13 July 2024 02.15 pm – 04.15 pm	
		Batch 4 13 July 2024 02.15 pm – 04.15 pm	
3. Identifying child victims of trafficking & other forms of child abuse	**5.5**	**Hybrid**	
3.1. The nexus between child trafficking and other forms of child abuse in Sri Lanka 3.2. The importance of the identification of child victims of trafficking	1.5	Batch 1 16 July 2024 09.00 am – 10.30 am	Online
		Batch 2 17 July 2024 09.00 am – 10.30 am	
		Batch 3 18 July 2024 09.00 am – 10.30 am	
		Batch 4 19 July 2024 09.00 am – 10.30 am	
3.3. Victim identification process 3.4. Screening indicators and initial screening tools to help	1.5	Batch 1 16 July 2024 10.45 am – 12.45 pm	

identify potential victims of child trafficking		Batch 2 17 July 2024 10.45 am – 12.45 pm	
		Batch 3 18 July 2024 10.45 am – 12.45 pm	
		Batch 4 19 July 2024 10.45 am – 12.45 pm	
3.5. Basic principles in interviewing Child Victims of Trafficking 3.6. Child –Sensitive communication	2.5	Batch 1 22 July 2024 10.00 am – 12.30 pm	Online
		Batch 2 23 July 2024 10.00 am – 12.30 pm	
		Batch 3 24 July 2024 10.00 am – 12.30 pm	
		Batch 4 25 July 2024 10.00 am – 12.30 pm	
4. Care needs of child trafficking and other types of abuses	**6**	**Hybrid**	
4.1. Introduction to the importance of fulfilling the care needs of child victims of trafficking and other types of abuse 4.2. Identification and practice of essential skills in supporting care needs	3	Batch 1 29 July 2024 9.00 am – 12.00 noon	Online
		Batch 2 30 July 2024 9.00 am – 12.00 noon	
		Batch 3 31 July 2024 9.00 am – 12.00 noon	
		Batch 4 01 August 2024 9.00 am – 12.00 noon	
4.3. Recognizing the signs and indicators of prevalent mental health issues in child victims of trafficking and the significance of eliminating stigmatizing or labeling them 4.4. Child victims referral guidelines and procedures - Safe referrals	3	Batch 1 10 August 2024 9.00 am – 12.00 noon	Onsite
		Batch 2 10 August 2024 9.00 am – 12.00 noon	
		Batch 3 10 August 2024 1.00 pm – 3.00 pm	
		Batch 4 10 August 2024 1.00 pm – 3.00 pm	

Assignment Preparation of Presentation Submission of presentation	2 weeks	10 August 2024- 29 August 2024 31 August 2024 And 01 September 2024	Onsite
5. Managing Child Behaviours and Risks of CVoT	**6**	**Hybrid**	
5.1. Making sense of challenging behaviours 5.2. Functional purpose of challenging behaviour 5.3. Basic assessment skills	3	Batch 1 27 August 2024 9.00 am – 12.00 noon	Online
		Batch 2 28 August 2024 9.00 am – 12.00 noon	
		Batch 3 29 August 2024 9.00 am – 12.00 noon	
		Batch 4 30 August 2024 9.00 am – 12.00 noon	
5.4. De-escalation 5.5. Identify children in distress, who require referral for additional or specialist support 5.6. Introduce strategies to mitigate risks and promote harm reduction	3	Batch 1 02 September 2024 9.00 am – 12.00 noon	Online
		Batch 2 03 September 2024 9.00 am – 12.00 noon	
		Batch 3 04 September 2024 9.00 am – 12.00 noon	
		Batch 4 05 September 2024 9.00 am – 12.00 noon	
6. Supporting child protection case management and record-keeping	**5**	**Hybrid**	
6.1. What is Child Protection Case Management? 6.2. Roles and responsibilities of actors involved in case management in institutional care facilities	1.5	Batch 1 09 September 2024 9.00 am – 10.30 am	Online
		Batch 2 10 September 2024 9.00 am – 10.30 am	
		Batch 3 11 September 2024 9.00 am – 10.30 am	
		Batch 4 12 September 2024 9.00 am – 10.30 am	
6.3. Guiding principles for case management	1.5	Batch 1 09 September 2024 10.45 am – 12.15 pm	
		Batch 2 10 September 2024	

6.4. The Child Protection Case Management Process – an introduction		10.45 am – 12.15 pm Batch 3 11 September 2024 10.45 am – 12.15 pm Batch 4 12 September 2024 10.45 am – 12.15 pm	
6.5. Documentation and record keeping 6.6. The role and responsibilities of institutional caregivers in child protection case management	2	Batch 1 16 September 2024 10.00 am – 11.00 am Batch 2 17 September 2024 10.00 am – 11.00 am Batch 3 18 September 2024 10.00 am – 11.00 am Batch 4 19 September 2024 10.00 am – 11.00 am	Online
7. Individual Care Plan and Re-Integration	**5.5**	**Hybrid**	
7.1. Introduction to the concept of case management and the associated phases	2	Batch 1 16 September 2024 11.15 am – 12.45 pm Batch 2 17 September 2024 11.15 am – 1.15 pm Batch 3 18 September 2024 11.15 am – 1.15 pm Batch 4 19 September 2024 11.15 am – 1.15 pm	
7.2. Closer look at the role played by CDC Staff in the case management process	2	Batch 1 28 September 2024 9.00 am – 11.00 pm Batch 2 28 September 2024 9.00 am – 11.00 pm Batch 3 28 September 2024 12.30 pm – 2.30 pm Batch 4 28 September 2024 12.30 pm – 2.30 pm	Onsite
7.3. Reintegration of CvoT	2	Batch 1 28 September 2024 11.15 am – 1.15 pm Batch 2 28 September 2024 11.15 am – 1.15 pm Batch 3	

		28 September 2024 2.45 pm – 4.45 pm	
		Batch 4 28 September 2024 2.45 pm – 4.45 pm	
8. Self-care and caregiver stress management	**5.5**	**Hybrid**	
8.1. Introduction to self-care and the importance of self-care. 8.2. Define burnout and its characteristics	1.5	Batch 1 01 October 2024 9.00 am – 10.30 am	Online
		Batch 2 02 October 2024 9.00 am – 10.30 am	
		Batch 3 03 October 2024 9.00 am – 10.30 am	
		Batch 4 04 October 2024 9.00 am – 10.30 am	
8.3. Define well-being 8.4. Understand resilience and develop strategies to strengthen resilience 8.. Examine caregivers' weekly routines to identify opportunities for improving the quality of life and develop a personalized self-care routine	2	Batch 1 01 October 2024 10.45 am – 12.45 pm	
		Batch 2 02 October 2024 10.45 am – 12.45 pm	
		Batch 3 03 October 2024 10.45 am – 12.45 pm	
		Batch 4 04 October 2024 10.45 am – 12.45 pm	
8.6. Reflective Practice Exercise – Gibbs' Reflective Cycle	2	Batch 1 12 October 2024 9.00 am – 11.00 am	Onsite
		Batch 2 12 October 2024 9.00 am – 11.00 am	
		Batch 3 12 October 2024 1.00 pm – 3.00 pm	
		Batch 4 12 October 2024 1.00 pm – 3.00 pm	
Guideline for Assignment	1	Batch 1 12 October 2024 11.15 am – 12.15 pm	
		Batch 2 12 October 2024 11.15 am – 12.15 pm	
		Batch 3 12 October 2024 3.15 pm – 4.15 pm	
		Batch 4	

		12 October 2024 3.15 pm – 4.15 pm	
Guideline for how to use LMS	1	16 October 2024	Online
Assignment Submission	2 weeks	19 October 2024- 26 October 2024 30 October 2024	
Total (46 lecture hours)	Online: 32.5 h Onsite*: 13.5 h	Online: 71% Onsite: 29%	

***Please note that these dates are tentative and subject to change in cases of any unavoidable circumstances.**

06. COURSE GUIDELINES

PART I – ENTRY QUALIFICATIONS AND COURSE DETAILS

1 No candidate shall be considered for admission to the program leading to Advanced Certificate in Human Rights-Based Approach to Case Management and Care of Child Victims of Trafficking unless he/she has the following requirements as per the Sri Lanka Qualifications Framework (SLQF)

a) General Certificate of Education (Ordinary Level) or an equivalent qualification,
OR

b) Completion of NVQF level 3
OR

c) Any other relevant qualifications and/or experiences accepted by the Academic Committee of the CSHR and approved by the Faculty Board of the Faculty of Law
AND

d) A good working knowledge of the language in which the course is conducted.

2 Course Structure and Contents

a) **Structure**: This course is designed based on the credit value system of **Sri Lanka Qualification Framework Level 2** (SLQF 2) and it allows a candidate to earn ***15 credits*** within the period of ***six (06) months.***

b) **Course Contents**: This course is an introduction to Management and Care for CVoT. It focuses on the very basics of the relevant areas, particularly emphasizing the most important aspects, namely, Child Rights, Legal Framework, Child Abuses, Child Protection, Care Plan, Stress Management, Understanding CVoT, Care needs of CVoT, Case Management, and Record Keeping.

3 **Course Duration**

06 Months

4 **Medium of Instruction and Assessment**

This course will be conducted in **Sinhala and Tamil**. The candidates should have the ability to read, write, and understand the lectures and reading materials in the language in which the course is conducted.

5 **Resource Persons**

The resource pool comprises of lecturers from the Faculty of Law and academics and practitioners who are experts in the field.

6 **Teaching and Learning Method**

Participant-centered teaching and learning methods will be adopted. Students are expected to actively participate in Lectures/discussions and other forms of facilitative instruction conducted by the Centre. 60% of the course will be delivered online, while 40% on-site at the University of Colombo. 80% of attendance is mandatory to be eligible for the evaluations leading to the completion of the course. The students are eligible for free access to the CSHR Resource Center (CSHR Library) and materials available in the Open Access E-Resources managed by the CSHR Resource Center.

PART II

SCHEME OF EVALUATION AND CRITERIA FOR PASS,DISTINCTION, MERIT, REFERENCE, FAILURES

7 The CSHR shall appoint an Examiner/ a Board of Examiners to conduct and assess the Assessments at the mid and end of the Academic Year leading to the conferment of Advanced Certificate in Human Rights-Based Approach to Case Management and Care of Child Victims of Trafficking.

8 Evaluation Method:

The Course shall carry a maximum of 100 marks. The evaluation comprises of two components. The evaluation of a candidate's performance for the course shall be by allocation of marks for an Individual Presentation and a Take - Take-home assignment. Theparticipants must score a mark of 50% for each component with 80% of lecture attendance.

9 Both individual presentations and take-home assignments shall be evaluated by an instructor appointed by the CSHR.

10

10.1 A candidate shall perform an individual presentation at the end of the first three months and submit the Take-Home Assignment at the end of the course after the completion of lectures and other forms of instruction.

10.2 The course is required to be completed in one attempt, as it is a donor-funded

programme, where the course fee is supported by the donor. However, the CSHR shall provide any candidate who fails to attend the assessment components at the end of the course with an alternative opportunity, subject to obtaining written approval of the Academic Committee, CSHR based on medical grounds or any other grounds found to be admissible by the said Committee and the Faculty Board. The course should be completed within the academic year.

10.3 A person shall not be permitted to submit the assessment components unless he/she has duly registered as an Advanced Certificate in Human Rights-Based Approach to Case Management and Care of Child Victims of Trafficking Candidate from the commencement of theacademic term.

10.4 All rules relating to the examinations and assessments as contained in the Examination Procedure, Offences and Punishment Regulation No. 1 of 1986, and its subsequent amendments shall mutatis mutandis apply to Advanced Certificate in Human Rights-Based Approach to Case Management and Care of Child Victims of Trafficking Assessments.

10.5 Any matters relating to the assessments shall be decided by the CSHR.

11. A candidate shall be deemed to have been successful at the assessment leading to theaward of Advanced Certificate in Human Rights-Based Approach to Case Management and Care of Child Victims of Trafficking if he/she obtains a minimum of 50% of the total marks.

12. A candidate who has been successful at the assessment leading to the award of Advanced Certificate in Human Rights-Based Approach to Case Management and Care of Child Victims of Trafficking may be awarded a Distinction Pass if she/he obtains 75% or above of the total marks during the first period of registration.

13. A candidate who has been successful at the assessment leading to the award of Advanced Certificate in Human Rights-Based Approach to Case Management and Care of Child Victims of Trafficking may be awarded a Merit Pass if he/she obtains 65% - 74% of the total marks during the first period of registration.

14. A candidate who has been successful at the assessment leading to the award of Advanced Certificate in Human Rights-Based Approach to Case Management and Care of Child Victims of Trafficking may be awarded an Ordinary Pass if he/she obtains 50% - 64% of the total marks during the first period of registration.

15. A candidate who fails to satisfy the conditions provided in Section 12 shall be deemedto have failed the assessment.

16. A candidate who is unsuccessful at the assessment/s shall submit the assessment component/s with the very next batch of candidates.

17. The CSHR shall announce through notification the names of candidates who have passed the Advanced Certificate in Human Rights-Based Approach to Case Management and Care of Child Victims of Trafficking and those who have incomplete results in the Advanced Certificate in Human Rights-Based Approach to Case Management and Care of Child Victims of Trafficking.

PART III MISCELLANEOUS

18. Fees for Advanced Certificate in Human Rights-Based Approach to Case Management and Care of Child Victims of Trafficking 2024. No fee is required to be paid, as this course is conducted under a funded programme for one year.

19. **Application Process**

    The DPCCS will call for applications from caregiver staff in state and non-state institutions and provide a list of selected candidates along with the completed application forms, to the Director of the CSHR.

7. ASSESSMENT SCHEDULE

Assessment	Dates* (Tentative)
1. Individual Presentation	August 24, 2024
Preparation	August 10, 2024 – August 23, 2024
Presentation	August 24, 2024
2. Take-Home Assignment	October 27, 2024
Preparation	October 19, 2024 – October 26, 2024
Deadline for Submission	October 27, 2024

***Please note that these dates are tentative and subject to change in case of any unavoidable circumstances.**

8. TAKE HOME ASSIGNMENT

This document will guide you in the preparation, execution, and defense of your take-home assignment. It contains information such as deadlines and submission procedures.

Guidelines for Take-Home

1. The cover page should contain the following items
   - Name with initials (in Sinhala/Tamil and English)
   - Registration Number
2. The word limitation of the assignment is 1500 which does not include footnotes and the list of references.
3. The font type, size, and line spacing for this document should be as follows:
   Font size – 12
   Line space – 1.5
   Font – Iskoola Pota (Sinhala)
   Baamini/Kalaham (Tamil)
5. Deadline for Submission of Assignment:
6. If passages of text or documents (appendices) are used as references in the presentation, the source of which should be indicated. Plagiarism is a serious academic misconduct. Necessary actions will be taken against plagiarism cases if found.
7. Your assignment should be based on the topics mentioned above.
8. Submit a hard copy of your submission to the following address

Director
Centre for the Study of Human Rights
Faculty of Law
University of Colombo
No 94,
Cumaratunga Munidasa Mawatha,
Colombo 03.

9. INDIVIDUAL PRESENTATION

This document will guide you in the preparation, execution, and defense of your individual presentation. It contains information such as deadlines and submission procedures.

Guidelines for Individual Presentation

Date:
Time:

1. The presentation will be held at the University of Colombo

2. Your presentation should be prepared based on the given questions

3. Duration of Presentation: 10 Minutes

4. Your presentation should be prepared using one of the following formats:

   i. PowerPoint
   ii. Using Bristol board or flip chart
   iii. Handouts
   iv. Picture (Newspaper cuttings etc.,)

Please note the following if your presentation is based on PowerPoint

   i. Font Type: Iskoola pota (Sinhala)
      Baamini / Kalaham (Tamil)
   ii. Font size: 28
   iii. Line Spacing: 1.5
   iv. Do not use more than 10 slides

If you are going to present a PowerPoint presentation, you requested to let us know by the 22nd of this month. Participants should send their PowerPoint presentation in PDF format to the following e-mail address: dhayalini@cshr.cmb.ac.lk on or before 28th August 2024.

5. Please mention your name with initials and registration number clearly in your submission

6. If passages of text or documents (appendices) are used as references in the presentation, the source of which should be indicated. Plagiarism is a serious academic misconduct. Necessary actions will be taken against plagiarism cases if found.

10. LOGISTIC GUIDELINES

This course has both online lectures and on-site lectures. More than half of the course will be online. Online lectures will be held on weekdays in the morning, three times a month. Onsite lectures will be held on the weekend in Colombo, once a month. Participants will be required to travel to the University of Colombo once a month for a period of 6 months. The University of Colombo supports you with transport costs, lunch when the lectures are conducted at the University, and also data costs when the course is held online. This logistic guideline will help you to claim transport, lunch, and data costs.

1. How to claim transport costs?

a) Eligibility Criteria:
- Only participants who are officially registered for the child trafficking course and belong to state institutions are eligible for transport cost reimbursement.
- Participants must attend the course physically at the designated location in Colombo to qualify for reimbursement.

b) Reimbursement Rates:
- Reimbursement rates will be determined based on the distance traveled by participants.
- A predetermined rate per kilometer will be established by the CSHR, with the relevant calculation.
- CSHR will allocate the reimbursement amount to each participant based on the calculated distance and approved rates.

c) Payment Process:
- The CSHR will review the attendance sheet of the onsite session
- The university will process the total transport payment for the 6 months based on the predetermined rate per kilometer and the number of participants attending the onsite lecture in a particular province.
- CSHR will process the payment to the participants according to the approved requests.

d) Timeline:

The determined payment will be disbursed as a cheque via registered post 15 days before/after the on-site session in Colombo.

e) Contact Information:

Participants can reach out to the CSHR and DPCCS for any queries or assistance regarding the reimbursement process.

2. Lunch for the Participants

- Those who are attending the lecture conducted at the University can claim the lunch costs.
- LKR 500.00 will be provided for each participant for attending the physical lecture.
- The CSHR will review the attendance sheet and provide the said amount to the participants.

3. How to claim data costs?

- Those who are attending the lecture conducted via Zoom can claim the data charges.
- Up to LKR 450.00 will be provided for each participant for attending the online lecture.
- The CSHR will review the attendance sheet and provide the said amount to the participants.

11. ADMINISTRATIVE GUIDELINES

1. Introduction

This guideline has been formulated to support the effective administration of the Advanced Certificate in Human Rights-Based Approach to Case Management and Care for Child Victims of Trafficking. It clarifies the requirements of the **Advanced Certificate in Human Rights-Based Approach to Case Management and Care of Child Victims of Trafficking** guidelines. For any matters that have not been addressed here, please contact the Administrative Coordinator/Academic Coordinator of the **Advanced Certificate in Human Rights-Based Approach to Case Management and Care of Child Victims of Trafficking** program.

2. Attendance

a. An 80% attendance is required to complete the programme successfully. (Which means that the maximum amount you may be absent is 20% of the total).

b. The Academic Coordinator needs to be informed if you are unable to attend lectures, even though you are within the permitted 20% margin (the number of classes corresponding to the 20% will be given to students)

c. Only if your excuse for non-attendance falls within the category of a 'valid excuse' (medical reasons, travel abroad for employment or conferences only), will it not be counted against the required 80%

d. If your attendance falls short of the required 80% 2 weeks prior to the final presentation, you will not be permitted to do the presentation unless, either

- A valid excuse (with evidence) is submitted to the CSHR Academic Committee, and
- The Academic Committee considers an attendance percentage of less than 80% (and you have achieved the revised attendance)

3. Assignments:

a. Take-home assignments must be completed and submitted to the CSHR within the assignment period/deadline stipulated by the Academic Coordinator

b. Students must submit the soft copy of their assignment to the Learning Management System (LMS) of the University.

c. If for any reason the assignment cannot be completed within this period, or submitted on the stipulated deadline, the academic coordinator must be informed a minimum of

05 days **prior** to the assignment deadline (or within a reasonable time-period prior to submission, depending on the circumstances).

d. Failure to submit an assignment on the deadline without a valid excuse, will be considered an 'exhausted attempt'

e. A failed assignment (for reasons of non-submission without notice, or otherwise) may be repeated in the following academic year, subsequent to a process of 're-registration' (see below)

4. Individual Presentation:

a. Individual presentation will be held on the date(s) stipulated by the Academic Coordinator

b. Presentation dates will not be revised, unless it is a matter of grave urgency, on the basis of which a student/ students may apply for postponement

c. If for any reason a student is unable to do the presentation on the stipulated dates, the Academic Coordinator must be informed a minimum of 10 days 'prior' to the presentation, (or within a reasonable time period prior to submission, depending on the circumstances)

d. Failure to do the presentation without prior notice, will be considered an 'exhausted attempt'

e. If a student failed to do the presentation (for reasons of non-attendance with or without notice) may be given a chance to do the presentation in the same academic year.

12. KEY DATES

Info	Tentative Dates
Inauguration	19 June 2024
Orientation	24 June 2024
Lectures	24 June 2024
Individual presentation	24 August 2024
Submission of Take-Home assignment	30 October 2024

***Please note that these dates are tentative and subject to change in case of any unavoidable circumstances.**

13. KEY INFORMATION

01	Postal Address	Centre for the Study of Human Rights Faculty of Law University of Colombo 93, Cumaratunga Munidasa Mawatha Colombo 03 Sri Lanka
02	General Contact	+94-112-500879/503017 info@cshr.cmb.ac.lk
03	Director	Professor (Chair)Wasantha Seneviratne director@cshr.cmb.ac.lk
04	Deputy Director	Mr. M. A. M. Hakeem deputydirector@cshr.cmb.ac.lk
05	Academic Coordinator	Dr. Danushika Abeyrathna danushika@law.cmb.ac.lk
06	Project Coordinator	Ms. S. Sri Dhayalini dhayalini@cshr.cmb.ac.lk

We would like to convey our sincere appreciation to the following **resource persons** of the programme:

Sinhala Medium

Prof (Chair) Rose Wijeyesekera
Department of Private and Comparative Law
Faculty of Law
University of Colombo

Dr. Madura Sanka Gunawardana
Clinical Psychologist / Director
Sithnivana Mental Health Rehabilitation & Counselling Centre

Ms. Bianca Abeygoonawardena
Specialized in Child Development/Child Protection/Inclusive Development and Education

Ms. Rushani Chandrasena
Child Protection Specialist in Humanitarian Action
Save the Children, Sri Lanka

Ms. Roshan Dhammapala
Clinical Psychologist

Ms. Udani Gammanpilla
Lecturer
Department of Private and Comparative Law
Faculty of Law
University of Colombo

Ms. Nilusha Goonetilleke
Clinical Psychologist

Mr. BKS Karunarathne
Lecturer / Training Officer
National Institute of Social Development

Ms. Anuradhi Navaratnam
Attorney-at-Law
Co-founder /CEO-LIFE

Mr. Subodha M. Malawara Arachchi
Independent Consultant and Skilled Trainer

Mr. Navneth Mendis
Consulting Clinical Psychologist

Ms. Milani Salpitikorale
Attorney-at-Law
Founder of Child Protection Force

Ms. Kusala Wettasinghe
Mental Health and Psychosocial Practitioner

Mr. Ranjan Weththasinghe
Regional Advisor-Child Rights Governance
Save the Children, Sri Lanka

Ms. Niluka Wickramasinghe
Child Psychologist/Manager-MHPP
The Asia Foundation

Ms. Buddhini Withana
Senior Technical Advisor
Child Protection and Child Rights in Business
Save the Children, Sri Lanka

Tamil Medium

Dr. Yashodara Kadirgamathamby
Senior Lecturer
Department of Legal Studies,
Open University of Sri Lanka

V. Jayaruban
Director (School of Social Work),
National Institute of Social
Development (NISD)

Nevethitha Jeevabalan
Mental Health Specialist/Manager
Child Protection Unit - LEAD

Esther John
Mental Health and Psychosocial
Practitioner Child
Protection/Organizational
Development/Staff Care

Thushanthiga Kumarasoorier
Senior Lecturer
Faculty of Law, University of Colombo

Vigitha Renganathan
Technical Consultant Psychosocial –
MHPSS

Jeganathan Thatparan
AAL, Child Rights Activist

Nithila Theivendran
Mental Health and Psychosocial
Practitioner

Varathgowry Vasudevan
Director, Traning Division/Senior
Lecturer in Social Work,
National Institute of Social
Development

****