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## Guideline for Specialised Unit for Children with Special Needs

### 1. Introduction

A significant number of mentally or physically challenged children and children affected by HIV and AIDS and substance abuse, are in need of long term care because of abandonment, death of one or both parents or inability of parents to care for them. Such children are especially vulnerable as they are least likely to have family care alternatives and hence require specialized institutional care and treatment including medical, nutritional, and psychological support.

Infected children (those who are HIV+) are often in need of long term special care to fight the disease. Many affected children--those who either live with a family member suffering from AIDS, or have lost their parents and/or other family members to AIDS, need assistance and support because of their family circumstances. Similarly, there is a large number of children in difficult circumstances in India, because of substance abuse, including children who are either drug addicts themselves or are affected. It has also been observed that poverty and lack of social security and medical services tend to cause parents to abandon children with physical and mental disability. Such children are also in need of specialized care and services to meet their health, nutrition, educational, etc. needs and emotional well being. The ICPS scheme provides for the establishment of a 'specialized unit for children with special needs' as a part of the children's home. These are the units equipped with specialized services and trained staffs to ensure that such children are provided proper care and rehabilitation services. The aim is to mainstream these children.

### 2. Budgetary Norms (as per revised ICPS norms)

S. No.	ITEM	AMOUNT (IN RS.)	CENTRAL SHARE (75%)	STATE SHARE (25% including 10% contribution by NGO)
<b>Recurring Expenditure (per annum)</b>				
1.	Specialised equipments and materials like Psychological test materials, training materials for speech and language, teaching materials, wheel chairs, crèches, etc. @ Rs. 10,000/- per child for 10 children	1,00,000	75,000	25,000
2.	Additional grant for 10 children @ Rs. 400 per child per month to cover expenses on nutritious food	48,000	36,000	12,000
3.	Specialised medical assistance for 10 children for Antiretroviral Therapy (ART) & other medical needs, detoxification and treatment @ Rs. 4,000/- per child per month (as per actuals)	4,80,000	3,60,000	1,20,000

S. No.	ITEM	AMOUNT (IN RS.)	CENTRAL SHARE (75%)	STATE SHARE (25% including 10% contribution by NGO)
	<b>Staff Salary</b>			
4.	One Special Educator/Therapist @ Rs. 17,500/- per month	2,10,000	1,57,500	52,500
	One Nurse (Female) @ Rs. 10,000/- per month	1,20,000	90,000	30,000
	One Care Taker-cum-vocational instructor @ Rs. 7,500/- per month	90,000	67,500	22,500
	<b>TOTAL</b>	<b>10,48,000</b>	<b>7,86,000</b>	<b>2,62,000</b>
	<b>Cost for running 5 Units (per annum)</b>	<b>52,40,000/-</b>	<b>39,30,000/-</b>	<b>13,10,000/-</b>

### 3. Basic Minimum Standard for Special Unit including Roles and Responsibilities of the Staff

Following minimum standards shall be followed while maintaining the Unit. These are in addition to the basic minimum standards of care and services for children in the children's home as provided under ICPS norms or as per the JJ Act, 2000 and Bihar JJ Rules, 2012:

- (i) **Location of the Unit within Home:** The Unit for children with Special Needs must be established on the ground floor of the Home building.
- (ii) **Infrastructural Facilities:** Children with special needs would not be segregated from other children of the Home except in cases where a child is mentally ill or critically ill and needs special supervision and care. One to two rooms may be earmarked by the Superintendent, in consultation with the CPO (Institutional Care) for the purpose. The rooms, as all other rooms, shall be airy and well ventilated and will adorn child friendly paintings. As per ICPS norms, such rooms shall be of a minimum area of 400 sq. ft., i.e. @ Rs. 40 sq. ft. per child. Following Moreover, to enable children's free movement, the following additional infrastructural changes are required-
  - a. Ramps
  - b. Handrails
  - c. Barrier free gateways (i.e. entry and exit pathways of rooms, toilets and bathrooms should be without any barrier.)
  - d. Toilets should be disabled-friendly.
- (iii) **Sanitation and Hygiene:** In addition to the facilities being provided to children in the Home, the Home shall ensure the following-
  - a. The House-father/House mother and the Care-taker shall take special care of the personal hygiene and sanitation of children staying in the Unit.

- b. Regular bathing and nail-cutting and hand-washing before eating are mandatory.
- c. Washing, drying and sunning of children's clothes, bed-sheets, pillow covers and blankets used by children.

Under no circumstances, children should appear to be uncared for and neglected by the staff of the Unit/Home.

#### 4. Eligibility Criteria:

For effective and efficient functioning of the Unit and for providing proper care to children with special needs, it is very important that such staffs who possess relevant qualifications and have experience are recruited. The table below gives in detail the minimum eligibility criteria for selection of the personnel for the Unit:

Sl. No.	Name of the Post	Minimum Eligibility Criteria	Remark
1.	Special Educator	<p><b>Educational Qualification:</b> B.Ed. in Special Education/B.Ed. in Special Education (MR)</p> <p><b>Age:</b> Up to 45 years</p> <p><b>Experience:</b> A minimum of 3 years experience directly working with children with disabilities/mental disability</p>	<p>A person with B.Ed. in Spl. Edu. (MR) would be preferred in selection for a Unit where there are almost 2-3<sup>rd</sup> of children with mental retardation/disability.</p> <p>For a Unit located in children's home for girls, preference would be given to female candidate.</p>
2.	Nurse (Female)	<p><b>Educational Qualification:</b> Intermediate/Diploma in Nursing from a Government/Indian Nursing Council recognized Nursing institute.</p> <p><b>Age:</b> Up to 45 years</p> <p><b>Experience:</b> A minimum of 1 year experience in a hospital/health facility.</p>	<p>Preference would be given to candidates having experience of working with children with disabilities/mental disability/HIV+ children.</p>
3.	Care Taker-cum-Vocational Instructor	<p><b>Educational Qualification:</b> Matriculation/Intermediate</p> <p><b>Other qualification:</b> The candidate must possess skill in a vocational trade (tailoring, handicraft, mobile repairing, basic computer skill like data entry etc.)</p> <p><b>Age:</b> Up to 45 years</p> <p><b>Experience:</b> A minimum of 1 year experience working as a vocational trainer/instructor with an organization.</p>	

## 5. Recruitment and Selection Process:

1. **For Government run Child Care Institutions:** Recruitment of the above staff in the Government run Child Care Institutions shall be done through the State Child Protection Society and appointments shall be made on contractual basis with a detailed term and conditions.
2. **For NGO run Child Care Institutions:** In the NGO run Child Care Institutions, Recruitment of the above staff shall be done under the supervision and guidance of District Child Protection Unit/ State Child Protection Society and in accordance to **Grant Agreement Documents** signed between Vice Chairperson, State Child Protection Society and the concerned Secretary/President/General Secretary of the NGOs at the time of award of projects for running children's home in concerned district under the Integrated Child Protection Scheme.

NGO shall recruit staffs for the Special Unit as per the eligibility criteria mentioned above through open advertisement published on <http://www.devnetjobsindia.org> & Newspaper (Hindi) widely circulated in state within 15 days of the receipt of this letter. The NGO shall involve Assistant Director, District Child Protection Unit of the concerned district in entire process and share records of entire recruitment process along with the photocopies of certificates of selected candidates related to their educational qualifications and work experience with the DCPU/SCPS for final approval.

## 6. Roles and Responsibilities of the Staffs of the Special Unit:

- **Special Educator:** The Special Educator shall be the overall in-charge of the Unit working under direct supervision of the Superintendent of the Children's Home where the Unit is located and in this capacity shall be responsible for the upkeep of the Unit and maintaining basic standards of care and services at the Unit. S/he will be responsible for the educational needs of children with a wide range of disabilities. The educator should have knowledge of each type of disability and the specific needs of the children in different categories of disability. The responsibilities of a Special Educator include the following-
  - i. Curriculum development.
  - ii. Pre-and post testing using group standardized tests.
  - iii. Prepare the Individual Education Plan for each child and place it for review by the DCPU and the Home Management Committee.
  - iv. Mainstreaming of children in the neighbourhood school- Follow up with the school authorities, Sarva Shiksha Abhiyan officials regarding admission and educational support to children; Follow-up on academic progress of children with the school.
  - v. Facilitating Children's Committees meetings.

- vi. Bringing to the notice of the Superintendent and take actions on complaints of discrimination or violence against children with disabilities.
  - vii. Support in the restoration/family-reunification of children residing in the Unit and placing them before the Committee for taking necessary orders.
  - viii. Maintenance of all records, individual files and reports in the prescribed formats or as demanded by the Children's Home/SCPS/DCPU/Directorate, Social Welfare.
  - ix. Production of children before the Child Welfare Committee (CWC) and take necessary orders.
- **Nurse:** The Nurse would be a crucial person to bring about developmental changes in children with disabilities and chronic diseases with affectionate care and treatment. The responsibilities of a Nurse includes the following-
- i. Ensuring that medical needs of children are taken care of including administering medicine dosage to children at the prescribed hour,
  - ii. Keeping a calendar of therapy for each of the child,
  - iii. Follow-up with the physician/therapist,
  - iv. Maintaining medical records of each child,
  - v. Bringing to the notice of the doctor/special educator/superintendent any symptom that needs urgent medical intervention,
  - vi. Maintenance of personal hygiene of children,
  - vii. Ensuring that HIV+ children are taken to ART centre and not a single dose is missed,
  - viii. Keep a record of immunization and ensuring children are properly vaccinated
  - ix. Maintaining hygiene and cleanliness of the Unit premises.
- **Care Taker-cum-Vocational Instructor:** Apart from education, children also need vocational training so that they can have a meaningful rehabilitation. The responsibilities of a Care Taker-cum-Vocational Instructor are-
- i. Maintenance of personal hygiene of children
  - ii. Maintenance of personal hygiene of children
  - iii. Assessment of vocational training needs of children
  - iv. Arranging and providing vocational training to children in consultation with the Special Educator and superintendent of the Home.
  - v. Establishing linkages with vocational training institutions in the district run by Government/NGOs
  - vi. Establishing linkages with schemes/programme on skill development run by NSDC, State Government, Jeevika and other Government run Boards/Corporations/Societies etc.
  - vii. Finding suitable placement/engagement opportunities appropriate to their physical or mental capacities.

## 7. Linkages with Non-institutional Care

Institutional care for children with special needs including HIV+ children is not in the larger interest of such children, as it interferes with the overall development of children in the long run, so the DCPU along with the staff of the Children's Home and the Unit shall integrate the components of non-institutional care in the individual care plan developed for the child. The Unit shall work with SARA and SAA for extending the benefits of adoption, foster care and sponsorship to children and their families. There are many families, which are forced to abandon children with special needs due to ignorance and lack of access to affordable care and treatment. Such children are considered to be burden and unfortunately abandoned by their parents or guardians. The Unit with support from DCPU (DPO-Psychology) shall, after locating child's parents would provide support under sponsorship programme of ICPS. If the child is HIV+, the benefits under Parvarish would be provided. The efforts would be made to enable the family to take care of its child.

## 8. Monitoring of the Unit

The Unit shall function as an integral part of the children's home and shall be under the overall administrative control and supervision of the Superintendent of the children's home. It is very important that the functioning of the Unit is regularly monitored and support from the District Child Protection Unit (DCPU) and Directorate of Social Welfare/ State Child Protection Society (SCPS). The monitoring system of the Unit shall comprise of the following-

- (i) A separate register shall be maintained for children staying in the Unit with details about their nature of disability, activities that they are participating in and details of therapies being given to such children.
- (ii) Individual case files for each child placed in the Unit shall be maintained which would contain details during the time of admission, counseling sheets, progress happening to the child based on the individual care plan.
- (iii) Individual Care Plan (ICP) shall be prepared by the Special Educator which would be regularly developed by the PO (IC). In the absence of the PO (IC), the PO (NIC) would be responsible for the work. The progress of children shall be monitored on the basis of the ICP.
- (iv) The PO (IC) and the DPO (Psychology) shall make weekly visits on an alternate basis to the Unit and help the Probation Officer/Case Worker and the Special Educator to prepare the Individual Care Plan for each child.
- (v) All monitoring visits shall be registered in the special register kept with the Special Educator. In the register, the DCPU personnel shall make a note about things observed and an overall assessment of the social, vocational and educational progress of children to determine whether necessary and appropriate services are being provided and whether improvements are needed. During the visit, the DCPU

personnel will also note the general well being and health of the child and the general environment and upkeep of the Unit.

(vi) A monthly report on the no. of children residing in the Unit, programmes undertaken for and therapies being given to children and progress recorded in the overall well-being of children shall be sent to the DCPU by the Unit. The AD-CPU shall forward the report to the DSW/SCPS with her/his comments.

9. Terms and Condition (FOR NGO RUN Institutions) : Organization(NGO) shall utilize funds and carry out the programmes in accordance with the terms and conditions as prescribed and agreed in the Grant Agreement Document, Standard Provisions of the Grant and other relevant order, circulars and letters circulated by State Child Protection Society. The extension of project in future or additional funding is subject to the availability of funds, satisfactory performance and progress as per the documents prescribed by the SCPS and programme priorities.

Sl. No.	Description of Expenditure	Estimated Amount (INR)	Actual Amount (INR)	Percentage (%)
1	Salaries and allowances of staff	15,00,000	15,00,000	100%
2	Medical and health expenses	2,00,000	2,00,000	100%
3	Travel and transport expenses	1,00,000	1,00,000	100%
4	Miscellaneous expenses	50,000	50,000	100%