

Community Child & Adolescent Mental Health Service Project

**9th Quarterly Report
October to December 2016**

**Dept. of Child & Adolescent Psychiatry,
NIMHANS**

**Supported by Dept. of Women & Child
Development,
Government of Karnataka**

A. Project Objectives

With a view to addressing child and adolescent mental health service needs and gaps, the project aims to extend child and adolescent mental health service coverage, particularly to cover those who are most vulnerable. Project implementation entails a comprehensive plan to provide community-based child and adolescent mental health promotive, preventive, and curative care in urban and later in rural sites through direct service delivery and training and capacity building of child care workers from community-based governmental and non-governmental agencies/institutions and professionals, including schools, NGOs, anganwadis and health workers. The specific objectives of the project include:

- i) Establishment of community-based child and adolescent services;
- ii) Training and capacity building of childcare workers and staff from various governmental and non-governmental agencies, including schools;
- iii) Draw from implementation experiences to develop a comprehensive community child and adolescent mental health service model that may be replicated elsewhere in the country.

B. Project Implementation: Activities and Progress

In all, during this quarterly period from October – December 2016, the Project reached out to 1125 children, through individual or group services and 306 child care service providers/professionals/parents through training programs and other awareness/ orientation initiatives.

1. Mental Health Services in Schools: Remedial Education Services

During this quarterly, school mental health work continued with the remedial education initiative that the Project is in the process of piloting in government schools. More teacher workshops and demonstration of classroom-based remedial education techniques were initiated in the selected government schools.

a) Workshops for Government School Teachers

The team conducted the 3rd level workshop for teachers on learning and remediation for some of the targeted schools. (Levels 1 and 2 of the training workshops have been completed in previous months, and focused on the basics of learning problems in children, brain development and how it impacts learning etc). 4 schools were covered in this quarterly. The workshop objectives and implementation are as described below.

Table 1(a): 3rd Level Remediation Workshop Implementation in Government Schools, October to December 2016

Name of the school	No. of teachers reached.
1. Government Kannada Higher Primary School. Hombegowdanagar	04
2. Government Urdu School, Tank Garden	10
3. Government Urdu School, Arundhati Nagar	6
4. Government Higher Primary School, Chamrajpet	6
TOTAL	26

Objective: For the teachers to analyse the best teaching-learning practices with an understanding of student behaviour in the classroom i.e. for teachers to better understand and practice classroom management and engagement techniques.

Process: The facilitator introduces the topic for the session. The teachers are asked to recall a few things from the previous workshops and the activities that followed it. The facilitator asks the teachers to list the problems they face in the classroom that arise due to student behaviour. As the teachers speak, the facilitator writes the mentioned problem. The list includes problems like – students talking in class, not listening to the teacher, distracted, not concentrating, not bringing books to class, not doing home-work, fighting, untidy and incomplete work, irregular attendance etc.

The session involves a lot of conversations and discussions. The facilitator then proceeds to ask the teachers to list the measures and methods they use to address the difficulties they had mentioned. The most common response to this is, 'punishment'. The facilitator then asks the teachers to take a few minutes and calculate the time they had spent that morning, in punishing students in different ways. The facilitator requests them to include all such measures, like, mild scolding, sending them out of class, being angry at them in any way, talking to them about their behaviour etc. After a rough calculation, the teachers are surprised to note that in the 1 hour 30 minutes of class time they had had that morning, before the workshop, most of them had spent 20 – 30 min in responding to children displaying difficult behaviour. The facilitator then reiterates that a teacher's primary work revolves around academic teaching-learning and if thus calculated on a daily basis, it is seen that on an average a teacher uses a major portion of class time, not in any active teaching-learning work, but in **'managing'** difficult behaviour.

The teachers found this to be a very useful feedback. They asked the facilitator what could be done to avoid such wastage of time. The facilitator then asks the teachers to find connections between such behaviour patterns and the discussions held during the 1st and 2nd level workshop sessions. The group then recapitulates discussions relating to factors that impact learning abilities – Learning Disorders, ADHD, and Socio-Emotional Disorders – and their impact on classroom behaviour, as discussed in the 1st level workshop. Furthermore, the facilitator now asks the teachers to relate the behaviour difficulties as mentioned by them in the current discussion to the points brought out in the 2nd level workshop, pertaining to the neurological process of learning.

The facilitator requested the teachers to keep in mind that the students come from difficult backgrounds and explained that even if they are in class they might be preoccupied with their home situations. Considering all this the teachers are asked to review the methods they use to address the difficulties they face in the classroom. The facilitator makes a list of such methods as they are mentioned by the teachers that include advising, scolding, beating, counselling etc. A review of their practice reveals that the major consequence of the class management strategies is not reformed behaviour, as desired by the teachers, but time spent away from any academic pursuit.

The teachers then relate to how the children react in class when they hit or scold them. Even as the facilitator was explaining the learning process the teachers started applying this information to analyze their own methods. The teachers acknowledged that they have to change certain methods in the classroom. The facilitator then demonstrates a few typical classroom situations using role play methods. Some of the situations enacted are – a child coming to class without books, a child coming to class without doing home-work, a child talking in the class, a child fighting in the class etc, For each of the situations the facilitator asks for the teachers' most probable response and proceeds to enact the same. The session involves a lot of discussions about the challenges the teachers face in the class. The facilitator

then proceeds to offer an alternative strategy. For each of the situations, she demonstrates through role play, how the teacher could focus on the continuity of the work being done in the classroom instead of focusing on the disruptive activities of the children. The facilitator acted out how the teacher could instruct the child to do the pending homework and continue with the class, how the teacher could be ready to provide pen, pencil, paper, book etc, the lack of which is often used by students as an excuse not to work. It is emphasized by the facilitator here, that teachers must ensure that students realize that the focus in the classroom is always on the work being done and no matter what, the work has to go on. The teachers analyzed and discussed where the changes can be made in their class-management approaches.

The facilitator then asks the teachers to go back to the list of difficulties. She asks them what in their opinion the main reason behind those difficulties is. At the same time she asks them to consider, in general, when is it, in any situation, that a person is least distracted. The common response here is, 'when a person is actively engaged in doing something, he/she is least distracted'. The teachers are then able to correlate lack of interest and disruptive behaviour to lack of engagement in the classroom.

The discussion now moves to the strategies teachers can use to engage the children. The facilitator demonstrates the difference between the children in the classroom being occupied versus being engaged. She states that the tools a teacher uses in the classroom are largely restricted to 'reading' and 'writing', both activities that students resist. Thus, when a teacher assigns work in the classroom that involves reading and writing children are disinterested and indulge in disruptive behaviour. However, it is also true that formal classroom academic activities cannot be practiced without reading and writing. The facilitator asks the teachers to recall the points brought out in the 2nd level workshop, pertaining to the neurological process of learning. The teachers could now relate to the connections between common disruptive behaviour in the classroom and neural fatigue, fear and stress of learning that either lead to or stem from lack of engagement in the classroom.

The facilitator then proceeds to reiterate the strategy of 'practical engagement' where the teacher focuses on going on with the work in the classroom, in spite of any disruptive strategy that may be adopted by the children. She then asks the teachers to recall the points from the 2nd level workshop relating to the factors that enhance learning as against those that inhibit learning, and devise classroom strategies to achieve student engagement objectives. The teachers acknowledged that since the primary tools of academic activity in the classroom are reading and writing, student engagement is a possibility only if the teachers bring in a variety of methods in the reading/writing activities in the classroom.

The session closes with a brief summing up emphasizing the importance of teachers redesigning their approach from 'Class Management' to 'Class Engagement'

Observations:

- The Head Mistresses are very cooperative and enthusiastic. They made sure that all the teachers attended the session.
- The teachers were also very interested to learn. They related to their methods of teaching and how they can rectify them.
- They requested us to come back and demonstrate different reading and writing methods that can be used in the classroom.

b) Classroom Demonstration

The workshops were followed by classroom demonstration activities, wherein the Project staff implements an activity in a classroom, with a group of students, for teachers to learn how to do it and then they replicate with all their students thereafter.

A list of 8 'word-activities' have been prepared by the project team, to be practiced by the teachers every day, in every class and every period, for a duration of 5 minutes. This gives an opportunity to the students to experiment with letters, spellings and words. The teachers are encouraged to conduct the activity in a stress and fear free environment. Hand-outs giving a stepwise description of the activity, along with a note listing the do's and don'ts are given to the teachers.

Table 1(b): Classroom Demonstration Activity in Government Schools, October to December 2016

Name of school	Number of Sessions	Total number of students	Total number of teachers
1. Government Kannada School, Chamrajpet.	04	35	03
2. Government Urdu School, Arundhatinagar	02	30	01
3. Government Kannada High School, Fort Ground	01	25	01
4. Government Kannada School, Begur	01	35	01
5. Government Urdu School, Tank garden	03	45	02
6. Government Kannada School, Hombegowdanagar.	01	30	02
Total	12	200	10

The teachers were requested to do the activities in Hindi/Urdu and Kannada also. After the session, the project team member spoke to teachers, showed them the hand-out of these activities and once again explained how the activities should be implemented. She also explained that the vocabulary of the child will improve on doing these activities every day for just five minutes and it will help the teacher recognize and help students who might have trouble in reading or processing.

Observations:

- The teachers seemed enthusiastic and interested to do these activities in the class.
- One of the teachers mentioned that she could discern a perceptible change in some of the students, whereby they are now more confident about reading
- A few teachers are still skeptical about the utility of the activity and are not convinced that it could have any beneficial impact on their ability to read
- A few teachers asked for further demonstrations of one-on-one techniques and wanted to explore the possibility of extending intervention and remediation services to their students.

2. Services in Child Care Agencies

2.1. Interventions in Children's Agencies for Care and Protection

a) Individual Services:

During this quarterly, the project continued to provide individual services in Government boys home and initiated work in the Government Girls home. A total of 33 children were provided

with detailed assessments and first-level inputs, including referral to tertiary care facilities/ NIMHANS, as required. Amongst these children, 134 child mental health issues were identified, 32 (23%) of which were emotional problems or internalizing disorders and 65(48%) were behaviour problems or externalizing disorders. The majority of behaviour problems constituted runaway behaviour, with children running away (sometimes multiple times) from home due to financial stresses and/or emotional/ physical abuse at home. In most instances, emotional problems were the basis of behaviour problems i.e. most institutionalized children's behaviour problems, such as anger problems are a result of anxiety and sadness often attributable to experiences of trauma and abuse. This is why many of them, having a combination of anger and anxiety issues, were diagnosed to have Adjustment Disorder.

Table 2 (a): Total No. of (New) Consultations Disaggregated by Age & Sex, Children's Institutions for Care and Protection, October to December 2016

Age Groups	No. of Children		Total No. of Children
	Male	Female	
5 to 12 years	5	0	5
13 to 17 years	18	10	28
Total No. of Children	23	10	33

Table 2(b): Child & Adolescent Disorders Identified in Children's Institutions in Care and Protection, October to December 2016

Child & Adolescent Mental Health Issues		No. of Children
Emotional Problems	Bed Wetting	1
	School Refusal	3
	Other Anxiety Issues	11
	Dysphoria/Depression/Adjustment Disorder	11
	Self-Harm	3
	Self-Harm	3
Sub-Total		32
Behaviour Problems	Attention Deficit Hyperactivity Disorders	11
	Conduct Disorder	10
	ODD	3
	Substance abuse	9
	Truancy	8
	Runaway Behaviour	24
Sub-Total		65
Learning Issues	Specific Learning Disability	4
	Other Learning Problems (incl. under-stimulation)	7
Sub-Total		11
Developmental Disability	Intellectual Disability	7
	Speech and Hearing Problem	4
	Motor Disability	1
Sub-Total		12
Life Skill Issues		12
Other Health/Medical Problems		2
Sub-Total		14
Total		134

In addition to assessing and addressing the psychiatric problem that each child has, the project also addresses the psychosocial contexts in which these problems occur because how children experience and internalize their contexts and the events or situations they have been exposed to, are what leads to and characterizes the types of emotional and behavioural issues as they occur in children. Institutionalized children are also commonly categorized as children living in difficult circumstances, and it is critical to obtain a depth perspective on how home/family/school and social circumstances not just contributed to but created their psychiatric problems.

Most of the children seen in the Government Boy's and Girl's Home were children hailing from low socio economic background and difficult homes. The children in the institution have vulnerabilities due to psychosocial events that have led to poor emotional regulation mechanisms, of which difficult behaviours such as Conduct Disorder, Oppositional Defiant Disorder, truancy, runaway behaviours and substance abuse are a consequence. Table 2(c) shows the psychosocial contexts of institutionalized children's emotional and behaviour problems. Some of the most common contexts these children are drawn from are families with alcohol and other substance use issues (in parents), death of parents and caregivers, single parents or abandonment by parents.

Table 2 (c): Psychosocial Contexts of Emotional/ Behavioural Disorders in Children's Institutions in Care and Protection, October to December 2016

Psychosocial Context	No. of Contexts
Physical Abuse	4
Emotional Abuse	11
Child Sexual abuse	8
Single Parents/Abandoned	16
Marital Conflict/Domestic Violence	9
Rescued from Trafficking (incl. Child Labour)	7
Loss & Grief (Death of Parents and/or other Attachment Figures)	14
Substance abuse dependency in family	18
Parent with mental illness/ disability/ Health issues	2

Of the children assessed at the institution, 8 children were referred to the Dept. of Child & Adolescent Psychiatry, NIMHANS, for (severe) ADHD, substance abuse and (repeated) runaway behaviours. These were children requiring further in-depth assessments in multiple areas as well as longer term in-depth psychotherapy.

In the Government Girl's Home, most of the children referred had undergone child sexual abuse or had been trafficked into sex work; they had severe emotional and behavioural problems requiring depth intervention. Hence, the project provided recommendations to the Child Welfare Committee for referral of these girls to the Dept. of Child & Adolescent Psychiatry, NIMHANS. However, the Child Welfare Committee responsible for the girls have been unwilling to follow mental health and treatment recommendations made by the NIMHANS Project team, thus grossly undermining the health and mental health rights of institutionalized children. Their non-cooperation has also caused problems as the Project team, before making these recommendations, first obtains consent from the child (and her family if they exist) and go through a detailed process of persuasion to do so. Thus, the CWC's not following through with the treatment recommendations made by the Project team then creates dissonance and

distrust between child and the treating team, and is harmful to the child's already fragile mental health. Further, the CWC does not respect the provisions of the JJ Act which allow the superintendent of the institution to make decisions about a child's well-being, including decisions about when she needs health and mental health services; the CWC does not permit the Girls' Home staff and superintendent to refer any child for mental health assistance unless they (the CWC) decide that the child requires it.

All these difficult dynamics within the Girls' Home and CWC have caused the Project team to largely withdrawn its work in the Girls' Home, only conducting mental health assessment of children referred by the CWC (not the Home staff) and with a prior agreement with the CWC that health and medical recommendations will be followed. As a result, many girls in the Home, requiring assistance are left out as they can no longer access the mental health services provided by the Project.

b) Group Interventions.

During this quarter, the project reached 118 children through 25 group sessions held in 5 child care agencies. As described in the previous quarterly reports, life skills modules have been developed to address issues on socio-emotional development, for younger children between the age of 8-12 years and on relationship and sexuality issues for adolescents. The Project is in the process of piloting these life skills modules by conducting sessions for institutionalized children. Table 2 (d) below shows the session content for each institution/group of children.

One of the institutions, Makkala Jeevodaya, had actually withdrawn from the life skills sessions program offered by the Project, due to lack of time and inability to plan and schedule their children's time. However, they requested the Project to resume sessions and interventions with their children as they found themselves unable to deal with some severe behavioural problems the children in their institution had developed. Following discussions with the institution staff and children, it was found out that the institutional culture had deteriorated over recent months (in part, due to management changes in the institution), and was manifesting as behavior problems in the children through anger/aggression problems, lack of friendship and trust among the children, lack of empathy towards each other etc. Thus, the project team resumed work in this institution, implementing life skills session but also helping set rules and boundaries for the staff and children to follow.

Later, the project staff continued to conduct sessions with the children on a weekly basis. After 3 sessions, the institution staff reported -- that environment of the institution is more peaceful and children are more helpful/ cooperative towards each other, the amount of disagreements among themselves about minor issues have reduced to some extent.

Table 2(d): Group Interventions Provided to Children's Institutions in Care and Protection, October to December 2016

Institution	Session Content	No.	Age Group
Navajeevana J.J.R.Nagar (Emotional Development Module for younger children)	How Stanely Coped with Sadness	16	9 -12 years
	Remembering People, We Love	14	
	Trust Building Game	16	
	Friendship Behaviors	15	
	Forming Friendships and A Friend Whom I love	16	
Total No. of Children Reached		16	
Total No. of Sessions		5	
Ananya foundation (Emotional Development Module for younger children)	Who am I and Who is Everyone Else?- Movement Game	29	9 -12 years
	Getting to know you	29	
	Getting to know you continuation...	35	
	My Journey, My Story	35	
	My Journey, My Story	35	
Total No. of Children Reached		35	
Total No. of Sessions		6	
Ananya Foundation (Sex and Sexuality Module for adolescents)	Needs and Pleasures/desires	17	13-16 years
	Needs and Pleasures/desires	16	
	Acknowledging needs and physical/sexual pleasures	16	
Total No. of Children Reached		17	
Total No. of Sessions		3	
Rainbow Home - Chamrajpete (Emotional Development Module for younger children)	When We Feel Sad	15	9 - 12 years
	How Stanely Coped with Sadness	16	
	Remembering People We Love	14	
	Trust Building Game	15	
Total No. of Children Reached		17	
Total No. of Sessions		4	
Navajeevana Chamrajpete (Sex and Sexuality Module for adolescents)	Possessiveness	15	13-16 years
	The Pressure of Romantic Relationships,	14	
	Peer pressure	15	
	Health and Disease: Safe Sex, Negotiating for Safe Sex	15	
Total No. of Children Reached		15	
Total No. of Sessions		4	
Makkala Jeevodaya	Establishing Context and the purpose of conducting Group sessions.	18	7 - 14 years
	Developing Friendship	18	
	Developing Friendship : importance of working together, helping and complimenting each other.	18	
Total No. of Children Reached		18	
Total No. of Sessions		3	
Grand Total	No. of Children Reached	118	
	No. of Sessions	25	

From the Field Worker's Diary...

Life Skills Sessions for Young Children (October to December 2016)

Institution: Rainbow home Chamrajpete

No of Children: 16

Age group: 9 to 13 years.

Session 1: Separation and Loss

Objectives:

- To create a space for children to share experiences of sadness, separation and loss.
- To enable them to understand how we express and respond to such difficult feelings.
- To help them explore possible ways of coping feelings of sadness and loss.

Activity: Loss Experiences

Method: Storytelling and discussion

Materials: Story on 'Ankit's New Family'

Process (A):

- The children were asked to sit in a circle and they were told - "last session we discussed about different types of feelings such as happiness, excitement, fear, anger, sadness...some feelings are easy to deal with (such as happiness)—that is, we do not experience discomfort or distress of any sort. But for others, like fear or anger- we experience discomfort...and when we are distressed, sometimes others around us also become upset and distressed. Today let us tell some stories and play some games so we can see what to do with our difficult feelings.
- Now let's discuss few situations when we feel sad... all of us feel sad right? Now, name few situations when you feel sad?
- Children were asked to list various situations when they feel sad:
 - when someone hit/scold me.
 - When my mother don't come to visit me.
 - When my father hit my mother, when I fail in my exam,
 - when my friends don't talk to me,
 - when my friends talk behind my back/tease me.
 - When I think how I don't have parents like other children
 - When I remember my mother, she passed away due to cancer.
 - When I see poor people who have no money and home
- All the situations were validated and children were appreciated for sharing their feelings.
- Now I will be telling you all a story, this story is about a boy named Ankit.
- Story was narrated (Ankit's story is about loss...the death of his mother following which he came to the institution).
- After the story discussions were had based on the below questions:

(Level 1):

- Who were some of the people who lived in the big house?
- Who cared for the children and looked after them?
- What was the name of the new person who joined the home?
- Was he happy or sad to be there? How do you know that?
- How did Ankit feel when he was in bed that first night?
- Why was Ankit sad? And what are all the ways in which he showed that he was sad?
- Who helped and comforted Ankit the next morning?
- What did Lakshmi akka tell Ankit about why he had come to the institution/ what had happened to his mother?

- What worries and questions did Ankit have about his mother's going away/ dying?
- What did Lakshmi akka respond to his worries and questions?
- Did Ankit feel a little better thereafter?
- How did the story end?

(Level 2):

- Remember the first day you came to the institution? How did you feel? What were some of your fears and worries?
 - I was very afraid and was crying all day.
 - I did not eat for 2 days.
 - I was angry and threw whatever I had in my hand.
 - I gave back answers to the institution staff and did not obey them.
 - I was upset and worried about how other children will treat me.
 - I was afraid that my mother won't come back to see me.
 - I cried till sister came and consoled me and gave me a chocolate.
- The children were asked how did they cope with it, and who helped/consolated them during that time. Most of the children said that other elder children in the home helped them by making jokes, reassuring them. The institution staff also helped them to settle in, made them comfortable. They also said that the institution staff called up their mother/father so that they could speak, this helped them to feel more comfortable.
- Then the children were asked what would they do if a new child joins their institution, how would they make the new child comfortable and reassure her.
- Children responses:
 - I would give her chocolate.
 - I will show her around the institution to make her familiar to the home.
 - Tell her that we all are here to help you, don't be afraid.
 - I will tell her that as you were alone at home your father got you here so that you can be with all of us.
 - Tell her don't cry your parents will be back.
- Then the children were appreciated for their responses and they were also provided with few more responses that they can provide to a new child in their institution to reassure her.

Session 2: When We Feel Sad

Methods: Story building, Listing

Materials: Picture cards, Chart paper and pens (for listing)

Process (a):

- All the children were greeted and asked to sit in a circle.
- In the last few sessions we have been discussing about our different feelings and our experiences. Today we will be going to build a story using some of the experiences discussed.
- Children were presented with the 4 picture cards and were asked to choose a picture card on which today we will be building a story. Then it was Explain that the facilitator will begin the story and then turn by turn each child will add the next part describing the different difficulties faced by the child. But let's first name the girl in the picture.
- Each child was given an opportunity to suggest a name after which a based on the majority, the girl in the picture was named as Lakshmi.
- The story was built thus:



Once upon a time there lived a girl named Lakshmi . She was 10 years old and studied in 5th Std. She was living with her aunt, uncle and her cousins. She was very good at studies and wanted to become a doctor when she grows up. Lakshmi had never seen her parents; she had lost them in a car accident when she was very little. Since then she was taken care by his paternal uncle and aunt. She was looked after very well by her uncle and aunt. But, when her cousin was born they started to neglect her and started to verbally abuse her. They often blamed her for all the mistakes her cousin did, sometimes they even said that they don't want to take care of her. Since then she could not study well and she failed in her test.

Discussion:

- The children were asked to list the difficulties the girl had faced in the story.
 - She had lost her Parents.
 - She had never seen/known her parents.
 - She was verbally abused by her uncle and aunt.
 - She was accused wrongly by them.
 - She was alone had no one with her.
- Children were asked to rate the difficulties, where the most traumatic experience would be rated as 1 and then 2 and 3...
 1. Parent's death.
 2. Ill treating her.
 3. Wrong accusation
 4. Telling her they don't want her.
- What could you say or do to make her feel better/ comforted?
 - I would tell her "don't worry we all are here to help you".
 - Don't care of people who tease and hurt you.
 - You don't cry instead you work hard and gain good name in front of everyone.
 - We all are there for you; even if you don't have a father we all are here to support you.
 - You have a very caring mother and sister. Don't worry if you don't have your father.
 - Therapist's suggestion: How would you tell Lakshmi to remember her parents...how did Ankit remember his mother? What do you believe? Like do people become a star...? (Many children said 'star'...some said 'butterfly').

Observations:

- It was observed that the children more often shared their own experiences while building the story.
- All the children were not able to contribute to the story in the first round but later were able to add at least some content in the second round.
- The children often tend to finish the story with a happy ending; they were constantly reminded that they need to build a sad story.

Session 3: How Stanely Coped with Sadness

Method: Film screening

Material: Film 'Stanely Ka Dubba' (Synopsis: Young Stanley and his friends would have a great time at school but for a bunch of surly -- and greedy -- teachers who insist on sharing their tiffin. Life becomes even more difficult when the Hindi teacher forces Stanley to get his own tiffin box -- something he never does -- or stop coming to school. Can young Stanley meet the challenge? More importantly, why doesn't he bring his dabba....? This film is about the resilience of a child who comes from an experience of loss and grief).

Process:

- All the children were informed that today we will be watching a movie. The children were all very excited and wanted to know who the hero of the film is. I responded that it was up to them to watch the movie and tell me who it is.

- After the movie was screened following questions were asked and discussed.
 1. Who is the hero of the movie?
 - Stanley is the Hero of the movie.
 2. Which is the one scene that stuck them the most?
 - Most of the children said how Stanley's friend helped him and always shared with him. Few of them also said they liked the fact that even with all the problems he was always happy and cheerful.
 3. What were all the good qualities of Stanley's friend they liked?
 - Sharing, helping, covering up for each other, cheering Stanley when he was sad and the way they encouraged him to go and perform in the dance.
 4. Which teacher they liked the most and why?
 - Everybody said Rosey Miss as she was very kind and understood children very well.
 5. What is friendship mean to them? And how they have helped their friend in the past?
 - All the children were given a chance to respond and share their experiences.
 6. What is the quality in Stanley they liked the most?
 - He was always happy and tried to make others happy. He was very intelligent and talented and never stopped trying.
 7. Did Stanley love and miss his parents? How do we know that?
 - Yes, he loved them very much, we know that because every day he would light a candle to remember them and pray for them.
 8. How does he cope with his feelings of sadness that his parents are no more?
 - Discussions were had about how he keeps the memory of his parents alive each day...but in a positive way—so as to give him strength to deal with the world and some of his daily difficulties.
 9. What did they learn from the movie?
 - Always be happy and help each other never give up. Always look out for others.

Session was concluded by summarizing - Even though we have faced many difficult experiences we should never give up as there is always a way forward.

Activity 4. Remembering People We Love

Method: Art and memory work

Material: Sheets of paper, pencil/ eraser, colours

Process:

- All the children were greeted and asked to sit in a circle.
- Children were asked to recall how Stanley remembers his parents daily (by looking at a picture of them before he goes to sleep at night) and tell children that they can create a picture to remember people they loved.
- Today, we will talk a little about experiences of loss and grief and try to understand our feelings better—so that we also move on to finding ways to deal with these feelings so that we can leave behind the difficult feelings and cope better.
- Rules of the groups such as respect, confidentiality and trust were reiterated.
- Also reassured the children that if anybody is not comfortable to share some of their experiences that is alright —we know that they may be relating to their own experiences privately as we talk.
- The children were then provided with paper and colours and were asked to -think of someone they love—and whom they are separated from/ who is no longer with them.
- Then they were asked to draw a picture of this person. (This could even be a picture of the children/ themselves with the person they love).

- Later children were asked to share their pictures in plenary and share the following:
 - Who is this person?
 - What were some special qualities of this person? (Things s(he) was good at/ reasons you loved him/her...)
 - What things did you do together with this person?
 - What is your best/ happy memory of this person?
 - Then the children were told that they may take their pictures with them, and they could keep it with them so that they could look at the picture every day.
 - They were also told that when they you look at the picture, you might remember the person you loved...but remember also their special qualities, the fun things you did with them and your favorite memory of this person.
 - If you do that, although you may feel sad some of the time, good memories may also help you feel happier and stronger.

Life Skills Sessions for Adolescents: Romance & Sexuality (October to December 2016)

Institution: ANC Rainbow Home- Chamrajpete

No of Children: 15

Age group: 13 to 15 years.

Session 1: Possessiveness

Objectives:

- Enabling children to understand concepts of privacy and boundaries.
- For children to understand issues of coercion versus permission.

Method: Film clip viewing and perspective-taking

- Materials: Film clip 'Possessiveness'

Process:

- All the children were greeted and asked to sit in a circle.
- They were told that today we will be watching another video clip after which we will be discussing about it.
- After the video was screened a discussion was done through a question and answer session as following:
 - What kind of relationship do you see here?
 - They are in a relationship, they are lovers.
 - Is Leela allowed to talk to other boys apart from her boyfriend? Why/Why not?
 - No, because her boy friend is jealous.
 - Why did he get angry when she was talking to another boy? What were his feeling/fears?
 - The boy friend is jealous and he is afraid that Leela will leave him.
 - Did you feel/think that his feelings/fears were justified? Why/Why not?
 - No, he should not be afraid; he should trust her and believe her. If he truly loves her he should believe her
 - Why did she finally decide to break up with him?
 - She was fed up, and was angry the way he behaved with her.
 - Later she starts going out with somebody else. Is she allowed to do so? Why/Why not?
 - Yes she is, because she had ended the relationship.
 - What is the first boyfriend's reaction to her moving on with her life and moving on to a new relationship? Why do you think he reacts this way?
 - He threatened her and he was angry. He reacts this way as he is angry with her.
 - There is a word for this type of reaction. What is that word?
 - He was showing his anger by taking Revenge on her and threatening her.

- Do you think that taking revenge is justified? Are revenge actions helpful to anyone?
 - Most of the children said it is not right to take revenge, it is bad behavior.
 - One child also said 'taking revenge they might feel happy at that time then we will feel sad/guilty that we caused trouble to others'. They were also asked to remember that how and why Leela left him.
- Do you think that her first boyfriend truly loved Leela? If someone does not allow the other person to have freedom that he/she wants to, is it real love? What then is real love?
 - Yes he really loved and liked her that is the reason why he does not want anyone to talk to her.
 - No, because if he really loved her he would not have doubted her and behaved with her like that.
 - All the children were asked what do they think and they were asked to what was their basis to decide. They were also asked to think, what he is doing here by saying that 'you should not talk to anyone other than me'. Children said he is 'forcing her by saying so. Then the facilitator provided insights to the children about 'Force' someone to do things they do not like and not in the best interest of them is also '**abuse**'. Nobody can force a person/child to do anything, even a parent cannot force their children to marry someone whom they do not like, and even a husband cannot force his wife to do anything which she does not like to do.
- You saw 5 different clips on romantic relationships and sexual decision making.
 - We have the right to choose whom we want; we know how to protect ourselves from bad 'boy friends'. We know that we need to think about many things before committing to someone. There will be lot of issues if we don't think before falling in love with a person.
- What were some themes/aspects that were common to all of them?
 - Things that should be in a relationship- Trust, Respect, care, loyalty, helping, both people should like each other.
 - Nobody can force us into anything we can learn to handle these situations.
- Based on what you have seen, which actions/beliefs may be problematic in a romantic relationship?
 - A boy friend who lies, who cheats, who threatens and forces.
- And finally, what behaviours would you practice to ensure that your relationship is happy and successful?
 - I will wait until I find the right person.
 - I won't force anyone and allow others to force me.

The session concluded by thanking the children and appreciating them for their thoughtful answers.

Observations and Analysis:

- The children who were hesitant in the initial sessions of the Romance and Sexuality module was no longer present.
- The children also had started to think and process the sessions and they had many doubts and questions.
- It was also observed the method of showing videos was effective.

Session 2: The Pressure of Romantic Relationships

Method: Film clip viewing and perspective-taking

Materials: Film clip 'The Pressure of Romantic Relationships'

Process:

- All the children were greeted and asked to sit in a circle.
- Asked the children how were they all these days and to share what all they had been doing. I shared the same about myself.

- They were asked if anybody can recall what we did in our previous sessions; all the children were given opportunities to respond. Most of the children could recall.
- Later it was summarized thus: "Last time we discussed about possessiveness, how it affects a relationship. What are the qualities one need to look in a partner, so today another video will be shown to you about, some other issues which might come up in a relationship.
- The videos were shown to the children and discussions were had based on the following questions.

Scene 1:

- What is happening here?
 - Lovers are having a conversation; about what should they do next about their relationship.
- What was her fear about the relationship and its future?
 - The girl is afraid that her parents will get her married to another person other than the boy she loves.
- What strategy she came up with to ensure to be with him in the long term?
 - She wants to run away with him and get married or take nude pictures with her boy friend and show it to her parents so that they will marry her to him only
- What was his response? What is your opinion about the use of this strategy? Why?
 - He says he does not want to do either of it instead talk to parents and get married. He feels these suggestions will be risky.
- What do you think are his concerns about this strategy? What might be your concerns about these strategies?
 - His concerns are appropriate; he knows how these strategies might cause problems.
 - There might be a police case, parents might not accept and they may have to live alone throughout their life.
- Is her persistence to be with him legitimate according to you?
 - She should not force him.
 - Here the facilitator provided more explanation: "her persistence to be together and to get married is not wrong, of course she what she is asking him to do in order to be together might not be appropriate.
- Does this refusal of her strategy mean that he doesn't love her/does not want to be with her? How would you interpret his refusal?
 - No, it doesn't mean that he doesn't love her; it shows that he is concerned about the safety and the problems which may occur by doing as she suggested.
- If he continues to refuse, what does she threaten to do? What is your opinion of what she proposes to do?
 - She says she will commit suicide, no one should do that it is not good.
 - Even if she dies she won't get him, so why should she die.
 - No problem is worth dying.
 - Committing suicide is a great sin, and then she will have to live a cursed life.
- If you were him, what would you do? If you were the girl's friend what advice would you give her.
 - I would convince her, talk to the parents and get married.
 - Ask her to have patience and plan to get married.
 - I would runaway and get married.
- Let's go back to the movie 'OK Kanmani', there they liked each other but they had decided to wait and did not want to runaway/get married immediately. How come? How would Taara's thoughts been different from this girl (This girl's priorities and concerns was to get married) what were their priorities/consideration before getting married?
 - Taara wanted to study have a good job and then get married.
 - Taara would have convinced the parents to get her married to her lover.

- Was it easy for him to refuse to do as she wanted him to?
 - No, he also wanted to get married with her but he was more careful. It was not easy for him to say no.
- Session concluded by giving a brief introduction to POCSO Act and the laws.

POCSO- Protection of children from sexual Offences

POCSO is an act formed by the government in the best interests and well-being of the children as being of paramount importance at every stage, to ensure the healthy physical, emotional, intellectual and social development of the child. Act to protect children from offences of sexual assault, sexual harassment and pornography.

It defines different forms of sexual abuse, including penetrative and non-penetrative assault, as well as any other kind of sexual harassment such showing naked pictures and videos (pornography), including talking or texting or sending emails/letter with explicit sexual contents .

A sexual assault is termed as "aggravated" under certain circumstances, such as when the abused child is mentally ill or when the abuse is committed by a person in a position of trust or authority such as family members/parents, hostel/institutions staff, police officer, teacher, or doctor. The Act prescribes stringent punishment to the offender as per the gravity of the offence, with a maximum term of rigorous imprisonment for life, and fine.

Session 3: Peer pressure

Method: Film clip viewing and perspective-taking

Materials: Film clip 'Peer Pressure'

Process:

- All the children were greeted and a brief recap was done about the previous session.
- Then the facilitator introduced the session: " today we will be talking about how we get influenced by our friends and what might the consequences of it"
- The film clip was screened and the children were asked the following questions and discussion was done.
 - What is happening in this clip?
 - What is the relationship between these three people?
 - What are they discussing about? What is your opinion about such discussions? (is it normal/does it happen...)
- As the children were not able to understand that in the video clip the boys were discussing about pornography/ watching nude pictures of male and female engaging in sexual acts. Then the children were again reassured 'all these issues are being discussed with them to help them to make appropriate decisions in future about relationship and sexuality and not to embarrass or make them feel uncomfortable'. Later the discussion continued as below:
 - One person/boy is not participating in the conversation. What do the others think of him? What is your opinion about lack of sexual experience in someone? Is it necessary..?
 - The boy was not participating as he was younger to them and he was seeing something like that for the first time. Further the facilitator explained/simplified the question in order to help the children to respond. The children then said it is not important to know/have experience in sexual experiences.
 - "If you're a man, you should try... if you don't try then you are a disgrace to the 'male' community...."("Gandsuandre try madbeku... Try madilla andre gandsara jathige avamaanaagatthe...") Do you agree with this statement? - Why/Why not?

- No, there are so many other things much important. This is not the only thing important.
- The facilitator later asked: What, according to you, are the qualities of a 'real man'? then discussed qualities that are human—to do with compassion, equality, sensitivity, caring, honesty, respect, trust etc.
 - What do you think was the reason for his hesitation? Was he interested?
- He was afraid as all these things were new to him.
 - Who do you think passed by and how old might this person have been?
- A young girl around 6 yrs.
 - What do you think he had in mind for this child?
- He wanted to try to engage physically with the girl
 - Can we engage in sexual acts with children (let's say below 13 yrs of age)? Why/Why not?
- No, it is wrong.
- The facilitator provided more depth insight about why a child should not be engaged in sexual relationship. Firstly, the body has not developed to engage in sexual relationship/sexual characters/monarchy - she has not attained complete development. Secondly a child does not understand what and why people engage in sexual relationship, nor will they have enough knowledge about its effects/impact/risks. Hence they won't be able to give consent to engage in sexual/physical relationship.
- Then the session was summarized by talking about various situations that the children have faced with their friends wherein they were forced to do/engage in things which they did not like.
- Then the facilitator asked them to list out various responses that they would give to their friend/s if they force them.
 - I would tell them to mind their own business.
 - Never talk to them.
 - End the relationship.
- Then the facilitator suggested few other situations: What if they are your best friend you wouldn't want to end the relation because of this, for this the children were not able to provide a response. To this the facilitator provided few responses that they can provide in these situations.
 - 'I am your friend but, I don't like what you're doing it is not appropriate, you might get into trouble'; make the friend understand the consequences help them to see what is appropriate.
 - If the friend blackmails emotionally 'I am your friend true but it doesn't mean that I will do whatever you ask me to do'.
- The session concluded by asking the children to practice these responses through role-play.

Session 4: Health and Disease- Safe Sex

Objectives:

- Awareness about the risks of unsafe sex.
- Learning about safe sex practices.
- Enabling negotiation and assertiveness skills to be safe in sexual relationships.

Method: Viewing of information film clips.

Material: Information clips as follows:

- Sexually Transmitted Diseases: <https://www.youtube.com/watch?v=hbWOPJFfxGk>
- Condoms:
- Birth Control Pills: <https://www.youtube.com/watch?v=gAV1sskQUo8>
- Emergency Contraception: <https://www.youtube.com/watch?v=VsmLvNAsv1I>

Process:

- The children were asked to sit in a circle. Then they were asked to recall what was done in the previous session. Most of the children could recall.

- Introduction: Today we will be talking about 'Safe sex', how can one be safe before engaging in sexual relationship, what are all the risk/problems one faces if they do not take necessary precaution'
- Children were asked what they understand from the term 'unsafe sex'.
 - Unsafe sex will make a person pregnant or get HIV, this showed that children had an understanding about risk of pregnancy and transmission of STD's
- One after another video clips were screened each followed by discussions. Children were invited to ask any questions which they may have.
- Later, children were asked to list out the important points which they learnt today. Further the facilitator emphasized the importance of safe sex practices, what are the precautions one should take at the time of making decisions about physical intimacy.
- Then many questions from the children were answered by clarifying the Myths about sex.

Myth 1: Dose masturbation cause health issues?

Fact: No it does not, but if it is done excessively will have some impact on our daily routine. If one engages in masturbation and is not able to do all other activities then it certainly causes issues. One should also take necessary measures to be hygienic.

Myth 2: It's more acceptable for boys to masturbate than girls.

Fact: It's natural for boys and girls to masturbate - both do it.

Myth 3: A child who masturbates has been exposed to sexual information that is not appropriate for his/her age.

Fact: From birth, children explore their bodies by touching. They learn this feels good. Showing knowledge of sexual acts besides masturbation could mean they've been exposed to inappropriate sexual information.

Myth 4: Masturbation causes acne or loss of eyesight.

Fact: This oldie but goodie probably ties to the fact that teenagers generally start masturbating around the same time puberty hits, which is also the time of acne and when many teens get glasses.

Myth 5: Masturbation causes sexually transmitted diseases.

Fact: For a disease to be 'transmitted', you need two people. Mutual masturbation is taught in some sex education courses to avoid sexually transmitted diseases.

Myth 6: Teenagers shouldn't masturbate often, as they will lose the ability to have children.

Fact: Teenagers will tend to masturbate more often than adults as their hormone levels are at the highest they will be in their lifetime.

- Towards the end of the discussion raise and discuss the issue of masturbation- "As we have discussed desire for sexual pleasure is not wrong. And one way for fulfilling sexual desire is masturbation. It is the safest method where in the sexual pleasure is gained by self-stimulation."
- At the end of the session the facilitator provided explanations to children regarding myths and wrong notions about masturbation. They were reassured that "masturbation is not a shameful or abnormal thing; it is normal part of sexuality in humans."
- Later, facilitator explained the process of masturbation: "it is the sexual stimulation of one's own genitals for sexual arousal or other sexual pleasure. The stimulation is done through hands, fingers etc. In female's clitoris, breast/nipples and vagina are stimulated and in male's penis is stimulated to attain pleasure"
- Later, a rationale was provided to children about the advantages of masturbation-"there are few advantages of masturbation there won't be any risk of STD's or pregnancy".

- Then the concept of privacy and boundary was explained- "As we had discussed earlier about maintaining privacy and respecting others privacy (i.e. maintaining boundaries). While masturbation we should always ensure that we do not violate others privacy and boundaries"

Developing Friendship and Managing Difficult Behaviours (October to December 2016)

Institution: Makkala Jeevodaya

No of Children: 18

Age group: 7 to 14 years.

Session 1: What is Friendship Mean to you?

Objective: To understand the values of friendship.

Method: Movement games, listing, discussion.

Materials: Sketch pens, chart papers, tape, scissors.

Process:

- The session was started by recalling the activities done in the previous group session by the facilitator. The previous session had started with forming a group, unanimously choosing a name and forming ground rules.
 - The children reiterated the ground rules. A brief introduction about friendship was given by the facilitator and the children were asked to write in the chart paper what friendship means to them.
 - Their responses were that - friendship is helping each other, sharing, unity, co-operation etc. The chart papers were later decorated by the children, taped and kept in the children's room for them to see and read it every day.
 - The next activity was to ask the children to run in a circle and the facilitator would be clapping and stop clapping after saying a number (1-5)
 - If it is 1- stand alone, if 2-pair up, if 3- form a group of 3 and so on. After each number, the children formed their groups and were given questions to ask each other.
 - In a group of 3, they were asked to tell the things that they liked about each other for which they responded with - helps u, makes me laugh, takes care of us, dances well. Etc.
 - In a group of 2, they were asked about things they did not like about each other which included- getting angry for small things, pinching them, not helping when asked for help, irritating them by being too close while talking etc. After this the facilitator paraphrased and gave inputs about how to handle when such situations arise next time- by asking the other person to maintain boundaries, teaching the children about space and boundary, bringing it to the attention of the authorities instead of fighting, talking calmly etc.
 - In a group of 4, they were given a situation and asked to discuss and come up with answers on how they would react to such situations.
 - Ex: When they are angry- they would go to the person that makes them laugh, they won't fight back or hurt them.
 - When someone beats them- get it to the notice of the authorities; hit a pillow instead of hitting someone else.
 - When someone gives false complaints- will not do the same thing back to them, will not irritate them by constantly asking why they did it.
 - The facilitator acknowledged the responses of the children and the session ended by encouraging them to paraphrase what they did, with the help of the facilitator and to try to follow this learning in the coming week.
- Observation and Analysis:**
- The physical activity (running in the circle) helped in children being less distracted and getting their focus to the session.
 - Children were very insightful about the values of friendship

- As the children had little attention span, the facilitator had to change the activities to keep them focused

Session 2: Developing Friendship

Objective: To enable the children to understand the importance of working together, helping and complimenting each other.

Method: Movement games

Materials: A large space where the children can move around.

Process:

- The session was started with informing the children that they would do an outdoor activity after recalling the activities done in the previous session.
- The game was explained to the children: the children were to pair up and each pair stand back to back and holding hands. When the signal is given, the children should walk from the starting point to reach the finishing line without lifting each other up or dragging or falling down. Both are supposed to walk slowly but steadily co-operating with each other to reach the end point. A demonstration was given by the facilitator and the game was started.
- It was observed that many children kept the race to reach the end point as a priority and could not comply to the rules of the game. The 2 pairs that completed the game following all the rules and this won were congratulated.
- After the game, children were made to sit in a circle and discuss the objective of why this game was chosen to be played. They were asked on what basis the winners were chosen and they replied with - they concentrated more, they wanted to win and that they both went together instead of pulling each other.
- The facilitator then asked the children to try to clap with one hand, which they tried and said that it was not possible. It was reiterated that they have to work with each other and help one another every day in routine tasks like cleaning, watering plants etc.
- The facilitator gave the following examples-
 - If one is sweeping the dining area and throws all the dust in the veranda, the house would not be clean.
 - In school, if the English teacher does not like the social science teacher and intentionally extends her class after the bell, the next class of social science will be incomplete and the children will be at loss. They should work with each other and understand the needs of the students.
 - Similarly, in a home if husband and wife are not cooperative with each, neither will be happy.
- Conclusion: The children were made to understand that not all of them may study very well, not all of them would be good at sports. So, it is important to co-operate and complement each other's qualities and appreciate the good in all of them.

2.2. Interventions in Children's Institutions: Children in Conflict with the Law

During this quarterly, the Project continued mental health services for children in conflict with the law, at the Government Observation Home (OH) in Madiwala, Bangalore. The Project team has been providing the following services in the Home:

- Individual assessment (from a mental health perspective, including conducting psychological testing for children with neuro-developmental and psychiatric problems).
- Individual counseling and therapy (including pharmacological treatment and psychotherapy) for each child with a view to effecting transformation and preventing recidivism.
- Providing report to the JJB magistrate addresses the questions in the JJ Act 2015 under section 14, particularly with regard to assessments of 16 to 18 year old children.
- Collaborative work with the staff/ superintendent to develop daily schedules and activities for children that will serve the purposes of rehabilitation (so that the Observation Home is not viewed as a mere place of detention or punishment).
- Working with other agency to facilitate vocational training needs of the children in the observation home.

a) Modification of the Assessment Proforma

The assessment form was further modified to make revisions to the section on substance abuse as the previously included assessment had certain issues and gaps. The previous assessment questions on substance use, drawn from the WHO substance abuse tool: i) was far too detailed and complicated for use by counselors who do not have high levels of knowledge of substance use issues (the system of scoring was also somewhat difficult for persons with lower levels of knowledge and training); ii) did not capture information on how and when the substance abuse was started, reasons for using substances etc—all of which have implications for intervention, and are therefore important from a therapeutic perspective.

Hence, the WHO tool was substituted with the Adolescent Alcohol and Drug Involvement Scale (AADIS)¹. This tool captures information on reasons for use of substances, frequency and start of use so that the information gathered can directly be used to develop (substance use) therapy goals and interventions for the children.

b) Individual Assessment

While all children in the OH require to be assessed, and the Project is in the process of doing so, some children are given priority (i.e. assessed sooner) based on the following criteria:

- The severity of mental health issues such as severe anxiety/ depression/ self-harm risk/ substance abuse with withdrawal symptoms—as observed by the OH staff or other children or disclosed by the individual child himself (children often approach the Project staff themselves, asking for assistance).
- On request of the Observation Home staff i.e. counselor or superintendent, usually coming from some behavioral concern they have about the child.
- On request of the Juvenile Justice Board (JJB) Magistrate-- both Bangalore Urban and Rural JJB magistrates request the NIMHANS team to conduct mental health assessment of specific children and to provide a brief about child mental health issues, if

¹Developed by D. Paul Moberg, Center for Health Policy and Program Evaluation, University of Wisconsin Medical School. Adapted with permission from Mayer and Filstead's "Adolescent Alcohol Involvement Scale" (Journal of Studies on Alcohol 40: 291-300, 1979) and Moberg and Hahn's "Adolescent Drug Involvement Scale" (Journal of Adolescent Chemical Dependency, 2: 75-88, 1991).

any. These are used by the magistrates to act in the interests of the child for decisions regarding bail as well as instructing the child to undergo treatment at NIMHANS.

- If the child has the probability of getting bail immediately/ in the near future—so as to ensure that the child is advised on treatment/ referral/ follow up in case of need before he leaves the OH.

During this quarterly, a total of 20 children were provided with detailed assessments and first-level inputs including referral to tertiary care facilities/ NIMHANS, as required. Amongst them 15 children admitted to being involved in some kind of prior illegal activities and the remaining were not involved in any kind of illegal activities, refer table 2(e)

Table 2 (e): No. of Children Assessed/ Provided with First Level Response, October to December 2016.

No of Children Assessed	20
No. of Children Allegedly Committed Offence	2
No. of Children Allegedly NOT Committed Offence	18

*All children are male as the Madiwala OH is for boys only.

Among these 20 children, 67 child mental health issues were identified, 15(22%) of which were emotional problems or internalizing disorders, 18 (27%) were behaviour problems or externalizing disorders and 34 (51%) life skill deficits were identified (refer table 2 (f)).

Table 2(f): Child & Adolescent Disorders Identified in Children in Conflict with Law, October to December 2016.

Mental Health issues		No of cases
Emotional Issues	Anxiety	6
	Depression	9
Sub total		15
Behavioral issues	ADHD	1
	CD	5
	Substance abuse	12
Sub total		18
Life skill issues	Decision-making general	5
	Empathy Dev/ Interpersonal Relationships	0
	Emotional regulation/interpersonal issues	3
	Conflict resolution	6
	Assertiveness/ peer pressure	11
	Coping with stress	9
Sub Total		34
Total		67

Emotional Issues: Of the 15 cases of emotional issues, a majority (60% of the emotional issues) were related to depressive symptoms. These were mostly due to their admission in Observation home and being away from the family; additionally, being charged with an offence (whether or not the charge is legitimate) makes it hard to cope, resulting in anxiety and depression.

Behavioural Issues: A total of 34 behavioural issues were identified, where in the majority of the cases i.e. (67%) were substance abuse. It was observed that most of the children had one or the other type of substance use problems and needed de-addiction interventions. While the children may have lowered access to substances while they are in the Observation Home, which acts as a protective environment, therefore causing the children to say 'now I am ok—

don't smoke, I have decided to quit', the issue is that once they leave the OH, they are at risk to returning to their old habits (unless interventions are provided to address them). Thus, the substance abuse interventions include treatment of any child who may have intense withdrawal symptoms following severe substance abuse (usually evident only as soon as the child is admitted to the OH) as well as life skills work to equip children with decision-making/assertiveness/refusal skills in the context of peer pressure and substance use.

Life Skills Deficits: A total of 34 cases of life skills deficits were identified among the 20 children (note: one child may have more than one life skill deficit). Life skill deficits in the following areas were identified: Decision-Making (In General); Emotional Regulation/Interpersonal Issues; Conflict Resolution; Assertiveness/ Peer Pressure; Coping with stress. Assessments show that life skills deficits in areas of assertiveness/peer pressure and coping with stress accounts for almost 60% of the life skills deficits.

Given that no child is a 'born criminal', there are vulnerabilities and pathways to offence. Table 2(g) shows the psychosocial contexts of children in conflict with the law and how some of these life events and situations have rendered them vulnerable to coming into conflict with the law.

Table 2(g): Psychosocial Contexts of Emotional/ Behavioural Disorders in Children in Conflict with Law, October to December 2016.

Psychosocial Context		No. of Contexts
Family Context	Low socio economic status	16
	Single Parents/Abandoned	6
	Marital Conflict/Domestic Violence	3
	Substance abuse dependency in family	5
	Parental inconsistency/ permissiveness/overprotection	3
	Parent/family in conflict with the law	1
	Parent/ family members with mental illness/ disability/ Health issues	7
		41
Abuse and Trauma	Physical Abuse	11
	Emotional Abuse	5
	Loss & Grief (Death of Parents and/or other Attachment Figures)	8
		24
School Context	School dropout due to lack of motivation	10
	School dropout due to financial issues in the family	5
	Truancy	7
	Academic difficulty	11
		33
Child labour		12

c) Group Interventions:

Art: The Project team got permission from the OH superintendent to provide a wall/ room that children could paint and decorate the wall. The project with the help of a trained artist guided the children to paint and decorate the wall of the classroom. The children themselves whitewashed the classroom. Then, they were asked to choose what they would like to paint on the wall, following which a wall space was allotted to each child. The painting activity continued

for about 2 weeks, over which the Project artist visited the observation home and helped the children to create the wall art work.

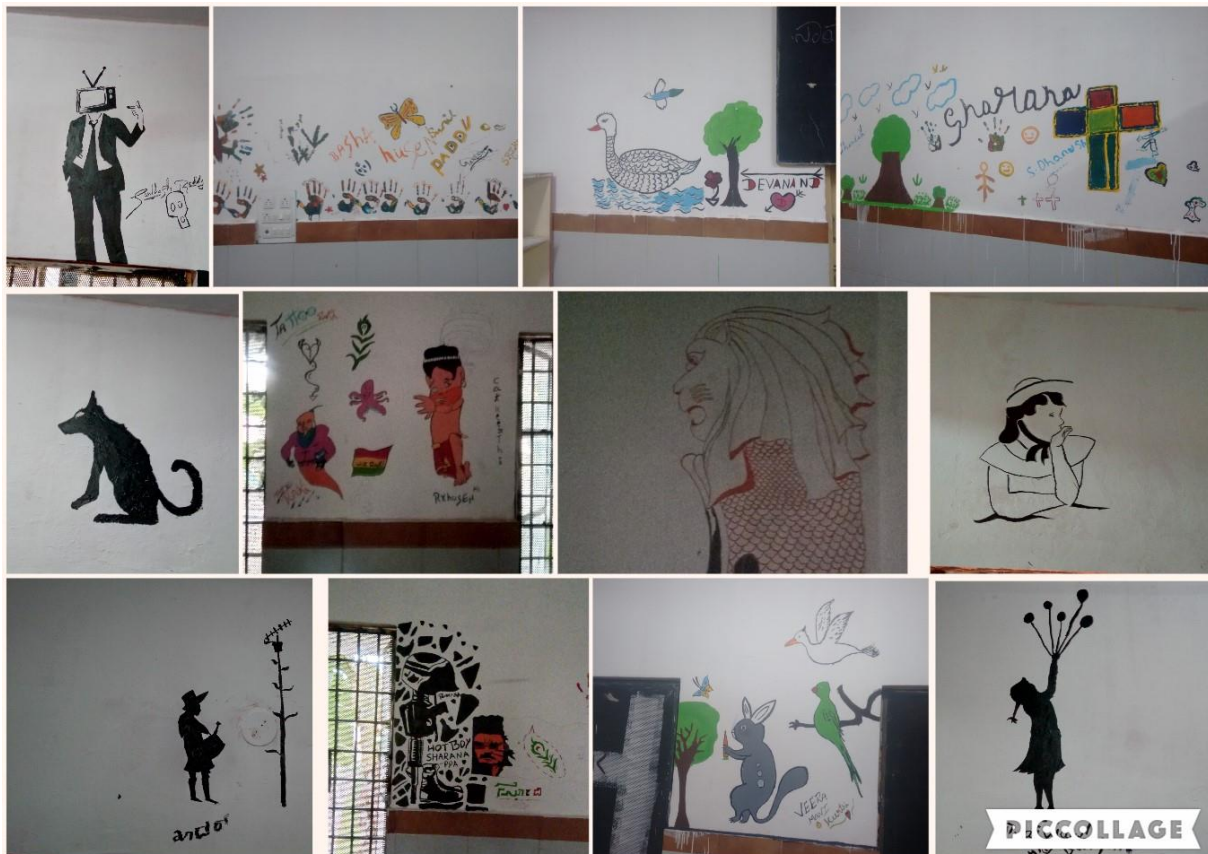


Indoor Games: The implementation of indoor games and activities continued during this quarterly. 2 sessions were conducted by the Project team and demonstrated it the OH staff to replicate the same with the children. The aim of these sessions is: to engage them in rule-based games that would help enhance their social skills/ team-playing abilities; and to facilitate activities that would increase their attention-concentration skills and sitting tolerance (especially necessary for ADHD children but useful for all).

However, despite the demonstration and the pleas of the Project team, the OH staff did not conduct these activity sessions and all the games, puzzles which was provided was just locked up and not used. The justification of the OH staff is that the children will 'break and destroy' all the games and materials. This justification has little basis because in our experience, children are eager to play and do so quietly, especially as they are so engaged and interested in jigsaw puzzles, card games and carom. The OH staff's assumptions, which may arise from one or two difficult experiences of children fighting about the carom board, are largely attributable to their prejudices about children in conflict with the law—that these children are aggressive and destructive and have not the ability to engage constructively in any activity.

These prejudices and lack of proactive actions towards the children are harmful because: i) they do not allow the OH then to serve as a rehabilitative centre, one that provides children with opportunities to change or enhance their (social) behaviours—consequently, the OH gets reduced to a detention centre, which it is not intended to be; ii) they do not enable children to

be gainfully occupied, thus actually resulting in more fights and unnecessary chaos in the Home i.e. when children have nothing to do for long hours, they are likely to engage in undesirable behaviours such as aggression and substance use, justifiably so; iii) they contribute to an institutional culture that is hierarchical and oppressive, thus increasing vulnerable children’s anger and mistrust of the world, in particular of the adult world—thus leading them to continue their defiant or anti-social behaviours. Children will behave as they are treated—if treated with respect and given responsibility, they respond in the same ways (at least for the most part), and if they are labelled as being destructive and incapable of anything good or useful, they will conform to that identity that has been thrust upon them, as there is no motivation to behave better or differently.



Group work Observations:

Despite the limitations to conduct the group interventions in the observation home such as uncertainty of the length of children’s stay in the observation home, large number of children in the home at a given time, some children’s reluctance to participate in group sessions, the team continued with some group work--engaging children in more leisure and recreation activities, such as film screenings, board games, art sessions, and role play activities in the hope that these would gradually induce the children to discuss life skill-related issues. Group work also aimed to also to learn more about the children, their lives and interests and perceptions, through more general recreational activities.

One of our observations during group work sessions was the power of peer influence and how it influenced the dynamics observation home as well. One of the challenges is that CICL struggle with adult authority—while the facilitator’s methods may not be authoritarian, children still associate them with adults and with the adult-child relationships they have been exposed

tothus far (primarily judgemental, punitive and hierarchical). As a result, there is a tendency in CICL, no matter how good the rapport and therapeutic alliance, to not comply with instructions in group activities. Also, as mentioned earlier, this issue also arises due to ADHD and many children's inability to sit in one place, follow rules and do structured activities.

The other challenge in implementing group sessions was the gender of the facilitator. Women facilitators, at times, found it harder to 'manage' the group; in as much as the children were responsive to the women staff, in individual therapy, when in a group, the dynamics were different². The Project has been considering whether a male facilitator may have been more effective in providing them with a role model and whether children may actually be more responsive and less hesitant to discuss issues with a male facilitator. However, further group work needs to be done before any such conclusion is made.



²The issue of gender of the facilitator has been known to have an impact with certain groups and in certain situations. For instance, the female staff of the Project has an enormous impact in girls' institutions, where life skills sessions on emotional development and sexuality issues are conducted. In addition to the comfort that the children feel with the staff, she also serves as a role model to them.

d) Experimenting with Peer Counselling Methods in the Observation Home

A majority of children in the observation home are from dysfunctional families, have had problems with school and education and frequently been child laborers; they are also considerably vulnerable to adverse peer influences, especially as neglect and poor supervision at home had led them to developing gaps in life skills such as decision-making interpersonal relationships, emotional regulation/ interpersonal issues, conflict resolution, and assertiveness. Lack of life skills and vulnerability to adverse peer influences have led them to substance abuse behaviours and often, consequently, to committing offences. Children with attention deficit hyperactivity disorder (ADHD) were even more vulnerable than others to peer pressure, given their already poor social judgment skills. Although the problem (as we understood from the individual assessment processes) pertains to adverse peer influences, it is still an indication of the tremendous influence that peers have on these children.

During group sessions and outside, it was observed that children tended to frequently obey some of their peers, especially those to whom (for whatever reason) they owed allegiance. So, X would say he was not interested in participating in the group session that day. But a short while later, if Y had decided to participate, X would follow; and we noticed some subtle communications that would pass between X and Y, following which decisions to participate (or not) in the session would be made.

Further, children in conflict with the law are often judged by everyone; they have been frequently targeted for punishment due to their difficult behaviours (in fact, being in the observation home itself is a punishment); starting from families in which these children have been victims of parental neglect and abuse (both emotional and physical), to schools where these children have been victims of bullying and corporal punishment, to the police who are reported to engage in the most severe forms of physical violence, these children have been almost continually punished, for behaviours they were responsible for and those that they were not. Even the most sympathetic and well-intentioned people end up being judgmental and critical by giving them (moral) advice and instruction, including the need to improve themselves and to be good. As a result, CICL already have a deep mistrust of the (adult) world, which they

Peer Influence Issues in Children in Conflict with the Law

Example 1: 'V' is a child who has been in the observation home from past 6 months and is known to bully other children in the home. 'S' is child aged 17 who was recently admitted in the observation home and has attention deficit hyper activity disorder (ADHD). As 'S' started to spend more time with 'V', he started to engage in bullying and physically abusing other younger children in the Home.

Example 2: Child 'C' aged 14 years reported that he started smoking cigarettes only because of his peers. He also reported that they refused to include him in their sports team if he did not smoke hence he started smoking and now he finds it difficult to quit smoking.

Example 3: 'K' aged 13years started to spend more time with his friends/peers from his neighbourhood, after which he dropped out of school started to roam around all day, started using cigarettes, solution and ganja. He also started to engage in robbery with his peers in order to procure substances.

Example 4: 'B' is a child who is 17 years old who came into conflict with the law by wrong accusation and was in the observation home for 3 months. Child prior to coming to the observation home never engaged in the gang activities or any kind of fights/violence. But after coming to the observation home the child made friends with other children in the observation home who were from the nearby neighbourhood and after he was released started to spend time with these children and started to involve in fights due to which he came in conflict with the law for the second time.

have experienced as being unjust, unempathetic, hierarchical and patriarchal, powerful and dominating, violent, judgmental and critical. Their disillusionment with the adult world is also one of the reasons that these children rely on their peers for emotional support, affirmation and a sense of belonging.

In the light of the above, as well as considering the somewhat negative attitudes of the OH staff, their lack of time and additional human resources, their reluctance to engage with the children in proactive ways, the Project team tried out some peer counseling initiatives in the home. While the evidence for peer counseling for children in conflict with the law is not very favourable i.e. a study examining the effects of prevention and intervention programs on juvenile offending states that Peer counseling also failed to reduce substance abuse or delinquency and, in some cases, increased delinquency³. Even with this evidence, the Project team still decided to experiment with some peer counseling methods in the observation home.

Objectives of Peer Counseling Methods in the OH:

- To use peer influence in a proactive manner so as to assist:
 - i) Children with emotional issues by providing them with continuous support and reassurance;
 - ii) Children with problems of aggression and rule-breaking by providing them with opportunities for practical learning in pro-social skills.
- To create an institutional culture and environment in which the children feel safe and supported as they learn new skills for the future.

How Peer Counseling was Implemented:

Child Targeted for Primary Assistance	Peer Counseling Intervention		Outcome
	Inputs to Child	Inputs to Peer Counselor	
A 16 year old child, X, assessed for mental health issues, was found to have anxiety and depression (along with substance abuse problems).	Child X was asked to pick one child in the observation home with whom he was comfortable and would like to talk to. He selected peer 'S'. Permission was sought from the child about whether he would be comfortable if he was assigned this peer as a buddy/ in a supportive role.	Peer, 'S', was given brief understanding about X's difficulties (without providing explicit details that would violate X's confidentiality); S was asked whether he would be willing to assist X. 'S' was also explained why was he selected to help 'X' i.e. that he had been in the OH for some time now, and knows its workings, and also that 'X' was comfortable with him and believed him to be helpful. 'S' was asked to spend 10 mins of his time with the X thrice a day and do the following: i) remind X to practice relaxation exercises (already taught to X); ii) spend some time encouraging X to talk about his happy memories; iii) provide a listening ear and comfort and reassure X. This was done for over a period of 1 week along with 2-3 sessions by the therapist.	After 1 week, when child X was asked how he was, he reported that he was much better compared to last week and he specifically reported that "when I was sad and anxious, I felt like talking to S, as he always talked to me and comforted and reassured me."
17 year old child K who was recently admitted to the Observation Home, and had anxiety and crying spells; he had been bullied and	K was asked whether the therapist could arrange for other children to help him, with the strict assurance that he would not be made	The therapist called child 'L' who had been staying in the OH for over 3 months and was suspected of bullying other children, and enquired whether L would be willing to help K by spending 15 mins every day with him. When L agreed he	After 1 week child Y reported that he felt secure and relaxed, as no one bullied him, because L helped him to make friends with everyone. The

³Dishion, T.J. & Dodge, K.A., Journal of Abnormal Child Psychology, Vol. 33, No. 3, June 2005, pp. 255–265

<p>beaten up by other children in Home on the day he was admitted⁴.</p>	<p>further vulnerable to bullying.</p>	<p>was briefed about the child's anxiety and how the child feels lonely and afraid in the OH as he is new. L was also explained why he was selected to help K and why not others : as he is been in OH for a longer time, and is aware how the systems work, and also that the therapist believes that he would be capable of taking care of K. 'L' was requested to: i) talk to the child Y daily 2- 3 times and check how he is doing; ii) Show him around the home and its facilities; iii) involve Yin all the group activities in the Home.</p>	<p>institution staff also reported that they had noticed some positive changes in L—that he was more caring and helpful towards other children. 'L' was thanked and appreciated for helping K and told how thankful K was to him. L was very happy and he also said it felt good that he could be of help to someone.</p>
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Outcome of Peer Counseling Initiatives:

We observed that peer counselling could have a three-fold purpose: i) provide emotional support for children who require it; ii) provide opportunities for learning prosocial skills for those children who lacked them—this would be critical in enabling them to transform some of their socially less desirable behaviours, re-create their identities and enhance self-worth and self-esteem; iii) consequently, bring about a change in the culture of the organization i.e. make the OH a place that is welcoming, supportive and nurturing, one that offers space and opportunity to children who come there versus being a place of detention, where more violence and punishment is used to respond to children who have committed offences.

Based on the above observation the project is planning to implement peer counselling/ buddy system in the observation home.

2.3. Interventions in Children's Institutions: Children under 6 years

As part of the Project's objective to assist children in difficult circumstances, including children who were abandoned in public places, rescued or orphaned, the team works with ShishuMandir -the Government home that shelters orphaned and abandoned children between 0-6 years. This institution is also one of the government's adoption agencies.

Objective of Interventions in ShishuMandir:

- Developmental assessment to identify gaps and deficits in the five domains of child development (namely physical, social, speech & language, emotional and cognitive development).
- To design suitable interventions to address the gaps and deficits in child development.

The Project team made 2 to 3 visits per week to the Government home, during which time the following support and services were provided:

- Individual assessments were conducted for 22 children between the ages of 3-6 years.
- Provision of inputs to the institution staff, in particular the teachers, to enhance the development of children through age-appropriate pre-school/ developmental activities.
- Demonstrations to the teachers to conduct for regular and routine early stimulation activities for the children.

⁴Bullying and beating new entrants to a home is a common tradition in children's institutions, particularly in the boys' Homes, similar to the ragging phenomenon in colleges. After a time, when they are 'old boys' and there are other new comers, they do the same to them.

a) Individual Assessments:

The superintendent of the institution said that since the children were very young and were often unable to communicate the details of where they came from, it was difficult to understand their needs; in particular the staff were finding it hard to manage some of the emotional issues that these young children presented with, saying that they did not have the skills to determine what emotional issues and trauma experiences they had. Further, since this is an adoption agency, the institution staff wanted to use the assessments to provide appropriate guidance and inputs to the adoptive parents of some of the children who would be given in adoption.

Thus, in response to the institution’s request for all children to be assessed, the Project started in this quarterly, by providing developmental assessments to 19 children between ages 3 and 6 years. (Refer table: 2(h). The project will continue to assess the other children in the next quarterly period.

Table 2(h): No. of Children Assessed, Shishumandir, October to December 2016.

Age group	No. of children		Total
	Male	Female	
3-4	3	7	10
5-6	3	6	9
Total	6	13	19

Development of Tool:

A tool was developed by the NIMHANS team in order to conduct developmental assessments for 3 to 6 year olds (a sub-group of the 45 children living in the institution as of December 2016).The assessment tool attempts to understand children’s background, including experiences of trauma and abuse, medical issues and sensory deficits and developmental functioning--given the considerable difference in abilities and skills even within the pre-school age group, there were

<p style="text-align: center;">Components of the Developmental Assessment Tool</p> <ul style="list-style-type: none">• Basic information (name, age, sex)• Institutional history (how & why children came to the institution, including details of child’s family—if available—and experiences of abuse and trauma...neglect, abandonment...)• Medical problem/ Sensory needs and issues• Developmental Functions/ Skills Checklist (Indicators for the 5 domains of development, Physical/Social/Speech& Language/Emotional, Cognitive Development)
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separate developmental skills indicators for 3 to 4 year olds and 5 to 6 year olds. While the background experiences elicits descriptive/ qualitative information, a likert scale approach was used to understand the child’s developmental skills and abilities—which were categorized into 3 levels of ‘to a high extent’ (if a child’s ability to complete a task or demonstrate a skill was age-appropriate), ‘to some extent’ (if a child is able to perform the task partially or has the beginnings of the requisite skill but it is still not age-appropriate) and To a low extent/Not at all (when a child does not have age-appropriate skills and abilities and/or a delay is observed).

Data Collection/ Implementation of the Assessment:

The information for the assessment was collected from 3 sources: i) the child’s file in the institution (which contains background information from the police or parent at the time child

the child was admitted to the home)ii) inputs from teachers and caretakers on the child's emotional and behavioural states; iii) the child—through interviewing and tasks assigned, using simple questions and play methods. (See annex 1 for a copy of the assessment tool)

Data Entry and Analysis:

The data was entered into an excel sheet with categories and codes created to capture children's psychosocial circumstances (family backgrounds and experiences of abuse & trauma) and their developmental skills and abilities.

Background/ trauma-related information were coded in the following way:

- Neglect: When children were observed to be under-nourished, and when there was alcoholism and illness in parents and caregivers, we concluded that children from these homes would have probably suffered neglect referring to emotional neglect (by way of lack of adequate emotional responses, love, care and attention to the child) and physical neglect (by way of deterioration of health and nutritional needs).
- Loss experiences: Children have had loss experiences because they have been abandoned and therefore lost their families and caregivers, and/or through death of caregivers.
 - Abandonment refers to children who were left by parents and relatives in public spaces such as streets and bus stands.
 - Death of caregiver refers to children whose parents (one or both) died.
- Physical abuse: Children who have been hurt physically in various ways ranging from acts of violence such as hitting, biting, burning, slapping and kicking evident from injuries and wounds at the time children were brought to the institution; older children were also able to report some of these abuse experiences.

Developmental Functions was coded and analyzed as follows:

Each domain of development had on average, 4 to 5 indicators. If a child scored 'to a high extent' on a minimum of 3 indicators, it was concluded that the child had overall abilities to a high extent in that domain; similarly, if a child scored 'to some extent' on a minimum of 3 indicators, it was concluded that the child had overall abilities to some extent in that domain; if a child scored 'to a low extent/ not at all' on a minimum of 3 indicators, it was concluded that the child had overall abilities to a low extent/ not at all in that domain. In some domains, if a child scored equally on the indicators i.e. 3 'some extent' and 3 'low extent', the benefit of doubt was given to the child and his/her abilities overall were scored at 'some extent', not as 'low extent'—this was done because children come from difficult backgrounds and continue to be under-stimulated in the institution and thus, there developmental gaps are more likely to come from under-stimulation than from physical and intellectual disability causes.

One of the limitations of the assessment is that certain aspects of the children's lives, such as sexual abuse were difficult to capture. When children exhibit sexual behavior towards other children and inappropriate behavior for their age, it is suspected that the child has been sexually abused, but the staffs were not able to report such behaviours or observations. Indeed the limitation of all the assessment information may be attributed to:

- i) The age of the children and their limited verbal abilities, due to which they are not able to self-report about their experiences;
- ii) The heavy reliance on the information provided in the files by the police and other stakeholders (at the time of the child's admission), which may in themselves not be complete or reflective of all the child's family issues (sometimes, when a child has been abandoned, nothing at all is known about the child's family background);

iii) Dependency on the accounts provided by the institution staff who do not have the knowledge and skills to provide accurate information about children’s developmental functions, particularly their emotional and behavioural issues.

In fact the assessment tool was developed in the recognition and backdrop of the above-described challenges and limitations, which is why all attempts were made to triangulate information from multiple/ possible sources, to come to the most accurate conclusions possible under the circumstances, about the children’s needs and issues.

Findings:

19 children were assessed for developmental functioning. While this is a small (and not statistically significant) sample, it still helps us to begin to understand emerging trends and issues in an institution for infants and very young children, in order to start designing appropriate psychosocial interventions for them.

i) The Impact of Trauma on Early Childhood Development

This variable sought to capture children’s family backgrounds (where information was available), as well as experiences of abuse, neglect, loss and grief, and abandonment. Children in this institution have undergone a range of traumatic experiences:

Example 1: 3 of the children, who are siblings were abandoned with their mother, by their father, following which the mother started a relationship with another man, who burned the children using cigarette butts and matchsticks; one of the siblings now has behavioural issues (she coerces other children to drink their urine).

Example 2: A child was picked up by a stranger and brought to Bangalore; as the child cried often, he hit her often, including with a glass bottle, when she was rescued by the general public who witnessed this incident at a bus stop.

Example 3: Two siblings abandoned at a Tamil Nadu railway station and were rescued and transferred to Bangalore as they spoke Kannada.

Example 4: A (boy) child was rescued while being sold in the market by his father (or so the seller claimed), following the death of the child’s mother.

Example 5: The child’s father who was physically disabled relinquished the children to the institution following the death of the mother; the father visits the child each month at the institution, but each time his visit ends, the children cry for days after.

Thus, each child in the institution comes from a context of multiple types of trauma.

Table 2(i): Psychosocial Contexts in Children, October to December 2016.

Trauma Context	No. of Contexts
Neglect	19 (100%)
Single Parents/Abandoned	19 (100%)
Death of a parent/caregiver	17 (89%)
Physical Abuse	6 (31%)

*N=19 for each context listed.

To begin with, it would be reasonable to state that nearly all children between ages 3 to 6 years (those assessed) have undergone the trauma of separation from families and of being institutionalized-- except for those who were infants, when they were relinquished in the institution (at under 6 months of age), who due to their lack of cognition and awareness, experienced trauma differently. However, even infants would have undergone some initial trauma at being separated from their birth mothers; while they may have no understanding of it, they certainly have a sensory experience of separation and loss i.e. of no longer hearing/ seeing/ feeling the presence of their primary caregivers or mothers.

For older children, who were abandoned in public spaces, the trauma is far greater as they have clear memories of their families and caregivers, thereby making the loss experience more acute. By the age of 18 to 24 months (1.5 to 2 years), they have fully achieved the developmental milestone of object permanence (i.e. understanding that objects continue to exist even when they cannot be observed), which means that when their caregivers 'disappear', they keep looking for them and wonder where they are, whether they will come back; consequently, they are able to feel high levels of anxiety at this age. Thus, the effects of trauma on a child who came to the institution at age 1+years can be substantially higher than one that came at early infancy. Bowlby's studies also showed that children experienced intense distress when separated from their mothers. Even when the children were fed by other caregivers, this did not diminish their anxiety⁵.

Further, with cognitive growth, there is greater consolidation of memory as children grow, and so they remember events of physical abuse and neglect that may have occurred at home, before they came to the institution. These memories are also anxiety-provoking—children who have started out in the world with a deep sense of fear and insecurity and mistrust in the adult world continue to have emotional regulation issues.

The relatively higher number of children having emotional development deficits, whether they pertain to ability to be soothed can be attributed to traumatic experiences in early childhood. These children come from difficult backgrounds of physical and emotional neglect, either due to poor or inadequate responses by primary caregivers and/or death of caregivers.

Attachment Issues in Young Institutionalized Children:

Research shows that attachments are most likely to form with those who responded accurately to the baby's signals, not the person they spend more time with. This was also termed as 'sensitive responsiveness' by Schaffer and Emreson⁶. In institutions, given that there are multiple caregivers and many children, it is difficult for children to form attachments to caregivers. Further, in ShishuMandir, the staffs do not have the understanding and skills to respond to children in ways that foster genuine warmth and attachment.

The behavioural theory of attachment suggests that infants form attachment with caregivers that provide food. In contrast, Harlow's explanation⁷ was that attachment develops as a result of mothers providing tactile comfort, suggesting that infants have an innate (biological) need to touch and cling to something for emotional comfort. Thus, it is not adequate for the institution caregivers to merely look at the children's physical and nutritional care needs—and institutional caretakers often accord this the maximum importance (which they certainly should) but it cannot be the sole way in which to care for children. They need to recognize the difficult and traumatic backgrounds that their children come from and move beyond providing food and physical care, to engaging with the children emotionally—talking with them, playing with them, soothing and comforting them when they are hurt or upset.

⁵Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psychoanalysis*, Vol 39, Sep-Oct 1958, 350-373

⁶Schaffer, H. R., & Emerson, P. E. (1964). The development of social attachments in infancy. *Monographs of the Society for Research in Child Development*, 1-77

⁷Harlow, H. F. & Zimmermann, R. R. (1958). The development of affective responsiveness in infant monkeys. *Proceedings of the American Philosophical Society*, 102,501 -509

Further, according to Bowlby, infants have a universal need to seek close proximity to their caregivers when children are under stress or when they feel threatened⁸. Thus, when children first come to the institution, when their trauma is likely to be most acute, it is imperative for them to receive special/ additional attention from one to two specific caregivers.

ii) Medical & Sensory Issues

None of the children assessed had any sensory problems relating to vision, hearing, tactile issues. Only one child had an orthopedic injury due to an accident and was being treated for it.

iii) Developmental Functions

a) Physical development: The children were assessed for gross motor, fine motor and self-help skills. Nearly all children age-appropriate gross motor skills i.e. they are able to run/ jump/hop/climb stairs etc. Only one child was not able to perform these activities because she had traumatic (leg) injury.

Only 12 children or 63% had age-appropriate fine motor skills. A third of them have only partial skills in this area due to lack of stimulation. The teachers say that they are not willing to give the children colours/ crayons as they fear that children will break the crayons or eat them or use them to scribble on the walls. Other fine motor skill development activities such as beading, buttoning and sorting are not done with the children i.e. there is no daily routine with regard to pre-school activities; children are simply seated in the classroom for a certain number of hours each day, with nothing to occupy them. (The Project staffs have observed this on a regular basis).

Most children had self-help skills such as going to the toilet, wearing their pants, eating on their own and washing their hands. Despite not having adequate fine motor skills, many children are able to manage some daily activities—because these activities do not entail the use of fine motor skills such as the pencil grip or buttoning. The fine motor skills they were assessed for pertained to more complex skills related to pre-writing or readiness skills—often not required to complete some of the daily activities relating to the types of clothes these children have to wear or to eat. The five-finger grip, which is developed by the age of 3 years, is sufficient for children to eat and wear their trousers, for example.

b) Speech & Language Development

Interestingly, while the classroom activities only include rote learning and recital of rhymes i.e. they are not geared to children developing an increased fund of words or construction of phrases and sentences or making conversation, most children have age-appropriate speech and language abilities. They are able to tell their names, provide short narratives of daily events, report and 'complain' about each other's' behaviours. The development of adequate speech and language abilities of the children may actually be attributed to the children themselves—while the caregivers are purely instructional (and tend to be brief, mostly telling them to sit still/ be silent/ perform daily activities), since there are several children, of varying age groups, the children talk to each other.

⁸Prior, V & Glaser, D (2006). Understanding Attachment and Attachment Disorders: Theory, Evidence and Practice (Child and Adolescent Mental Health). London: Jessica Kingsley Publishers. London.UK

c) Cognitive Development

Like speech and language, most children (90%) have age-appropriate levels of cognitive development. It is important, however, to understand that their cognitive abilities were not assessed using standardized tools. For example, we did not assess whether a child knows the name of the colour 'red'—because we know that children have not been exposed adequately to or taught about such concepts; so they cannot be assessed on what they have not been taught—this would result in labeling them as having intellectual disabilities, which would be inaccurate. Instead, what we assessed was the children's ability to differentiate between colour and shape, varying tastes—because the ability to differentiate is the core cognitive function; the ability to name the colour is a learnt one i.e. dependent on teaching. So, the children are able to differentiate between colours, fruits and vegetables; they are also capable of higher levels of cognitive functioning, reflected by the fact that they know who the head of the institution is and even have an understanding of hierarchy and staff functions! They know, for instance, that 'complaints' have to be made to the teacher and not the cook; they know where or to whom to make their requests to get their needs met.

Table 2(j): Developmental Functioning, October to December 2016.

Developmental functions and tasks		Ability to Perform Developmental Functions And Tasks		
		To a high extent	To some extent	To low extent/not at all extent
Physical Development	Gross Motor Skills	18 (95%)	1 (5%)	0
	Fine motor skills	12 (63%)	6 (32%)	1 (5%)
	Self-help skills	17 (89%)	2 (10%)	0
Speech and Language development		16 (84%)	3 (16%)	0
Cognitive development		17 (89%)	2 (11%)	0
Social development		17 (89%)	2 (11%)	0
Emotional development		8 (42%)	9 (47%)	2 (11%)

Note: A given child may have more than one developmental deficit.

d) **Social Development:** Likewise, the assessment was based on places and people to whom the children had exposure. Within their limited worlds, and with the available opportunities, most children had age-appropriate social skills. They know the various spaces within the institution and the roles and functions of different staff; they are able to play cooperatively with each other; children who were taken to CWC and Indra Gandhi Hospital are aware of these spaces outside the home.

e) Emotional Development:

Nearly half the children do not have age-appropriate emotional development. The team observed that the children have a lot of temper tantrums and are not easily soothed and comforted. They have difficulty reporting emotions. They are able to recognize only two emotional states—happy and sad. When asked when they feel happy, most of them were unable to state a reason or context; when asked when they feel sad, the only time stated was when they were beaten. When another child is crying, most children make no attempts to soothe or comfort him/her. When they are angry, they pinch and hit other children—this is perhaps what they have observed of each other and of the response methods used by the teacher. As already discussed above, early experiences of trauma and poor attachment or lack of attachment opportunities in an institution hinder children from developing emotional reporting and regulation skills.

One of the most important tenet of Bowlby's attachment theory is that an infant needs to develop a relationship with at least one primary caregiver for the child's successful social and emotional development and in particular to learn how to effectively regulate their feelings⁹. Bowlby's work on attachment also states that there is a critical period for developing an attachment i.e. 0 to 5 years. If an attachment has not developed during this period (as also discussed above), then the child is at risk of suffering from irreversible developmental problems, such as reduced intelligence, increased aggression and anxiety¹⁰. Thus, lack of attachment relationships accounts for a large part of the poor emotional development in the ShishuMandir children.

Recommendations and Ways Forward:

- About 3 to 4 children require individual interventions for emotional and behavioural issues.
- Group interventions for children to focus on socio-emotional development, including processing of trauma experiences.
- Training teachers in:
 - Conducting child development and pre-school activities on a routine/daily basis.
 - Structuring children's day to include activities from all domains of development.
 - Inclusive engagement (considering that it is a multi-age group), keeping in mind age parity and developmental and social needs.

The Project has already shared early childhood materials (flip charts and activity books) and assisted the teachers with time-tabling for the children. However, the teachers have been reluctant to follow the schedule and actually engage the children in activities. Some of these motivational, skill and systemic issues will require to be addressed in the process of teacher/staff capacity building.

- Sensitizing caregivers to specific physical, social and emotional needs to improve the care available to children (in nutritional and health areas as well).
- Examining the needs of children with disability and sensitizing caregivers to their special needs.

2.4. Interventions in Children's Institutions: Children with Disability

Overall Objectives of Disability Work:

- Staff capacity building with a focus on enhancing their abilities to plan and design engagement of the children through activities that enhance child development.
- To enable adults to make informed judgments about the children's abilities as opposed to conclusions drawn from opinions and perceptions and pre-conceived notions based on parental expectations and normative idea of development.
- Sustainability of these skills and capacities within agencies that could create cultural and systemic changes within so that they cater more efficiently to their children.

⁹Cassidy J (1999). "The Nature of a Child's Ties". In Cassidy J, Shaver PR. Handbook of Attachment: Theory, Research and Clinical Applications. New York: Guilford Press. pp. 3–20.

¹⁰Bowlby J. (1969). *Attachment. Attachment and loss: Vol. 1. Loss*. New York: Basic Books.

Table 2(h): No. of Children & Caregivers Reached, October to December 2016

Institution	No. of Caregivers (agency staff/ parents)	No. of Children Reached (Impacted)
ShishuBhavan	1	15
Belaku	15 (7 staff & 8 parents)	50
Government Home for Mentally Retarded Boys	10	30
Total	26	75

The variation in our approach is based on differences in organizational structure and mandates as well as the needs and psychosocial contexts of the children. For instance, children in MR Boys' Home and ShishuBhavan are destitute/ orphan/ abandoned but children in Belaku, in addition to school support, belong to families; thus, the Project works with only the staff in the former agencies but extends support to parents in the latter. ShishuBhavan, a missionary agency, which due to their religious motivations and purpose, has very defined roles for their work force and very regimented systems of checks and balances to ensure cleanliness, health, hygiene and pastoral care of the children. In contrast to this, the MR Boys' Home suffers from paucity of staff resulting in gross negligence in very fundamental areas of hygiene and grooming.

Agency (A) ShishuBhavan (a child care institution for orphan/abandoned children with disability)

Target Group: Orphan/ abandoned children with loco-motor disabilities (however, children with other developmental disabilities such as speech and cognitive problems have also joined the classroom)

Objectives:

- To support the trainee staff member to design IEPs (Individual Education Plans).
- To enable the trainee staff member in optimizing meaningful utilization of available material resources.
- To ensure structure in the classroom schedule and activities.

Intervention:

The school room continues with its teaching-learning activity schedule prepared by the teacher, supported by the project team. Based on the training inputs the teacher has prepared a daily time table. The school work time is divided into 4 major areas – Physical, Speech, Reading and Writing. The teacher has utilized the training inputs and has designed IEPs (Individual Education Plans) for 5 children. She has been assisted in determining the functionality levels of each child in each of these areas. The teacher has conducted various classroom activities using the available material resources. For example, she has used a set of building blocks to achieve diverse learning outcomes as outlined in the IEPs; for one child it is used to enhance fine motor skills, for another to enable colour differentiation, for a third to introduce counting etc. With the help of the project team, she has prepared time-table and IEP charts that are displayed on the wall in the classroom. This has promoted predictability as now even the children are aware both of the sequence of events to be followed in the classroom and the activities they are expected to follow.

Achievements & Impact:

The teacher is enthusiastic about devising classroom activities that are customised for individual student requirements. The structure and predictability enable her to more productive

time and attention to individual student needs, while at the same time it promotes independent behaviour ability in the children. As a result, not only does each child do more work as compared to sessions conducted earlier, but each one is also gaining in confidence and self-esteem. For instance, 1 child has progressed in fluency and comprehension in reading ability, 2 children can now identify and read 3 and 4 letter words as compared to their earlier ability limited to 2 letter words, 1 child struggling earlier with writing letters from A to E has now progressed to writing letters from A to M with 80% accuracy. In the time designated for 'Speech Skills' the children are now reciting more rhymes. An added positive outcome of this is the impact it has had on the other children who are in the classroom to receive sensorial inputs for stimulation. The children now clap and smile during the poem recitation. 7 of the 10 children show improved reaching and grasping abilities and all of them now display enhanced abilities of sitting tolerance. 1 of the children, who earlier responded with only an instinctive response of throwing anything that was offered, now displays the ability to accept an offered object and be engaged with it for a sustained period of 30 minutes.

The teacher evinces heightened internal motivation as she witnesses the enhanced abilities of the children. Only 1 child still evades all efforts to engage him for any length of time and has not yet shown any signs of progress. Although earlier the teacher had expressed irritation and frustration regarding the lack of cooperation from this child, now she is more tolerant and expresses her willingness to keep trying.

Next Steps & Ways Forward: To allow the teacher to continue school room and teaching activities more independently with regular but reduced Home visits and support.

Agency B:Belakku (a special school for children with disability)

Target Group: Children with multiple disabilities

Objectives:

- Capacity building of teachers for designing IEPs within the framework of the group time table
- Enable systemic modifications
- Capacity building of parents for effective home management of the children

Intervention:

Teachers have used information gained from earlier sessions to plan IEPs for the children. The concept of an IEP and the process of planning one were taken up by the project team member and each teacher in individual sessions. As a follow up the teachers were encouraged to plan and devise IEPs for the children. The IEPs were reviewed keeping in mind the inputs from the earlier sessions on developmental domains and the children's functionality levels in each domain. In other individual sessions with the founder members of the school, the fundamental learning requirements of the children, training requirements of the teachers, support areas from parents and systemic modifications that need to be in place were discussed.

Work with Parents: Individual sessions, on request, were conducted with parents, to suggest and support effective home-management of the children. Parents were encouraged to share difficulties being faced by them, in closed-door sessions, with the project member, the teacher-in-charge and the management head, to ensure a collaborative approach in understanding and managing a child's needs.

Achievements & Impact:

The teachers have now adopted a more structured and broad-based activity schedule to address the children's learning needs in each of the developmental domains. Furthermore, with the practice of the IEPs, the teachers are in the process of being better informed about the independent functionality levels of each child in each domain and can thus base their future plan of work with each child towards achieving specific learning outcomes. The children, as a result of this structured approach are being engaged more meaningfully, getting opportunities not only to pursue their strengths and interests but also enhance skill and ability levels in areas that are deficient.

Next Steps & Ways Forward: To continue parent workshops and individual parent support; building teacher capacity to review their children's groupings (based on the assessments) and design suitable teaching-learning activities. To further explore the possibility of incorporating some vocational skill training within the framework of the school activity schedule.

The Project's Approach to Disability Institution Programs

- Evaluation/ Assessment activities to determine the ability levels of the children in the different developmental domains.
- Interactive sessions with institution staff to achieve an understanding of the ability levels of the children so as to be able to carry out effective assessment as against making judgments based on perceptions.
- Workshops and individual sessions with institution staff to progress to the next level of aligning the assessment information with designing engagement activities for the children as against keeping the children busy and/or engaging in activities as per existing practices.
- Workshops and individual sessions with institution staff to be able to review the efficacy of existing practices and bring about necessary modifications.
- Sessions with the children as demonstrations for the institution staff to observe and replicate.
- Sessions with the institution staff to identify systemic issues that hinder their work and brainstorm on probable solutions.

From the Field Workers' Diary...

Belakku: Sessions with Teachers

No of teachers: 7.

Total no of sessions: 7

Teacher support in planning an IEP: The project member first explained that an IEP is an individual education plan, designed for an individual child keeping in mind the current skill/functionality levels in each of the domains and the next level that the child requires to reach in each domain. The teachers were asked to refer to the functionality assessment reports to determine the current levels of skills and abilities. Furthermore, the teacher needs to set a time-line for achieving the target and describe the activities/methods/tools to be used to achieve the target. The IEP must also have a provision for reviewing the entire process at the end of the designated duration.

Name			DOB		
Domain	Current Level	Target Level	Time/ Date	Activity materials	and Comments
Physical					
Speech					
Cognitive					
Social					
Emotional					

The IEP format is deliberately kept simple so as to enable teachers to feel confident in initiating the process. It was explained to the teachers, that after a 3 month period of initialization, the teachers will be further trained to incorporate other relevant elements in the IEP and will be supported in the implementation of the same. Each teacher was asked to list the material resources that could be used for the teaching-learning activities. Subsequently the project member demonstrated the multi-utility of various resource materials. For example, a set of Lego building blocks could be used for enhancing grip (physical), description on the basis of colour/shape/usage etc(speech), concept of colour/shape/size etc(cognitive), collaborative play/sharing/give-take/helping etc(social and emotional). Additionally, the teachers were also encouraged to consider the different ways the available spaces in the school could be used.

Sessions with Parents¹¹:No. of parents - 8; No. of sessions - 8

The session was initiated by the project member with a statement regarding the confidentiality of the session. Secondly, it was reiterated that the purpose of the session was as follows -

- To help the parent gain information and clarity about the specific condition of the child
- To help the parent access professional help towards any specific requirement of the child
- To design a collaborative approach between school and home in the management of the child
- To help the parent determine practical and effective methods of home management that would provide meaningful engagement opportunities for the child at home
- To provide the parent a secure and objective avenue for sharing personal apprehensions and aspirations regarding the child

The general issues brought up by parents -

¹¹Note - The parent session description does not mention names and specific issues in relation to individual children, for the purpose of upholding the ethics of confidentiality as was mutually understood and agreed upon by the participants, i.e, parents, founder member of the school and the project team member.)

- Information on credible sources for assessment and evaluation
- Explanation of terminology used in assessment/evaluation reports
- Support from school to achieve different training goals - toilet training, self-dressing, self-feeding, tantrum management etc
- Different ways of keeping the child meaningfully engaged at home
- Building empathy and cooperation in siblings and other family members
- Suggestions on a future plan of action for the child

Based on the inputs provided by the parent(s) and teachers, the project member responded to each query.

Government Home for Mentally Retarded Boys: Sessions for Children with Disability

A series of activity sessions with a group of selected boys to determine their abilities to follow instructions and convey instructions, with the objective of identifying a group of boys who can be trained to take on second-level leadership roles to help the staff in keeping the other boys engaged meaningfully.

Session 1:

Group composition:

- 16 boys.
- 13 years-20 years.

Objectives:

- To establish rapport with children.
- To get to know them better.
- To assess their ability to follow simple, single-step instructions.

Methods used: Game; Conversation.

Process:

The children are made to sit in a circle. The facilitator introduces herself to the group and asks the children to introduce themselves one after another. The children are able to give their names. These children have been selected for this session by the superintendent as they have mild to moderate ID and can be trained.

The children seem energy-less so the facilitator tells them that they will now play a warm up game. This is also to understand if they can follow instructions. The facilitator tells the boys that when they hear one clap they have to jump once, if they hear two claps they have to jump twice and if they hear three, they have to jump thrice. The facilitator claps once and all the boys jump once, twice and they jump twice, thrice and they jump thrice. Out of the 16, 15 boys were able to follow the exact instructions. The rest of them needed either physical or verbal prompting. After this they were told that now they will play one more game. They were asked to sit in a circle and given a ball. The children are given 4 instructions:

1. Pass the ball to the next person as soon as you hear the song play.
2. When the song stops, whoever has the ball should stand up.
3. He has to either sing or dance for the whole group.
4. The game will continue after the person has performed.

The song was played and the children started passing the ball around, when the song stopped whoever had the ball stood up, came to the centre of the circle and either danced or sang a song. All the 16 boys were able to follow the instructions without any prompting. Each child was given a chance to perform and all of them were very happy. At the end they asked the facilitator also to sing a song. After she sang the session ended.

Observation:

- The children enjoyed the opportunity to participate in a group activity.
- Only 1 boy was unable to follow the given instruction.

Session 2:

Group composition:

- 16 boys.
- 13 years-20 years.

Objectives:

- To establish rapport with children.
- To get to know them better.
- To assess their ability to give simple single instructions.

Methods used: Game; Conversation.

Process:

The children are made to sit in a circle. The facilitator asked if they are ready for another game and the boys scream in chorus saying yes. The session is started with a few body loosening techniques, which later the boys converted to dance. The children are instructed that they will be grouped into pairs for the next activity. After they are paired they are told that one person has to give instruction to the other person to enact a given activity step by step. A demonstration of the activity is done by the facilitator in front of the children. The first pair is asked if they are ready with the activity, they say yes. The first pair, Muttu instructs Seena to prepare tea, the set of instructions that he gives are:

1. Bring milk packet from the store.
2. Open the milk packet using a scissor.
3. Pour the milk into the vessel and get it to boil.(he mentioned that he will use all the milk because he has to serve the whole group)
4. Add tea powder and sugar and boil.
5. Serve in clean cups along with biscuits.

Seena enacts every step in front of the whole group. They perform very well.

Then second pair is asked to demonstrate their activity, they say that they will demonstrate on how to wash clothes. Ranga instructs Ayappa. The set of instructions that he gives are:

1. Pick the clothes that are to be washed from the bucket.
2. Fill the bucket with water and add surf excel powder.
3. Rinse the clothes in the soap water and wait for few min.
4. Take one cloth at a time and wash it using a brush or hand.
5. Then in another bucket fill plain water and rinse the clothes.
6. After rinsing the clothes twist them to drain water.
7. Then dry them out on the ropes in the open area.

The third pair is asked to demonstrate their activity; they say they will demonstrate how to make Subzi.

Manju instructs Vinayaka. The set of instructions given are:

1. Buy the vegetables from the market.
2. Wash the vegetables in clean plain water.
3. Cut the vegetables into small pieces.
4. Keep a vessel on the stove and add oil.
5. After the oil is hot add mustard seeds and add vegetables, salt and the masala powder.
6. Close the vessel for some time, when opened the sabzi will be done.
7. Serve it in a plate to everyone.

Observation:

- All the children responded very well.
- The boys are more participative when the pair is already bonded.
- Only one boy (the same boy mentioned in Session 1) was unable to follow the given instructions.

Session 3:

Group composition:

- 16 boys.
- 13 years-20 years.

Objective: To assess their ability to recognize basic emotions.

Methods: Game; Conversation; Pictures of various emotions.

Process:

The children are seated in a circle. They are asked how their day was and what they have been doing since morning; the boys respond and ask the facilitator too. After the facilitator responds the session is started with a few body loosening techniques and later dance for a few minutes. The boys sit down and are told that they will show a few pictures and they have recognize the emotion. A set of pictures that depict happy, sad, angry, crying, scared etc are shown to them. Each child looks at the card, names the emotion. A few children are not able to recognize the emotion.

Observation:

- The activity had to be demonstrated several times before the boys started responding accurately.
- 4 out of the 16 boys were unable to identify and name any of the emotions depicted in the pictures.

Session 4:

Group composition:

- 16 boys.
- 13 years-20 years.

Objective: To assess their ability to respond to basic emotions.

Methods: Game; Conversation; A set of pictures depicting basic emotions in different circumstances.

Process:

The children are made to sit in a circle. The facilitator starts the session by asking them about their day and how they are feeling. After the children express the facilitator tells them that in continuation of yesterday's game today they have to actually describe what is in the card and enact it. The children are very happy that they get a chance to act. The session is started with body loosening techniques and a few minutes of dance to their favourite song. They are all asked to sit in a circle and are shown one card at a time. A few children are able to recognize the emotion and describe what might have been happening and enact it appropriately. A few of them recognize emotions, fail to describe the scene but are able to enact the emotion. They enact emotions like happiness, sadness, crying, and anger, fear etc. the session is closed with a laughing exercise.

Observation:

- The boys are very enthusiastic about any activity involving performance.
- 2 out of the 16 boys are able to respond accurately to all the steps of the given instructions.
- 10 others responded accurately in enacting the depicted emotions but were unable to describe the event.
- 4 out of the 16 boys were unable to identify the emotions depicted in the pictures.

Session 5:

Group composition:

- 16 boys.
- 13 years-20 years.

Objective: To assess their ability to follow instructions given by one child amongst them.

Methods: Game; Conversation; Music.

Process:

The children are made to sit in a circle and are asked about their day. After they respond they are told that one of them has to teach dance to the others in the group and they have to follow every step he teaches, they will be given 15 minutes of time for this. The children are very happy and ask for a particular song which the facilitator had. She plays the song and Muttu is elected as the teacher. He starts teaching them the steps to the song, most of them are able to follow it and a few of them find it difficult to follow his steps but they dance nevertheless with their own steps. After 15 minutes they all perform for the song and most of them are in sync. The session ended with a huge round of applause and laughing exercise.

Observation:

- All the boys enjoy activities involving music and dance, irrespective of their abilities to perform.
- 5 out of the 16 boys are unable to copy the physical movements modelled by the boy teaching the dance steps.

Session 6:

Group composition:

- 16 boys.
- 13 years-20 years.

Objective: To assess their ability to make choices, give and take instructions.

Methods: Game; Conversation; Music.

Process:

The children are made to sit in a circle and asked about their day. After they respond they are told that they have to elect two leaders who will pick their team members and they have to perform a dance. The children are very happy and they elect Muttu and Ayappa. Muttu and Ayappa pick their team members from their group. They are given the same songs and are asked to come up with different steps. They are given 15 minutes. After 15 minutes both the groups perform. Most of the steps are similar. But the group members listen and follow the instructions given by the team leader. After the performances they applaud for themselves and the session is ended by laughing exercise.

Observation:

- The boys are willing to follow instructions given by one of their peers.
- The boys in the leadership role need guidance to help them establish amicable communication with the other boys.
- 5 out of the 16 boys are unable to follow the instructions and copy the physical movements demonstrated by the leaders.

Session 7:

Group composition:

- 16 boys.
- 13 years-20 years.

Objective: To assess their ability to read and write from A-Z and 1-10

Methods:

- Paper, pencil
- Conversation.

Process:

The children are made to sit in the circle and are asked about their day. After they respond they are asked if they know the Alphabet and numbers. All of them scream yes in chorus and tell that the U n I teachers have taught it to them. They show their books to the facilitator where they have written

alphabets and numbers. The facilitator tells them that they have to write the alphabets and numbers on the sheet of paper. They agree and start writing. A few of them are able to write without any help, a few of them need help. But most of them are able to finish A-Z with a little help. After they finish writing they ask the facilitator that they want to draw and colour too. They are asked to draw and colour, all of them are happy and do it. The session is ended with a laughing session.

Observation:

- All the boys display deficiencies in spatial orientation on paper.
- 2 out of the 16 boys are able to write the letters of the alphabet without any help.
- 9 out of the 16 boys were able to write with varying degrees of cueing and modelling.
- 5 out of the 16 boys were not able to write even with extensive help.

Session 8:

Group composition:

- 16 boys.
- 13 years-20 years.

Objective: To assess their ability to decide or choose what they want to do in the session.

Methods: Music; Conversation.

Process:

The children are made to sit in the circle and are asked about their day. After they respond they are asked to choose what they want to do in the session. All of them tell in chorus that they want to dance. They are asked if they all want to dance together or in groups like the other day. They immediately say that they want to dance in groups and one group picks hindi song while the other decides to dance for a kannada song. They elect the leaders and form groups. They are given 15 minutes time. After the given time both the groups perform very well. Almost all the children follow their group leaders and smile during the dance. The session is ended with a round of applause for all the group members and a laughing exercise.

Observation:

- All the boys engage willingly in group activities.
- The boys in the leadership roles make efforts to involve everyone.
- 2 out of the 16 boys were unable to follow all the instructions.

Challenges:

- The children would be frequently called out of the session to cook or clean.
- The facilitator sensed reluctance from one of the staff. They would not give the right time and anytime the facilitator went the staff would ask her to come back later stating that the children are busy doing some work. A lot of times facilitator had to return for the same cause.
- The children are not hygienic; even if there are good clothes they are given old tattered and torn clothes.
- The children are made to clean the bathrooms, are often called out of the session for the same purpose.

Agency C: Home for Mentally Retarded Boys (Government Home for children with Disability)

Target Group: Boys with multiple disabilities (varying levels of intellectual disability)

Context and Rationale for Intervention:

The institution is still grappling with grave problems that emerge due to paucity of staff. Even though the team from the NGO (You and I) has shown willingness to be trained, to modify the existing grouping system and the time-table, such that developmental goals for the boys may be achieved, it is extremely difficult for them to function as they have no help whatsoever from the support staff. Secondly, as it had been observed earlier that the boys with profound mental retardation were not incorporated in any of the groups, the student grouping needs to be revamped such that all the boys have the opportunity of being an active part of a group. This is extremely necessary as this is one of the primary ways that the boys would be exposed to different kinds of stimulation that they are in critical need of. Furthermore, based on the work done in the past months, to identify boys with higher levels of ability, now measures need to be initiated such that the boys get opportunities to apply their skills and abilities.

Objectives:

- Toilet-Training
- Equal learning opportunities for all the boys
- Activity opportunities for boys to move towards social rehabilitation

Intervention:

In the light of the issues described above, the Project team formulated a program plan (as described below).

Given the shortage of staff and the need for sustainability and maintenance of care, the model has used 'Pavlovian Conditioning' as a method of learning/training, specifically targeting immediate needs such as toilet training. The project team has suggested that a bell be used for this purpose exclusively. After intervals of 2 hours, the bell must be rung and simultaneously, the boys must be instructed to go to the toilet. Those boys that are deemed incapable of following this instruction must be either supported by other, more able boys or by the teachers and supporting staff. Moreover, all the boys who use the toilet in any of these instances must be publicly appreciated.

Secondly, the project team has engaged actively with the staff to reorganise the grouping such that ALL the boys are an integral part of one or the other group, contrary to the existing practice of keeping the boys with an evaluation of 'Profound MR' away from all activities. Group sessions with the staff were organised. The staff were familiarised with the boys' need of stimulation and training in the different developmental domains. The staffs were encouraged to re-organise the time and activity schedules so as to incorporate the developmental themes and cater to the specific needs of the boys. Trouble shooting was also done in these sessions to enable the staff to conduct effective interactions with the boys, that were goal oriented and not random efforts to keep them occupied. In an effort to include all the boys in the interactions, irrespective of their level of disability, the project team suggested re-grouping and encouraged the teachers to form groups such that all the boys with Profound MR evaluation were placed in one or the other group. This is a difficult proposition as none of

these boys are toilet-trained but the project team encouraged the teachers to design buddy support apart from help from support staff to initiate toilet training.

A meeting with the Vocational Training Rehabilitation Centre, NIMHANS, was organised by the project team to discuss training possibilities for a few of the boys from the Home. As a result of this meeting, 9 of the boys from the Home, who had been identified with higher functionality abilities were deemed fit for vocational training at the NIMHANS centre and have been attending regular training sessions.

Next Steps & Ways Forward:

The Project team will hand-hold the staff to enable them to implement the desired modifications to time-scheduling, planning activities and re-grouping of the children. A workshop will be organised where relevant professionals will be engaged to conduct a session to orient the Home staff to Disability – Types, Functionality, Needs, and Management etc. Other avenues will be explored with the objective of placing more boys for vocational training.

3. Training and Capacity Building

3.1. Juvenile Justice Board (JJB) Magistrates, Karnataka

In November 2016, the Project conducted a one-day orientation workshop on 'Psychosocial & Mental Health Vulnerabilities of Children in Conflict with the Law' for 30 JJB magistrates from 28 all districts of Karnataka. 2 staff from Alternative Law Forum, Bangalore also participated. In all, 32 persons attended the workshop, which was organized in collaboration with the Karnataka Judicial Academy.

The workshop aimed to table psychosocial and mental health contexts and issues of children in conflict with the law for discussion with JJ magistrates, to so that restorative justice is more effectively implemented within the JJ system. More specifically, the objectives of the training workshop are to enable JJ magistrates to:

- I. Obtain an in-depth and nuanced understanding of the psychosocial contexts of children in conflict with the law (CICL).
- II. Identify and analyze CICL's pathways to offence (if any), including their problem areas.
- III. Detail the mental health and psychosocial problems of CICL, including the assessments and interventions/ treatments that CICL should be provided with.
- IV. Use referral (mental health) services for CICL as necessary.

The content of the workshop focused on:

- Psychosocial Pathways to Offence:
 - Social and Environmental Factors: Who are CICL and what are their pathways to offence? What are the 'real'/ underlying problems of CICL?
 - Mental health problems: What are common mental health problems of CICL? Do mental health problems make children vulnerable to committing offence?
- Mental/ Psychosocial Health Assessment for CICL: What do assessments entail? How can we use them to help children?

- Need for Referral of CICL to Mental Health Services: When to refer? For what to refer? To whom?
- Utilization of the above frameworks to better understand and individual child's case and thus plan the best possible dispensation of justice (including understanding the seriousness of circumstances and thus the issue of proportionality).

The workshop also offered a platform for discussion about the lack of utility social investigation report (in enabling decisions about the children) and the poor skills of the Observation Home counselors across the state—that they have poor assessment skills and are unable to provide inputs to the children for behaviour transformation. The magistrates suggested that the OH counselors be trained too.

The Karnataka Judicial Academy also felt that it would be useful for the NIMHANS Project to feed into the training program at the Academy, when the judges undergo their initial training at the Karnataka Judicial Academy, so that they receive orientations on working with children in conflict with the law as well as on child sexual abuse (another major area of child work that the judges are involved in through the Special Court).

3.2.ICPS Staff Training, Andhra Pradesh

Upon request of the Dept. of Juvenile Welfare & Welfare of Street Children, Andhra Pradesh, the Community Child & Adolescent Mental Health Service Project, Dept. of Child & Adolescent Psychiatry, NIMHANS conducted a 4-day training program for ICPS staff of Andhra Pradesh. While the AP Department's request was to prepare the staff to work with children in conflict with the law, the NIMHANS team recommended that basic child work skills be covered first as working with children in conflict with the law is far more complex and would have pre-requisite skills of being able to work with children on abuse, trauma and other emotional and behavioural issues. A total of 35 ICPS staff, including counsellors, case workers and social workers from various districts of Andhra Pradesh participated in the training workshop.

In the 3 days of classroom training, a variety of creative, participatory methods such as role plays, case study discussions, visualization exercises and film viewing were used to build awareness and skills on issues of children and childhood. Concepts of child development and their practical application were discussed; psychosocial problem identification and contextual analysis were taught. Finally, 5 basic child counselling and communication skills were covered: rapport building, listening, recognition & acknowledgement of emotions, acceptance and non-judgemental attitude, and questioning and paraphrasing. Heavy emphasis was placed on skill building which focused on: i) Getting started with children; ii) Developing basic communication skills to facilitate supportive care worker-child relationships. The 1-day field training component (held in a child care institution) comprised of applying the individual assessments with the children, and group activities (rapport building, expressing feelings, other people's feelings...some excerpts from life skills work with children) with the children. The trainees learnt through methods of participatory observation as well as doing the work themselves, along with guidance and supervision from the NIMHANS Project staff.

The Dept. of Juvenile Welfare & Welfare of Street Children, Andhra Pradesh, was extremely receptive to the training pedagogies and inputs of the Project and is keen that successive rounds of training be conducted in the coming months to better equip their ICPS staff to deal

with increasingly challenging child psychosocial issues in the state (including children in conflict with the law). Thus, the next training workshop is planned for March 2017.

3.3. Shrishti Special Academy School

Shrishti Special Academy which works with children with special needs i.e. children with multiple disabilities, most of whom have intellectual disability. The staff approached the Project, requesting guidance and inputs on working with sexual abuse and personal safety issues with children with intellectual disabilities. Thus, a half-day orientation session focusing on child sexual abuse basics and the particular vulnerabilities of intellectual disabled children was conducted for 22 teachers of the school. A copy of the child sexual abuse prevention-personal safety materials developed for young children, by the Project, has been provided to the school; teachers will go through these materials and reflect on ways to use them with intellectual disabled children. In the coming three months, the Project staff will work with the teachers (1 day/month) to adapt the materials to fit the needs of intellectually disabled children. Following this, the school/teachers will pilot the adapted module with the children so that a final version for children with intellectual disability will then emerge for use in other special needs spaces as well.

3.4. Children's Film Festival

The project organized a Children Film Festival in the month of October, during the Dasara holidays, at the NIMHANS Convention Centre. It comprised of 12 films in all, with 4 films per day. The objectives of the film festival were: i) to enable children to reflect and take perspective on a range of life skills themes and issues relevant to them; ii) to create public awareness on child mental health through presenting themes of children and childhood to caregivers and service providers.

The films, which were in Kannada, Hindi, English and foreign languages (Iranian/ Arabic) were selected based on themes relevant to children—namely motivation and education, loss and grief, bullying, friendship, gender and rights. While all screens selected were primarily for the viewership of children, they were also for viewing by adults (parents/ caregivers/ child care professionals). Each film was followed by a discussion, facilitated by the Project team, to encourage children and caregivers to express their opinions, views and learnings from the film.

	10:30 AM	1:30 PM	4:00 PM	6:30 PM
7th Oct.	Kamsale Kamsale Kannada. 80 mins	Chain Kuvil ki main Kuvil Hindi. 82 mins	Stanley Ka Dabba Hindi. 98 mins	Children of Heaven Iranian - eng. subtitles. 88 mins
8th Oct.	Chinnari Mutta Kannada. 116 mins	Tutturi Kannada. 109 mins	Anmol Tasveer Hindi. 78 mins	Once upon a time English. 88 mins
9th Oct.	Care of Footpath Kannada. 95 mins	I Am Kalam Hindi. 86 mins	Bive Umbrella Hindi. 80 mins	Wadжда Arabic - eng. subtitles. 88 mins

Venue: NIMHANS Convention Center(HALL C) Hosur Road, Bangalore-29

Organized by: Community Child & Adolescent Mental Health Service Project NIMHANS - DWCD (GoK)

Limited seats | www.facebook.com/childrensfilmeestival2016

	10:30 AM	1:30 PM	4:00 PM	6:30 PM
7th Oct.	ಕಮಲೆ ಕಮಲೆ ಕನ್ನಡ 80 mins	ಕೈನ್ ಕುವಿಲ್ ಕಿ ಮೈನ್ ಕುವಿಲ್ ಹಿಂದಿ, ಕಿರಿಬಿ 82 mins	ಸ್ಟಾನಲಿ ಕಾ ಡಬ್ಬಾ ಕಿರಿಬಿ 98 mins	ಚಿಲ್ಡ್ರನ್ ಆಫ್ ಹೀವನ್ ಇರಾನ್, ಇಂಗ್ಲಿಷ್ ಅಂತರ್ದೇಶನ 88 mins
8th Oct.	ಚಿನ್ನರಿ ಮುತ್ತ ಕನ್ನಡ 116 mins	ತುಟ್ಟುರಿ ಕನ್ನಡ 109 mins	ಅನಮೋಲ್ ತಾಸವೀರ್ ಕಿರಿಬಿ 78 mins	ಒನ್ಸೆ ಅಪನ್ ಅ ಟೈಮ್ ಇಂಗ್ಲಿಷ್ 88 mins
9th Oct.	ಕೇರ್ ಆಫ್ ಫೂತ್ ಪಾತ್ ಕನ್ನಡ 95 mins	ಐ ಅಮ್ ಕಲಾಂ ಕಿರಿಬಿ 86 mins	ಬಿವೆ ಅಂಬ್ರೆಲ್ಲಾ ಕಿರಿಬಿ 80 mins	ವಾಡ್ಜದಾ ಇರಾನ್, ಇಂಗ್ಲಿಷ್ ಅಂತರ್ದೇಶನ 88 mins

ಅನುಭವಗಳು-ವಿಶ್ವೇಕನೆಗಳು-ಕಥೆಗಳು-ಬಾಲ್ಯ-ಮಕ್ಕಳು

ಶ್ರುತಿ: ಲಿಂಗಾಡ್ಲೆ ಕನ್ನಡ ಶಿಬಿರ (ಕಾಲ ೬) ಹೊಸಪೇಟೆ ರಾಜ್, ಬೆಂಗಳೂರು-29

ಓರ್ಗನೈಸಿಂಗ್: ಕಮ್ಯುನಿಟಿ ಚಿಲ್ಡ್ & ಅಡೋಲೆಸೆಂಟ್ ಮೆಂಟಲ್ ಹೆಲ್ತ್ ಸರ್ವಿಸ್ ಪ್ರಾಜೆಕ್ಟ್ ನಿಮ್ಹಾನ್ಸ್ - ಡಿವಿಡ್ (ಗೋಕ)

ಲಿಮಿಟೆಡ್ ಸೀಟ್ಸ್ | www.facebook.com/childrensfilmeestival2016

A total of 660 children and 165 caregivers attended the film festival. The audience comprised of children from various care and protection institutions, as well as children from various government/aided/private schools from across Bangalore. The children were informed about the Film festival via social media (Facebook), banners and pamphlets.

4. Material Development

The Project made several attempts to out-source the art work and illustrations required by the children activity books, to various artists; most of these, however, were not successful—there were issues with timely completion and delivery of the work, the quality of work delivered as well as payment issues (most artists charge very high commercial rates for this kind of work). Therefore, only two artists are still working on a freelance basis to enable the completion of art work for the children’s life Skills activity book and for the personal safety/prevention of sexual abuse activity books.

In October 2016, the Project took on a resource person, an artist, to complete the art work. This artist, unlike others does not freelance, but works in the Project to develop illustrations. Since he is a daily presence in the Project office, the staff are able to work with him on a regular and continual basis to ensure timely completion of work. As of now, he has nearly completed the illustrations for the Life Skills Series for adolescents with speech and hearing disabilities. The Project is attempting to find one more resource person to enable the completion of art work in an efficient manner, so as to be able to implement the necessary pilot of the materials in the field, before finalizing the children’s activity books.

In addition to this the project is also working with another agency SEKKI, for completing the art work, they are currently working on developing all the required illustrations for the Socio emotional development module for children between 8- 13 years.

5. Coordination and Advocacy

5.1: Legal Issues in Psychosocial Assistance to Child in Conflict with Law: Collaborating with Alternative Law Forum

ALF is a collective of lawyers with the belief that there was a need for an alternative practice of law. Along with providing legal services, it also engages in research, alternative dispute resolution, pedagogic interventions with a focus on legal interventions in various social issues, particularly for marginalized communities. This agency has had some presence in the Observation Home as they work to defend the rights of children in conflict with the law. The Project has been engaged in dialogues and collaborations with ALF on issues pertaining to children in conflict with the law (as described below).

First, ALF was invited by the Project to do a half-day session for the staff (as well as the Dept. of Child and Adolescent Psychiatry, NIMHANS) on queries they had on the implementation of the JJ Act 2015 with regard to children in conflict with the law. The ALF team thus discussed and provided an understanding on: the processes by which children come to the Observation Home (including police station and FIR processes); the granting of bail for various children (including those whose parents refuse to appear before the JJB or do not have surety to show); the maximum time period that a child can be kept in the

observation home; children who are apprehended under POCSO. These queries had arisen during the course of our work in the Observation Home and the Project had long felt the need to clarify these legal issues due to the lack of clarity in the responses provided by the JJB and OH staff.

Following the JJB magistrate training program at the Karnataka Judicial Academy, the Bangalore Rural magistrate requested the NIMHANS Project to assess 16 to 18 year olds according to the new JJ Act rules (December 2015). This entails providing a report to the JJB with the following issues addressed: Mental & Physical Capacity to Commit Offence; Circumstances of Offence; Child's Knowledge of Consequences of Committing the Offence. The Project team grappled with how best to provide information to the JJB on these issues in a manner that i) is accurate and answers the issues stipulated in the JJ Act; ii) but that does not violate the confidentiality of the child; iii) does not jeopardizing his chances to transform; iv) facilitates opportunities for his psychosocial rehabilitation. In order to do this, the Project sought assistance from Alternative Law Forum (ALF) so that their lawyers could provide us with guidance on the legal implications and issues of such a report.

The Project plans to continue collaborating with ALF, in the coming months, to work on a legal awareness program for the children as well as other systemic issues in the OH.

5.2: Developmental & Educational Services in Government Home for Mentally Retarded Boys: Collaborating with 'You and I'

'You and I' is an NGO that has been working in the Government Home for MR Boys for the past few years. Their team, comprising of 3 teachers and a physiotherapist, were working with the children to provide some educational and development activities on a daily basis. Since the Project, given its mandate and coverage, is unable to focus on any agency on a daily basis, it was decided by mutual agreement to collaborate with 'You and I' to develop a more structured and technically appropriate implementation of activities with the children that would be done intensively and regularly. The 'You and I' staff were also keen to collaborate with the NIMHANS Project as they wanted to receive technical inputs about disability to better enable them to provide services in the Home. (The technical support provided by Project staff to 'You and I' staff is described elsewhere in this report, under the section on interventions for children with disability).

5.3: Standard Operating Procedures for Government Boys' Home and Observation Home: Dept. of Women & Child Development, Government of Karnataka

In response to a request from the Principal Secretary, DWCD, to prepare Standard Operating Procedures for government child care institutions, the Project developed a presentation which was shared and discussed with DWCD staff, namely the DWCD Director, ICPS Project Director and Program Manager, DCPO and Superintendent of the government boys' home. The first of 3 SoPs, this one focused on the Government Boys Home and Observation Home. The SoP laid out the following:

- Who are Children in need of care and protection?
- What is a Child Care Institution?
- What type of opportunities and facilities to provide to children to meet their (physical, speech & language, social, emotional, and cognitive) developmental needs?
- Each domain of child development examined:
 - What is the JJ Mandate?

- What is the current status of the institution in terms of being able to provide for these developmental opportunities?
- What are the needs and gaps?
- Possible interventions

Some of the issues raised and discussed (amongst many others reflected in the presentation) were:

- Gainful engagement of the children through structured daily activities
- Institutional culture—how staff attitudes and interactions with children set the culture
- Engagement of children in the OH in chores—how some of them are told to wash the bathroom as a punishment for ‘bad’ behavior; how children are engaged in kitchen chores even at the time when other agencies come to engage them in activities...how these amount to exploitation of children (very different from when children are engaged in chores as part of the larger community to which they belong—which communal feeling is currently not there in the OH).
- Humiliation of the children in the OH by JJB members and the need for JJB members’ attitudes to change
- Issues of mandatory medical investigation—how medical examination is not extended to include mental health issues (and treatment of the same); how some essential standard medical tests are not being done in the OH.
- How previous staff trainings done by NIPCDD and other agencies (including other NIMHANS departments) have touched on children’s issues in broad and disconnected ways without actually building skills in staff working directly with children.

Following the presentation of the SoP, the Director, DWCD, suggested the following Action Points:

- Shifting of OH to child care institution block behind NIMHANS to be considered—can shift to where the RC is now (RC can move to OH)...to allow for children to have a play space which they do not have in the Madiwala space.
- Focus on engagement of children—DWCD to contact the agencies suggested by NIMHANS team (refer to PPT for names of agencies—whom team has contacted and checked with) and plan what different agencies can do in the coming 3 months (by way of vocational training, recreation etc). NIMHANS to assist in this process to ensure that the rehabilitative agenda in child care agencies is met.
- 2 more counselors to be appointed for government boys’ home (in keeping with the 1 per 50 children counselor-child ratio suggested in JJ); OH counselor to be requested to engage more actively in counseling activities along with NIMHANS team.
- A training component to be designed by NIMHANS team (modules and materials already exist/ were created through this DWCD project) for different cadres of ICPS staff + JJB. This plan is to be drawn up with the ICPS Project Director for the financial year starting March 2017. Training to focus strongly on skills for field staff working directly with children and on orientation and sensitization programs for staff who are in supportive roles in institutions.

The Project is eager and willing to work with the DWCD to enable the speedy and effective implementation of the above action points; the efforts of the DWCD staff in this regard are still awaited.

5.4. POCSO Review: Karnataka State Protection for Child Rights

The Karnataka State Commission for Protection of Child Rights (KSCPCR) is initiated to review and to give recommendations to the State Government for effective implementation of POCSO Act 2012. A meeting was held in December 2016, to discuss the gaps and challenges in implementation of POCSO Act. The meeting was presided over by Justice A.V. Chandrasekhar (from the Karnataka Judicial Academy) and Ms. Kripa Alva, Chairperson, KSCPCR. Some other agencies such as Enfold and Centre for Child and Law were also present.

Given that the Project works extensively with child sexual abuse issues, especially amongst children in difficult circumstances, the Project staff attended the meeting and presented a number of critiques on POCSO, including making recommendations on the ways forward. The issues raised by the Project for plenary discussion were: mandatory reporting dilemmas; the need for child-friendly medico-legal processes in CSA enquiry; POCSO implementation in the context of children in conflict with the law (how there is a rejection of adolescent sexual rights, gender bias, that the law is not cognizant of children's developmental milestones and needs); low conviction rates of adult perpetrators of child sexual abuse¹².

5.5. Vocational training for children in the observation home

Based on the importance of need for vocational training for the children in conflict with the law, the project team explored various options based on the interest of the children as well as the practicality of the training i.e. the training the child receives should enable him to procure a job and earn a livelihood. The project team first had a session with the children regarding their interests after which, considering various criteria such as the children's education/literacy, capacity, availability of training resources etc. the project team contacted the following institutions to request them to train/ provide children with vocational skills:

- **ITC Gardenia hotel** - The project team contacted the management of ITC Gardenia hotel to check whether they are interested in providing cooking classes/chef training and housekeeping training for children in observation home. ITC gardenia was keen and agreed to provide the necessary training and even assist with procuring equipment for the same. But, given the limited availability of their staff and the stipulation put forth that the children need to come to ITC gardenia premises for the training, they proposed that they train a few teachers who could in turn train the children. The project felt that this is a more sustainable model and is currently in the process of recruiting teachers for the same. The project has been dialoging with the Institute of Hotel Management, Bangalore (IHMB) to get teachers on board. In addition, the project is also engaged in the process of procuring training equipment from ITC and DWCD.
- **Unnathi Training institute** – The project team visited Unnathi training institute to gain an understanding of the various trainings offered as well as the age and qualification criteria for the same. Since the age criteria turned out to be 18+ and owing to the fact that the institute required that the children present themselves at the

¹²A written document on the Project's critique and recommendations was submitted to KSCPCR and is available on request.

institute for the training, the project team considered this to be a viable option for children who are out on bail.

- **St. Joseph's Community College** - The project team visited St. Joseph's Community College to research the various trainings offered as well as the corresponding age and qualification criteria. As the age criteria was 16 years and above and required physical presence of the children at the premises, the project team considered this to be a viable option for children who are out on bail.

The project team is also in the process of contacting various other private organizations to conduct vocational training in the observation home.

6. Operational Challenges

6.1. Barriers to Psychosocial Assistance to Government Girls' Home: Child Welfare Committee

Previously, the Project was unable to provide services in the Government Girls' Home due to the non-cooperation of the Home staff, namely the superintendent, the POs and the counselor; so services had been attempted and then withdrawn. However, with a new superintendent taking over the Home, the Project once again attempted to provide individual services in the Home; the new superintendent recognized the importance of providing counseling and treatment for children with experiences of abuse and exploitation (child sexual abuse and trafficking for sex work and child labour are some of the most common psychosocial contexts in the girls' home). So, although she was extremely welcoming of the Project's services to the children, some of the POs were less cooperative.

The biggest barrier, however, was posed by the Child Welfare Committee (CWC) under whom the Girls' Home falls. (There are 4 CWCs that the Project works with—the ones working with the Government Boys Home, ShishuMandir and with rural children are exceedingly cooperative and act in the children's best interests). Despite more than one meeting with this particular CWC's members, to explain the mandate and services of the Project, they refused to cooperate. This CWC's attitude to children in difficult circumstances is surprising and disappointing: ranging from shouting at the girls and their families, lecturing and moralizing to them (as we have frequently heard on our visits to this CWC) to refusing to give instructions for admission and treatment in NIMHANS for more severely affected cases (despite medical advice provided/ recommendations made by the project), this CWC seems to do its best to hinder children from accessing their rights to health and mental health. They have no health and mental health expertise, yet, they contradict the advice and recommendations of NIMHANS; their conduct and demeanor are not in keeping with child helpers at all.

Given that the CWC is a quasi-judicial body and that while it is remunerated by the DWCD, it does not report to the DWCD, the Project was unsure who to report to regarding its functioning. We are now told that the CWC is accountable to the District Commissioner (DC) whom the Project intends to approach to discuss the poor functioning of this CWC.

6.2. Poor Functioning of 'You and I' NGO

Despite detailed inputs provided by the Project special educator and discussions on how to work with the children in the MR Home, the 'You and I' team were found to be consistently

not implementing the activities. Their reasons for this were unclear. But it was increasingly observed that they did not put into practice the activities and time-tables discussed and agreed on with the Project. Some reluctance on the part of the NGO team was observed to work with this group of children; and during the discussions held by the Project special educator, it also emerged that the NGO team has some attitudinal issues i.e. some innate conviction that these children will be unable to learn or change, no matter what inputs are provided.

Feedback on the poor functioning of the 'You and I' team was given to the NGO head but things still have not improved. It also appears that the NGO team has no understanding at all about the needs of children with disability and completely lack the skills to work in this area. As a result, the plans to enhance the development and potential of the disabled children in this Home have not yet taken off. The Project now plans to hold a depth training program to address the 'You and I' team's gaps in knowledge and understanding to see if this might enable them to change and adapt their teaching methods and thus assist the children better.

D. Plans for Next Quarterly, January to March 2017

- 2nd Training workshop on 'Psychosocial Care for Children in Difficult Circumstances' for Andhra Pradesh ICPS Staff (March 2017).
- Training on 'Psychosocial Care and Protection for Government Child Care Institution Staff' (House Mothers and House Fathers) (January 2017).
- Training on disability issues for 'You and I' NGO that works in Government Home for MR Boys.
- Provision of early stimulation and care services in ShishuMandir/ Government Home for Children under 6 years.
- Continue development of materials, namely, illustrations and art works for children's activity books, as well as training manuals.
- Continue provision of services in child care institutions (both care and protection institutions and Observation Home); to complete piloting the adolescents life skills series on 'Relationships and Sexuality'.
- To introduce a systematic physiotherapy component in institutions working with disabled children i.e. provide training support to staff through demonstrations and services to the children.
- To intensify technical support to Government Home for Mentally Retarded Boys through training of NGO staff and exploration of vocational training opportunities to the children.

Annex 1

Districts from Which Karnataka JJB Magistrates attended Training Program

Districts (1 JJB Magistrate per District)	
Kolar	Gadag
Dharwad	Udupi
Bagalkot	Hassan
Mandya	Chikkbellapur
Tumkur	Yadgiri
Karvar	Bellari
Mangalore	Bidar
Shimoga	Haveri
Kalburgi	Davangere
Belagavi	Chitradurga
Chamrajnagar	Chikmanglur
Ramnagar	Madekeri
Bangalore Rural	Koppal
Bangalore Urban	Vijayapura

Districts from Which Andhra Pradesh ICPS staff attended Training Program

District	No. of Counselors/ Social Workers/ Case Workers
Eluru	1
Tirupati	5
Visakhapatnam	5
Kadapa	2
Srikakulam	2
Vizianagaram	2
Visakhapatnam	3
East Godavari	2
West Godavari	2
Krishna	2
Guntur	2
Prakasham	1
Nellore	1
Kurnool	1
Anantapur	2
Khammam (Telangana State)	2

Annex 2

Community Child & Adolescent Mental Health Service Project
Dept. of Child & Adolescent Psychiatry, NIMHANS
Supported by Dept. of Women & Child Development, Govt. Of Karnataka
Developmental Assessment for Children (Aged 3- 6 years)

A. Basic Information

Name of Child:

Date:

Sex:

Age:

Name of the Institution:

B. Institutional history (How/why/ at what age the child came to the institution. If available, mention details of child's family.)

C.1. Medical Problems/ Sensory Needs & Issues:

a) Are there any behavioural indicators to suggest visual impairment? (Teary or red eyes and droopy eyelids; squint or moves heads in an effort to see better, sits too far or too close to object to be able to see it; odd angles of head to see):

b) Hearing Impairment? (Does not respond to general sounds; does not follow instructions given from the back or when the speaker's face is not visible; asks for repetition of instructions; turns one side of head towards to the speaker; has running ear or waxy ear.;)

c). Likes to maintain odd postures? (e.g. cuddled up in the chair; leaning legs on the wall; whirling) or has odd preferences for smelling (e.g. skin, sweat, or any fragrance), touching (likes certain textures and dislikes others) or tasting (e.g. prefers crunchy foods; or foods of specific texture and taste, etc.)

C.2. Any other information reported by the caretaker/ your own observations of the child with regard to emotional and behavioural problems¹³

D. Developmental Functions/ Skills Checklist

Developmental Functions and Tasks			Ability to Perform Developmental Functions and Tasks			
			To high Extent	To Some Extent	To Low extent /Not at all	
Sl no	1. Physical Development					
	1.1. Motor Skills					
a.	3-4 yrs	Climbs downstairs one step at a time	T/A			
b.		Helps with simple household tasks (such as spreading a mat/ bringing glass)	T/A			
c.		Can run when needed (e.g. to catch something or in play)	T/A			
d.		Can hop using one foot	T/A			
e.		Washes hands unaided	T/A			
g.		Can pick up small objects and place them elsewhere (such as coins, beads)				
h.		Can copy a circle (when demonstrated)				
i.		Can copy a cross (when demonstrated)	T/A			
h.		5-6 yrs	Balances on 1 leg to wear trousers/play hopscotch/twirl on one foot in play)	T/A		
i.	Hops using both the legs		T/A			
j.	Can copy a square (when demonstrated)		T/A			
k.	Can copy a Triangle (when demonstrated)		T/A			
l.	1.2. Self Help skills					
m.	3-4 yrs	Can eat dry items such as roti, /dosa/idli with a spoon/hand without much spilling	S			
n.		Can undress by opening large-size, front buttons/hooks on his/her own	T/A			
o.		Goes to toilet during day time with some help	S			
p.	5-6 yrs	Can feed self independently by mixing rice/roti with side-dish	S			
q.		Can dress independently except for tying laces	S			
r.		Can go to toilet independently	S			
	2. Speech and Language Development					
a.	3-4 yrs	Says his/her name on request	T/A			
b.		Answers simple questions (what did you eat today? what do you like to play?)	T/A			

¹³In case emotional/behavioural/trauma related issues were reported, further assessment and interventions need to be carried out using play therapy methods.

c.		Can speak complete sentences(3-4 words)	T/A			
d.		Names 3 common objects if pointed to	T/A			
e.		States the action in the picture card shown	T/A			
f.	5-6 yrs	Able to describe pictures/events	T/A			
		Tell small stories in 3-5 sentences				

3. Cognitive Development

a.	3-4 yrs	Comprehends and executes simple instructions (shut the door, brings object as asked)	T/A			
b.		Identifies concepts such as size/direction/quantity as shown in pictures or real objects (big-small, tall/short, left-right, younger-older, few/ many)	T/A			
c.		Identifies (either through naming or pointing) at least 4-5 body parts	T/A			
d.		Can name/identify at least 3 common fruits/ vegetables/ animals when pictures are shown	T/A			
e.	5-6 yrs	Identifies functions of objects (such as telephone, glass ,bus, brush, umbrella)	T/A			
f.		Able to sort objects by colour and shape.	T/A			

4. Social Development

a.	3-4 yrs	Recognizes family members/ familiar people like teacher	T/A			
b.		Recognizes spaces (kitchen/bathroom/playground) and their function	T/A			
c.		Plays cooperatively with other children	S			
d.		Understands rules of simple games (passing a ball or taking turns)	T/A			
e.	5-6 yrs	Is aware of gender	T/A			
f.		Can enumerate routine/ daily activities	T/A			

5. Emotional Development

a.	3-4 yrs	Can recognize common emotions (when pictures of faces are shown)	T/A			
b.		When upset/ frustrated, can be easily comforted	T/A			
c.	5-6 yrs	Able to describe basic emotions (anger, sadness and happiness) in personal/daily situations and ascribe causalities to emotions	T/A			
d.		Ability to report emotions (when do you cry/when are you happy?)	T/A			
e.		Helpful and caring of other children (shares toys/ comforts others when hurt or crying)	S			

Child's drawing of shapes

Stimulus	copying

D. Service Provider's Interpretations/ Summary (incl. Recommendations & Care Plan)