

Community Child & Adolescent Mental Health Service Project

**Report for 12th Quarterly
(July to September 2017)**

&

**No Cost Extension Period
(October 2017 to July 2018)**

**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.

Estimated Coverage, September 2014—July 2018

No. of Institutions/ Agencies Reached (For Direct Services)	Government (and Aided) Schools		98
	Anganwadis		67
	Primary Health Centres		24
	Child Care Institutions		41
Total			230
Types of Agencies/ Services	No. of Children Reached through Direct Services		
	Individual Services	Group Services	Total
Schools	656	742	1,398
PHC	1,519	-	1,519
Anganwadi	-	1,501	1,501
Child Care Institutions	810	1,366	2,176
Total	2,985	3,609	6,594
Training and Capacity Building	No. of (Individual) Service Providers Oriented/Trained		2,853
	No. of Agencies/ Centres Represented by these Service Providers		497
	No. of States		28 Karnataka/ Andhra Pradesh/ Gujarat (All Districts Reached)
	No. of (Other) Countries		6 (Sri Lanka, Cambodia, Bhutan, Afghanistan, Nepal, Bangladesh)
Other Public Awareness Programs			895

Over the last three and a half years of its existence, the Project has gone way beyond its original mandate and proposed coverage: from a proposed geographical location of BTM Layout to institutions across Bangalore city; from Bangalore Urban to all districts of Karnataka; from service provision to systems work to provision of depth and specialized

training within Karnataka to other states in India, to mental health professionals from SAARC and other South Asian countries.

The table above is a snapshot of the project's achievements in quantitative terms—the Project's coverage in terms of districts/states, children, child care services/ institutions and child care service providers have been fairly extensive. These numbers are an attempt to capture some of the Project outcomes, although qualitatively there have been many more—reflected in the innumerable requests we continue to receive for training, capacity building and service provision and policy formulation from institutions that range from children's NGOs to the Judiciary.

In the light of the above, and in what we see as the growing need for community-based child and adolescent mental health, we propose an extension of the existing Project by another year i.e. from 1st March 2018 to 28th February 2019.

B. Project Implementation: Activities and Progress

1. Mental Health Services in Schools: Remedial Education Services

During the last quarterly, the final phase of the project was conducted through 3 sessions each in 2 out of the 4 schools – Government High school, Hombegowda and Government Urdu Higher Primary School, Arundhati Nagar. A request had been made by 4 school HMs, to demonstrate various methods of conducting reading sessions in the classrooms to support initiatives by the teachers of these schools to help children achieve reading mastery, each according to their ability levels. The other 2 schools could not be covered as the HMs were not able to fit the demonstration sessions in the school routine.

In the preliminary discussions the teachers had been told that reading and writing strategies have to be different according to the objective the exercise is meant to achieve. There could thus be five broad categories - reading to know, reading to understand, reading to analyse, reading to infer and reading to remember. Similarly writing purposes could differ – writing to copy, writing to respond to specified questions, writing to express ideas and thoughts and writing to paraphrase or explain. Students thus instructed are able to read and write more effectively as they are able to set achievable and clear goals for their reading and writing practices.

Over 3 sessions, the project team member demonstrated the different strategies the teacher could use to achieve different reading goals. Using excerpts from the curricular text, the children were engaged in an interactive way to achieve the reading goals. For example, to teach 'Reading to Understand'. The class was divided into 2 groups – teachers and students. The members of the teacher group were given parts of the lesson from the text, which they had to explain to the student group. The subject teacher was encouraged to give inputs where necessary. It was an energetic session and the teacher was surprised that the lesson was covered in such a short time. In the subsequent session, strategies to teach 'Reading to analyse' were demonstrated. The project team member asked the subject teacher to select a lesson from the text. Then the teacher was asked to read out loud a few lines at a time and the children had to frame 'why' questions based on those lines. This helped the children to explore the causes that lay behind the words. Finally, the 'Read to Infer' strategies were demonstrated. The subject teacher reads the first half of a lesson and

explains the text to the class. Then the children are asked to close their text books. After that the teacher asked the children to predict the end of the story using information that they read in the first half. After a few options have been discussed, the teacher reads out and explains the remaining text, highlighting how we can use information from what we read to infer information that may not be mentioned in the text. The students enjoyed all the sessions class and the teachers felt the methods were both interesting and useful.

2. Interventions in Children's Institutions

2. 1. Children with Disability

A) Belakku (a special school for children with disability)

In this phase, the project team member helped the school staff to redesign the group dynamics such that instead of the current model where each teacher is assigned one group, all teachers will get to work with all the children by rotation. Moreover, a meeting with parents was also held and individual parent support sessions were held.

Over 3 teacher capacity-building sessions, the teachers were helped to facilitate a better understanding of their students and their needs through the assessments. Settling in time for new students was to be used by the teachers to observe the children and determine their specific needs, strengths and weaknesses, using the assessment formats. To ensure a continuity of the institutional environment of in-house capacity -building, the experienced staff members were tasked to train the new teachers in awareness and understanding of the developmental domains, functional assessment of the children and designing Individual Education Plans, based on the assessments. The experienced teachers were also tasked to prepare the next level of developmental achievements for each domain for assessment of the children's current functional levels.

B) Government Home for Mentally Retarded Boys (for Boys with Varying Levels of Intellectual and Other Types of Disability)

The institution staff and the NGO staff were keen to explore to possibilities of pre-vocational and vocational skill training in the institute itself. Paper bag making activities were taken on. The boys were first taught and encouraged to colour old newspaper sheets. Then with the help of the teachers the boys were taught to fold the sheets, apply glue and make paper bags. This activity is now pursued as a regular part of the everyday time-table. Along with this, other paper activities are also undertaken. The boys have learnt to make paper decoration pieces and envelopes.

In keeping with the plan of exploring vocational activities, mat weaving has also been introduced. The NGO staff first learnt it themselves and have now taught a few boys to weave mats with coir ropes. They have bought 2 weaving frames and the necessary raw material. The boys now take pride in weaving mats and this is another activity that is now incorporated as part of the regular schedule.

The NGO staff has been engaging the boys in gardening activities. Making good use of the piece of land that is inside the Boys' Home premises, the boys have been taught to prepare the soil, plant saplings, water them regularly, pull out the weeds etc. The boys enjoy the gardening activities and show great enthusiasm in taking care of the garden. One challenge however is that some of the boys insist on pulling out the plants along with the weeds! The

teachers are taking this in their stride and are trying to use this as an opportunity to teach the boys the difference between the plants and the weeds.

The two groups of boys going to NIMHANS and AMC for vocational training continue to do so. They are regular and enthusiastic. Many of them also enquire about whether they will be taken to other places to work or learn new skills. Their new-found confidence in themselves is very heartening and the visible difference it has made to their quality of life is evidence that all opportunities that could provide such enhancement to their self-esteem must be explored.

In an attempt to provide socialisation opportunities, the project staff coordinated with different agencies and organised outings for the boys. They attended a cricket match coordinated by MPA on 14 October, 2017. 30 boys accompanied by 5 staff members attended the event. To help the staff get a deeper insight into vocational training means and methods, the project staff organised a visit for the NGO staff members, to the Camphill Community premises, where they interacted with the staff and volunteers and got many ideas for vocational training.

Thus, as per the descriptions of the previous quarterly report the emphasis has been on engaging the boys meaningfully that on the one hand enhances development and on the other hand offers opportunities of self-worth and dignity to the boys. The institution staff, under the able guidance of the Superintendent, is collaborating with the staff of the NGO, You and I, to implement all the aspects of care and interventions required by the boys.

Next Steps & Ways Forward:

It is now important that the collaboration between the NGO staff and the Institution staff be continued along the present lines. All training activities pertaining to self-help and grooming, must be continued even if it may seem that the boys have acquired the skills to a great extent. The cleanliness and hygiene levels are now greatly improved and the staff must ensure that the standards are maintained. It is recommended that the changes that have resulted as an outcome of long and persistent effort be recorded and documented, possibly as a video, that could also serve as a motivational resource for other institutions and their personnel.

2.2. Interventions for Children, aged 0 to 6 years

A) Shishu Mandir& Shishu Gruha (a Government child care institution for orphan/abandoned children 0 – 6 years, with and without disability)

As per the plan that was proposed to the Director, regarding training in child-care for the entire staff, a preliminary session was conducted. The project team members addressed the entire team to give an overview of the proposed training programme explaining the criticality of quality care for the children, the long-term ramifications of sub-standard or inadequate care at this stage, the need for care-givers to have the capacity to identify specific care needs and be able to cater to the same. Furthermore, the staff was asked to propose a schedule for the said training that would be conducted in the Institution's premises, such that all members of the staff could participate.

Moreover, the institution continually faces challenges related to paucity of staff and as a result even the most fundamental care of the children is compromised. To address this issue, the project team coordinated with the NGO, You And I, and arranged for them to place a teacher and 2 ayahs in the institution. This however is just an interim measure and if the children were to receive ensured and consistent quality care, it is imperative that such understandings with the NGO be formalised.

Also, 7 sessions were held for 13 children for socio-emotional development—as documented subsequently.

Field Worker's Diary...Group Interventions for Emotional Development in Young Institutionalized Children

Name of the Institution: Shishu Mandir

Group Composition:

- 13 children - 6 boys and 7 girls
- 4 years to 6 years

Session 1

Objectives:

- Rapport Building

Methods: Dance, Game

Materials: Music

Process:

- All the children were greeted and were asked to sit in a circle.
- They were told that from today, we would be all meeting regularly and play some games, tell some stories and also talk about few things.
- All the children were told that "when we are sitting here, we have to be in a certain way, some things are not to be done when we are here in this room". As the children are young and will not be able to comprehend/ remember more things only one rule was discussed in the first session i.e. - Nobody is supposed to hit/push/hurt others.
- All the children were told that today we are going to dance and play some games.
- Music was played and all the children were asked to dance freely without touching/pushing anyone, for 5-10 mins.
- Later, children were informed that they need to keep dancing until the music stops, when the music stops they have to catch one person near to them and shake hand s and tell their names.
- This was repeated and each time the music stopped children were asked to give one information about themselves - are they girl or boy? What did they eat for breakfast? What colour do they like?
- After this children were all thanked and informed that next time when we meet we will be discussing about feeling happy, sad and angry.

Observation:

- All children were very enthusiastic, and participated very actively.
- They were able to follow instructions and comprehend.
- Though they were few children who had less attention span, it was easy to manage them as other children helped them to stay focus during the game.

- It was observed that children could participate in an activity up to 20-30 minutes at a time.
- Children loved to dance and listen to music.

Session 2

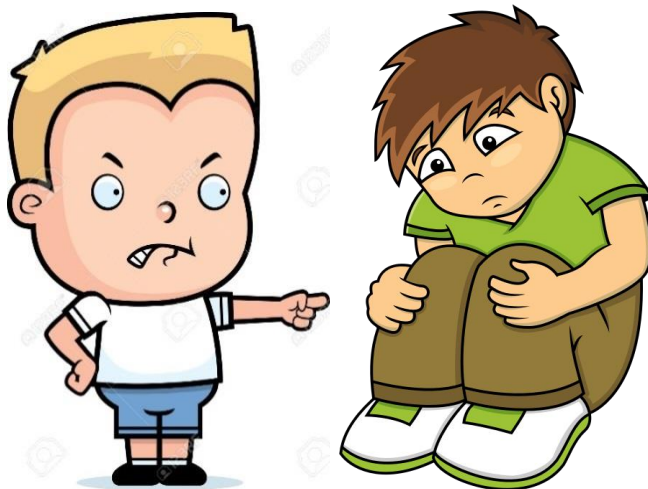
Objective:

- To introduce the concept of feelings and emotions.
- To introduce 3 basic emotions - Sad, Happy, Angry through picture cards of these emotion cards.

Method: Naming and pointing, role play.

Materials: Picture Cards of children with different emotions in different life situations.





Process:

- All children were greeted and gathered around and asked to sit in a circle.
- All children were reminded about the rule which was discussed in the last class- nobody is supposed hit/push or hurt others.

- Introduction: "last class we played some games and danced, today we are going to play another game, where I will be showing you some pictures and I will ask you some questions about it".
- One after the other picture cards were shown and children were asked what the person in the picture is doing- most of the children responded - they were able to identify and said-'he is laughing', ' he is smiling', 'he is crying', 'he is sad', 'she is angry'...
- Then children were asked to imitate the same emotions- they were asked to show how do they cry, laugh/ smile, angry, happy, and sad. This was done for around 2-3 rounds.
- Later the whole session was summarised and children were thanked.

Observation and analysis:

- Children were very good at recognising the emotions and imitate.
- However, 2 children were not very vocal and not responding - but were able to imitate the emotions.
- Children were able to concentrate and participate in the session.

Session 3:

Objective:

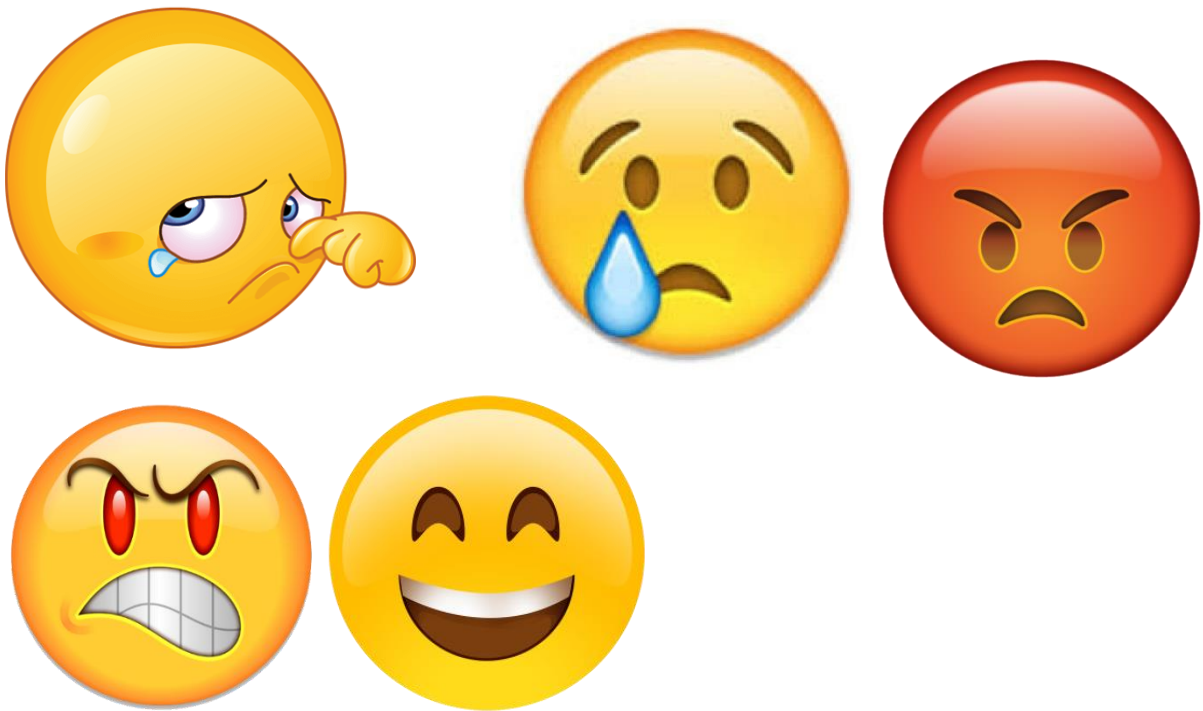
- To introduce the children to visual analogues of emotion cards.
- To help the children to differentiate between different emotions.

Method: Picture cards- naming and pointing and pile sorting.

Materials: 5-6 sets of Happy, sad/crying, Anger emotion cards (emojis)

Procedure:

- All children were gathered and were made to sit in a circle.
- They were asked whether they remember what was done in the last session- most of the children said there were few pictures in which there were boys who were laughing, crying, angry.
- A recap was done -children were asked to show how they cry, laugh, and get angry.
- Then, pictures of the 3 emotions were shown and they were asked to name the emotion in the picture. Then were asked to enact the same.
- A total of 15 pictures, 5 each of the three emotions were randomly placed, and then children were asked to pick up and place similar emotions together. As there were 13 children, 3 children were called at once and asked to sort few cards, later all the children were given chances.
- Later, facilitator enacted each emotions one by one and asked the children to pick up and show the right emotion cards.
- At last all children were asked to enact any one emotion by picking up one emotion card.



Observations and Analysis:

- Most of the children were able to sort the emotions into piles, however few children needed few demonstration at the beginning after which they were able to do it.
- Children enjoyed enacting emotions and they liked to hold cards and play with them.
- As most of the children in the home were not given any kind of cards as they would tear/spoil it, they liked it when they were given it to them. With a simple instruction that they have to make sure the cards are safe was enough and they were very cautious.
- This shows that children in the home are very enthusiastic and they like to participate and activities with different methods keeps them engaged and help to sustain their attention span up to 30 -40 minutes.

Session 4

Objectives:

- To help children to understand various situations when they feel sad, happy and angry.
- To understand various actions/things children do when they feel different emotions.
- Also to understand to what extent children can express their emotions.

Methods: Question and answer and discussion

Materials: Emotion cards

Process:

- All children were greeted and asked to sit in a circle.
- They were shown the emotion cards which were used in the previous session and asked to name the emotions and told that today we will be talking more about these emotions.
- Later, each cards were shown and then each child were asked when do they feel happy, sad/cry, angry.
- Children answered the following:
 - Happy: 'when we are taken to play', 'when chocolates/biscuits/sweets/cake', 'when someone tells me very good', 'when we play with toys', 'when we see TV', 'When you come and play with us', 'when we paint and colour'.
 - Sad: 'when someone hit/pinch/push me', 'when someone screams/scolds me', 'when we fall and get hurt', 'when they don't take us out to play', 'when they don't give us biscuits', 'when someone doesn't talk to me', 'when we don't have class'.
 - Angry: 'when someone hit/pinch/push me', 'when someone screams/scolds me', 'when my friend doesn't play with me', 'when someone takes my toy/things'.
- Later, all the responses were summarised and children were asked what do they do when they feel happy, sad, and angry for which they responded as follows:
 - Happy - we laugh, smile, dance, play, hug, clap.
 - Sad - cry, don't talk to other, sit alone.
 - Angry - we hit, pinch, scold and cry.
- For each of the children's responses appropriate acknowledgement and validation of the emotions were done.
- Later, whole session was summarised, all children were thanked, and informed them that next class we will do something special and it's a surprise.

Observations and Analysis:

- The whole group remembered almost all the things which was done in the previous session even after 5-6 days. This shows that when activities which children enjoy are done along with repetition children remember very well.
- Few children were not able to give situations in which they feel happy, sad, and angry. However, many other children responses were very good and others repeated the same.
- It was observed that all the responses children gave were all related to their stay in the institution and were not related to their homes/family.
- Children responses to when they feel Happy, such as - 'when we are taken to play', 'when chocolates/biscuits/sweets/cake', 'when someone tells me very good', 'when we play with toys', 'when we see TV', 'When you come and play with us', 'when we paint and colour' shows that they do not experience these activities so often, they

are not allowed to go and play regularly or given sweets. It also shows that they feel happy when they are appreciated which is not done quite often in the institution.

- Children's responses regarding anger - most children said they would cry, this shows that when they are angry and frustrated only way they know to express that is either by hitting/scolding or crying.

Session 5

Objectives:

- To help children to recognise emotions in other people's situations.

Method: Storytelling and discussion

Materials: None

Process:

- Children were all greeted and asked to form a circle and sit.
- Recap: Children were asked when they feel angry, happy and sad.
- Introduction: today as I had said last class there is a surprise for you all and that is I am going to tell a story today, it's a story about a small dog called Raju.
- Following story was narrated to the children and they were asked during various situation what is Raju feeling.

Raju is a small dog who lived in a big home where there were many other small dogs who are small as well as elder than him. There were many akka's, aunties and 2 uncle who were taking care of them. These akka's and aunties cooked food, gave them bath, played with them, took them out to play and also looked after them when they were sick.

One day when Raju got up in and brushed his teeth, took bath and ate breakfast and went to the classroom. There he saw that his friend Geetha had taken his book. When he asked her she didn't give it back.

Children were asked what did Raju feel and what did he do? - They responded that he would start to cry and few children responded that he would get angry. Their responses were appreciated and validated.

So Raju was angry and then he hit Geetha, and started to cry. Then one of the akka's came and gave Raju his book and asked Raju and Geetha to ask sorry to each other. After that all children were given biscuits and cake during the break. As Raju had done some colouring and his teacher said that he has done it very well and said very good.

Children were asked how Raju would feel- they responded that he would be happy as he did colouring and teacher said very good.

Then when Raju was playing in the ground he fell and hurt his leg.

Children were asked how Raju would feel- they responded that he would be sad and cry as he fell and his leg pained.

Later, one of the akka's took him back to the house and applied cream and band-aid after which Raju was happy. That evening all children ate dinner together and slept.

- After the story narration, children were asked few questions such as:
 - When was Raju happy?
 - What did Raju do when Geetha took his book?
 - How did Raju feel when he fell down?
- All children were thanked and said that in the next class we will do something new.

Observation and Analysis:

- Children enjoyed storytelling and they were able to recall most parts of the story during the end of the session.
- They were able to recognize the emotions which were discussed in the story were.

Session 6

Objectives:

- To help children to respond to various emotions expressed by others.

Method: Demonstration and role play

Materials: None

Process:

- All children were greeted and were asked to form a circle.
- Children were asked whether they remembered the last session and what was done- all children remembered that we discussed Raju's story. They were asked to recall, together with each other's help all children were able to recall the whole story.
- Introduction: Today we will be talking about what we should do if we see someone cry, sad, angry, and what should we do if we make someone else angry.
- All children were asked what should one do when they see someone crying; to which they responded that we have to go to them say don't cry.
Then the facilitator demonstrated that when they see someone crying they have to go sit next to them and try to wipe their tears/ crease them and ask them what happened. All children were asked to repeat the same with the person sitting next to them.
- Then children were asked what they would do when they have hit/pinched/pushed/hurt someone- children didn't know what to do, only one of the older children responded that they would say sorry.

Then facilitator demonstrated that they have to ask them sorry and shake hands and help them if they have hurt them. All children were asked to repeat the same with the person sitting next to them.

- This was repeated for 2 more times by asking the children to role play the same with other children.
- All children were appreciated and thanked.

Observation and Analysis:

- Children were not able to respond when they were asked what they would do if they hurt someone, even if they were sorry they didn't know how to express it.
- Even if the children are young they were very good at role play and they enjoyed the activity.

Session 7

Objective:

- To recap and reiterate concept of feelings and emotions which they learnt in the past few weeks.

Method: Discussion and naming and pointing.

Materials: picture cards used in the previous activities.

Process:

- All children were gathered and were asked to sit in a circle.
- Introduction: today we will be talking about various things which we did in the past few session.
- Picture cards of happy, sad, and angry were shown to children they were asked to identify the emotion and enact them.
- Later they were asked what would they do if their friend is crying and when they have hit/push/hurt someone. Which most of the children remembered and were able to recall various things.
- Few children themselves remembered Raju's story and were able to recall most parts of the story.
- All children were thanked and appreciated that they remembered various things which was done in the session.
- All children were asked to dance for various songs.

Observation and Analysis:

Children were able to understand and remember the concept of emotions and feelings even if they are young, only if the concept is reiterated and done using various methods and materials.

2.3. Adoption Issues

Two half day workshops were conducted for Prospective Adoptive Parents (PAPs) in collaboration with Shishu Mandir staff. The workshops were organized along with the Shishu Mandir Staff of the Dept. of Women & Child Development, Government of Karnataka. at the Child Psychiatry Centre, NIMHANS. They were facilitated by the Community Child and Adolescent Mental Health Service Project team. About 46 PAPs attended each of the workshops.

The first workshop, held in early August 2017, was an introductory one, focusing on some initial issues that impact parent and child in the phase just before the child is adopted and in the time following the home-coming of the child. The workshop included discussions on the following issues:

- Preparing for Adoption
 - Your expectations as parents
 - Talking to immediate family, incl. siblings
 - Understanding child’s developmental/ medical history
- When the Child Arrives:
 - Physical space and care
 - Emotional care and responses
- Early stimulation and development
 - Things to do to ensure your child’s developmental milestones are met.
 - How to identify and respond to developmental delays/gaps

While information on each of the above issues was presented by the Project team, PAPs actively engaged in discussion, asking very many questions, pertaining to i) CARA procedures; ii) adoption disclosure i.e. is it necessary to tell the child about adoption/ when and how to do so/ what to tell family and friends about their child being adopted. PAPs were keen that the NIMHANS Project make available all the information provided in the workshop on the CARA/ DWCD website; they said that they had received absolutely no pre-adoptive counseling and had therefore had many concerns and worries about adoption. Many PAPs said that they felt much reassured after this initial workshop—they were very keen for more such meetings and workshops to be held.

In response to the many inquiries on CARA and related procedures, the second PAPs workshop focused on the following:

- The new/current adoption laws
- Adoption procedures (with a focus on helping parents understand certain procedures that they do not have clarity about, what they could do to navigate some of the limitations of the laws and procedures, including for instance, the 21-day period in which they have to make final decisions about adoption of the child).

Dr. Aloma Lobo, a pediatrician and a well-known advocate of adoption, previously the chairperson of CARA, was invited to conduct the session along with the Project staff.

When the art work for the adoption disclosure stories is complete, in February 2018, the 3rd workshop for PAPs will be held to address this issue i.e. how, when and at what age disclosure processes should be initiated by adoptive parents.

‘Return’ of Adoptive Children

Over the last 3 years, in the course of our work through the community service project, there have been quite a few adoption related problems that have occurred. Not surprisingly, the children bear the impact of various lacunae in systemic processes, policies and of unsuitable adoptive parents. Already amongst the most vulnerable, by virtue of being orphaned / abandoned, it is indeed further trauma when ‘returned’ or ‘rejected’ by adoptive parents.

A case in point is the recent episode of B, 5.5 years of age, adopted from Shishu Mandir, Hosur Road, Bangalore, on 30 September, 2017, by a family from a district in Karnataka. Records show that all adoption related procedures, documentation, including all the mandatory medical check-ups, were carried out to the entire satisfaction of the adoptive parents and as per all rules and regulations laid down by CARA. In fact the adoptive parents got the medical examination of the child by a paediatrician of their choice, prior to taking her home. The child was deemed to be healthy and fit for adoption.

On 17 January, 2018, an email was received from the adoptive parents, addressed to the Superintendent, Shishu Mandir. This stated that the child, B, had had repeated bouts of hiccups. She had been seen by a general physician in A district in Karnataka and subsequently she had been checked by physicians at Manipal. The said official at Shishu Mandir being on leave then, one of the Social Workers, posted at the institution, responded to the email over the telephone. Subsequently, the matter was taken to the visiting paediatrician, Shishu Mandir. The paediatrician responded in great detail after due study of the medical documents submitted by the adoptive parents. (Scanned copy of the said response is duly attached.) It is important to note here that the paediatrician did not find anything of grave concern in the said medical test results and in fact commented that the child seemed to have been unnecessarily subjected to certain medical tests. This response was forwarded to the adoptive parents on 26 January, 2018.

On 8 February, 2018, the adoptive parents, accompanied by 2 extended family members (sister and brother-in-law), brought B back with the intention of rejecting the adoption and handing her over to the Shishu Mandir authorities. They submitted an application to the DCPO, stating their intention of returning the child, the reason being the child had serious medical issues. They also petitioned for a return of Rs.40,000/- that they had paid at the time of adoption, as per CARA norms. The application also states that they had consulted doctors in a district in Karnataka and Manipal, and the doctors had advised them that the child must be returned.

The DCPO tried to reason with the parents and had called staff from the NIMHANS-DWCD Community Child & Adolescent Mental Health Service Project, requesting assistance. The Parents were, however, not amenable to any discussion or persuasion. They were vocally aggressive, stating that there was no way that they would even consider keeping the child.

Further, they claimed that Shishu Mandir authorities had not revealed all relevant facts about the child to them and that no one had prepared them in any way for the adoption. Their statement, “We have adopted the child as we are growing old and we need someone to take care of us. What will we do with a sick child? Why should we have to take care of her?” The DCPO asked what they would have done if this was their own child. Their response was “Then we would have taken care of her. But she is not our child!”

The NIMHANS staff's suggestion that "We will help you to get a second opinion, from credible, government hospitals" was met with complete refusal, despite explanations to them about the child being very traumatized upon their decision to 'return' her. It was also suggested to them that they should have approached the DCPO prior to getting the child examined so that the government agency could have been in the loop to provide support and guidance to the adoptive parents.

At the time the child was being 'returned' to the institution, the child was clinging to the adoptive mother, refusing to be taken away by us, crying piteously, "Amma, amma jotte mane hogbeku." (I want to go home with mother.) On being physically forced away, she went into a panic, struggling and crying. The extended family member insisted that the child will be 'mentally' fine, and this rejection will have no impact on her whatsoever.

This has been a very traumatic and debilitating experience for B. To worsen the complexity, the child now suffers from a serious identity crisis, as it came to be known later that she had been re-named K, so now she cannot understand who she is i.e. B or K. Moreover, it has also come to light that the child had been admitted to school in Udupi, immediately after being adopted, giving her hardly any time to transition from the institution to life with a family/ new parents, and to make the necessary adjustments to make sense of her new world. The child now displays great emotional lability, and is in clear need of psychological intervention support. The project team, will be providing the said support to B.

B's is not the only case where adoptive parents have chosen to 'return' the child—indeed, during the course of the Project's work, there have been at least 2 to 3 others in the recent past. In the light of this, some of the emerging questions and concerns are:

- How credible and trustworthy are the home visit reports?
- What is the quality of pre-adoption counselling for parents?
- What is the follow-up protocol regarding post-adoption especially in case of rejection of the child by adoptive parents?
- Are the (new) CARA policies really working, particularly with regard to older child adoption?
- What procedures may be followed to 'black-list' some of the unsuccessful/ inappropriate parents on the CARA list? (Do such possibilities exist?)

Based on our recent experiences in training Karnataka State Counselors in the area of adoption counselling, we are aware that very little depth work and training has been done at least in the recent past on care provision for young children, and on adoption issues—by the admission of the staff who attended the training, they knew very little about all the components of pre-adoption counselling and even less about conducting home studies. While the training was well-received by many department staff from across the state, unfortunately, our efforts to work with some of the Shishu Mandir staff on adoption-related issues have been less successful. In fact, one of the adoption counsellors from Shishu Mandir did not attend the adoption training workshops held last month (January 2018).

It is imperative that steps are taken, both at the policy modification level and the implementation levels, to avoid the above described incidents. The Project is being requested by the DCPO, to assist on individual/ implementation levels (in a given child/case) as well as on (CARA) policy issues.

2.4. Initiation of Swatantra Clinic Services for Vulnerable Children from Institutions

Following the orientation training conducted by the NIMHANS Project team, for all newly appointed Child Welfare Committee (CWC) members, one of the Bangalore CWCs i.e. the one that serves girls, approached the Dept. of Child & Adolescent Psychiatry, NIMHANS, with a request for a counsellor to assist the committee with counselling and decision-making regarding the many vulnerable children they work with. The CWC feels that there are several issues, especially complex ones relating to abuse and trauma and serious behavioural issues, that they find challenging to deal with, and that such children, with moderate to severe psychosocial problems, would benefit greatly from specialized assistance and treatment as soon as they are seen by the CWCs.

Given the Project's extensive experience of working with institutionalized and other vulnerable children, the Project (which is located in the Dept. of Child & Adolescent Psychiatry) has responded to the CWC's request by setting up a service for children referred by the CWC. These children include those in government boys and girls homes, the government homes for 0 to 6 year olds and children with disability. Counselling services have been extended to any child referred by any CWC from across the state through the Swatantra Services, which are run each week on Wednesday morning (9 am to 1 pm) in the Child Psychiatry Out-Patient Department space.

As a public hospital, all children referred by state-run (and other) child care institutions and CWC/JJB have been seen on a regular basis, on any working day of the week. However, based on the CWC's request, the Project took cognizance and initiated Swatantra as a special/ dedicated services (in June 2018), in order to better meet the needs of the children and the CWC as it will cut out long waiting times and also help institution staff/ families organize themselves to bring the children to NIMHANS.

Children assisted at NIMHANS Swatantra Services, June to September 2018

Gender	No. of Children	Total
Male	38	55
Female	17	
Agency Referrals		
	Frequency	Total
Child Welfare Committee	25	55
NGO	10	
Juvenile Justice Board	20	
Reasons Referral		
	Frequency	Total
Emotional and Behavioral issues	18	55
Adoption Counseling	7	
Behavioral issues	10	
Conflict with law assessment	20	

Thus far, 55 children have received consultation at the Swatantra Services (including follow-ups, 71 consultations in all have been provided); most children from institutions/ referred by CWC have received assistance primarily in the contexts of: run away behaviour, POCSO-

related cases, coming into conflict with the law. They had emotional issues such as anxiety, depression and self-harm behaviours and/or behavioural issues such as running away and stealing in the context of loss, grief, abandonment and abuse and romantic relationships.

Gradually, the Swatantra services have grown to involve other members of the Dept. of Child & Adolescent Psychiatry (i.e. not only the Project team) in service provision, which was the objective of the Project—to ensure greater focus on providing mental health services to the most vulnerable children, even within tertiary care centres such as NIMHANS.

2.5. Psychosocial Assessments & Preliminary Assessments for Children in Conflict with the Law

In July 2018, the DCPO, Bangalore Urban and Superintendent of the Madiwala Observation Home requested the NIMHANS project team to assist with preliminary assessments of children in the observation home. It was reported that there is currently a pendency of 60 to 70 cases, which the DWCD and the JJB want cleared—all these cases require preliminary assessments to be conducted. A plan was developed to list out the children and send them to NIMHANS on a regular and continuous basis, and some of the children have come for assessments. However, there also appear to be some coordinating problems with the police who bring the children, and so the pendency cases have yet to be cleared. The NIMHANS team is ready for the children to be brought and to render the requisite services. While the DWCD staff's objective in approaching the NIMHANS team was to get preliminary assessments completed (in order for bail/ case closure decisions to be made by the JJB), every child who is sent for assessment, is also provided with psychosocial and mental health inputs and treatment as necessary.

2.6. Preliminary Work on Early Childhood Development & Protection Initiative

In January 2018, based on discussions with the Principal Secretary and her interest in services for anganwadis, the NIMHANS project submitted a proposal for a 2-year project titled 'Aarambhikeya Aarambha: Community-Based Psychosocial Services for Early Childhood Care & Development' for ICDS and ICPS Support.

However, by May 2018, since the DWCD stated that they would be unable to fund this project at least until a later point, the NIMHANS team approached the Child Protection Division of UNICEF, who was willing to support a part of this larger project for a 6 month period. Thus, in June 2018, UNICEF approval (for funding) was obtained for a component titled 'Initiating Community-Based Psychosocial & Protection Services for Early Childhood Care & Development'.

However, due to certain complexities and delays in the NIMHANS processes, requiring ethical clearance for a new project code to be given, for receipt of funding from another agency, the funds from UNICEF have yet not been received. Meanwhile, the Principal Secretary/ DWCD was keen for the work to proceed, also stating that DWCD funds could be obtained for this project to continue beyond UNICEF's funding period. Since the NIMHANS Community Project team was in place already, as also experiences and materials, the Project felt that it would be beneficial if we could begin the preliminary work and services for the 0 to 6 years children's project at the earliest.

Thus, between July and September 2018, preliminary work in the anganwadis and 0 to 6 child care institutions were undertaken, with a focus on obtaining an in-depth understanding on:

- The developmental/psychosocial/protection needs in these settings.
- The perceptions and skills of the service providers on child development and protection.
- How activities are implemented in these anganwadis and institutions.
- Whether the current programs and ways of functioning meet the developmental and protection needs of young children.
- Possible ways to enhance the programs and activities offered to young children, including service providers and caregivers.

Meanwhile, the UNICEF project proposal ‘Initiating Community-Based Psychosocial & Protection Services for Early Childhood Care & Development’ has been submitted to the NIMHANS Ethics Committee, which will hold its next meeting on 29th September 2018 to examine the proposal. Ethics approval is awaited, following which further decisions about implementation of this project will be made.

3. Training and Capacity Building

3.1. Training Workshop for ICPS Staff, 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 had completed implementing two workshops of 4 days and 5 days respectively, for ICPS staff, on psychosocial care and protection for children in difficult circumstances. A total of 35 ICPS staff, including counsellors, case workers and social workers from various districts of Andhra Pradesh participated in the training workshop.

As reported in previous quarterlies, level 1 of the training focused on children and childhood, child development and basic counselling skills with children. The 2nd level workshop began with the review of the learning from the previous workshop—participants presented case studies using the frameworks and approaches learnt then; then, 3 days were spent learning about trauma issues, including loss, grief and death experiences in childhood and child sexual abuse, including conceptual frameworks and theories as well as and methodologies for intervention.

Building on previous learning, the 3rd training workshop, from 16th to 19th August 2017, focused on psychosocial work with children on conflict with the law, namely, understanding pathways to alleged offences, use of individual and group counseling and life skills methods to effect behaviour change and transformation in children in conflict with the law. The objectives of this workshop were to enable AP’s ICPS staff to:

- Obtain an in-depth and nuanced understanding of the psychosocial contexts of children in conflict with the law (CICL).
- Identify and analyze children’s pathways to conduct issues, including their problem areas.
- Learn how to conduct depth psychosocial and mental health assessments as well as develop preliminary assessment reports (as per the December 2015 JJ Act amendment) for CICL.

- Provide first level responses and depth interventions to CICL, towards effecting behavior change in such children.

The first two days were spent on enabling participants to understand vulnerabilities of CICL and pathways to offence, frameworks for analysis of various types of offences by CICL. Further, the NIMHANS project, during the course of their work with CICL in Karnataka, have developed i) a depth psychosocial and mental health assessment proforma and ii) a preliminary assessment report format (based on the December 2015 JJ Act amendment). Both of these proformas were introduced to the ICPS staff, who received detailed training on the use of these formats.

The training on conceptual frameworks and assessments were followed by sessions on interventions for CICL, to effect behavior change and transformation in these children, through the use of individual and group methods, including life skills methodologies.

Following the first two workshops and all the efforts of the trainees, the facilitators felt that the staff were now well-placed to move towards the more complex issues and contents of working with CICL. Staff demonstrated a strongly child-oriented and child rights' based perspective (something that was not present in the first workshop). Many of them had tried out the life skills methodologies, individual and group interventions that had been taught in the previous workshops, and thus reflected a confidence and knowledge that can only come with working and implementing activities with children.

Staff themselves reported that:

- They now view children completely differently from how they did before these training workshops
- Implementing various activities and interventions in their child care institutions had helped them 'really know' their children,
- They feel more confident about their skills and abilities
- They find their work truly satisfying and rewarding now that they are able to understand what and how to do (unlike previously).

3.2. Review Workshop for ICPS, Andhra Pradesh

Training and capacity building support was provided to the (30) ICPS staff of Andhra Pradesh between December 2016 and August 2017, over 3 workshops of about 5 days each, comprising of classroom training and field demonstrations. The workshops focussed on the child psychosocial care for children in difficult circumstances, including basic communication skills and understanding of contexts, trauma and abuse issues, and working with children in conflict with the law. The State government requested the NIMHANS project team to conduct a review of all that the staff had been trained in/ working on, several months after the last workshop was concluded.

Thus, a 3-day review workshop was conducted in Vishakapatnam, with extensive case study presentations and panel discussions that the ICPS staff participated in and that the Project team facilitated. Apart from re-visiting the basics and the content taught in the workshops, additional and more complex inputs on child mental and psychosocial health were also provided. The following observations were made and conveyed to the AP Director of Juvenile Welfare:

- There has been a remarkable shift in orientation towards children and child work in the ICPS team members, in terms of where they were professionally when we first met and

started work with them in December 2016. It also appears that with increased skills, they have also developed a deeper interest and motivation to do child work.

- They are now child-centric in their thinking, communication and decisions regarding children in the care and protection systems.

- They seem to have mastered some of the conceptual frameworks we provided for case analysis--and so, demonstrate strong understanding of children's contexts, vulnerabilities and problems.

- They are able to use the assessment proformas we provided (both for CNCP as well as CICL children), including the preliminary assessment, with proficiency.

- The only gap that we now see is in intervention and use of the methods/ life skills activities etc we provided them with. It was evident from the 3-day review we just completed, that most of them are not practicing the interventions we have trained them on. We also gave this feedback to the team--to say that assessments are important but not enough; that only if interventions are provided and methodologies systematically used to respond to children's problems will the children benefit and transform. (There is little use in doing good assessments if they are not used for interventions--even ethical issues with this incomplete approach).

Based on the above, the ICPS staff were advised to intensively use the activity and intervention materials provided by the NIMHANS project team so that their work will be truly impactful for affected children.

The Andhra Pradesh experiment, with training of ICPS in depth work and methodologies, has proved to be a largely successful model for capacity building of government child protection staff and systems. What worked were the following:

- The structuring of the workshops, with phased and iterative learning i.e. starting with basics and gradually moving to more complex issues.
- Each workshop having a theory/ classroom learning component, followed by practical demonstrations in the field immediately after, enabling participants to 'try out' new learning under some guidance and supervision of the facilitators.
- Fieldwork assignments that participants were asked to complete between training workshops so that new learning could be further consolidated in the interim periods.
- The deep commitment of the Andhra Pradesh Dept. of Juvenile Welfare to the learning and work of their ICPS staff—the government officers, namely the Director, regularly visited and monitored the staff's work and performance on the field, also warning them that appropriate disciplinary actions would be taken if work was not done with children.

3.3. Orientation program for Government School teachers Anekal Taluk

The Azim Premji foundation had requested the NIMHANS Dept. of Child Psychiatry to provide orientation for Government school teachers of the Anekal taluk with an overview and understanding of mental health issues among the school children. A total of 32 teachers had attended the session from over 19 Government schools.

Session Content:

- Listing of Common mental health Issues in school children
- Understanding the Basis of these Mental Health Issues
- Criteria for Referral to Tertiary Care

Common problems and concerns of teachers were discussed including indiscipline, lack of motivation, inattention, irregularity, poor performance etc. were also discussed. A great deal

was discussed about the children's psycho-social context and how it contributes to many issues of these children. Finally, the discussion focused on how small changes, to enable a child-friendly environment through appropriate learning materials, support system and changes in our attitude towards children, could help children.

3.4. Training of Mental Health Professionals from SAARC Countries

Like the Community Child and Adolescent Mental Health Service Project provided training to WHO-sponsored mental health professionals from Sri Lanka, during this reporting period, the Project continued to respond to the training needs of those from other SAARC Countries, namely, Afghanistan, Bangladesh, Nepal and Bhutan; a mental health professional from Cambodia was also trained.

5 mental health professionals, including psychiatrists, social worker, psychologist and nurse, from the government run Kabul Mental Hospital, visited NIMHANS in November 2017, to equip themselves to start child mental health services at their hospital. The Project team provided them with 5 days of intensive conceptual and skill training on child development, interviewing/ basic counselling techniques for children, the use of assessment formats and intervention methodologies. Recognizing the need for child mental health services in conflict-affected areas, such as in Afghanistan, the Project particularly focused on childhood trauma (loss, grief, death and sexual abuse) and disability and rehabilitation issues.

3.5. Orientation Workshops for Members of Child Welfare Committee & Juvenile Justice Board, Karnataka

Based on the request received by the Dept. of Women and Child development, Govt. of Karnataka, to conduct training workshop, for the newly appointed Juvenile Justice Board (JJB) members, the Community child and Adolescent Mental Health Service Project, Dept. of Child and Adolescent Psychiatry, NIMHANS conducted two-day orientation workshops for newly appointed CWC and JJB members, in December 2017. In accordance with the provisions of the Juvenile Justice Act, the module was designed to equip CWC and JJB members with skills to make decisions about the care, protection, treatment, and rehabilitation, of children in need of care and protection and children conflict with the law respectively, from a child psychosocial and mental health perspective.

In all, 199 members i.e. 150 CWC members and 49 JJB received psychosocial skill/ orientation inputs from the Project. A total number of 7 two-day workshops were conducted (5 for CWC members and 2 for JJB members), with each workshop accommodating no more than 33 participants (so as to enable depth discussions and skills training). The workshops used participatory and experiential methods to facilitate reflective and practice-based learning,¹ including visualization, film screening, case study analysis and discussion methods—all of which require the training group size to be under 40.

The objectives of the CWC training workshop were:

- Understanding children's psychosocial issues and problems.
- Building counseling and communication skills with a focus on:
 - Getting started with children.
 - Developing basic communication skills to facilitate supportive relationships between the child care worker and child.
- Learning about common child and adolescent mental health disorders in order to be able to refer children for treatment, when necessary.

¹ The Project refrains from using top-down lecture methods as these methods of training have not generally found to be useful or impactful.

Training Content for CWC Members

Introduction	
Children & Childhood	Reconnecting with children and Childhood
	Identifying Emotional & Behaviour Problems & Contexts: Child's Experience & Inner Voice
Communication Techniques with Children	Skill 1: Getting to Know the Child
	Skill 2: Recognizing and Acknowledging Emotions
	Skill 3: Listening and Interest
	Skill 4: Non Judgmental Attitude & Acceptance
Film Screening	
Overview of Common Child Mental Health Disorders	Developmental Disabilities, Attention Deficit Hyperactive Disorder, Anxiety, Depression, Post-Traumatic Stress Disorder, Conduct Problems
Psychosocial and developmental needs of young children (0-6 years)	Infant and young child care in institutions; adoption
Final Perspectives	

The objectives of the JJB workshop were for members to:

- Obtain an in-depth and nuanced understanding of the psychosocial contexts of children in conflict with the law (CICL).
- Identify and analyze CICL's pathways to offence (if any), including their problem areas.
- Develop basic communication skills to enable work with children.
- Understand the mental health and psychosocial problems of CICL, including the assessments and interventions/ treatments that CICL should be provided with.
- Identify criteria for the use of referral (mental health) services for CICL as necessary.

Training Content for JJB Members

Introduction	
Children & Childhood	Reconnecting with children and Childhood
Pathways to Conflict with the Law	Psychosocial Pathways & Contexts of CICL: Understanding Frameworks for How Children Come into Conflict with the Law
Communication Techniques with Children	Skill 1: Getting to Know the Child
	Skill 2: Recognizing and Acknowledging Emotions
	Skill 3: Listening and Interest
Film Screening & Discussion: 'Kaka Muttai'	
Communication Techniques with Children (Continued...)	Skill 4: Non Judgmental Attitude & Acceptance
	Skill 5: Questioning & Paraphrasing
Assessing CICL	Psychosocial and Mental health Assessment of CICL
Final perspectives	

Some of our observations and experiences through the CWC and JJB training workshops are as follows:

- Members have difficulty in coming on time, especially at the start of the workshop (despite extensive accommodation and logistical arrangements made by DWCD).

- A substantial part of the JJB members did not attend the training workshop.
- Members appear to have notions that they do not require training on children’s issues because they are drawn from child rights/ welfare backgrounds and therefore have been working in the area for many years. Between the two groups, however, the CWC members had better understanding of/ orientation to children than did JJB members.
- Despite helpful intentions, many tended to have poor orientation to children and childhood—attitudes of judgement and criticality rather than empathy.
- They often appear to function within rigid legal frameworks rather than make attempts to consider and integrate psychosocial and mental health contexts and vulnerabilities that children in care and protection systems have. Those members with legal (law) backgrounds thus found it particularly difficult to adapt their ways of thinking and working to meet child rights and welfare objectives.

3.6. Review Workshop for Child Welfare Committee Members, DWCD, Government of Karnataka

In July 2018, the Dept. of Women and Child Development requested the Project to conduct a one-day review (refresher) workshop for the CWC members of Karnataka. Thus, the agenda for the review as well as much of the facilitation was conducted by the Project team (in collaboration with DWCD staff).

160 CWC members (as well as some of the DWCD staff, including Project Director ICPS, Director and Principal Secretary of DWCD) attended the review workshop. The objectives of the review were:

- To discuss and review case work approaches adopted and followed by CWCs.
- To share systemic successes and challenges experienced by CWCs in their work thus far.
- For CWCs and DWCD to agree on actions and recommendations to facilitate greater effectiveness in the functioning of CWCs.

The workshop began with a session on ‘How DWCD views the role of CWC and some of the successes of the current CWCs’ presented by the Principal Secretary, DWCD. It was followed by a session on ‘Discussion of CWC Cases’ facilitated by the Project team—in this, a variety of cases, pertaining to common themes that present before the CWC, were discussed in terms of how the CWC could respond. The CWC members also raised other cases and challenges they encounter, during the course of this discussion.

It was observed by both the Project team and the DWCD staff that despite orientation and training on child psychosocial issues/ skills (in December 2017), the CWC members were largely unable to base their responses on an integrated knowledge and skill in the areas of child psychosocial and mental health vulnerabilities, systemic issues and legal considerations. The Principal Secretary and the Director of DWCD felt that a lot more training and capacity building of the CWC members was required and one suggestion they provided was to engage the members in intensive case study discussions, in future training/ refresher workshops. The project team was requested to assist with the development of a book of case studies, with guidance and questions.

In the last session, the CWC members were divided into small groups and based on their work and experience so far, asked to discuss the following:

- Successes i.e. what parts of the system have worked well;
- Concerns and challenges faced by the Committees in their effective functioning, including infrastructure and support available to them;
- Recommendations and ways forward, including support required.

The small group discussion outputs were presented in plenary, with the Director, DWCD and the Project team facilitating discussions that followed, providing necessary responses on ways forward.

3.7. Training Workshop for Adoption Counsellors, Karnataka

Upon request from the Dept. of Women and Child Development, Karnataka, in January 2017, the Project conducted training on adoption counselling issues, for Karnataka State Counsellors (totally 60 in number). The training was conducted in two batches, with about 30 counselors participating in each of the two 3-day workshops.

Training Content of Adoption Workshop

Topic	Methodology
An Adopted Child's Experience	Experiential methods/ visualization
Child Development: From Theory to Practice	Participatory methods/ Pile Sorting
Understanding Disability/ Developmental Problems in Young Children	Lecture-Demonstration
Developmental Assessment of Young Children	Practical skill training using child development check-lists and assessment forms
Prospective Adoptive Parents' Counseling: What to tell Prospective Adoptive Parents about children's needs/ developmental issues	Role plays using information from assessment formats
Preparing Prospective Adoptive Parents: <ul style="list-style-type: none"> • When the Child Arrives • What to tell parents about adoption disclosure 	Discussion & Role Play
Understanding the Adopted Child's Inner Voice and Concerns	Film Screening & Discussion: 'Stuart Little'
Preparing older children for adoption: Respond to children's concerns	Practical skill training using stories and pictures
Home Study: Assessing Parents' Abilities and Preparedness for Adoption	Discussion/ Check lists

As also discussed with the SARA focal point in DWCD, further training for adoption counsellors would be required. The counsellors reported that they had never received training of the nature that the NIMHANS project provided and were therefore not aware of many of the issues and nuances of adoption counselling. Consequently, the Project team felt that the content had been too much for a 3-day training, with which the participants struggled, since much of the content was so unfamiliar to them. It is planned that another round of adoption counsellor trainings will be held at a later stage, this time for 4 to 5 days, allowing for more conceptual clarity and skill building.

3.8. Orientation for JJB Magistrates, Karnataka Judicial Academy

In April 2018, the Juvenile Justice Committee of the High Court of Karnataka had organized a workshop for Juvenile Justice Board Magistrates from across Karnataka State. The NIMHANS project team was requested to implement a morning's session on 'Understanding Psychosocial Vulnerabilities of Children in Conflict with the Law'. Along with 30 JJB magistrates, members of the Juvenile Justice Committee of the High Court and the Karnataka State Legal Services Authority were also present. Extensive debates and discussions were had particularly on the issue of preliminary assessments (for commission of 'heinous crimes' by 16 to 18 year old children in conflict with the law) and the Project team presented its approach to developing and implementing preliminary assessments—and how this is being done, by NIMHANS, from a child rights and child mental health perspective.

3.9. Training of NGO Staff working with Children with Disability,

Two 1-day workshops were conducted, one for Samarthanam Trust for Disabled (20 teachers), in May 2018, and the other for Vaani Deaf Children's Foundation (12 teachers/staff), in July 2018. The focus was on enabling teachers/ special educators the basics of child development from a practical perspective, so they could directly relate it to the children they work with and develop individualized interventions in keeping with a given child's (dis)abilities; it was to help them understand how a child with even a given/ specific type of ability, has problems with developmental trajectories in other areas of functioning. For instance, how a child with deafness is adversely impacted in terms of socio-emotional development; or why a child with intellectual disability is observed to have behavioural issues in social development contexts. The aim of these basic workshops was to lay the foundations for later enabling teachers/ special educators to incorporate life skills education into their work and curriculums for children with special needs i.e. to move away from traditional educational approaches that focus on literacy (not always possible for all children with special needs) and/or restrict themselves to cognitive development only.

3.10. Child Mental Health Training Workshop, Bhutan

Upon the request of the Ministry of Health, Bhutan, who is interested in initiating child mental health and protection services in the country, the Project team conducted a 5-day capacity building workshop in Thimphu, Bhutan, at the end of July 2018. The 35 participants comprised of students and professionals in the fields of nursing, psychiatry, child protection and education; they were drawn from government departments of health and education, the National Child Protection Commission, the National Referral Hospital in Thimphu, as well as NGOs. In keeping with the Ministry's requirements, the content of the training focussed on basic child development and communication skills, and common clinical disorders in children (internalizing disorders such as anxiety and depression, externalizing disorders such as ADHD and Conduct disorders), enabling understanding of concept, symptoms and diagnosis as well as interventions; some child protection issues and life skills education were also covered in the training. [Additionally, other faculty from NIMHANS provided a 3-day training on developmental disabilities in children, in keeping with the Ministry's request].

4. Material Development

During this quarterly, the Project continued its material development activities. Some materials were completed while others are still in process i.e. art work/ illustrations as well as the writing of training materials and manuals are in process. A detailed list of materials that have been developed/ are in process is available in the annexe. The artist continues to

illustrate stories developed by the Project for working with trauma and other emotional issues in young children.

The adoption stories for use with children (in both preparation/ pre-adoption counselling and disclosure processes) as well as a guidance manual, for Parents & Child Care Service Providers titled 'Psychosocial Perspectives on Adoption' has been completed and shared with DWCD, Government of Karnataka. The Project team has also contacted CARA members and sent them the materials for them to display the materials on the CARA website—since many parents have long been asking for such materials to be made available more widely.

Website for Information Dissemination

The Project has been working with a web designer to create a website to upload the many training manuals, activity books and materials developed for direct work with children and for child care service providers. The website is nearly ready and will, within the next 2 months, be open for access. It will allow for various materials, which the Project often receives requests for, to be shared widely, more easily with the many agencies and child care service providers who are in much need of assistance for initiating and implementing child mental work in their field settings.

5. Advocacy

5.1. Observation in Child-friendly/ Special Court of POCSO Cases for Development of Training Manual for Judicial Personnel

Most training materials and manuals are being written up based on the Project's extensive training programs, provided to various cadres of DWCD staff (including ICPS staff), CWC and JJB members, teachers, anganwadi workers, judicial personnel and other child care service providers within and outside Karnataka State (i.e. for child care service providers in Andhra Pradesh, Gujarat, Chhatisgarh...). Similarly, the Project has been working with the Karnataka Judicial Academy to provide training to Judicial Personnel on child interviewing techniques for statement recording under Section 164 and for Evidence gathering in the Special Court, in child sexual abuse cases. A training manual for judicial personnel is underway, in collaboration with the Judicial Academy, and nearly complete. However, in recent months, the Project team has been approached by the Public Prosecutors of the Special Court requesting advice and documentation on concerns relating to child witnesses. They have expressed challenges with regard to:

- Very young children (pre-schoolers) and how to conduct an inquiry with them in the Special Court
- The lack of child interviewing skills in the Special Court Judges,
- The difficulties in implementing the POCSO Act as it is now especially as the Indian Evidence Act is also applied (along with POCSO).

In the light of some of these issues, the Project felt the need to take a more nuanced approach to training judicial in child interviewing in POCSO cases; and this entails a more in-depth understanding of how proceedings in the Special Court actually play out for the child and for the judicial personnel. The Project team therefore sought special permissions from the Karnataka High Court (namely the Registrar of the High Court and the Chief Justice of

Karnataka) and the concerned Civil Court and Principal Sessions Judge to be able to observe the in-camera proceedings in the child-friendly/special court. One round of observations were completed, following which (based on the suggestion also of the Special Court judge and PP), the Project team attempted to continue observations in the Special Court. However, the new Chief Justice of Karnataka did not grant permission to continue observations.

Following the challenges encountered with permissions for further observations, the PI and the coordinator of the Project set up meetings with members of the Supreme Court Juvenile Justice Committee i.e. with Justice Madan Lokur and Justice Deepak Gupta (in February and March 2018, respectively). Discussions were had on POCSO related issues as described below.

The Project PI/Coordinator presented the following issues:

- Observations of the Special Court procedures and discussions with the judge and public prosecutor raised several concerns: the reliability of the child's testimony, due to age and developmental abilities, the appropriateness of gathering evidence from very young children (3 years and below) and how to gather evidence in such cases—all this in the backdrop of the Evidence Act which is ambiguous issues such as the minimum age of the child for evidence gathering, the competency and credibility of a child witness, how judges, expected to use 'their discretion' to make such decisions are not equipped with scientific tools and methods (such as developmental assessments of children) to carry out such functions.
- Further, observations also show that the physical space and set up of the Special Court is not suitable for child interviewing, that the language and manner of questioning of the judge and prosecutors are not always comprehensible to the child—as they do not take cognizance of a child's age and developmental stage.
- Thus, protocols and procedures for POCSO trial i.e. for child victims and witnesses could be enhanced, for more effective implementation of the law, in ways that would assist children undergoing these processes and judicial personnel administering these processes.
- Alternative methods could be explored to gather evidence from children as follows:
 - The Special Court in Bangalore (for instance) has an additional room, which currently serves as a waiting space for children and families. This room could be converted (with some infrastructural changes, including a one-way mirror) into a playroom, like the one that is in NIMHANS i.e. it could be equipped with sand, water, toys, art materials etc.
 - A child witness could then be interviewed by a child mental health professional (instead of the public prosecutor or judge) using a list of questions that could be provided by the concerned judicial personnel.
 - The child mental health professional would thus use art and play methods to elicit evidence from the child witness, and the same could be viewed by the judge/ public prosecutor through the one way mirror or on the video equipment that is connected to the room. (It could also be recorded).
 - Similarly, adolescents could also be interviewed in this space using different techniques from those used with young children.
 - Interviewing techniques would ensure that the questions are non-leading; but the difference between the judicial personnel and the child mental health professional's method would be as follows:

Judicial Personnel	Child Mental Health Professional
<ul style="list-style-type: none"> • Interrogative technique • Ask questions and expect responses in sequence • Usually will not acknowledge child's emotions during interview process. • No use of play and art methods to elicit evidence i.e. only oral narrative used. 	<ul style="list-style-type: none"> • Narrative technique—that encourages child to tell his/her story (interspersed with questions for clarification as required). • Does not expect responses in definite sequence; allows information to emerge in whatever sequence the child thinks of it. • Acknowledges child's emotions—for example, if the child were to say 'he hurt me...', the response might be 'that must have been difficult and frightening for you...would you like to tell me more about what happened then...' • Use of play and art methods to help child express or tell the story.

- Thus, the child mental health's methods are more likely to elicit specific details, in a manner that is gentle and encouraging, thereby reducing the effects of re-traumatization.
- If evidence is gathered in a more child-friendly manner, the hypothesis is that more children and families would be willing to come to court and give evidence, thus allowing for prosecution of child sexual abuse perpetrators.
- Similar child-friendly methods have been used in NIMHANS hospital with no objection from parents or children; on the contrary, parents want mental health personnel to elicit such information from children (so that they better understand what happened and how their child may be assisted).
- Justice Lokur's response to the suggested model/ alternatives for evidence gathering:
 - It sounds like a very good idea and experiments of this nature must be tried.
 - There are some issues with developing alternative models such as the one proposed:
 - It may necessitate changes in the Evidence Act—which currently does not allow such procedures for evidence gathering. This may not be possible in the immediate future.
 - The Defense may object to evidence gathering by alternative methods—saying that the Evidence Act does not permit them; and that if the Evidence Act is not good enough, that must be changes first before alternative procedures for child witnesses are introduced in court.
 - However, unless experiments are conducted and new models piloted, there will be no basis on which to make changes to the Evidence Act. Therefore, new models must be experimented with.
 - We must explore models followed for evidence gathering from child witnesses in other countries—do any systems use alternative methods?
- Recording the expert's interview of the child should be experimented with. If the procedure is fair, it can be taken on record. There is already an experiment in the one stop centre, 'Bharosa' in Hyderabad, where the process of statement recording is

done. Since the Supreme Court accepts sting operations, there should be no problem if the recording is not flawed.

- The Sakshi judgement, as far as the child friendly courts are concerned, gave certain directions. These directions need expansion. For example, one direction was the use of a screen for visual separation. If this is done using a hospital screen with green cloth, not only does it not serve the purposes for which it was intended, it may even be counter-productive. Another direction regarding questioning on the incident was to give these questions in writing to the judge. As stated, the Sakshi judgement needs expansion, on and beyond the directions, specifically in the context of children.
- There is a 1996 Supreme Court judgement (Gurmeet Singh) and Karnataka High Court Judgement on the kind of questions that can be asked as also empowering the judge to disallow questions.
- These judgements need to be factored in NIMHANS's work.
- A folder-type bench book, with a chapter on cross-examination, including "dos and don'ts" as well as building of further options for the judge.

Justice Gupta's Responses to the issues put forth were as follows:

- The process of evidence gathering, with its set questions, is perhaps archaic.
- Where child witnesses and younger victims are concerned, it is critical to factor the experience and impact of trauma.
- Where courtroom atmosphere is daunting even for adults, then what of a child?
- In fact, where child witnesses are concerned, if one cannot ensure anything else, the least that needs to be ensured is comfort.
- While quick trials may be attempted, it is important to note that the atmosphere in child friendly courts is often as legalistic as other courts.
- Perhaps Section 161 should not even be recorded by the police.
- Cases that come under the ambit of POCSO are not only a legal issue. Thus, a mental health professional should be on call to assist.
- A law change could be considered to form 2 age brackets. For children who are 7 years or below, perhaps Section 161 can be done away with, and trained people can help the court record statements.
- The process of cross-examination is also problematic. One recognizes that cross is part of a fair trial process. Therefore, judges have a very critical role to play in deciding what kind of questions can be asked (or not). They can also intervene at critical times or ask/appoint a person to assist.
- As far as Section 164 is concerned, it is not specified how this is recorded. It has to be made to the magistrate of free will and under no pressure. However, the High Court is empowered to make rules. Section 477D of CRPC and article 227 of the Constitution of India bestows rule-making powers with the High Court. For Section 164, thus, rules can be framed for the procedure of how to record the statement.
- The Section 164 mandate for filing of charge sheet came into being to avoid retraction/ change of statement by adult females. This is not examined in the context of younger children. Therefore, if empirical procedures are followed, then, under a certain age, 164 need not be recorded. This is especially true for very young children (example: children 1 to 3 years of age).

- Judges are often not (re)trainable—this is unfortunate as they can play a critical role in directing how Special Court processes are conducted, especially where the cross examination by the defence, of the child witness, is concerned.

Based on the above discussions, the following next steps were agreed upon:

- NIMHANS will continue their observations in the Bangalore Special Courts and develop a background paper.
- NIMHANS will then begin the process of development of video material for training i.e. how to interview/ gather material from a child witness.
- Formulate the procedure for recording child witness statements
- Based on these experiments, to examine the possibility of making critical changes in the Evidence Act and POCSO Act.

Given the magnitude of work that such work in the area of POCSO will entail, it is likely that a separate project will require to be initiated, in collaboration with DWCD and the judicial systems.

5.2. Drafting of Juvenile Justice Rules for Karnataka

Upon request of the Dept. of Women and Child Development, Government of Karnataka, members of the NIMHANS project team participated in several sessions of the JJ rule drafting for Karnataka. While other agencies had developed the draft rules for designated chapters of the Juvenile Justice Act 2015, NIMHANS project had agreed to provide an overview on all chapters, based on their experience in working with children in care and protection and children in conflict with the law.

6. Plans for Project Extension Period

A proposal for a 1 year extension of the Project, with a budget, was submitted in January 2018. The approval for this has been received in July 2018. The Project will therefore continue, however, with emphasis on material development, documentation and training and capacity building. (Direct field work will be limited, unlike the first 3 years of its implementation). More specifically, the following activities will be implemented under the (funded) extension project:

- Material development (including training manuals and other intervention-related materials).
- Training and capacity building of DWCD staff (namely ICPS/ care and protection homes/ observation homes/ adoption counselors).
- Continue psychosocial counselling & support services for government children's homes via the Swatantra Clinic at Dept. of Child & Adolescent Psychiatry, NIMHANS.
- Documentation & Information Dissemination through the writing of 2 books: one on Community Child and Adolescent Mental Health Services, and the other on Methodologies and Techniques in Child and Adolescent Mental Health Work.

Annex

Material Development by Community Child & Adolescent Mental Health Service Project

A. Materials for Direct Individual and Group Interventions with Children & Adolescents

	Target Group/ Issue		Type of Material	Themes/ Methods	Status
	Age Group	Vulnerabilities & Issues			
1.	0 to 6 years	<ul style="list-style-type: none"> • Early Childhood Development (preventive-promotive interventions) • Children with Developmental Disabilities (or delayed developmental milestones) 	<ul style="list-style-type: none"> • Home based Early Stimulation Flip Chart (for Parents) 	Pictorial depictions of home-based activities in the 5 domains of child development for use by Parents/ Caregivers	Complete
2.	0 to 6 years	<ul style="list-style-type: none"> • Early Childhood Development (preventive-promotive interventions) • Children with Developmental Disabilities (or delayed developmental milestones) 	<ul style="list-style-type: none"> • Activity Book for Pre-school Children for early stimulation for young children (for Anganwadi/ Preschool Teachers) 	Pictorial depictions of Pre-School Based activities in the 5 domains of child development, for use by Anganwadi or Pre-School Teachers	Complete
3.	4 to 7 years	<ul style="list-style-type: none"> • Personal safety education • Awareness of sexual abuse • Children who have experienced sexual abuse (& now require awareness on personal safety) • Personal safety education for children with intellectual disability 	Child Sexual Abuse Prevention & Personal Safety (Activity Book)	Activities to learn about body parts and protection; general safety, people safety; understanding of privacy and boundaries; identifying and reporting abuse	Complete
4.	3 to 6 years	<ul style="list-style-type: none"> • General Emotional Development • Children with Traumatic Experiences such as Loss/ Death/ Separation/ Abandonment • For children in institutions/ others with difficult emotional experiences 	<ul style="list-style-type: none"> • Socio-Emotional Development (Activity Book) 	<ul style="list-style-type: none"> • Activities on Expressing Emotions; Use of Play, Art and Story Telling to Enable Young Children to Process Trauma Experiences 	Work-in-Progress

5.	3 to 10 years	<ul style="list-style-type: none"> • Preparation of Older Children for Adoption • Adoption Disclosure 	Stories on Adoption (with Guide for Using them with Children)	Story Series with Pictures i.e. Picture Books	Complete
6.	Mental age 3 to 10 (Physical age between ages 6 to 18 years)	<ul style="list-style-type: none"> • Children with mild, moderate, severe intellectual disability • Exploring Self-identity • Expressing/ Reporting Emotions • Responding to Simple/ Daily Social Situations 	Socio-Emotional Development (Activity Book)	Use of Play and Art Methods to Discuss Emotions, Daily Life Events and Experiences	Work-in-Progress
7.	7 to 12 years	<ul style="list-style-type: none"> • Emotional dysregulation (dealing with anger/anxiety/ trauma issues) • Emotional Expression & prosocial skills • Socio-Emotional Development • For children in institutions/ children in conflict with the law and others with difficult emotional experiences/ problems 	Life skills for Socio emotional development (Activity Book)	Use of Films, Art, Story-Telling, Theatre Methods to Discuss Issues of Trauma, Acquire Life Skills on Assertiveness and Empathy, Management of Difficult Emotions such as Anger & Anxiety, Make Decisions about Conduct	Complete
8.	7 to 12 Years	<ul style="list-style-type: none"> • Personal safety education • Awareness of sexual abuse • Children who have experienced sexual abuse (& now require awareness on personal safety) 	Child Sexual Abuse Prevention & Personal Safety (Activity Book)	Activities to learn about body parts and protection; general safety, people safety; understanding of privacy and boundaries; relationships; identifying and reporting abuse	Complete
9.	13- 18 years	<ul style="list-style-type: none"> • Emotional dysregulation (dealing with anger/anxiety/ trauma issues) • Emotional Expression & prosocial skills • Socio-Emotional Development • For children in institutions/ children in conflict with the law and others with difficult emotional experiences/ problems 	Adolescent Life skills Series (I): Socio emotional development (Activity Book)	Use of Films, Art, Story-Telling, Theatre Methods to Discuss Issues of Trauma, Acquire Life Skills on Assertiveness and Empathy, Management of Difficult Emotions such as Anger & Anxiety, Make Decisions about Conduct	Complete
10.	13- 18 years	<ul style="list-style-type: none"> • Personal safety education • Awareness of sexual abuse • Children who have experienced sexual abuse (& now require awareness on 	Adolescent Life skills Series (II): Gender, Sexuality and Relationships (Activity Book)	Use of Films, Art, Story-Telling, Theatre Methods to Acquire Life Skills for Sexual Decision-Making & Protection from Abuse i.e. themes of health, safety,	Complete

		<ul style="list-style-type: none"> personal safety) Decision-making about engagement in physical intimacy (romantic/ sexual relationships) Developing gender sensitivity 		privacy, boundaries, relationships, permission and consent discussed with Adolescents Framework for Sexual Engagement	
11.	13- 18 years with Speech & Hearing impairment	<ul style="list-style-type: none"> Emotional dysregulation (dealing with anger/anxiety/ trauma issues) Emotional Expression & prosocial skills Socio-Emotional Development For children with Speech & Hearing Impairments 	Adolescent Life skills Series (I): Socio emotional development (Activity Book)	Use of Films, Art, Story-Telling, Theatre Methods to Discuss Issues of Trauma, Acquire Life Skills on Assertiveness and Empathy, Management of Difficult Emotions such as Anger & Anxiety, Make Decisions about Conduct <i>*Activity Book for 'Normal'/ Neurotypical Adolescents Modified to Meet Needs of Speech & Hearing Impaired Adolescents</i>	Work-in Progress (70% Complete)
12.	13- 18 years with Speech & Hearing impairment	<ul style="list-style-type: none"> Personal safety education Awareness of sexual abuse Children who have experienced sexual abuse (& now require awareness on personal safety) Decision-making about engagement in physical intimacy (romantic/ sexual relationships) Developing gender sensitivity 	Adolescent Life skills Series (II): Gender, Sexuality and Relationships (Activity Book)	Use of Films, Art, Story-Telling, Theatre Methods to Acquire Life Skills for Sexual Decision-Making & Protection from Abuse i.e. themes of health, safety, privacy, boundaries, relationships, permission and consent discussed with Adolescents Framework for Sexual Engagement	Work-in Progress (70% Complete)
14.	13- 18 years with Visual Impairment	<ul style="list-style-type: none"> Emotional dysregulation (dealing with anger/anxiety/ trauma issues) Emotional Expression & prosocial skills Socio-Emotional Development For children with Visual Impairment 	Adolescent Life skills Series (I): Socio emotional development (Activity Book)	Use of Films, Art, Story-Telling, Theatre Methods to Discuss Issues of Trauma, Acquire Life Skills on Assertiveness and Empathy, Management of Difficult Emotions such as Anger & Anxiety, Make Decisions about Conduct <i>*Activity Book for 'Normal'/ Neurotypical Adolescents Modified to Meet Needs of Visually Impaired Adolescents</i>	Work-in Progress (70% Complete)
15.	13- 18 years with	<ul style="list-style-type: none"> Personal safety education 	Adolescent Life skills Series (II): Gender, Sexuality and	Use of Films, Art, Story-Telling, Theatre Methods to Acquire Life Skills for Sexual	Complete)

Visual Impairment	<ul style="list-style-type: none"> • Awareness of sexual abuse • Children who have experienced sexual abuse (& now require awareness on personal safety) • Decision-making about engagement in physical intimacy (romantic/ sexual relationships) • Developing gender sensitivity 	Relationships (Activity Book)	Decision-Making & Protection from Abuse i.e. themes of health, safety, privacy, boundaries, relationships, permission and consent discussed with Adolescents Framework for Sexual Engagement <i>*Activity Book for 'Normal'/ Neurotypical Adolescents Modified to Meet Needs of Visually Impaired Adolescents</i>
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B. Materials for Training and Capacity Building (Manuals)

	Topic/ Title	Content	Target Audience	Status
1.	The Building Blocks [Mental Health & Psychosocial Care for Children & Adolescents Training Series 1]	<ul style="list-style-type: none"> • Orientation to children and childhood • Child Development • Understanding the Contexts of Children's Emotional and Behavioural Responses • Basic Communication Skills with Children • Assessing Children in Difficult Circumstances (To Make Decisions about Care/ Referral/ Placement...) 	<ul style="list-style-type: none"> • Child Care Service Providers in Government & Non-Government Institutions: Counsellors/ House Mother-Father/Superintendent/Probation Officers, ICPS Staff • Child Welfare Committee/ Juvenile Justice Board Members • Teachers/ School Counsellors • Staff working in Special Contexts such as with HIV/AIDS Infected-Affected Children, Children in Conflict with the Law 	Work-in-Progress (80% complete)
2.	The Trauma of Loss & Abuse [Mental Health & Psychosocial Care for Children & Adolescents Training Series 2]	<ul style="list-style-type: none"> • Trauma basics • Impact of trauma on child development • Children's Experiences of Loss, Grief & Death • Child Sexual Abuse • Skill Building to Provide First level and Depth Psychosocial Care Interventions for Loss & Abuse Trauma 		Work-in-Progress (80% complete)
3.	Children and HIV/AIDS	<ul style="list-style-type: none"> • The impact of HIV/AIDS on child 		Work-in-

	[Mental Health & Psychosocial Care for Children & Adolescents Training Series 3]	<p>development</p> <ul style="list-style-type: none"> • The Trauma of Chronic Illness • Illness & Disclosure • Skill building to Work with Children on: <ul style="list-style-type: none"> - Illness & Disclosure Issues - Life Skills Activities for HIV Affected Children 	<ul style="list-style-type: none"> • Staff working in Young Children's Institutions/ Anganwadi or Pre-School Teachers 	Progress (40% complete)
4.	Children in Conflict with the Law [Mental Health & Psychosocial Care for Children & Adolescents Training Series 4]	<ul style="list-style-type: none"> • Identifying Children's Pathways & Vulnerabilities to Coming into Conflict with Law • Psychosocial Assessment of CICL • Preliminary Assessment of CICL • Skill Building to Provide First Level & Depth Psychosocial Care Interventions for Transformation/ Behaviour Change in CICL 		Work-in-Progress (70% complete)
5.	Working with Pre-Schoolers [Mental Health & Psychosocial Care for Children & Adolescents Training Series 4]	<ul style="list-style-type: none"> • Child Development • Activities for Promoting Child Development • Identification of/ Screening for Disability • Early Interventions for Children with Disability • Communication Techniques with Young Children • Special Methods of Interaction with Young Children: Play/ Art/Story-Telling... • Common Emotional & Behavioural Issues in Young Children: How to Manage Them • Understanding Trauma in Young Children • Interventions for Loss and Abuse Trauma in Young Children 		Work-in-Progress (30% complete)
6.	Remedial Education in Low Resource Settings	<ul style="list-style-type: none"> • Identification & Categorization of Children with Learning Difficulties • Description of Various Types of Learning Difficulties (Case Study/ Examples...) • Classroom Management of Learning Difficulties through: 	Teachers & Special Educators Working in Mainstream Schools (incl. government school teachers & Sarva Shiksha Abhiyan teachers)	Work-in-Progress

		<ul style="list-style-type: none"> • Group Activities • Individual Inputs • Systemic Modifications & Responses to for Inclusive Education 		
7.	Working with Children with Disability	<ul style="list-style-type: none"> • Basics of Common Developmental Disabilities in Children • Impact of Disability on Functionality • Assessment of Functionality Levels • Designing Programs/ Interventions for Children with Disability (Activities & Methods based on Assessment) - Developmental activities - Self-help Skill Training - Vocational Training • Awareness & Capacity Building of Staff/ Caregivers/Parents on Training Issues 	Child care service providers, teachers and special educators working in government & non-government homes/ facilities/ Special Schools for children with intellectual disabilities & related co-morbidities (such as autism, attention deficit hyperactive disorder etc)	Work-in-Progress
8.	A Handbook on First Level (Counselling) Responses to Children	<ul style="list-style-type: none"> • Primary Level Counselling for Mild-Moderate Child Mental Health Issues • Basic Counselling Responses Provided by Teachers/ Counsellors/ Other Child Care Service Providers & Staff working directly with children • For Children in Schools and Child Care Institutions 	Scripts on How to Converse/ What to Say to Children with Issues of Anxiety, Depression, Abuse, Conduct Problems [Note: Specialized Depth Interventions NOT Included].	Work-in-Progress (80% complete)
9..	The Child as a Witness: Recording the Child's Statement & Evidence under Prevention of Child Sexual Offences Act (POCSO)	<ul style="list-style-type: none"> • Orientation on Children & Childhood • Understanding the Dynamics & Processes of Child Sexual Abuse • Applying a Child Development Lens to Recording Statements/ Evidence of Children • Interviewing Children—Methods of Interacting with Children 	Judicial Personnel/ Magistrates Recording Section 164 Statement & Special Court Judges	Work-in-Progress (70% complete)
10.	Psychosocial & Mental Health Vulnerabilities of	<ul style="list-style-type: none"> • Orientation on Children & Childhood • Identifying Children's Pathways & 	Judicial Personnel/Magistrates on Juvenile Justice Board	Work-in-Progress

	Children in Conflict with the Law	<p>Vulnerabilities to Coming into Conflict with Law</p> <ul style="list-style-type: none"> • Psychosocial Assessment of CICL • Preliminary Assessment of CICL • Criteria to Refer for Psychosocial Interventions • Frameworks for Psychosocial Rehabilitation of CICL 	(Chief Metropolitan Magistrate or Chief Judicial Magistrate)	(70% complete)
11.	Monograph on Children in Conflict with the Law	<ul style="list-style-type: none"> • Based on Direct Work with CICL and Interventions Provided in Observation Home (as Part of DWCD Project). • Uses Data Collected through Service Project to Describe Concerns of CICL and Provide a Detailed/ Nuanced Understanding of their Vulnerabilities. • Describes Individual and Group Psychosocial Interventions Implemented in Observation Home—to Share What Possibilities there are to Assist CICL in Homes. • Lays out/ Provides Guidance on Psychosocial and Preliminary Assessment Formats/ Tools Developed by NIMHANS-DWCD Project 	All Professionals Working with Children in Conflict with the Law, providing Legal, Psychosocial, Rehabilitation, Care & Protection Services to them	Work-in-Progress (50% complete)

C. Next Steps

The Project has proposed an extension for a 1 year period i.e. 1st March 2018 to 28th February 2019, largely to complete the material development component. Also, DWCD has requested a number of training programs for their staff, so these will be implemented in the extension period. Thus, the activities proposed in the proposal for extension are:

- Material Development
- Training and Capacity Building of DWCD staff as well as members of CWC and JJB
- Psychosocial Counselling & Support Services for Government Children's Homes in Bangalore
- Documentation & Information Dissemination, including the development of a website for dissemination of information/ materials developed, and the writing of 2 books (one on community-based child and adolescent mental health services and the other on Methodologies and Techniques in Child and Adolescent Mental Health Work)

The proposal for extension has been submitted to the Department and approval is awaited.