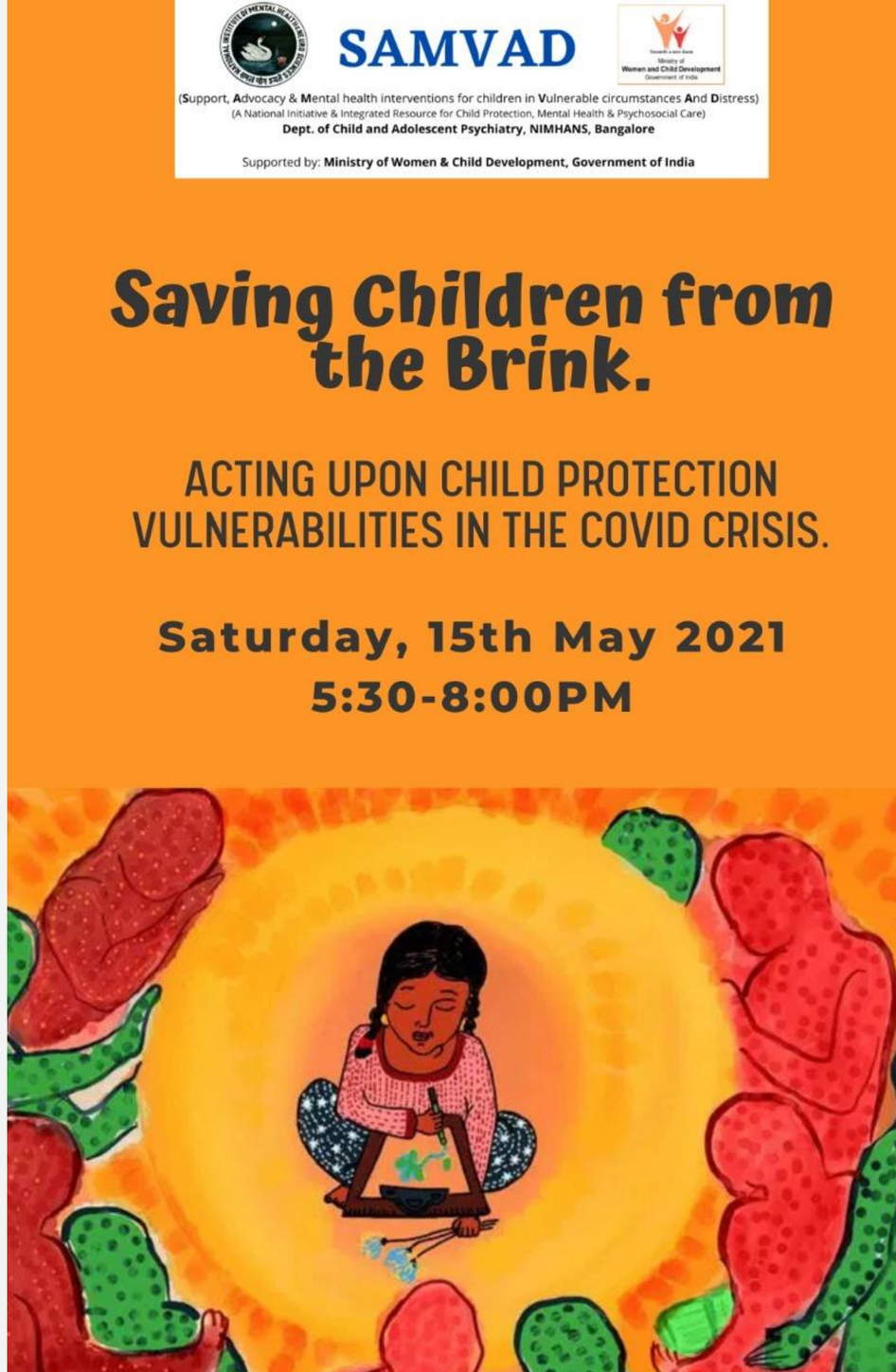
SAVING CHILDREN FROM THE BRINK

ACTING UPON CHILD PROTECTION VULNERABILITIES IN THE COVID CRISIS

15th May, 2021
SAMVAD
Support, Advocacy & Mental health interventions for children in Vulnerable circumstances And Distress
(A National Initiative & Integrated Resource for Child Protection, Mental Health, & Psychosocial Care)
Dept. of Child and Adolescent Psychiatry
National Institute of Mental Health & Neurosciences (NIMHANS),Bangalore
Supported by Ministry of Women & Child Development, Government of India



Setting the Context....

FIRST WAVE

Disease and mortality in children:

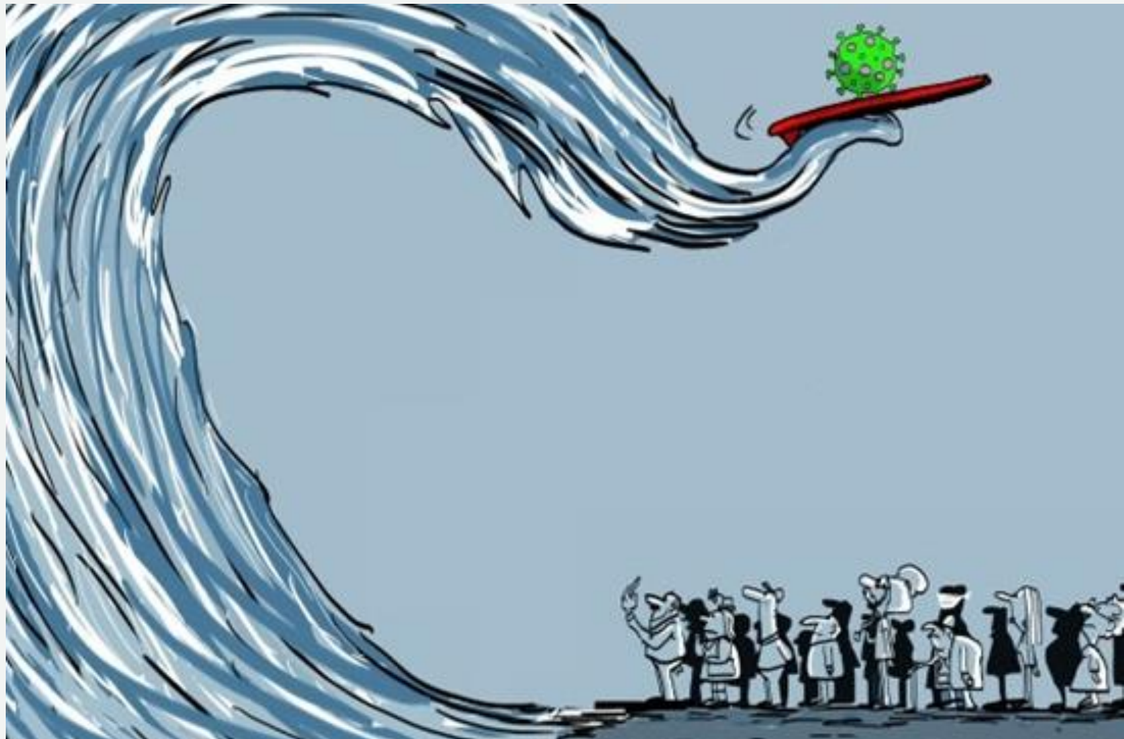
- Severity of the illness low
- Only young children (under 10 yrs) more at risk & require aggressive treatment.
- But children can be carriers…

- Psychological problems due to lock down/restricted mobility.

- Emerging protection risks for children in difficult circumstances

SECOND WAVE

- Increased severity of virus
- Higher levels of infectiousness & spread
- Continued lockdowns/ mobility restrictions
- It was unexpected...
- We were ill-prepared…
- High burden on public health systems
- Increased loss of lives—mortality in younger adult populations



What are the Child protection risks in the COVID crisis?

Categories of affected children:

Wave 1

Category 1

Children living in Families & (Child care) Institutions.

Category 2

Children in Difficult circumstances (Children in adverse circumstances –

Wave 2

Category 3

Children Orphaned/ Abandoned and/or whose parents are ill

+

Category 1

+

Category 2

Category 1: Protection Risks & Consequences: Children living in Families & (Child care) Institutions

RISKS

- ONLINE ABUSE
- ABUSE AT HOME (SEXUAL/ PHYSICAL/ EMOTIONAL)
- MALTREATMENT AND NEGLECT
- SOCIAL EXCLUSION
- UNCERTAINTY ABOUT SCHOOL
- INSECURITIES REGARDING FUTURE

CONSEQUENCES

- Generalized Anxiety
- Psychological distress due to the consequences of social and physical isolation
- Loss of income and livelihoods of the family
- Difficulties of enduring consequences of parental stress…physical/emotional abuse
- Risk of child sexual abuse (continuing…)
- Disruption of children's daily routines (school…play time, socialization)
- Disruption of access to education
- Impact of online classes in children with access to education…isolation continues (with other risks/impacts)

Media reports:

Parents concerned about online safety of children amid Covid-19 : Report

Bengaluru: Calls on child abuse rise, online classes a factor

Losing Precious Time: Impact of COVID-19 on Early Childhood Education

How coronavirus pandemic could cause child abuse epidemic in virtual world

Category 2: Protection Risks & Consequences: Children in Difficult circumstances

RISKS

CHILD LABOUR
CHILD MARRIAGE
SEX TRAFFICKING
ABUSE AND EXPLOITATION
MALNUTRITION AND DISEASE
INJURY AND DEATH

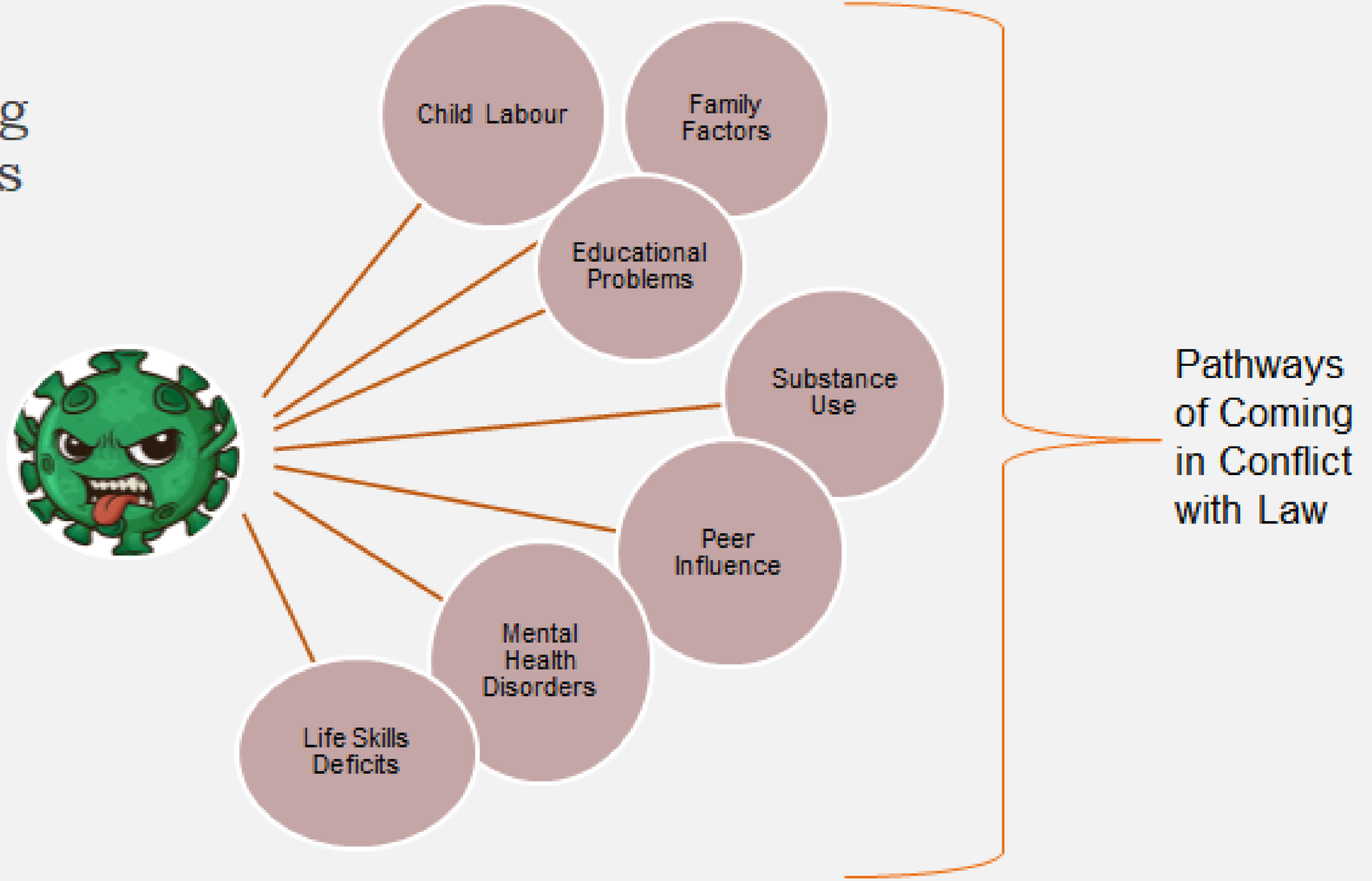
CONSEQUENCES

Internalizing Disorders: Anxiety , Adjustment Disorders/ Depression , Post Traumatic Stress Disorder (PTSD)

Externalizing Disorders: Runaway behaviour , anger/ aggression , anti social behaviours substance abuse & other high risk behaviours

Life Skills Deficits: Inadequate skills relating to assertiveness negotiation/refusal/conflict resolution/ problem solving/thinking… in dealing with daily life situations

The short term consequences can further lead to long term consequences of the Children coming in Conflict with Law.



Category 3: Children Orphaned/ Abandoned and/or whose parents are ill

RISKS

ILLNESS OF PRIMARY CAREGIVER
LOSS AND DEATH
ABANDONMENT
OTHER RISKS MENTIONED FOR CHILDREN IN THE FIRST WAVE

CONSEQUENCES

Internalizing Disorders: Anxiety ,Disassociation Adjustment Disorders/ Depression, Post Traumatic Stress Disorder (PTSD)/ other mental health concerns

Externalizing Disorders: Substance Abuse, Anger/Aggression, Anti-social behaviour & other high risk behaviours

Impact of disclosure of illness /death:

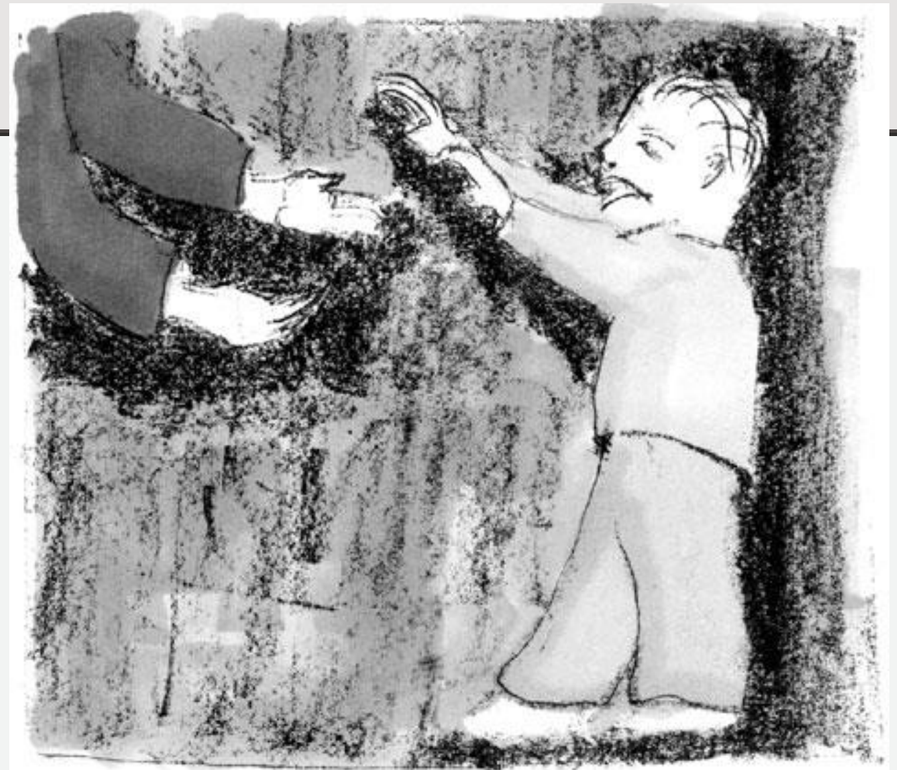
- Feelings of loss, grief and abandonment
- Sadness and depression
- Fear and anxiety…
- 'who will take care of me now?'
- 'Will the other parent caregiver also die?
- 'Will I also die?'
- Younger children do not have cognitive understanding of death
- Dealing with emotional and behavioural issues in young children…clinginess, attachment issues, feeding & sleep problems
- Developmental delays in children—due to trauma
- Adolescents' worries and reactions…anger, depression, increased vulnerability to high risk behaviours

Implications for Action.

MAJOR FOCUS FOR SYSTEMIC CHILD PROTECTION INTERVENTIONS…… ARE

Category 2

•Children in Difficult circumstances



Category 3

•Children Orphaned/ Abandoned and/or whose parents are ill

Let's examine now.....

Child Protection interventions for Category 2– Children in Difficult Circumstances

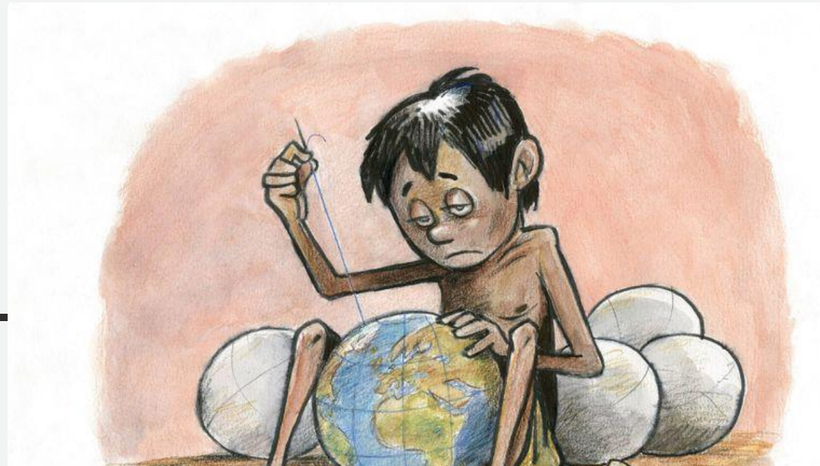
A child in Agra was working 12-14 hours a day attaching the rubber soles of shoes with glue in a small cramped room, with little food and water when police rescued him and other children in September.

- What do you think of the decision made to send this child back home?

-If you were the CWC, what would you have done and why?

-What do you think happens next?

-What are the Protection Risks and mental health consequences of:
a) The child being sent back home?
b) The child being placed in a Child Care Institution (CCI)?



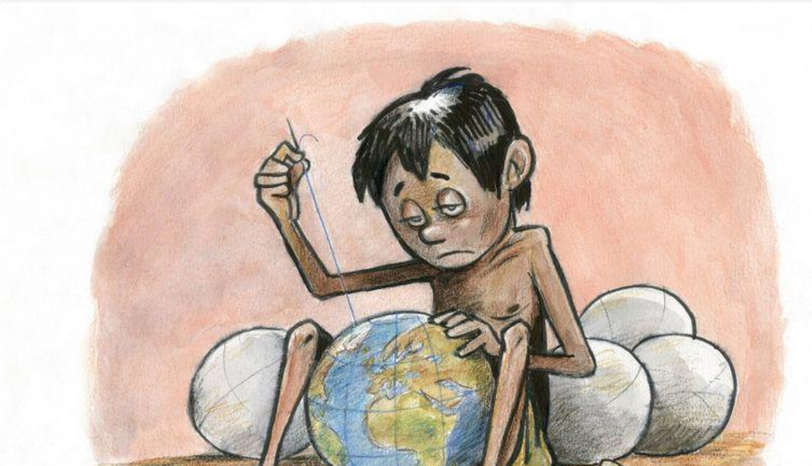
The Revolving Door

Rohit, a 11 year old child, lost both his parents to COVID and was produced before the Child Welfare Committee by his neighbor. Rohit's uncle was traced who lived in the same city and was working in a factory.

Questions:

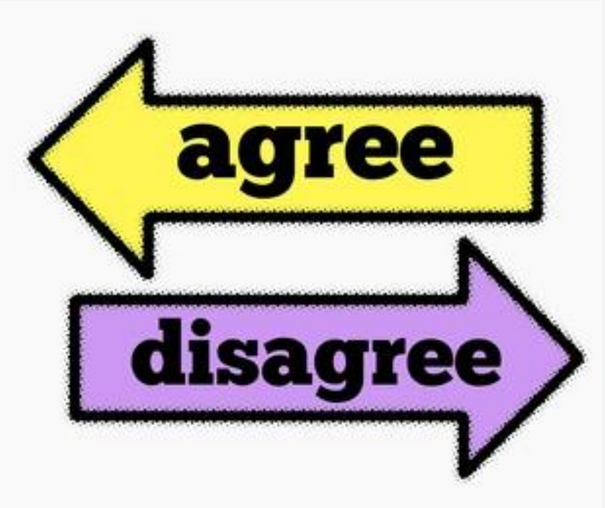
1) What would you have done in this situation, that is, is the decision to send the child back home appropriate?

2) Does this family have the capacity to take care of the child?



Placement Decisions

Answer each of the following statements with AGREE or DISAGREE:



1) Children should **NOT** be institutionalized as long as the (extended) family is able to provide them with 2 square meals.

2) Children should be institutionalized and **NOT** sent back to the family when there is a history of abuse and violence in the family.

3) Children should ALWAYS be institutionalized if they are orphaned.

4) The views of the Child Protection functionaries must majorly determine where to place the child.

5) Children should NOT be institutionalized because families are always, and under every circumstance, the (only) best places for children to be placed.

Context matters!

Systematic family and home assessments are critical!

CATEGORY 3

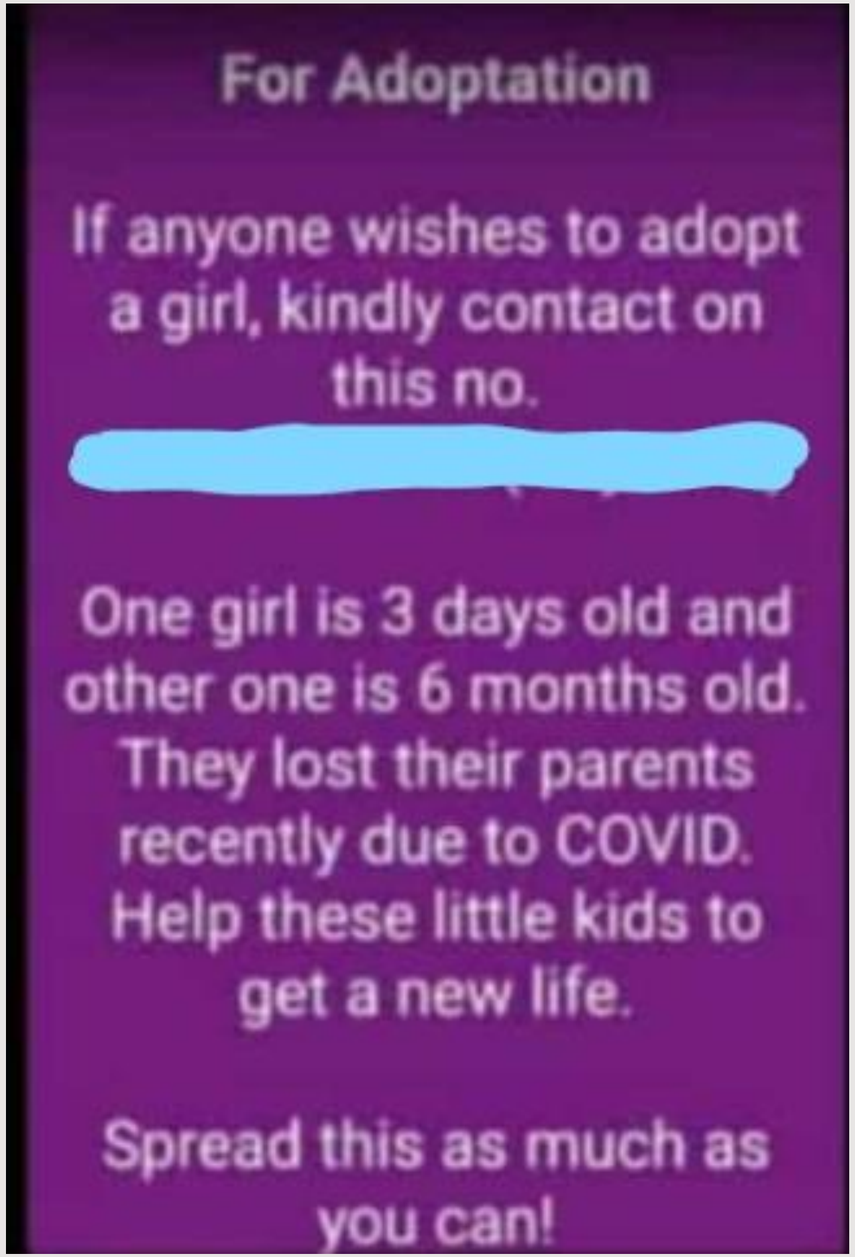
CHILDREN ORPHANED/ ABANDONED AND/OR WHOSE PARENTS ARE ILL

Have you come across these posts?

What do you think of these posts?

What risks can these posts pose for the Child?

Would this post ensure the safety and well being of the Child?



Concerned Citizens for Children in COVID
Illegally
DO NOT ADOPT
DID YOU KNOW?
Illegal Adoption amounts to
TRAFFICKING!
BE A CAREGIVER,
NOT A TRAFFICKER.
To Adopt Legally
Visit: http://cara.nic.in/
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Concerned Citizens for Children in COVID
FOUND A CHILD?
NOT YOURS?
CONTACT
POLICE
CHILDLINE - 1098
DIST. CHILD PROTECTION UNIT
(DCPU)
DIST. CHILD WELFARE COMMITTEE
(CWC)
DO NOT ADVERTISE.
DO NOT ILLEGALLY ADOPT.
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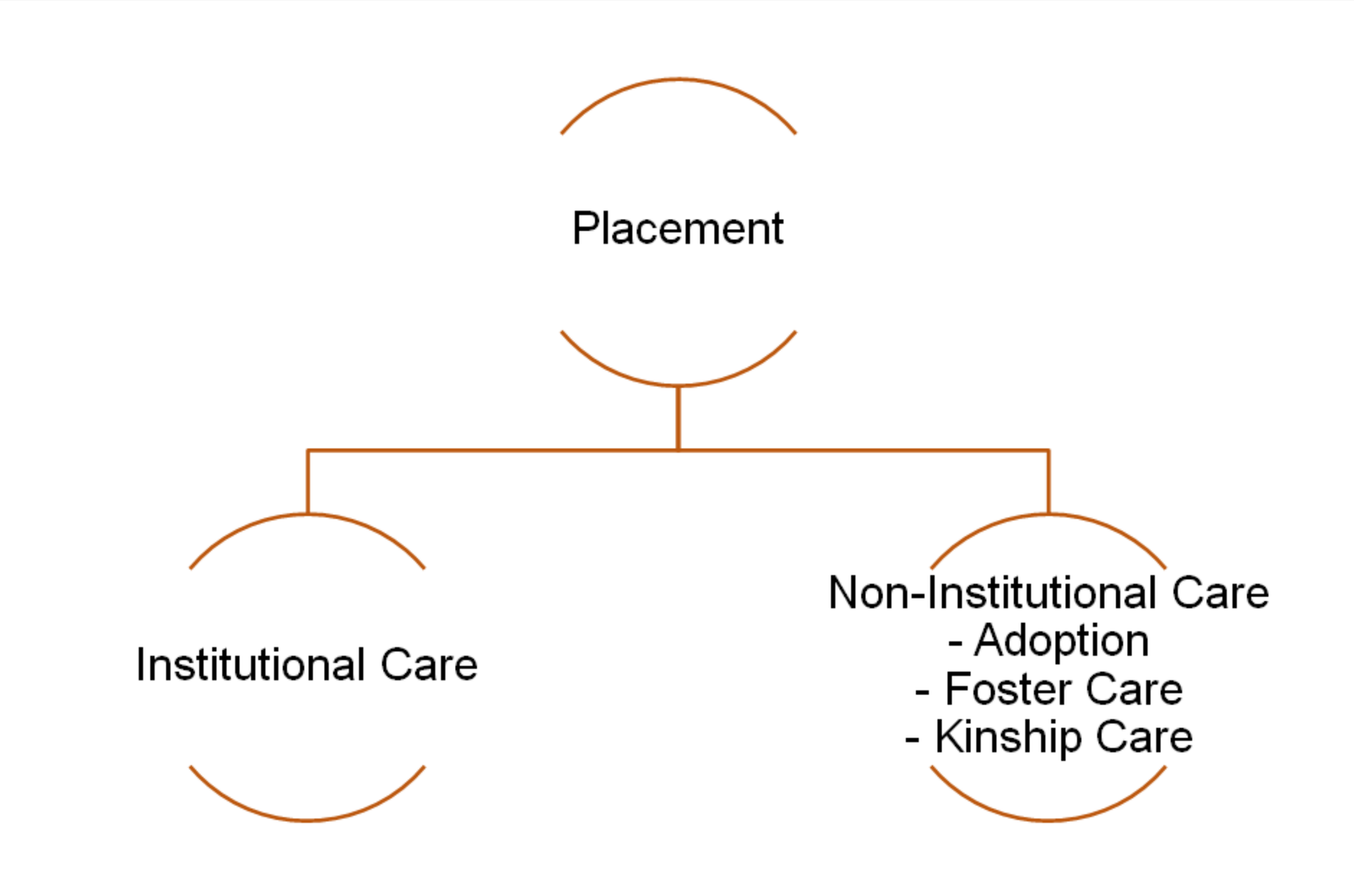
Where should the child be placed?


Placement
Institutional Care
Non-Institutional Care
- Adoption
- Foster Care
- Kinship Care

What does each of these mean?

ADOPTION

KINSHIP CARE

FOSTER CARE

SAURABH

What would be the best care option for the Child in these cases?

The 13 year old child lost her parents to COVID. The paternal uncle and his family has been living in the same house whom the child has good relationships with. The child wishes to go back to the paternal uncle and live with them and the uncle is also willing and financially able to take care of the Child.

a)Should this child be institutionalized?

b)Why or why not?

c)What will you consider in making your placement decision?

A new born female infant was found abandoned near a rice mill. Local residents noticed the infant wrapped in a piece of cloth inside a carton box and immediately alerted the police station. Police personnel came to the spot and found the abandoned baby.

a)Where should this baby be placed at a first instance?

b)What would be your immediate follow-up action?

A 9 year old child has been found at bus stand. the child was abandoned by the parents. The child has no information about any extended family.
The child is placed in an institution. And over a few months, declared (by CWC) as legally free for adoption.

a)Should the child continue to live in the institution?

b)A couple has come forward to take care of the child. What would you do?

Is extended family always the best place for the child?

14-year-old Seema lost her mother to COVID after which her father also passed away.. Seema has been living with her uncle and cousins. Seema was attending online classes and everything seemed okay in the beginning months. After

Answer with True or False

- The child should remain at home because family gives the child food & shelter.

- The child should not stay at home with extended family because the child is not safe.

- The child should stay home with extended family if the child wants.

What will happen if the Child in this case, is sent home to the extended family?

Not the Best Time for De-institutionalization!

We need to...

- Open the doors of its child care institutions for children from severe deprivation and poverty to avoid families and children into resorting to unsafe activities
- To scale up CCI services-- transit shelters and medium to long term residential care for children
- Establish safe spaces in CCIs as a Prevention and Preparedness measure to avoid the child protection risks.
- More quarantine centres: Schools etc
- Any good practices in your states, districts for this – Please share

...So that CCIs can serve as supportive places for children in this time of crisis.

Before you place a child, what would you want to know? What assessments would you do?

Wherever we want to place them, there are some key points:

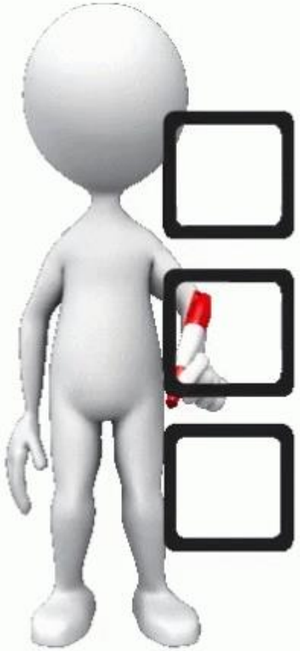
a) **Family and care giver assessments:**

-Health of caregivers (chronic illness/possibility of the child being a caregiver)

-Financial capacity of family to support the child and provide for basic needs (including education, Present Living Conditions ,Occupation of the caregiver and their routine)

-Motivation of family (Whether the family cares for the child? Rule out property/monetary benefits)

-Perceptions/understanding of foster care/adoption– (what is the relationship with the child? Their ability to understand child's issues, traumatic experiences & readiness to develop attachment)



b) **Child related assessments:**

- Medical examination.

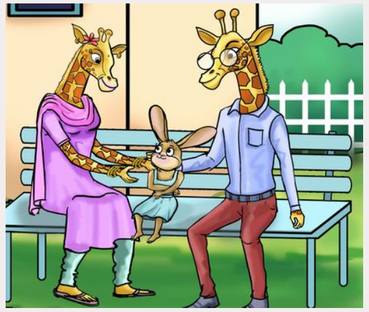
-Developmental and mental health assessments.

-Child's readiness and decision (including preparation for adoption/foster care).

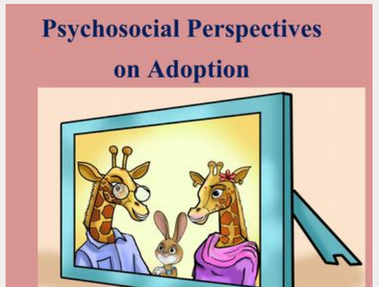
More information on Adoption

CARA Website
www.cara.nic.in

Adoption series on our YouTube Channel



Mimi's Stories on our website: www.nimhanschildproject.in



Psychosocial perspectives on Adoption available on our Website

More information on adoption

Concluding remarks:

Be cognizant of child protection & mental health risks in **EVERY** (placement) decision you make for a child.

TEMPORARY INSTITUTIONAL CARE is recommended to ensure safety and optimal placement of the child.

It is **NOT** institutionalization v/s De-institutionalization

The issue is **NOT** whether the child is within a **family or an institution** setting but that the child's safety, developmental and mental health needs are met optimally

In principle, of course families are the best places for children because under normal and healthy circumstances, families provide a scaffolding for optimal development of children by way of basic nurturance, attachment experiences, security, affirmation and opportunity. Since we do not live in such a utopian world, and in a country like India, a considerable population still continues to live in poverty, child care institutions need to continue to exist.

Be a concerned citizen, caregiver or service provider.

PRIORITIZE SAFETY AND WELL BEING OF THE CHILD

GIVE INFO ON TELE MENTORING

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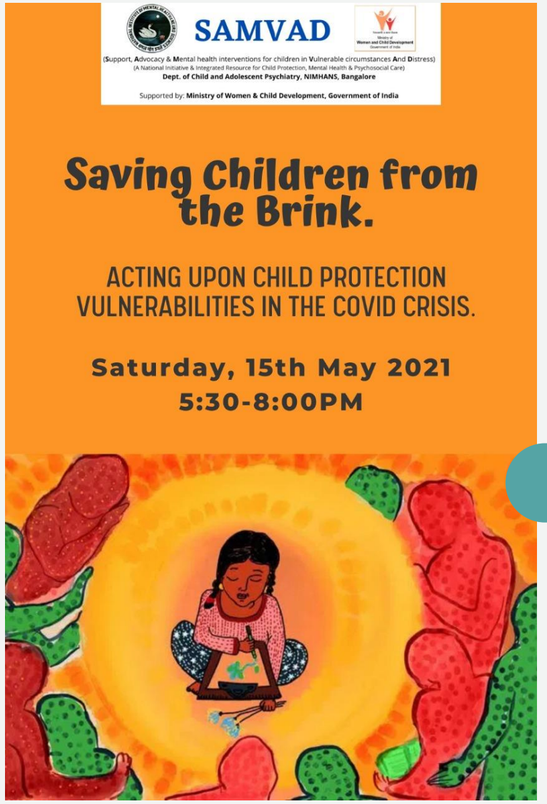

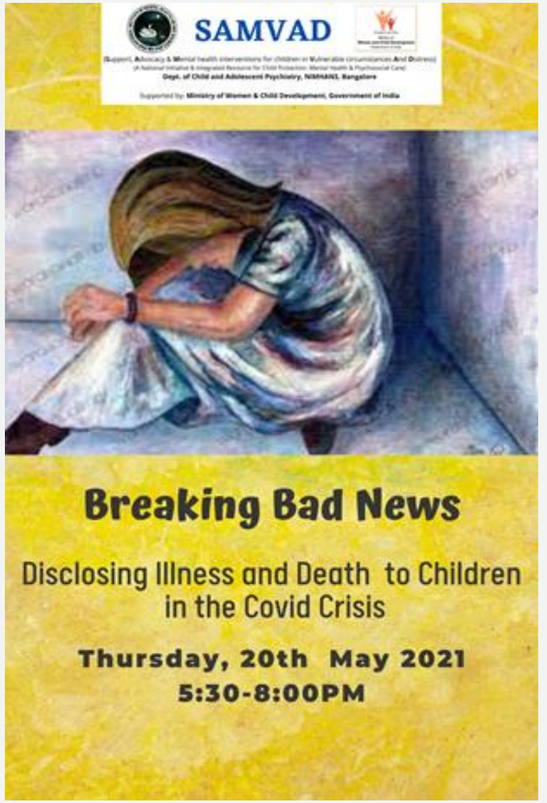

SAMVAD's COVID Series...
"Children in the Covid Crisis...Like We Never Expected It to Be: The What and How of Working with Child Protection and Psychosocial Issues"