Integrated Approaches & Methods for Child Protection, Mental Health & Psychosocial Care for Children in Difficult Circumstances

A Training & Capacity Building Program for Child Protection Functionaries

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 of the Ministry of Women & Child Development, Government of India

Located in the Dept. of Child and Adolescent Psychiatry, National Institute of Mental Health & Neurosciences (NIMHANS), Bangalore

Integrated Approaches & Methods for Child Protection, Mental Health & Psychosocial Care for Children in Difficult Circumstances

A Training & Capacity Building Program for Child Protection Functionaries

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 of the Ministry of Women & Child Development, Government of India

Located in the Dept. of Child and Adolescent Psychiatry,

National Institute of Mental Health & Neurosciences (NIMHANS),Bangalore

ABOUT SAMVAD

SAMVAD (Support, Advocacy & Mental health interventions for children in Vulnerable circumstances And Distress) is a National Initiative & Integrated Resource for Child Protection, Mental Health and Psychosocial Care. Established by the Ministry of Women & Child Development, Government of India, this initiative is located in the Dept. of Child & Adolescent Psychiatry, NIMHANS. With the aim of enhancing child and adolescent psychosocial well-being, through promotion of transdisciplinary and integrated approaches to mental health and protection, SAMVAD was established to extend its support and activities to all the States in the country. It comprises of a multidisciplinary team of child care professionals, with expertise in training and capacity building, program and policy research pertaining to child mental health, protection, education and law.

SAMVAD has been mandated by the Mission Vatsalya Guidelines of the Ministry of Women & Child Development, Government of India ***"to develop and increase counselling capacity as well as resource persons at the State/UT level, including Psychiatric counselling and mental health well-being of children in coordination with Support, Advocacy & Mental Health Interventions for Children in Vulnerable Circumstances And Distress (SAMVAD)- National Institute of Mental Health and Neurosciences (NIMHANS)."***

SAMVAD's Objectives

Develop

Standardized child-centric modules and resources for the capacity building of primary, secondary and tertiary level psychosocial and mental health care service providers.

Strengthen

Knowledge and skills in child and adolescent protection and psychosocial care in various cadres of child care service providers in the country, through training and capacity building initiatives at primary, secondary and tertiary care levels of child protection and mental health.

Enhance

Child and adolescent protection and psychosocial care programs implemented by government and non-government agencies, by providing technical support on program design and quality.

Undertake

Studies, audits, research and advocacy on issues pertaining to child and adolescent protection and related issues of mental health and psychosocial care.

Utilize

The experiences of capacity building, technical programmatic support and research in informing child and adolescent laws and policies in the country.

The SAMVAD Model

CHILD CARE & PROTECTION

Integration of CAMH into country's child protection systems through training & capacity building of child protection functionaries.

Equipping child protection system with skills to identify, refer and provide first level response to mental health risks & concerns in vulnerable children.

***Stakeholders: community-level care providers, child care institution staff, District Child Protection Office personnel, members of Child Welfare Committees & Juvenile Justice Boards.**

SAMVAD

Develop standardized CAMH-protection methods and protocols for direct intervention and capacity building.

Strengthen CAMH and protection knowledge and skills in child care service providers.

Undertake Research, technical support in CAMH & protection.

Develop scalable CAMH-Protection models

POLICY & LAW

Integration of CAMH issues into judicial systems, through judicial education, deliberations.

Critical reviews of child policies and legislations to reflect children's developmental and mental health concerns.

***Stakeholders: Juvenile Justice Committees of Supreme Court of India & State High Courts; National & State Judicial Academies, Judicial Officers**

MENTAL HEALTH

Integration of CAMH awareness at primary and community level.

Training & Capacity Building of secondary & tertiary level mental health service providers.

Linking mental health services to child protection systems.

***Stakeholders: (Pre)school teachers, community health workers, District Mental Health Program (DMHP) functionaries, tertiary mental health care service providers**

EDUCATION

Integration of CAMH issues into education spaces by enhancing the capacities of educators, teachers, school counselors to identify and respond to emotional, behavior and learning problems in school children.

Promotion of first level mental health supports, including interventions for early stimulation, development and life skills education for preventive-promotive purposes.

1. Background and Rationale

Children in general, due to age and developmental status are vulnerable to mental health problems. However, children in difficult circumstances, namely street and working children, orphan and abandoned children, children in child care institutions (CCIs), children with disability, children infected/affected by HIV have higher levels of protection risks, developmental lags and mental health morbidities due to their experiences of socio-economic difficulties, illness, violence and abuse, destitution/abandonment and developmental disabilities. Additionally, poverty, harmful social and cultural norms, gender and sexuality, marginalisation of disadvantaged groups and civil strife further add to the level of vulnerability.

The emerging needs of children, especially in low socio-economic contexts are becoming increasingly complex. Within the Juvenile Justice system, children in need of care and protection (CNCP) come from increasingly challenging backgrounds. Many of them experience enormous developmental deprivation and experiences of trauma, abuse, loss and grief. At one level, for example, the impact of various types of physical/sexual abuse, which are assaultive, forms a complex context for trauma intervention. At another level, children in conflict with the law (CICL), especially where the offence involves acts of violence or sexual assault, are an increasingly challenging group to work with. Moreover, other confounding contexts such as substance abuse, gender-based violence and adolescent developmental challenges (normative sexuality versus teenage pregnancy) further add to the complexities.

Within the vulnerable group of street children and orphan/ abandoned children are sub-groups such as HIV infected/ affected, whose difficult social situations are compounded by medical needs, neuro-developmental problems and complex psychological issues relating to loss and trauma.

Children with disability may form part of the above categories and/or a separate category of their own—for, there are children with a range of disabilities, from loco-motor and sensory disabilities to intellectual disabilities and specific learning disabilities.

India has a comprehensive legal framework for addressing care and protection needs of child survivors in the form of the Juvenile Justice (Care and Protection) Act, 2015 and Protection of Child Sexual Offences (POCSO) Act 2012. Both the laws emphasise on providing mental health care and psychosocial support to children. However, the translation of the provisions contained in these laws has been inadequate, particularly due to the lack of skills and capacities of child care service providers across the country.

The formal child protection structures viz Integrated Child Protection Scheme (ICPS)– Child Care Institution (CCI) staff, Child Welfare Committees (CWCs), Juvenile Justice Boards (JJBs), and District Child Protection Units (DCPUs)– lack the institutional capacities to respond to needs of child and adolescent protection and mental health violations, which may vary in different contexts. There is also a lack of specialised mental health and psychosocial services in most of the States and districts.

1.1 Children in Difficult Circumstances: Vulnerabilities & Needs

Most children requiring the assistance from the Members of the ICPS team or the DCPUs are from difficult circumstances such as from poor socio-economic backgrounds, dysfunctional families, and contexts of child labour and (sex) trafficking. Also, for various other reasons, such as death of caregivers, abandonment, neglect and abuse, many children are unable to live with their families or cared

for by families; in such situations, children also run away from their homes and caregivers.

Additionally, children from these difficult circumstances are also at risk of various child and adolescent mental health disorders such as anxiety, depression, post-traumatic stress disorder and behavioural issues, to name a few.

Children in conflict with the law, are also from poor socio-economic backgrounds, dysfunctional families, contexts of child labour, and for various reasons, such as neglect and abuse, adverse peer influences and life skills deficits, rendered vulnerable and at risk. [Refer to Table 1, below for details on the profile of children in difficult circumstances and to Table 2, below for pathways to children's vulnerability and risk].

Given the types of experiences that children come from, mainly the trauma of loss and abuse, resulting from various difficult experiences, there is a need to:

i. Understand how these children have been impacted by their trauma experience, in terms of their developmental trajectories, particularly social, cognitive and emotional development;
ii. Help them process their trauma experiences and overcome any negative impacts they may have suffered. Children whose sexuality and sexual abuse trauma experiences go unaddressed are at higher risk of emotional and behaviour problems, to which there is a tendency to respond with reassurance or admonishment. CICL are a particular case in point—from a 'pathways to vulnerability' perspective, every child in conflict with the law was and continues to be a child in need of care and protection.

Thus, all children who come to the juvenile justice system, whether in the care and protection category, or in the conflict with law category require:

i. Detailed assessment of individual and family contexts to understand how they came into the juvenile justice system;
ii. Mental health assistance for any emotional difficulties they might have;
iii. Accurate home studies or Social Investigation Reports (SIR) to assess the capacities of their families and caregivers to take care of them;
iv. Decisions on placement in accordance with the safety and best interest of the children, (including their desires and viewpoints based on their experiences);
v. Other rehabilitative actions such as opportunities for age-appropriate and optimal growth and development, and education and vocational training for successful reintegration into society.

<table>
<tr><th colspan="3">Table 1: Profiling Children in Difficult Circumstances: A Field Perspective</th></tr>
<tr><td>Categories</td><td colspan="2">• Orphaned and abandoned children
• Street & working children
• HIV infected/affected children
• Disabled children
• Children affected by gender and sexuality vulnerabilities
• Children in conflict with the law
• Children affected by disaster/armed conflict</td></tr>
<tr><td>Contexts</td><td>Institutionalised Children
• Reside in child care agencies
• Avail care, protection and rehabilitation services</td><td>Non-institutionalised Children
• Live within families and communities that expose them to multiple psychosocial risk factors such as physical, emotional, sexual abuse, substance abuse, marital and family conflicts/violence
• Have social networks, but these are often severely compromised, placing them at times at much higher risk of abuse and exploitation than children in institutions.
• Often end up being placed in institutions.</td></tr>
<tr><td>Spaces</td><td colspan="2">Communities (within families from low socio-economic strata)
• Homes/Bus-stands/Railway stations, streets, raid-rescue spaces (trafficking)
• Care and Protection Homes/Transitional Shelters/State and NGO-run shelter homes
• Observation Homes/Special Homes</td></tr>
<tr><td>Protection Risks</td><td colspan="2">Single parent families
• Rejection and abandonment
• Parental marital conflict
• Loss and grief (death of parent/caregiver or attachment figures)
• Child labour and trafficking
• Conflict with the law
• Alcohol dependency in parents
• Illness and disability
• Parent with mental illness/disability
• Physical, sexual and emotional abuse (violence)</td></tr>
</table>

Table 1: Profiling Children in Difficult Circumstances: A Field Perspective		
Development, emotional & behavioural consequences	**Neurodevelopmental Disorder and Development Delays** • Intellectual disability • Learning disabilities • Other developmental delays • Attention deficit hyperactivity disorder	**Internalising Disorders** Anxiety (including dissociative disorders/bedwetting) • Adjustment disorders/Dysphoria/Depression • Post Traumatic Stress Disorder • Self-harm and suicide
	Life skills deficits • Inadequate skills (of assertiveness/negotiation/refusal/ conflict resolution/problem solving/thinking…) in dealing with (daily) life situations	**Externalising Disorders** • Runaway behaviour • Anger/aggression • Anti-social behaviours (stealing, violence, property destruction) • Substance abuse and other high risk behaviours (sexuality related)

Table 2: Pathways to Vulnerability

Pathways to Vulnerability

Underlying Causes	Immediate Causes	Problem & Risk
Emotional Factors: Parental marital problems, domestic violence, physical/ sexual abuse, alcohol dependence, punitive parenting, Death of/ separation from caregivers	Emotional dysregulation (anger/anxiety management problems), attachment issues, trauma experiences, inter-personal and relational difficulties	**Increased Protection Risks, Psychosocial Issues & Mental Health Problems**
Deprivation & Neglect: Lack of early stimulation & growth opportunities /poor monitoring & supervision	Developmental delays, learning difficulties, poor acquisition of life skills	
Educational Issues: Learning difficulties /poor academic performance; abuse/corporal punishment/ bullying at school.	School dropout, truancy/ suspension/ risk of substance abuse & antisocial behaviours.	
Life Skills Deficits: Poor problem solving/emotional regulation/negotiation/assertiveness/creative thinking…	Limited ability to process and solve problems, high risk (sexual/ substance abuse & self-harm) behaviours	
Peer Influences: Aggressive/ rule-breaking behaviour reinforced in the context of peer group, joining gangs to reinforces fragmented sense of self/identity/ self-esteem.	Unable to contend with peer pressure or assert themselves/ say 'no', engage in high risk behaviours in keeping with peer group norms.	
Substance Abuse: experimentation in peer group, use to cope with stress/ difficult emotions	Engage in anti-social behaviours to procure substances (due to dependency, addiction) or as a result of intoxication, engage in other high risk (sexual) behaviours.	
Child Labour: Separation from family, exploitative conditions of work, poor remuneration	Experience neglect & loss of attachment relationships, exposed to older adolescents & adults who might coerce/engage in criminal behaviours and act as role models	
(Pre-Existing) Neuro-Developmental Issues & Mental Health Problems: Anxiety, Depression, ADHD, Conduct Disorder	Social skills and self-esteem deficits, poor decision-making/ life skills deficits, emotional dysregulation	

1.2. Gaps in Systemic Skills & Capacities: The Need for Consolidated Interventions in Child Protection, Mental Health, and Psychosocial Care

In India, most child and adolescent mental healthcare services are located in tertiary healthcare facilities; they are few in number, thereby limiting access to many in need. Further, many have a solely curative focus rather than combining this with promotive and preventive activities. There have been many initiatives by NGOs, including through public-private partnerships, to address child protection and mental health needs. However, these initiatives have been scattered and of varying quality, with few efforts to standardise, consolidate and scale-up useful initiatives.

Where non-specialist care is provided, as in, agencies providing care and protection to children in difficult circumstances, there is a gap in knowledge and skills of staff to address child development and mental health in ways that respond to their context-specific, often more complex needs, psychiatric problems or life-skills issues. NIMHANS's work with agencies providing care and protection to such children showed that (child protection) staff are unable to explain or analyse the basis of these psychosocial problems. While there is a broad sense of awareness that these children come from difficult circumstances and will therefore, have problems; there is no understanding that each of them has a unique history and context leading to certain emotional and behavioural problems that therefore, require a unique and context-based response. Much less, do they have the knowledge and skills to handle complex problems relating to sexuality, abuse, trauma and severe conduct issues.

One of our key observations and experiences, through our community-based child mental health work has been that in field practice, child mental health and protection are not linked. At primary and secondary levels, ICPS staff and child welfare committees tend to view their job as being to repatriate the child i.e. re-unite (a runaway or institutionalised) child with his/her family.

While this in itself is not wrong, what is problematic are the underlying premises of the repatriation decision: i) that families are the (only) best places for children to be; (ii) all families/caregivers are loving and caring, and simply by virtue of being a parent/caregiver would not engage in harmful actions towards their child. Such assumptions hinder decision-making that is based on the safety and best interest of the child—a detailed, systematic assessment of the child's home and family situation along with child's psychosocial and mental health difficulties is rarely done before the child is sent back. Thus, this results in a revolving door syndrome, wherein, children who are simply repatriated without analysis and necessary mental health and psychosocial intervention, will leave home again. The current pressures of deinstitutionalization have further exacerbated existing problems of decision-making in the context of placement, rehabilitation and repatriation of vulnerable children.

Additionally, children in difficult circumstances, having serious protection risks are least likely to access specialised mental health services. Many CWCs and JJBs, particularly those functioning at district level, but also those located in urban areas, have very limited understandings of child mental health needs and so do not refer children to psychiatry departments located in district hospitals or tertiary healthcare facilities.

The polarisation of child mental health, protection work and interventions is not beneficial to children who are most vulnerable. Only a cohesive approach that includes both sets of interventions, addressing protection and mental health needs of children in difficult circumstances can be effective in ensuring their immediate and long-term care and rehabilitation. Child Protection is about protecting children from or against any perceived or real danger or risk to their life, their personhood and childhood.

It is about reducing their vulnerability to any kind of harm and ensuring that no child falls out of the social safety net and that those who do, receive necessary care, protection and support to bring them back into the safety net. While protection is a right of every child, some children are more vulnerable than others and need special attention. However, the practise of child protection requires to be integrated with mental health interventions.

It is imperative, therefore, for child care service providers, especially social workers and counsellors to develop a strong understanding of psychosocial contexts and socio-emotional impacts thereof, on children during the course of their assistance to children.

Indeed, the operationalizing of the concept of child rights, upon which the JJ Act rests, is only possible when we understand situations and realities from the child's (psychosocial and emotional) perspective, thereby integrating it with the Juvenile Justice system. A combined understanding of the child's psychosocial and emotional needs with that of the laws and procedures will equip Members of CWCs and JJBs along with DCPUs to work towards support and rehabilitation of children.

2. Training Objectives

The objectives of the proposed training and capacity building initiative are to:

Objective 1:

- Examine the context of children's psychosocial issues and protection concerns, with a view to identify vulnerability and risk issues.

Objective 2:

- Develop communication skills with a focus on getting started with children, to facilitate supportive relationships with the child care workers and the child.

Objective 3:

- Identify common child mental health issues so as to provide first-level responses, and feed into individual rehabilitation and care plans.

Objective 4:

- Conduct psychosocial assessments and develop reports for quasi-judicial (decision-making) bodies, such as Juvenile Justice Boards and Child Welfare Committees.

Objective 5:

- Understand child protection laws and procedures; specifically, their role in assisting the system in providing care and protection to children.

3. For Whom

In accordance with the provisions of the JJ Act, 2015 and other child-related laws and procedures, the module is designed to equip child protection functionaries with skills to make decisions about children's care, protection, treatment, and rehabilitation, from a child psychosocial and mental health perspective. Accordingly, it is designed primarily for child protection functionaries, namely the DCPUs—including ICPS staff such as superintendents, counsellors and legal and probation officers for institutional and non-institutional care.

This is a basic, first-level training program. Advanced level training programs for a sub-group of the DCPU functionaries, namely counsellors are available—these pertain to trauma and abuse (interventions for loss, grief and death and child sexual abuse) and working with children in conflict with law.

4. Training Curriculum & Content

The Ministry of Women & Child Development (MoWCD) established SAMVAD with a view to ensure creation and delivery of standardised, technically accurate content on issues of child protection, mental health and psychosocial care. The training curriculum and content (detailed below) has been developed based on the NIMHANS Dept. of Child and Adolescent Psychiatry's long experience with child protection and mental health in multiple settings and contexts, including in training of child protection and other related functionaries, over the years. Therefore, programmatic content cannot be abbreviated or altered in ways that dilute the program or the purpose of the training program. SAMVAD reserves the right to adapt the program as necessary, solely in accordance with the aim of ensuring teaching-learning quality—in order that vulnerable children ultimately benefit from the service providers.

PHASE 1: CHILDREN, CHILDHOOD & CONTEXTS

4.1 Children and Childhood

Objective:

- To sensitise participants on children and childhood experiences, and enabling them to develop an understanding of child rights-based approaches.

Content:

This session sets the tone for child workers– introducing themes and ideologies that underpin the content of the program. It comprises various activities using methods of visualization and narratives to enable participants to reconnect with their childhood and reflect on their childhood experiences. It also introduces the ways in which power hierarchies play out in adult-child relationships, and enables further reflection on what child rights translates into practice in spaces such as the CCIs, where they are placed.

4.2 Applying the Child Development Lens

Objectives:

- To understand the five key domains of child development.
- To understand how child development is impacted by deprivation i.e. with children in difficult circumstances.
- To develop interventions and institutional routines that address children's developmental needs, and ensure that they maintain and enhance their developmental trajectories.

Content:

Child development refers to the abilities and skills that an average child has at a particular age. There are, broadly-speaking, five domains of child development: physical, social, speech & language, emotional and cognitive development. This session is designed to enable participants to understand normative development in children i.e. the abilities and skills that an average child would develop in accordance with age. The application of a child development lens to protection and mental health is important for child protection functionaries to be able to identify any disabilities, gaps or deficits in development that a child may have and feed into decisions regarding placements, repatriation, rehabilitation and other interventions; it is also particularly relevant to child protection functionaries and CCI staff so that they may incorporate developmental activities and interventions into children's day-to-day routines in the CCI.

4.3 Identifying Emotional & Behavioural Problems & Contexts: Child's Experience & Inner Voice

Objectives:

- Identify the basis of the child's problem, by analyzing the psychosocial context of the child.
- Understand how children perceive and internalize their experiences i.e. what is the child's inner voice, and how this manifests in emotional and behavioural issues.

Content:

A child's behavioural problem seldom occurs in isolation; there is always a reason why it occurs, a place or a context that it grew out of. This session forms the cornerstone to understand the basis of children's emotional and behavioural concerns. In other words, why does a child behave the way he/she does? Participants are introduced to a simple, yet effective framework for child behaviour analysis, comprising of key elements such as the child's context or universe, the experiences arising out of a given context, his/her internalizations of these experiences i.e. inner voices, and resultant emotions, and how they lead to the behaviors that we see. Case study analysis methods will be used to provide participants with conceptual frameworks to understand children's behaviours in various care and protection-related contexts, such as child sexual abuse, trafficking, loss/abandonment, runaway behaviours, child labour, and family conflicts.

4.4 Essential Communication Skills

Objective:

- To develop communication skills for interviewing children and understanding their circumstances.
- To provide first-level psychosocial responses to children in difficult circumstances.

Content:

Using role plays and case studies to practice the skills listed below:

- **Skill 1: Getting to Know the Child**
  Rapport building is the first-stage towards building a relationship with children. It involves introducing yourself, and preliminary establishment of context.
- **Skill 2: Listening**
  This involves paying attention to a client's verbal and non-verbal messages and listening in a way that conveys respect, interest and empathy.
- **Skill 3: Recognizing and Acknowledgement of Emotions**
  This involves recognizing the child's emotions and acknowledging his/her emotions is a powerful technique that reassures children and convinces them that the child worker is empathetic.
- **Skill 4: Acceptance & Non- judgmental Attitude**
  This involves acceptance of the child as a person, irrespective of the problem; and to be non-judgmental means to take a position on an issue by discussing (difficult or controversial) issues with children based on their realities, opinions and understandings, (i.e. by setting aside the child worker's personal opinions & prejudices) and enabling the child to make decisions about their lives.
- **Skill 5: Questioning and Paraphrasing**
  This entails learning about different methods of questioning and inquiry i.e. how and when to use open and close-ended questions in child interviewing, to allow for children's narratives to emerge freely.

4.5 Representations of Childhood

Objective:

- To understand and reflect on difficult childhoods.
- To use a vulnerability lens to understand children's difficult and risky behaviors.

Content:

Films that highlight child protection issues, and the many vulnerabilities and risks that children in difficult circumstances face, will be screened. Participants will engage in extensive discussions on the experiences of child characters in the films, who represent different vulnerabilities of children in difficult circumstances and their pathways to coming into conflict with law or being institutionalized given the need of care and protection. The selected films highlight the concerns of risks for both vulnerable categories of children.

PHASE 2: INTEGRATING PROTECTION ISSUES WITH MENTAL HEALTH

4.6. Common Mental Health Issues of Children and Adolescents

Objective:

- To orient participants to identify common child and adolescent mental health disorders.
- To enable participants to refer children for requisite mental health assistance.

Content:

This session entails an overview of common child and adolescent mental health disorders, including developmental disabilities, and first-level responses for these problems respectively. Participants will gain knowledge about signs and

symptoms of childhood disorders such as anxiety, depression, post-traumatic stress disorder (PTSD), attention deficit hyperactive disorder (ADHD), conduct disorder (CD), and developmental issues such as intellectual disabilities. The aim is to equip them to also refer children to specialized mental health facilities as required.

4.7 Implementing Life Skills Education

Objectives:

- Developing an understanding of the importance of life skills education in the context of children in difficult circumstances.
- Learning practical skills to deliver activity-based life skills to assist children with disability in areas of socio-emotional development.

Content:

The World Health Organization defines life skills as, "*the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life*". Life skills refer to skills such as emotional regulation, interpersonal communication, assertiveness, negotiation, problem solving, decision-making…skills that we use constantly to navigate the world around us—and that are often especially challenging for children in difficult circumstances. This session introduces participants to essential tenets of the use of life skills education with children, following which it adopts a 'Do and Learn' method to equip participants with practical skills in this area. SAMVAD's activity- based life skills manuals on socio-emotional development (available @ https://nimhanschildprotect.in/children-7-12-years and https://nimhanschildprotect.in/adolescents-13-18-years/) are used to demonstrate life skills education engagements to participants.

PHASE 3: INTEGRATING CHILD PROTECTION & LAW

4.8. A Brief Overview of Essential Child Laws

Objective:

- To develop an understanding of key legal provisions and the scope of their applicability to vulnerable children.
- To develop the skills required for child protection functionaries to implement legal provisions in the child's best interest through application-based learning pedagogy.

Content:

This section will extensively orient child protection functionaries to the objectives, key provisions and legal grey areas in the law. As children's psychosocial issues are complex and layered, this section will enable child protection functionaries to develop the requisite conceptual frameworks and skills in contending with legal ambiguities and role uncertainty. In addition to providing an overview of the JJ Act, this section will also comprehensively engage with special child laws.

4.9. Use of Psychosocial and Mental Health Assessment Proformas

Objectives:

- To introduce participants to systematic proformas and methods of evaluating and documenting children's protection and mental health concerns.

Content:

In the absence of systematic assessment protocols, there is the danger of child protection functionaries missing critical information, which in turn results in poorly planned/ designed interventions and individual care plans (ICPs). This session covers the use of a proforma to assist them to systematically evaluate and understand children's protection/mental health issues and concerns. A proforma integrating family, protection and mental health concerns, developed by the NIMHANS Community Child and Adolescent Mental Health Service Project, is introduced to the participants for their use. This assessment proforma, along with other forms and proformas in the Juvenile Justice (Care and Protection) Act 2015, form the basis of ICPs.

4.10. Preparing Social Investigation Reports

Objective:

- To enable participants to prepare accurate social investigation reports that feed into individual care plans.

Content:

One of the challenges for CWCs and JJBs is posed by the inaccuracy and paucity of information contained in the SIRs they are provided with for making decisions with regard to children's placement and rehabilitation. This session therefore covers the Dos and Don'ts in home studies and SIR processes, providing ways to accurately assess neighborhood, family risks and circumstances, in ways that elicit information from relevant and reliable sources.

4.11 Making Recommendations for Placements

Objectives:

- To equip participants with the skills to assess children's contextual realities, living circumstances, and the protection risks associated with them.
- To enable them to evaluate placement options in consultation with children, and make requisite recommendations to CWC.

Content:

This session equips participants to evaluate the various placement options available to children, namely family, institutional and non-institutional care settings, for the purposes of repatriation or institutional placement, as the case maybe. This session helps participants to examine prevalent misconceptions about both family and institutional placements, emphasizing that placement decisions must be made in accordance with the protection risks, mental health issues and rehabilitation needs as experienced by each individual child i.e. they must avoid generalizations about any given setting and be predicated on children's lived realities and contexts.

4.12. Developing Individual Care Plans

Objectives:

- To enable participants to develop individual care plan for children in ways that ensures their holistic development and addresses their needs for protection, mental health and rehabilitation.

Content:

This session focuses on enabling participants to collate and utilize the information obtained from psychosocial assessments, SIRs and placement-related evaluations, to develop comprehensive ICPs for children. This plan, to address the holistic development of children, with a view of addressing their needs for rehabilitation, placement, repatriation, and mental health assistance is in keeping with the care and protection mandate of the JJ Act, 2015.

5. Training Schedules

5.1 Online Training Schedule

<table>
<tr><th>Block</th><th colspan="2">Theme & Content</th><th>Sessions</th></tr>
<tr><td rowspan="6">BLOCK A: Children, Childhood & Contexts</td><td rowspan="2">Introduction & Orientation</td><td>• Reconnecting with Childhood</td><td>1</td></tr>
<tr><td>• Issues of power hierarchies relating to children.
• Introduction to child rights-oriented thinking</td><td>2</td></tr>
<tr><td rowspan="2">Applying the Child Development lens</td><td>• Introduction to the key domains of child development (A)
• Physical development
• Speech & Language development
• Cognitive Development</td><td>3</td></tr>
<tr><td>Introduction to the key domains of child development (B)
• Social Development
• Emotional Development</td><td>4</td></tr>
<tr><td rowspan="2">Identifying Emotional and Behavioural Problems and Contexts- Child's Experience and Inner Voice</td><td>Representations of childhood (film screening & discussion)</td><td>5</td></tr>
<tr><td>• Understanding the child's psychosocial and risk contexts and experiences
• Linking children's contexts, experiences, and emotions/behaviours</td><td>6</td></tr>
</table>

Block	Theme & Content		Sessions
BLOCK A: Children, Childhood & Contexts	**Essential Communication Skills**	Skill 1: Rapport building skills Skill 2: Listening	**7**
		Skill 3: Recognizing and acknowledgement of emotions	**8**
		Skill 4: Acceptance and Non-judgemental Attitude	**9**
		Skill 4: Acceptance and Non-judgemental Attitude (contd.)	**10**
		Skill 5: Questioning and Paraphrasing	**11**
BLOCK B: Integrating Children's Protection concerns with Mental Health	**Common Mental Health Issues of Children & Adolescents**	Signs and symptoms of mental health issues: • Developmental disabilities	**12**
		• Anxiety • Depression • Post-Traumatic Stress Disorder	**13**
		• Attention Deficit Hyperactivity Disorder • Conduct Issues • Substance Abuse	**14**
	Implementing Life Skills Interventions	Introduction to Life Skills	**15**
		Life Skills in practice	**16**

Block	Theme & Content		Sessions
BLOCK C: Integrating Child Protection & the Law	**Child & Law**	• Roles and responsibilities as per the Juvenile Justice (Care and Protection) Act, 2015 • Narcotics Drugs and Psychotropic Substances Act (NDPS), 1985	**17**
		• Protection of Children from Sexual Offenses Act, 2012 • Prohibition of Child Marriage Act, 2006 • Medical Termination of Pregnancy Act, 1971	**18 &19**
		Trafficking and Child Labour related frameworks	**20**
BLOCK D: Assessment and Rehabilitation	**Developing Individual Care Plans for Children**	Use of psychosocial and mental health assessment proformas	**21**
		Preparing a Social Investigation Report	**22**
		Making recommendations for placements	**23**
		Individual Care Plans for children	**24**

Each Session is for a duration of 3 hours.

5.2 In-person Training Schedule

Block	Day	Time	Theme and Content	
BLOCK A: Children, Childhoods & Contexts	**1**	**9am - 12pm**	**Introduction & Orientation**	• Orientation and Introduction • Re-connecting with childhood • Introduction to child-rights oriented thinking
		12pm - 1pm	**Lunch**	
		1pm - 4pm	**Applying the Child Development Lens**	• Introduction to key domains of child development (A) • Physical development • Speech & Language development • Cognitive Development • Social Development • Emotional Development
		4.15pm - 6.15pm (including tea break)	**Representations of childhood**	Film screening
	2	**9am - 10am**		Discussion on film screening
		10am – 1:15pm	**Identifying Emotional and Behavioral Problems and Contexts- Child's experience and Inner Voice.**	• Understanding the child's psychosocial and risk contexts and experiences • Linking children's contexts, experiences, and emotions/behaviours
		1:15pm – 2:15pm	**Lunch**	
		2:15pm – 6:30pm (Including tea break)	**Essential Communication Skills (A)**	Skill 1: Rapport Building Skill 2: Recognizing and acknowledgement of Emotions
	3	**9am - 1pm**		Skill 3: Listening Skill 4: Acceptance & Non-Judgemental Attitude
		1pm – 2pm	**Lunch**	

Block	Day	Time	Theme and Content	
BLOCK A: Children, Childhoods & Contexts	3	**2:00pm – 5:00pm (including tea break)**	**Essential Communication Skills (B)**	Skill 4: Acceptance and Non-Judgemental Attitude (contd.) Skill 5: Questioning & Paraphrasing
BLOCK B: Integrating Children's Protection concerns with Mental Health	4	**9:30am – 12:30pm**	**Common Mental Health Issues of Children & Adolescents**	Signs and symptoms of mental health issues (A): • Developmental Disabilities
		12:30pm – 1:30pm		**Lunch**
		1:30pm – 5:30pm		Signs and symptoms of mental health issues (B): • Anxiety • Depression • Post-Traumatic Stress Disorder
	5	**9:00am – 1:00pm**		Signs and symptoms of mental health issues (C): • Attention Deficit Hyperactivity Disorder • Conduct Issues • Substance Abuse
		1:00pm – 2:00pm	**Lunch**	
		2:00pm – 5:30pm (including tea break)	**Implementing Life Skills Interventions**	Introduction to Life Skills
	6	**9:00am – 4:30pm**		Life Skills in practice
BLOCK C: Integrating Child Protection & Law	**7**	**9:30am – 12:30pm**	**Child & Law**	• Roles and responsibilities as per the Juvenile Justice (Care and Protection) Act, 2015 • Narcotics Drugs and Psychotropic Substances Act (NDPS)

Block	Day	Time	Theme and Content	
BLOCK C: Integrating Child Protection & Law (contd.)	**7**	**12.30pm –1.30pm**	Lunch	
		1.30pm – 4.30pm	**Child & Law**	Roles and responsibilities as per the Juvenile Justice (Care and Protection) Act, 2015 with special reference to children in need of care and protection
	8	**9:00am – 1:00pm**		Protection of Children from Sexual Offenses Act, Prohibition of Child Marriage Act and Medical Termination of Pregnancy Act
		1:00pm – 2:00pm		Lunch
		2:00pm – 5:00pm		Trafficking and Child Labour related frameworks
BLOCK D: Assessments & Rehabilitation	**9**	**9:00am –12:00pm**	**Developing Individual Care Plans**	Use of psychosocial and mental health assessment proformas
		1:00pm – 4:00pm		Preparing a Social Investigation Report
		4:15pm–6:15pm		Movie Screening (Capernaum)
	10	**9:00am –10:00am**		Movie Discussion
		10:00am –12.00pm		Making Recommendations for Placements
		12:00pm – 1:00pm	Lunch	

Block	Day	Time	Theme and Content
BLOCK D: Assessments & Rehabilitation	**10**	**1:00pm – 4:00pm**	Developing an Individual Care Plan for the child
		3:30pm – 4:15pm	Summary and wrap-up

6. Training Methodology

The training program uses a range of creative and participatory methods ranging from role plays and discussions to video and film screenings, case study analysis; and experiential methodologies of visualization, simulation and story-telling. Didactic methods, such as lectures are used minimally, mostly for the purpose of introducing theoretical and conceptual frameworks that are essential for learning and field practice. The major emphasis of the training methodology is on skill-building, to enable participants to translate theory and concept into practice, in their work and interactions with children.

7. Mode of Program Delivery

Both online and in-person training programs are delivered by SAMVAD, through a multi-disciplinary team comprising members drawn from expertise in psychology, psychiatry, social work, and law.

7.1 Online training programs

SAMVAD has established a virtual knowledge network (VKN) set-up, and this platform will be used for the implementation of the proposed training program. To maintain the quality of the training, and the interactive nature that assists learning, the maximum number of participants in a given group is capped at 50. Each learning session is typically for a duration of 3 hours on pre-scheduled or pre-agreed days and time. These synchronous learning sessions may range from being twice or thrice a week (in some instances, five times a week), based on the agreement with the agency requesting the program and/or the feasibility and convenience of SAMVAD and the participants.

Rules of Participation & Engagement for Online Programs

- Attendance of a session is counted as being online/ on the session for a minimum of 160 out of 180 minutes. There is always a next time, so don't worry!
- If more than 2 sessions are missed, a participant would be unable to continue on the program…
- Participants dropping out due to non-attendance of sessions are welcome to join another training program, but all sessions would need to be attended again.
- Participants missing a session are expected to catch-up by watching the recorded session.

7.2 In-Person Training Programs

SAMVAD is happy to conduct in-person programs in NIMHANS and/or in other State venues. These are typically all-day programs that run from 9 am to 6:30 pm, and may be implemented over the course of 3, 5 or 10 days, depending on the nature of the program. For instance, a longer training program that may have over 20 sessions, may be broken into blocks or smaller components that might run for 3 days at a time i.e. one block is followed by the next one that may be held a month or two later. Again, in order to ensure training quality, the number of participants is capped at 50 and the minimum number of participants required is 35 for a given session.

Rules of Participation & Engagement for In-person Program

- 100% attendance is mandatory i.e. no session must be missed.
- In case of any health emergency, the participant is required to inform the NIMHANS-SAMVAD team so that due assistance may be provided.
- Should any participant have an emergency of any other type, and have to discontinue the training program, they may duly inform the SAMVAD-NIMHANS team, who will also communicate the same to the institution concerned.
- Requests to facilitators to be exempted from sessions will not be entertained—as the program does not allow for skipping of any sessions/ activities (except in case of a health emergency).
- Participants are expected to be punctual and at the training venue by 8:50 am, in order to allow for the training to start on time, at 9 am. A grace of 15 minutes will be permitted about 3 times during the entire duration of the program.
- Participants arriving later than 15 minutes will NOT be permitted to join the session—in which case they will be unable to meet the mandatory 100% attendance requirements.

8. Certification

Upon completion of the training program, participants will be provided with a ‘Certificate of Participation’. Successful participation and completion of the program entails adherence to all rules and ways of work as detailed above.

9. Financial Resources & Support

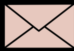
As a National Initiative & Integrated Resource for Child Protection, Mental Health and Psychosocial Care, SAMVAD is mandated by the Ministry of Women and Child Development, Government of India, to provide standardized training programs and related technical support on child mental health and protection issues. Therefore, there are no financial liabilities, by way of resource/training fees or honorariums either for online or in-person training programs on any government departments/ agencies, or national programs. For the same reason, no agency/system who we assist requires an MoU with NIMHANS or with our initiative. We are mandated to assist all agencies requiring/approaching us for support.

While online training programs therefore, entail no cost, in-person training initiatives would entail organizational and logistical expenditure. In such instances, expenditure relating to the training participants’ travel, accommodation and related logistics, including venue etc. would require to be borne by the agency requesting or organizing the training program. The SAMVAD team’s travel and accommodation may require be wholly or partially supported by the organizing agency, particularly if the training is for non-governmental agencies. In certain circumstances, where feasible and justifiable, SAMVAD could undertake the training by also bearing the expenditure for its team (this is subject to discussion on a case-by-case basis).

CONTACT INFORMATION

Address 2nd floor, Child Psychiatry Center,
Dept. of Child & Adolescent Psychiatry,
National Institute of Mental Health & Neurosciences (NIMHANS),
Bangalore – 560029

Phone +91 080-2697-2240

 EMAIL info@nimhanschildprotect.in

---

YouTube: http://www.youtube.com/c/NIMHANSChildProtection

Facebook: https://www.facebook.com/childprotectnimhans

Twitter: https://twitter.com/nimhans_CPC

LinkedIn: https://www.linkedin.com/in/nimhanschildprotection

Instagram: https://www.instagram.com/nimhanschildprotect

All artwork is being used for non-commercial purposes only.