



Psychosocial Care for Children in Conflict with Law Integrating Child Protection, Mental Health & Law into the Juvenile Justice System

> A Training & Capacity Building Program for Members of Juvenile Justice Boards



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

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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 wellbeing, 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 wellbeing 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)."



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.



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

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



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



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.

EDUCATION

Promotion of first level mental health supports, including interventions for early stimulation, development and life skills education for preventive-promotive purposes. The Juvenile Justice (Care and Protection of Children) Act, 2015 states its overall purpose at the very beginning of the Act: "An Act to consolidate and amend the law relating to children alleged and found to be in conflict with law and children in need of care and protection by catering to their basic needs through proper care, protection, development, treatment, social re-integration, by adopting a child-friendly approach in the adjudication and disposal of matters in the best interest of children and for their rehabilitation through processes provided, and institutions and bodies established, herein under and for matters connected therewith or incidental thereto".

The Act thus, speaks of care and protection of all children, despite the distinction it makes between a) "child in conflict with law" meaning a child who is alleged or found to have committed an offence and who has not completed eighteen years of age on the date of commission of such offence; and b) "child in need of care and protection" meaning a child who is: found without any home or settled place of abode and without any ostensible means of subsistence; or working in contravention of labour laws or begging, or living on the street; or who resides with a person who has injured, exploited, abused or neglected the child or who is mentally ill or mentally or physically challenged or suffering from terminal or incurable disease; or has no one to support or look after or who has parent or guardian who is unfit or incapacitated to care for and protect the safety and well-being of the child; or who does not have parents and no one is willing to take care of, or whose parents have abandoned or surrendered him; or who is missing or runaway child; or is being or is likely to be abused, tortured or exploited for the purpose of sexual abuse or illegal acts; or who is found vulnerable and is likely to be inducted into drug abuse or trafficking.

However, the characteristics of children in need of care and protection (CNCP) are in many ways similar to those in conflict with the law. Most children in conflict with the law (CICL), have the same risks and vulnerabilities as other groups of vulnerable children.

Most children requiring the assistance of the Juvenile Justice Board (JJB) are from difficult circumstances- such as from poor socio-economic backgrounds, dysfunctional families, and contexts of child labour; for various reasons, such as, neglect and abuse, adverse peer influences and life skills deficits, these children and adolescents come into conflict with the law. Additionally, these children also suffer from developmental disabilities and child and adolescent mental health disorders such as anxiety, depression, attention deficit hyperactive disorder, conduct disorders and substance abuse, all of which increase their vulnerability to coming into conflict with the law.

Thus, children in conflict with the law need also to be viewed as victims, not merely as perpetrators of offence and exploitation. In actual fact therefore, children in need of care and protection are at-risk of coming into conflict with the law, and CICL continue to be in need of care and protection. Consequently, both children as victims or perpetrators are, intrinsically child rights (violation) issues. Ignoring or not recognizing the psychosocial contexts of children in conflict with the law, therefore, results in negating child rights violations that have led to the child developing behavioural problems and coming into conflict with the law.

In recent years, however, following the 2012 Nirbhaya incident, wherein a 16-year-old was apprehended for the gang rape of a young woman, the debates around the culpability of children, including issues of seriousness of circumstances versus crime and proportionality thereof, have resulted in fresh complexities with regard to the dispensation of justice to CICL.

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The juvenile transfer law resulted from this incident, by way of the framing of Section 15 and the need to conduct preliminary assessments for 16 to 18-years-old apprehended for 'heinous offences', to decide whether they should be transferred to the adult criminal justice system. Those working in the Juvenile Justice system, including JJB Members are thus, confronted with the challenges of straddling varied approaches to juvenile justice i.e. considering public opinion/ pressure (and indeed, as part of the public they also have personal and ideological positions on this issue), the requirements of the juvenile transfer provisions in the JJ Act, 2015 and their role as juvenile justice service providers, which also expects them to act in accordance with child rights and principles of rehabilitative justice, in keeping with the spirit of the JJ Act, 2015.

Seen in this context, the JJB is an important stakeholder within the juvenile justice system as its mandate relates to the adjudication of questions of culpability and accountability. Ultimately, when provided with statutory documentation (Social Investigation Reports, Social Background Reports, Preliminary Assessment Reports), the responsibility to adequately consider the psychosocial and mental health background of the child lies with the JJB. Additionally, upon effective consideration of the material placed before it, the JJB is to take decisions in the best interest of the child and dispose of the case in accordance with the restorative aims of the JJ Act. It is evident, from a brief perusal of the JJB's mandate in the Act, that the JJB is critical to ensuring the successful realisation of the Act's objectives, and to facilitating a more humane approach to CICL who are often children in need of care and protection themselves. However, in regard to the implementation of the JJ Act's provisions, there are broadly two important and related areas that the JJB is required to address with regard to CICL: i) adequate incorporation of the individual child's mental health and psychosocial circumstances in decisions with regard to interventions, rehabilitation and the transfer to adult criminal justice system; ii) instrumentalizing the restorative aims of the JJ Act by conducting inquiry proceedings/passing orders to effectively rehabilitate the child, and ultimately, socially reintegrate the child. These priorities are all the more relevant in the context of the separate mechanism for preliminary assessment which raises questions of punishment and restoration simultaneously. It is thus, imperative for child care service providers, including the JJB to develop a strong understanding of children's pathways to coming into conflict with the law, as well as ways to assess the mental health and rehabilitation needs of such 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, including those of CICL—so that JJB members are equipped to work towards support, rehabilitation services for, and prevention of recidivism in these children.

A transdisciplinary approach to working with CICL is to address the intersectionalities of the law, protection concerns, neurodevelopment and mental health and rehabilitation issues. Therefore, it is critical to address the vulnerabilities and vicissitudes of this sub-group of children i.e., to ensure a preventive-promotive approach that protects them from coming into conflict with the law in the future. It is towards this end that SAMVAD-NIMHANS has developed an integrated training curriculum for JJB Members, incorporating content to cover child and adolescent neurodevelopment, common mental health concerns and contexts, particularly in older children and adolescents, pathways to risk and vulnerability, key elements of the JJ Act, 2015, specifically as they pertain to CICL, and how best the law may be implemented in keeping with the care and protection mandate of the JJ Act, 2015.



2. Training Objectives

Objective 1:

Familiarize participants with the key provisions of the JJ Act, 2015 with a focus on:

- Chapters II, III, IV & VII of the JJ Act focusing on children in conflict with the law.
- Interpretation and implementation of the provisions of JJ Act, 2015 in ways the ensure care, protection and rehabilitation of children in conflict with the law.

Objective 2:

Obtain an in-depth and nuanced understanding of the psychosocial contexts of children in conflict with the law by:

- Identifying and analyzing pathways to vulnerability and risk.
- Understanding common mental health and psychosocial problems of children in conflict with the law, including types of interventions/ treatments that they may access, and criteria for referral services.
- Developing essential communication skills to enable work with children.

Objective 3:

Learn the use of standardized scientific proformas to help assess the needs and vulnerabilities of children in conflict with the law, so as to make decisions and pass orders:

- Aimed at treatment, behaviour transformation and rehabilitation of these children.
- With regard to Section 15 of th JJ Act, 2015 and transfer to the adult criminal justice system.
- For placements that are in the best interest of the child.

3. For Whom

This training program has been developed for Juvenile Justice Board (JJB) Members, namely the social workers, appointed by the State. As per the JJ Act, 2015 these Members (of whom at least one should be a woman), may have experience working with children, and qualifications in child psychology, psychiatry, sociology or law.

*Note: While the JJB Magistrate may also avail of this training program, SAMVAD implements a separate judicial education training program for JJB Magistrates/ Metropolitan Magistrates, through the State Judicial Academies



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 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.

4.1. Juvenile Justice (Care & Protection of Children) Act, 2015: Key Provisions for CICL

Objectives:

- To develop an understanding of the key provisions of the JJ Act from the point of view of the Juvenile Justice Board.
- To develop an understanding of key statutory responsibilities of the JJB in relation to CICL.

Content:

Through presentations, this session will engage with the following key provisions of the JJ Act:

• Classification of offences under the JJ Act, 2015: This section will briefly engage with the classification of offences under the Act. The three types of offences i.e., petty offences, serious offences and heinous offences will be introduced and the statutory differences in approaches to the different categories of offences will be discussed.

The case of *Shilpa Mittal v. State of (NCT of Delhi) & Anr* ((2020) 2 SCC 787) will be discussed to understand the manner in which these offences are to be categorized. In addition, the relevant provisions of the 2021 Amendment to the Juvenile Justice Act will also be discussed in detail.

- 1. Powers and functions of the JJB: This section will engage with the roles and responsibilities of the JJB under the Act. One of the core responsibilities of the JJB is to regularly monitor and report on the quality of services provided in CCIs within its jurisdiction. This section will briefly discuss the significance of this supervisory function of the JJB. In light of Mission Vatsalya, this section will also engage with the critical changes in juvenile justice administration, including the role of the District Magistrate as the nodal officer on all matters concerning children, at the district level, including children in conflict with the law.
- 2. Procedure for inquiry: Under the framework of the JJ Act, the system of adjudication stipulates an inquiry process distinct from the trial procedure under ordinary criminal law. This section will engage with inquiry proceedings under the Act and the differences in inquiry procedure for different types of offences.
- 3. Conditions for the grant or refusal of bail: There are certain significant departures from criminal law in regards to decisions on refusal/grant of bail under the JJ Act. This section will guide the JJB Members on decision-making in regards to bail under the JJ Act, particularly in light of key High Court decisions like the case of *Junaid v. State of U.P.* dealing with disposal of bail applications in the context of POCSO Cases.

- 4. Preliminary Assessment under Section 15 (brief introduction): It is a novel feature introduced in the JJ Act, 2015 to create a mechanism by which, under certain conditions, children in conflict with the law can be transferred to the criminal justice system. This section will briefly introduce the system of adult transfer under the JJ Act.
- 5. Orders to be passed by the JJB: After the completion of inquiry proceedings, there are certain important methods of judicial disposition/diversion enumerated in the Act. These methods of judicial disposition/diversion are oriented towards rehabilitation and restoration of the child. This section will briefly examine the different methods incorporated in the Act to adjudicate the matter in the best interest of the child.
- 6. Work in regards to Children in Need of Care and Protection (CNCP): While the JJB is primarily concerned with CICL, it also performs certain important functions in regards to CNCP. This section will deal with the statutory framework for cooperation between the Child Welfare Committees (CWCs) and the JJBs in regards to their responsibilities to CNCP.
- 7. Implementation of the NDPS Act,1987 in Juvenile Justice cases: This section will briefly explore the impact of the JJ Act on the implementation of the Narcotic Drugs and Psychotropic Substances Act, 1985, in light of the mandate for rehabilitation of CICL.

4.2. A Brief Overview of Other Essential Child-Related Laws

Objectives:

- To learn and understand key provisions of other essential childrelated laws.
- To incorporate them in their roles and responsibilities as JJB Members.
- To apply legal provisions to cases of JJBs within the overarching mandate of the JJ Act.

Content:

These sessions cover the following child-related laws with a focus on their key provisions and application to cases of vulnerable children who come in conflict with the law, so as to also develop an awareness of how to approach 'hard cases' i.e., grey areas in the law. The child-related laws covered are:

- Narcotic Drugs and Psychotropic Substances Act, 1985;
- Protection of Children from Sexual Offences Act (POCSO), 2012 and Prohibition of Child Marriage Act (PCMA), 2006;
- Laws related to Child Trafficking & The Child and Adolescent Labour (Prohibition & Regulation) Act, 1986;
- Right of Children to Free and Compulsory Education (RTE) Act, 2009 & Rights of Persons with Disabilities (RPWD) Act, 2016.

Keeping in mind the JJBs overarching mandate in the context of conducting systematic assessments, and decision-making (related to placement and rehabilitation), this session will contextualize decision-making (on interventions) across various socio-legal contexts as applicable to CICL.

4.3. Childhood, Power & Rights

Objectives:

- To sensitize participants to children and childhood experiences.
- To create awareness on issues of power hierarchies relating to children.
- To introduce them to child rights-oriented thinking.

Content:

This session sets the tone for child work, introducing themes and ideologies that underpin the content of the program. It comprises of various activities using methods of visualization and narratives to enable participants to re-connect with their childhood and reflect on their childhood experiences. It also introduces to participants the ways in which power hierarchies play out in adult-child relationships, particularly in the context of CICL, and enables further reflection on what child rights translates into practice in spaces such as the JJB and Observation Homes.

4.4. Key Issues in Adolescent Development

Objectives:

- To learn about the basics of adolescent neuro-development and how it impacts adolescent behaviour and decision-making.
- To understand adolescent emotions, behaviours and decisions in the context of normative development.

Content:

This session focuses on adolescent development as the majority of CICL tend to be adolescents. The workings of the adolescent brain is discussed in some detail, along with several examples, to explain how and why adolescents do not, as is often presumed, have the adult-like maturity. The developmental differences in decision-making by adolescents is discussed in terms of neurodevelopment and normative development during adolescence, in the domains of physical, social, speech and language, cognitive and emotional development to provide a deeper understanding of why adolescents engage in impulsive, peer-led, risk-taking behaviours as opposed to basing their decisions on greater impulse control, social judgement, future orientation and risk assessment. The session also highlights how every adolescent is therefore, vulnerable to begin with, due to his/her developmental stage, to coming into conflict with the law

4.5. Representations of Childhood

Objectives:

- To understand and reflect on difficult childhoods.
- To use a vulnerability lens for understanding 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 engage in extensive discussion 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. The selected films highlight the concerns of risks of children in need of care and protection and children in conflict with the law, suggesting that there is little difference between the two apparently dichotomous groups i.e., every child who comes in conflict with the law, was, is and continues to be in need to care and protection.

4.6. Identifying Pathways to Vulnerability and Risk

Objectives:

- To trace children's pathways to coming into conflict with the law and develop some broad frameworks of analyzing children's pathways to offence.
- To identify specific risks and vulnerabilities in children's life circumstances, that lead them to coming into conflict with the law.

Content:

Narrative and case study methods will be used to enable JJB Members to identify children's pathways to offence, namely, family factors and traumatic events, educational and child labor experiences, peer influence and mental health problems.

Countering the perspective that 'some children are born criminals' and explaining instead how children's specific vulnerabilities place them at risk of problem behaviours is critical to JJB's enablement to CICL; thereafter to pass orders for them to access the requisite mental health and rehabilitation assistance and support for behaviour transformation. As it focuses on the 'circumstances of the offence', this session also forms the basis for understanding how to respond to the preliminary assessment for juvenile transfer as mandated in Section 15 of the JJ Act, 2015.



4.7. Understanding Context & Inner Voice: The Basis of Emotional & Behaviour Concerns in CICL

Objectives:

- To identify and analyze the psychosocial contexts of children's problems.
- To understand how children perceive and internalize their experiences i.e., their inner voices, 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 understanding 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's 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, resultant emotions, and how they lead to the behaviours that we see.

This understanding is important to JJB Members as such contextual knowledge including children's internalizations that explain the 'why' of the behaviour are essential for making decisions on the type of intervention that a given child requires; furthermore, it feeds into the 'circumstances of the offence' requirement of preliminary assessments under Section 15 of the JJ Act, 2015.

4.8. Essential Communication Techniques with CICL

Objective:

• To develop communication skills for interviewing CICL, so as to obtain accurate assessments and information relevant to understand the child's problem.

Content:

A series of 4 to 5 sessions focusing on essential communication skills for use in interviewing children and adolescents. Role plays and case studies will be used to practice the skills listed below:

• Skill 1: Getting to Know the Child

Rapport building it is the first stage towards building a relationship with children. It involves introducing yourself; preliminary establishment of context; getting to know the child.

• Skill 2: Listening

This involves paying attention to a client's verbal and nonverbal 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.

4.9. Common Mental Health Issues in CICL

Objectives:

- To identify common internalizing and externalizing disorders and developmental disabilities in CICL.
- To understand the impact these mental health problems may have in placing such children at (continued) risk of coming in conflict with the law.

Content:

A series of sessions covering internalizing and externalizing disorders such as anxiety, depression, substance abuse and conduct disorder, as well as developmental disabilities such as attention deficit hyperactivity disorder (ADHD) and intellectual disabilities, helping participants identify symptoms and appropriately refer such children for mental health assistance. An understanding of these mental health disorders is important from a treatment and rehabilitation perspective.



4.10. Psychosocial & Mental Health Assessments and Interventions for CICL

Objectives:

- To learn how to administer psychosocial and mental health assessments for CICL.
- To obtain a brief overview of the types of psychosocial and mental health interventions that CICL require.

Content:

This session will introduce participants to a detailed psychosocial and mental health proforma developed for the assessment of CICL, by SAMVAD and the Dept. of Child and Adolescent Psychiatry, NIMHANS. It is based on this proforma, along with other information that the JJB may obtain through SIRs and make decisions about CICL, including rehabilitation and care plans for them. This detailed psychosocial and mental health assessment proforma also forms the basis for developing preliminary assessments under Section 15 of JJ Act. Furthermore, the session will provide an overview of the types of psychosocial and mental health interventions that CICL should be facilitated to access, for preventive-promotive and curative purposes.

4.11. Implementing Section 15: Preliminary Assessments for CICL

Objectives:

- To understand Section 15 and its underlying criminal law principles within the broader restorative framework of the JJ Act.
- To introduce participants on methodologies to implement Section 15 and preliminary assessments in ways that uphold child rights, and ensure child protection and rehabilitation, as the law mandates.

Content:

This session will situate the mandate of Section 15 within the umbrella of the restorative framework under the JJ Act. There are several important aspects in this context, ranging from the statutory responsibilities of the JJB towards CICL while deciding on adult transfers; the imperative to limit consideration of extraneous factors like severity of crime; the need to develop an understanding of brain development and developmental immaturity of CICL; and the overarching requirement of prioritizing a child-centric orientation while resolving ambiguities in the implementation of Section 15. It will introduce participants to a methodology and proforma that developed in order to conduct preliminary has NIMHANS assessments under Section 15, in ways that enable adherence to the law, but that duly consider the child rights, protection and rehabilitation mandate of the JJ Act, 2015.

4.12. Individual Care Plans for Behavior Transformation & Rehabilitation

Objectives:

- To develop an objective framework to evaluate CICL's circumstances, and the relevance of these 'circumstances' in developing rehabilitation measures to assist with SIRs.
- To understand how assessment findings are to be incorporated in rehabilitation decision-making i.e., Individual Care Plans (ICPs) & Placement decision-making and juvenile transfer related issues.

Content:

One of the challenges for 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 and family risks and circumstances, in ways that elicit information from relevant and reliable sources.

The session also equips participants to evaluate the various placement options available to individual children, namely family and institutional care settings, for the purposes of repatriation or institutional placement, as the case maybe. The session helps participants to examine prevalent misconceptions.

It will also focus on enabling participants to collate and utilize the information obtained from psychosocial assessments, SIRs and placement-related evaluations, to develop comprehensive ICPs for children focusing on rehabilitation measures such as treatment for mental health issues, vocational training & placement decisions. This plan, to address the holistic development of children, with a view to addressing their needs for rehabilitation, placement and repatriation, mental health treatment is in keeping with the mandate of the Juvenile Justice (Care and Protection) Act, 2015.



5. Training Schedules

5.1 Online Training Schedule

Theme & Content	Session
Juvenile Justice (Care & Protection) Act 2015: Key Provisions for CICL	1
A Brief Overview of Other Essential Child-Related Laws	2
Childhood, Power & Rights	3
Key Issues in Adolescent Development	4
Representations of Childhood (A)	5
Identifying Pathways to Vulnerability and Risk	6
Understanding Context & Inner Voice: The Basis of Emotional & Behaviour Concerns in CICL	7
 Essential Communication Techniques with CICL: Rapport Building Listening 	8
Recognition & Acknowledgement of Emotions	9
Acceptance & Non-Judgmental Attitude	10
Questioning and Paraphrasing	11

Theme & Content	Session
 Common Mental Health Issues in CICL: Internalizing Disorders (Anxiety, Depression) Externalizing Disorders (Conduct Disorder, Substance Abuse) Developmental Disabilities 	12
Representations of Childhood (B)	13
Psychosocial & Mental Health Assessments and Interventions for CICL	14
Implementing Section 15: Preliminary Assessments for CICL	15
 Individual Care Plans for Behavior transformation & rehabilitation Conducting SIRs Making placement decisions Other rehabilitation and reintegration measures for CICL 	16 & 17

Individual sessions are of 3 hour duration.

5.2 In-person Training Schedule

Day	Time	Theme & Content
1	9:00—10:00 am	Introduction & Learning Objectives
	10:00—1:00 pm	Juvenile Justice (Care & Protection) Act, 2015: Key Provisions for CICL (*Including Tea Break)
	1:00—2:00 pm	Lunch
	2:00—5:00 pm	A Brief Overview of Other Essential Child-Related Laws
2	9:00—11:30 pm	Childhood, Power & Rights
	11:30—1:00 pm	Key Issues in Adolescent Development
	1:00pm - 2.00pm	Lunch
	2:00—3:00 pm	Key Issues in Adolescent Development (continued)
	3:15—6:15 pm	Representations of Childhood (A) Film Screening & Discussion
3	9:00—12:30 pm	Identifying Pathways to Vulnerability and Risk
	12:30—1:30 pm	Lunch
	1:30—5:00 pm	Understanding Context & Inner Voice: The Basis of Emotional & Behaviour Concerns in CICL

Day	Time	Theme & Content
4	9:00 am—6:00pm (including tea and lunch break)	Essential Communication Techniques with CICL: Skill 1: Rapport Building Skill 2: Listening Skill 3: Recognition & Acknowledgement of Emotions
5	9:00 am to 1:00 pm	Essential Communication Techniques with CICL (continued): Skill 4: Acceptance & Non-Judgmental Attitude
	1:00—2:00 pm	Lunch
	2:00—3:30 pm	Skill 5: Questioning and Paraphrasing
	3:30—5:45 pm	Common Mental Health Issues in CICL: Internalizing Disorders (Anxiety, Depression)
6	9:00 am—1:00 pm	 Common Mental Health Issues in CICL: Externalizing Disorders (Conduct Disorder, Substance Abuse) Developmental Disabilities
	1:00—2:00 pm	Lunch
	2:00—5:15 pm	Representations on Childhood (B) Film Screening & Discussion
7	9:00 am —12:30 pm	Psychosocial & Mental Health Assessments and Interventions for CICL

Day	Time	Theme & Content
7 (contd.)	12:30—1:30 pm	Lunch
	1:30—5:30 pm	Implementing Section 15: Preliminary Assessments for CICL
8	9:00 am—1.00 pm	 Individual Care Plans for behavioural transformation & rehabilitation Conducting SIRs Making placement decisions Other rehabilitation and reintegration measures for CICL
	1:00 —2:00 pm	Lunch
	2:00 —3:00pm	Open floor, Summary & 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.



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) setup, 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 of a duration of 3 hours on pre-scheduled or pre-agreed days and times. 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.

Rules of Participation & Engagement for In-person Program

- 100% attendance is mandatory i.e. no session may 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, inperson 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).



(NIMHANS),

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