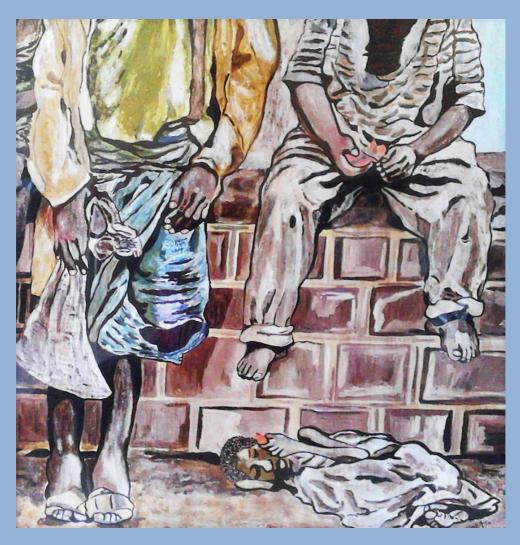




### Working with Children in Conflict with Law

Implementing Child Protection, Mental Health & Law-related Interventions in Juvenile Justice Systems

> A Training & Capacity Building Program for Child Protection Functionaries and Counsellors



#### 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

### Working with Children in Conflict with Law

### Implementing Child Protection, Mental Health & Law-related Interventions in Juvenile Justice Systems

A Training & Capacity Building Program for Child Protection Functionaries and Counsellors

#### 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 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 (JJ Act) 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 reintegration, 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 (CICL)" 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 (CNCP)" 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 exposed to drug abuse or trafficking.

However, the characteristics of CNCP are in many ways similar to those in conflict with the law. Most 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 poor socioeconomic backgrounds, dysfunctional families, and contexts of child labour. Additionally, for other reasons such as neglect and abuse, adverse peer influences and life skills deficits, these and adolescents come into conflict children with the law. Furthermore, 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, CNCP are at risk of coming into conflict with the law, and CICL continue to be in need of care and protection. Consequently, children as victims or perpetrators are both 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 the light of the above, some key premises of work with CICL are:

i. The child is and certainly should be reflective and accountable for behaviours i.e. there are and must be consequences to difficult behaviours. But the method of accountability cannot be those that are used for adults, or in adult criminal justice systems, nor can the consequences be the same. This is because adult and juvenile justice systems

2

differ in their basic objectives: the goal of the adult system is to punish; the goal of the juvenile system, on the other hand, is to rehabilitate and serve the minor's best interest.

- ii. There is an innate belief that all children, and that includes children who have allegedly committed offences and are in conflict with the law, have the potential for (behaviour) transformation. Inherent in this is that any treatment or therapeutic intervention also assumes that children and adolescents have the potential for transformation. If we did not believe this, there would be no need to try to provide intervention at all.
- iii. Whether (or not) transformation can occur, can only be determined after adolescents receive opportunities for process-oriented reflection, life skills acquisition and training, and other requisite treatment and interventions. Not providing for these are akin to child right violations, and contradictory to the care and protection objectives as envisaged by the JJ Act, 2015.

Seen in this context, the counselors of the Observation Homes and in the District Child Protection Unit (DCPU), probation officers and others directly engaged in the care and support of CICL, have an important role to play. They have the opportunity to interact individually with CICL, and effect or at least initiate processes of behaviour transformation. Furthermore, these staff/ workers are also responsible for developing childcare documentation such as psychosocial assessments and Social Investigation Report (SIR), which feed into decisions (that the subsequently makes) regarding juvenile JJB transfers. rehabilitation and reintegration. Consequently, they require the requisite knowledge and skills to be able to implement their roles and responsibilities, to ensure the successful realization of the objectives of the JJ Act, and to facilitate a more humane approach to this much discriminated vulnerable child group.

## 2. Training Objectives

#### **Objective 1:**

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 CICL, including types of interventions/ treatments that CICL may access, and criteria for referral services.

#### **Objective 2:**

Develop skills for interventions:

- Through learning essential communication skills to enable work with children.
- For providing first level responses for behaviour transformation.
- For implementing life skills education methodologies with CICL.

#### **Objective 3:**

Learn the use of standardized scientific proformas to help assess the needs and vulnerabilities of CICL, so as to form the basis of decisions regarding treatment, behaviour transformation and rehabilitation, and juvenile transfer.

#### **Objective 4:**

Orient participants with the key provisions of the Juvenile Justice Act 2015 in order that they may apply the law to their work with CICL.

## 3. For Whom

This training program has been developed for child protection functionaries and counsellors, including child care workers and Child Care Institution (Observation Home) staff who are directly engaged in providing care and support to children in conflict with law. This training curriculum may also be used for training of mental health service providers at secondary and tertiary-level care facilities.



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 dilutes 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. Childhood, Power & Rights

#### **Objectives:**

- To sensitize participants on 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 Observation Home and JJB.

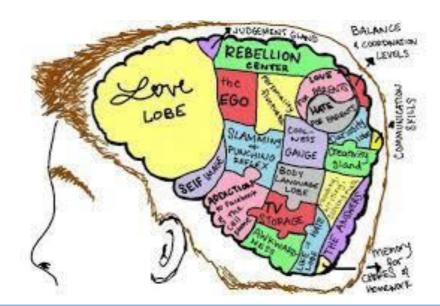
#### 4.2. Key Issues in Adolescent Development

#### **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 decisionmaking 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 an 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. This session also highlights how every adolescent is, therefore, vulnerable to begin with, due to his/her developmental stage in the context of coming in conflict with the law.



### 4.3. Representations on Childhood

#### **Objectives:**

- 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 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 the law. The selected films highlight the concerns of risks of CNCP and CICL, 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 of care and protection.

### 4.4. 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, traumatic events, educational factors, 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 for placement of 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.

# 4.5. 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 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, resultant emotions, and how they lead to behaviours that we see.

9

As such, this understanding is important to counselors. Contextual knowledge including children's internalizations that explain the 'why' of the behaviour are essential for providing (behaviour transformation) interventions 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.

#### 4.6. 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 focus 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 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. It 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.

#### 4.7. 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 cover 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, also to enable institution staff/counselor to know when to refer children to specialized mental health services.

#### 4.8. First-Level Psychosocial Responses for CICL

#### **Objectives:**

- To learn how to provide first-level responses to assist CICL with reflection and behaviour change.
- To practice using these responses with various children and problem contexts.

#### **Content:**

Based on the premise that CICL require interventions and guidance for behaviour transformation, these sessions are focussed on skilling participants in providing first-level psychosocial and mental health-related responses to CICL. They will be introduced to a systematic framework, that uses reflection and perspective-taking methods, for building insight and motivating CICL towards making behaviour changes in key contexts such as aggression, sexuality-related behaviours, substance use and stealing.

#### 4.9. Implementing Life Skills Education Methodologies

#### **Objectives:**

- Developing an understanding of the importance of life skills education in the context of CICL.
- Learning practical skills to deliver activity-based life skills to assist children with disability in areas of socioemotional 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 CICL. 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 as well as on gender, sexuality and relationships ( available @ https://nimhanschildprotect.in/adolescents-13-18-years/) are used to demonstrate life skills education engagements to participants.



#### 4.10 Juvenile Justice (Care & Protection) 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 counsellors working with CICL.
- To develop an understanding of the various contexts of application of these critical provisions, through case discussions.

#### **Content:**

Through presentations, this session will engage with the following key provisions of the JJ Act, particularly as they relate to the work of counsellors, or alternatively, as they relate to legal prerequisites that need to be kept in mind before undertaking any form of psychosocial evaluation:

- Classification of offences under the JJ Act, 2015;
- Responsibilities of the JJB (and role of counsellors in facilitating assistance);
- Child-friendly procedure for inquiry;
- Conditions for the grant or refusal of bail;
- Preliminary Assessment under Section 15 (brief introduction);
- Orders to be passed by the JJB (and implications for rehabilitation).

### 4.11. A Brief Overview of Essential Child Laws

#### **Objectives:**

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

#### **Content:**

This session will extensively orient counsellors to the objectives, key provisions and legal grey areas in child-related laws relevant to CICL (such as POCSO, NDPS etc.). As children's psychosocial issues are complex and layered, this session will enable counsellors to develop the requisite conceptual frameworks and skills in contending with legal ambiguities and role uncertainty.

#### 4.12. 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 counselors/staff may submit SIR, that the counselors may: (i) use to plan interventions for behaviour transformation and other forms of rehabilitation; (ii) submit to the JJB in order for them to make decisions regarding placement, rehabilitation and other care plans. This detailed psychosocial and mental health assessment proforma also forms the basis for developing preliminary assessments under Section 15.

#### 4.13. 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 to the need for developing an understanding of brain development and developmental immaturity of CICL. Additionally, the imperative to limit consideration of extraneous factors like severity of crime. 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 NIMHANS has developed in order to conduct preliminary assessments under Section 15, in ways that enable adherence to the law but that duly consider child rights, protection and rehabilitation mandate of the JJ Act 2015.

#### 4.14. Developing Individual Care Plans for Behaviour 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 Social Investigation Reports.
- To understand how assessment findings are to be incorporated in rehabilitation decision-making i.e., individual care plans & 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 neighbourhood, 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, institutional and non- institutional care settings, for the purposes of repatriation or institutional placement, as the case may be. 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 individual care plans for children focusing on rehabilitation measures such as treatment for mental health issues, vocational training and placement decisions. This plan, to address the holistic development of children, with a view of addressing their needs for rehabilitation, placement, repatriation, and mental health treatment is in keeping with the mandate of the Juvenile Justice (Care and Protection) Act, 2015.



# **5. Training Schedules**

### **6.1 Online Training Schedule**

### Each session is for a duration of 3 hours.

Theme and Content	Session No.
Childhood, Power & Rights	1
Key Issues in Adolescent Development	2
Representations on Childhood	3
Identifying Pathways to Vulnerability and Risk	4
Understanding Context & Inner Voice: The Basis of Emotional & Behaviour Concerns in CICL	5
<ul><li>Essential Communication Techniques with CICL:</li><li>Rapport Building</li><li>Listening</li></ul>	6
Recognition & Acknowledgement of Emotions	7
Acceptance & Non-Judgmental Attitude	8
Questioning and Paraphrasing	9

Theme and Content	Session No.
<ul> <li>Common Mental Health Issues in CICL:</li> <li>Internalizing Disorders (Anxiety, Depression)</li> <li>Externalizing Disorders (Conduct Disorder, Substance Abuse)</li> <li>Developmental Disabilities</li> </ul>	10
First-Level Psychosocial Responses for CICL	11
Implementing Life Skills Education Methodologies	12
Juvenile Justice (Care & Protection) Act, 2015: Key Provisions for CICL	13
A Brief Overview of Other Essential Child-Related Laws	14
Representations on Childhood (B)	15
Psychosocial & Mental Health Assessments and Interventions for CICL	16
Implementing Section 15: Preliminary Assessments for CICL	17
<ul> <li>Developing Individual Care Plans for Behaviour Transformation &amp; Rehabilitation:</li> <li>Conducting Social Investigation Report</li> </ul>	18
Making recommendations for placements	19
Individual Care Plans for children	20

## 6.2 In-person Training Schedule

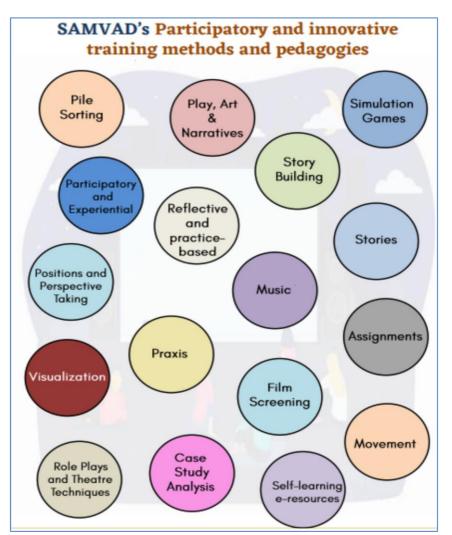
Day	Time	Theme & Content
1	9:00am –11:30 pm (including tea break)	Childhood, Power & Rights
	11:30am –1:00 pm	Key Issues in Adolescent Development
	1:00pm –2.00pm	Lunch
	2:00pm –3:00 pm	Key Issues in Adolescent Development (continued)
	3:15pm –6:15 pm	Representations on Childhood (A) Film Screening & Discussion
12:	9:00am –12:30 pm	Identifying Pathways to Vulnerability and Risk
	12:30pm –1:30 pm	Lunch
	1:30pm –5:00 pm	Understanding Context & Inner Voice: The Basis of Emotional & Behaviour Concerns in CICL
3	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

Day	Time	Theme & Content
4	9:00 am –1:00 pm	Essential Communication Techniques with CICL (continued): Skill 4: Acceptance & Non- Judgmental Attitude
	1:00pm—2:00 pm	Lunch
	2:00pm—3:30 pm	Skill 5: Questioning and Paraphrasing
	3:30pm—5:45 pm	Common Mental Health Issues in CICL: Internalizing Disorders (Anxiety, Depression)
5	9:00am—1:00 pm	<ul> <li>Common Mental Health Issues in CICL:</li> <li>Externalizing Disorders (Conduct Disorder, Substance Abuse)</li> <li>Developmental Disabilities</li> </ul>
	1:00pm—2:00 pm	Lunch
	2:00pm—6:00 pm	First-level Psychosocial Responses for CICL
6	9:00am—5:30 pm (including breaks)	Implementing Life Skills Education Methodologies
7	10:00am—1:00 pm (including tea breaks)	Juvenile Justice (Care & Protection) Act, 2015: Key Provisions for CICL

Day	Time	Theme & Content
7 (contd )	1:00pm—2:00 pm	Lunch
	2:00pm—5:00 pm	A brief overview of other essential child-related laws
8	9:00am —12:00 pm	Psychosocial & Mental Health Assessments and Interventions for CICL
	12:00pm—1:00pm	Lunch
	2:00pm—5:15 pm	Representations on Childhood (B) Film Screening & Discussion
9	9:00 am12:00 pm	Implementing Section 15: Preliminary Assessments for CICL
	12:00pm—1:00 pm	Lunch
	1:00pm – 4:00 pm	<ul> <li>Developing Individual Care Plans for Behaviour transformation &amp; Rehabilitation:</li> <li>Conducting Social Investigation Reports</li> </ul>
	4:00pm – 6:00pm	Making placement decisions
10	9:00 am – 12:00 pm	• Other rehabilitation and reintegration measures for CICL
	12:00pm – 1:00pm	Lunch
	1:00 pm – 2:00 pm	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 the 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, entails no cost, inperson training programs 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 caseby-case basis).

27



# **CONTACT INFORMATION**

2<sup>nd</sup> 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
- **o** Instagram: https://www.instagram.com/nimhanschildprotect



