

Community Child & Adolescent Mental Health Service Project

**10th Quarterly Report
January to March 2017**

**Dept. of Child & Adolescent Psychiatry,
NIMHANS**

**Supported by Dept. of Women & Child
Development,
Government of Karnataka**

A. Project Objectives

With a view to addressing child and adolescent mental health service needs and gaps, the project aims to extend child and adolescent mental health service coverage, particularly to cover those who are most vulnerable. Project implementation entails a comprehensive plan to provide community-based child and adolescent mental health promotive, preventive, and curative care in urban and later in rural sites through direct service delivery and training and capacity building of child care workers from community-based governmental and non-governmental agencies/institutions and professionals, including schools, NGOs, anganwadis and health workers. The specific objectives of the project include:

- i) Establishment of community-based child and adolescent services;
- ii) Training and capacity building of childcare workers and staff from various governmental and non-governmental agencies, including schools;
- iii) Draw from implementation experiences to develop a comprehensive community child and adolescent mental health service model that may be replicated elsewhere in the country.

B. Project Implementation: Activities and Progress

In all, during this quarterly period from January to March 2017, the Project reached out to **344 children**, through individual or group services and **445 child care service providers/professionals/parents** through training programs and other awareness/ orientation initiatives.

1. Mental Health Services in Schools: Remedial Education Services

During the quarterly, school mental health work continued with the remedial education initiative that the Project is in the process of piloting in government schools. More teacher workshops and demonstration of classroom-based remedial education techniques were initiated in the selected government schools.

a) Workshops for Government School Teachers

The team conducted the 3rd level workshop for teachers on learning and remediation for some of the targeted schools. 3 schools were covered in this quarterly. The workshop objectives and implementation are as described below.

Table 1(a): 3rd Level Remediation Workshop Implementation in Government Schools, January to March, 2017

Name of the school	No. of teachers reached.
1. Government High School, BaretanaAgrahara	10
2. Government High School, Begur	10
3. Government High School, Chamrajpet	08
TOTAL	28

Objective: For the teachers to analyze the best teaching-learning practices with an understanding of student behaviour in the classroom.

Process: The facilitator introduces the topic for the session. The teachers are asked to recall a few things from the previous workshops and the activities that followed it. The facilitator asks the teachers to list the problems they face in the classroom that arise due to student behaviour. As the teachers speak, the facilitator writes the mentioned problem. The list includes problems like

– students talking in class, not listening to the teacher, distracted, no concentration, not bringing books to class, not doing home-work, fighting, untidy and incomplete work, irregular attendance etc.

The session involves a lot of conversations and discussions. The facilitator then proceeds to ask the teachers to list the measures and methods they use to address the difficulties they had mentioned. The most common response to this is, 'punishment'. The facilitator then asks the teachers to take a few minutes and calculate the time they had spent that morning, in punishing students in different ways. The facilitator requests them to include all such measures, like, mild scolding, sending them out of class, being angry at them in any way, talking to them about their behaviour etc. After a rough calculation, the teachers are surprised to note that in the 1hour 30 minutes of class time they had had that morning, before the workshop, most of them had spent 20 – 30 min in responding to children displaying difficult behaviour. The facilitator then reiterates that a teacher's primary work revolves around academic teaching-learning and if thus calculated on a daily basis, it is seen that on an average a teacher uses a major portion of class time, not in any active teaching-learning work, but in 'managing' difficult behaviour.

The teachers find this to be a very useful feedback. They ask the facilitator what can be done to avoid such wastage of time. The facilitator then asks the teachers to find connections between such behaviour patterns and the discussions held during the 1st and 2nd level workshop sessions. The group then recapitulates discussions relating to factors that impact learning abilities – Learning Disorders, ADHD, and Socio-Emotional Disorders – and their impact on classroom behaviour, as discussed in the 1st level workshop. Furthermore, the facilitator now asks the teachers to relate the behaviour difficulties as mentioned by them in the current discussion to the points brought out in the 2nd level workshop, pertaining to the neurological process of learning.

The facilitator requests the teachers to keep in mind that the students come from difficult backgrounds and explains that even if they are in class they might be preoccupied with their home situations. Considering all this the teachers are asked to review the methods they use to address the difficulties they face in the classroom. The facilitator makes a list of such methods as they are mentioned by the teachers, that include advising, scolding, beating, counselling etc. A review of their practice reveals that the major consequence of the class management strategies is not reformed behaviour, as desired by the teachers, but time spent away from any academic pursuit.

The teachers then relate to how the children react in class when they hit or scold them. Even as the facilitator is explaining the learning process the teachers start applying this information to analyze their own methods. The teachers acknowledge that they have to change certain methods in the classroom. The facilitator then demonstrates a few typical classroom situations using role play methods. Some of the situations enacted are – a child coming to class without books, a child coming to class without doing home-work, a child talking in the class, a child fighting in the class etc, For each of the situations the facilitator asks for the teachers' most probable response and proceeds to enact the same. The session involves a lot of discussions about the challenges the teachers face in the class. The facilitator then proceeds to offer an alternative strategy. For each of the situations, she demonstrates through role play, how the teacher could focus on the continuity of the work being done in the classroom instead of focusing on the disruptive activities of the children. The facilitator acts out how the teacher could instruct the child to do the pending homework and continue with the class, how the teacher

could be ready to provide pen, pencil, paper, book etc, the lack of which is often used by students as an excuse not to work. It is emphasized by the facilitator here, that teachers must ensure that students realize that the focus in the classroom is always on the work being done and no matter what, the work has to go on. The teachers analyzed and discussed where the changes can be made in their class-management approaches.

The facilitator then asks the teachers to go back to the list of difficulties. She asks them what in their opinion the main reason behind those difficulties is. At the same time she asks them to consider, in general, when is it, in any situation, that a person is least distracted. The common response here is, 'when a person is actively engaged in doing something, he/she is least distracted'. The teachers are then able to correlate lack of interest and disruptive behaviour to lack of engagement in the classroom.

The discussion now moves to the strategies teachers can use to engage the children. The facilitator demonstrates the difference between the children being occupied and being engaged in the classroom. She states that the tools a teacher uses in the classroom are largely restricted to 'reading' and 'writing', both activities that students resist. Thus, when a teacher assigns work in the classroom that involves reading and writing children are disinterested and indulge in disruptive behaviour. However, it is also true that formal classroom academic activities cannot be practiced without reading and writing. The facilitator asks the teachers to recall the points brought out in the 2nd level workshop, pertaining to the neurological process of learning. The teachers could now relate to the connections between common disruptive behaviour in the classroom and neural fatigue, fear and stress of learning that either lead to or stem from lack of engagement in the classroom.

The facilitator then proceeds to reiterate the strategy of 'practical engagement' where the teacher focuses on going on with the work in the classroom, in spite of any disruptive strategy that may be adopted by the children. She then asks the teachers to recall the points from the 2nd level workshop relating to the factors that enhance learning as against those that inhibit learning, and devise classroom strategies to achieve student engagement objectives. The teachers acknowledged that since the primary tools of academic activity in the classroom are reading and writing, student engagement is a possibility only if the teachers bring in a variety of methods in the reading/writing activities in the classroom. The session closes with a brief summing up emphasizing the importance of teachers redesigning their approach from 'Class Management' to 'Class Engagement'

Observations:

- The Head Mistresses are very cooperative and enthusiastic. They made sure that all the teachers attended the session.
- The teachers were also very interested to learn. They were immediately relating to their methods of teaching and how they can rectify them.
- They requested us to come back and demonstrate different reading and writing methods that can be used in the classroom.

b) Classroom Demonstration

The project team interacts with the teachers regarding the practice of the word activities. Feedback from teachers following the practice is very positive. Some of them mention that the students already show an enhanced ability to read words and get accuracy in spelling them. A

few children who had never been keen to participate in class activities now showed a higher inclination towards class participation, especially for the word-game activity as for this activity there is no fear of being reprimanded for giving a wrong answer. A few teachers have used their own initiative and added different aspects to the basic activity as had been suggested by the project team. However, the majority of the teachers are still not motivated enough to follow the practice on a regular basis.

Next steps & Ways Forward:

The programme has reached the last stage. When schools re-open in June, after summer holidays, the project team will visit each school once a month to interact with the teachers and offer any help or support that may be required. Furthermore, on the request made by 4 school HMs, the project team member will demonstrate various methods of conducting reading sessions in the classrooms. This is to support initiatives by the teachers of these schools to help children achieve reading mastery, each according to their ability levels.

2. Services in Child Care Agencies

2.1. Interventions in Children’s Agencies for Care and Protection

The project continued its services in the Government Boys’ Home and provided individual services. A total of 33 children were provided with detailed assessments and first-level inputs, including referral to tertiary care facilities/ NIMHANS, as required. Amongst these children, 79 child mental health issues were identified, 11 (14%) of which were emotional problems or internalizing disorders and 64(81%) were behaviour problems or externalizing disorders. The majority of behaviour problems constituted substance abuse and runaway behaviour, with children running away (sometimes multiple times) from home. Most of these behavioural problems stemmed from neglect and punitive and/or emotionally rejecting parenting; children are also exposed to a great deal of aggression and violence at home, often the only method of problem-solving or conflict-resolution modeled by parents. Substance abuse was also found to be initiated and reinforced in the context of peer group interactions. As mentioned in the previous quarterly reports, children from vulnerable family contexts are at higher risk of emotional and behavioural issues (including substance abuse).

Table 2 (a): Total No. of (New) Consultations Disaggregated by Age & Sex, Children’s Institutions for Care and Protection, January – March, 2017

Age Groups	No. of Children		Total No. of Children
	Male	Female	
5 to 12 years	7	0	7
13 to 17 years	26	0	26
Total No. of Children	33	0	33

Table 2(c) shows the psychosocial contexts of institutionalized children’s emotional and behaviour problems. Some of the most common contexts these children are drawn from are families with alcohol and other substance use issues (in parents), death of parents and caregivers, single parents or abandonment by parents.

Table 2(b): Child & Adolescent Disorders Identified in Children’s Institutions in Care and Protection, January – March, 2017

Child & Adolescent Mental Health Issues		No. of Children
Emotional Problems	Dysphoria/Depression/Adjustment Disorder	9
	Self-Harm	2
Sub-Total		11
Behaviour Problems	Attention Deficit Hyperactivity Disorders	11
	Conduct Disorder	8
	Substance abuse	14
	Behavioural addiction (video game)	1
	Runaway Behaviour	30
Sub-Total		64
Learning Issues	Specific Learning Disability	1
	Other Learning Problems (incl. under-stimulation)	3
Sub-Total		4
Total		79

During the individual assessments, when available, parents were also involved in the sessions, where they were given inputs and recommendations to enable them to support the child, and to address various psychosocial issues within the family such as marital discord, domestic violence, and substance abuse issues.

Table 2 (c): Psychosocial Contexts of Emotional/ Behavioural Disorders in Children's Institutions in Care and Protection, January – March, 2017

Psychosocial Context	No. of Contexts
Physical Abuse	16
Emotional Abuse	8
Single Parents/Abandoned	21
Marital Conflict/Domestic Violence	12
Loss & Grief (Death of Parents and/or other Attachment Figures)	18
Substance abuse dependency in family	16
Parent with mental illness/ disability/ Health issues	5

Of the children assessed at the institution, 3 children were referred to the Dept. of Child & Adolescent Psychiatry, NIMHANS, for separation anxiety, physical abuse (trauma), domestic violence and video game addiction, and substance abuse, as they required further in-depth assessments in multiple areas as well as longer term in-depth psychotherapy.

In addition to individual assessment, depth therapeutic work was also done with 5 children within the Government Boys' Home to address emotional and behavioural problems; creative methods and cognitive behaviour therapy methods were used to help children cope with difficult and traumatic experiences.

b) Group Interventions.

During this quarter, the project reached 86 children through 26 group sessions held in 3 child care agencies (many of the institutions were busy with exam preparation, so they did not find it suitable for sessions to be conducted with children). Sessions in Navajeevana (J.J.R.Nagar)

continued for younger children between the ages of 8-12 years and the anger module from the socio-emotional life skills activity was completed. Sessions to address difficult behaviours in children such as anger and aggression were implemented in Makkala Jeevodaya. In Ananya Foundation, both socio-emotional development sessions for younger children and relationship and sexuality life skills sessions for adolescents were conducted during this quarterly. Table 2 (d) shows the session content for each institution and group of children (see below).

Table 2(d): Group Interventions Provided to Children's Institutions in Care and Protection, January – March, 2017

Institution	Session Content	No.	Age Group
Navajeevana J.J.R.Nagar (Emotional Development Module for younger children)	Recap and establishing Rapport with the children	16	9 -12 years
	Evaluating anger responses	14	
	What do we do when we are angry	16	
	How angry do we get?	15	
	When being angry gets in the way	16	
Total No. of Children Reached		16	
Total No. of Sessions		5	
Ananya foundation (Emotional Development Module for younger children)	Identification of feelings, acting out feelings and feelings story	35	9 -12 years
	Loss experience, When we feel sad..?	35	
	How Stanely Coped with Sadness	35	
	Remembering People, We Love	35	
	Friendship Behaviors, Forming Friendships and A Friend Whom I love	35	
	Evaluating anger. What to do when we are angry, managing anger..	35	
	Helpfulness,	35	
	Fears and worries. Courage	35	
	Bullying - Understanding and Appreciating Diversity	35	
	Why Some Children Tease Others..? How I feel When I am Teased..? How to Respond to Teasing..?	35	
	Conduct module- Getting What We Want.. The Use of Force	35	
	Permission and Consent, Other People's Belongings, Making Decisions about Taking Other's Belongings	35	
Monsters and Balloons Game	35		
Total No. of Children Reached		35	
Total No. of Sessions		13	
Ananya Foundation (Sex and Sexuality Module for adolescents)	Consent and Permission Issues	17	13-16 years
	Decision to engage in Physical intimacy	16	
	Boundaries of Comfort	16	
	Readiness for Physical Intimacy	17	
	Possessiveness	17	
Total No. of Children Reached		17	
Total No. of Sessions		5	
Makkala Jeevodaya	When do we get Angry?	18	7 - 14 years
	What do we do when we are angry	18	
	When being angry get's in the way	18	
Total No. of Children Reached		18	
Total No. of Sessions		3	
Grand Total	No. of Children Reached	86	
	No. of Sessions	26	

From the Field Worker's Diary...

Life Skills Sessions for Young Children (October to December 2016)

Institution: Navajeevana J.J.R Nagar

No of Children: 18

Age group: 9 to 13 years.

Session 1: Rapport building

Objective:

- To build on the established rapport with the children
- To help children be comfortable with each other

Method: Interaction

Process:

- The session started with recalling the previous session before the break and the children recalled that they did activities about friendship, how friends can be together and solve misunderstandings among themselves without fighting and being angry.
- The children were informed that certain ground rules in the group discussion will be established and its purpose is to respect each other's opinion and not hurt someone by ones reactions. The ground rules were:
 - When a person is speaking, others will not interrupt or talk among themselves
 - Anything discussed in the session will not be used outside to make fun/gossip about others
 - Everyone will be on time for the session
 - Fighting among each other will be avoided and communication will be given importance.
- Then the children were informed that we will get to know each other more in this session and were asked to come up with questions that they would like each other to answer. The questions were :
 - what is your favorite color?
 - what are you most scared of?
 - what do you want to be when you grow up?
 - when do you get more angry?
 - what is your favorite food?
 - what makes you happy?

The group gave their responses one by one and the facilitator reiterated their responses and sometimes asked fellow group members to paraphrase the responses

Discussion:

- The children were asked how they felt about the session and they replied that they learnt new things about their friends, like how one was scared of cockroaches, and about their favorite food, and about what makes them happy.
- The children were told that even when we live together and talk to each other, we will not know so many things about each other since we don't share at all. All of us are special with our unique qualities, talents, hobbies and dreams and it is important to notice that in each other and appreciate everyone's strengths.
- The session ended with a fun game of Chinese whispers and the facilitator told the children that we will work together in the coming weeks and reiterated the importance of ground rules in order to enjoy the sessions and also learn from them.

Session 2: Evaluating anger responses

Objective:

- To create a comfortable space for children to share experiences of anger and to understand how they respond to it.
- To create awareness of the importance of expressing emotions positively.

Methods: Narration, discussion

Materials: Story narrative

Process:

- The facilitator reminded the children that in the last session, we got to know many things about each other and also learnt that all of us get angry and upset and experience discomfort. Today, let's discuss more about it and tell a story and also find different ways to see what can be done with anger feelings
- It was informed that the facilitator will now tell a story about a boy named Nikhil.
- Story was narrated.
- Children were asked, now that Nikhil is angry, what do you think he should do? They responded that- he should demand another cake, hit Manish for dropping the cake, complain to the teacher, yell at him in front of the class.
- Next, the group was asked if Nikhil was right in getting angry for which most of them responded that it was valid for him to be angry and a few disagreed saying it is just cake, so he should not have been angry for a small thing like that. Both the responses were acknowledged.
- Now, the children were provided with different possible responses by Nikhil and asked which he should select. The responses were read out and the children unanimously chose the response where Nikhil communicated with Manish and told him that he should have asked for the cake instead of snatching it and that he would be happy to share but now he is angry with Manish.
- The consequence for other responses were discussed- while breathing exercise was considered as a desirable response, slapping Manish/tearing his books etc., were concluded to be undesirable and would further lead to bigger fights.

Observations:

- Most of the children actively participated in the Session
- They helped each other when anyone found it difficult to respond.
- They were very thoughtful and insightful during the discussion by giving answers and participating in the discussion actively.

Session 3: What do we do when we are angry

Objective: To examine various ways of how anger can be dealt with

Method: Interaction, perspective taking

Process:

- The previous session was recalled by the children, about Nikhil's story and how there can be different responses for one situation. The children with the help of the facilitator, paraphrased the responses and consequences to the responses of Nikhil's story given by the group.
- It was told that in this session, a few situations when we are angry will be discussed and about how we react in these situations. The group sat in a circle and each member gave her response one by one. The responses of the children were-
- When someone hits me

- When someone scolds me
- When they use bad words to me
- When my things are taken without my permission
- When someone uses my father/mother's name to irritate/tease me
- When my friends complain about me without any reason just to get me into trouble
- When others disturb me while I'm studying
- When my family doesn't come to visit on Sundays
- When the teacher scolds me in front of the class.
- When they were asked what is the reaction to these anger situations, their responses were-
- I will hit them back
- Throw their things away/misplace it
- Will tell everyone not to talk to her
- Will complain against them
- Will tease them to irritate
- Scold them
- Sometimes will cry to calm down
- Will talk to my mother and tell her about it.
- The children were appreciated for sharing their experiences of anger. It was agreed upon that many of these reactions were causing more distress. Hence, there were asked to think of ways that can be used every day in their life to deal with anger. The group responded with-
- Whenever they get angry, they will drink a glass of water
- Count numbers backwards to divert their mind
- Practice breathing exercise for 5 minutes to lower the anger level
- Pat their heart lightly and say all is well
- When 2 people are about to fight, we will intervene and ask them to remember the session
- Try as much to not hit each other
- Talk to the other person when in a calm mood and communicate ones feeling to them.
- Children were appreciated for their inputs and the facilitator reiterated that being angry is not wrong but it is important to notice how we respond to it and give our reactions and consciously try to change the reactions if it is hurting someone.
- The group was given a task of using their responses to identify and manage anger throughout the week and discuss it in the next session.

Observation and Analysis:

- All the children contributed and were insightful.
- Post activity, the children said they would practice all the things they learnt

Session 4: How angry do we get

Objective: to be aware of various levels of anger and how we respond in each level

Materials: Two sets of cards:

Type 1: Pictures of provocative situations (1 set for facilitator to use)

Type 2: 3 cards in varying shades of red, from light to dark (to represent degrees of anger). For children to use--All children need to be given a set of these Type 2 cards.

Process:

- In the session the alternative responses listed in the previous session were recalled. It was explained that in this session, we will learn about how our anger level is different in each situation.
- The group was told to imagine and see a hot glass of milk in front of them.

- They were asked, if someone tries to pick it up suddenly and pulls back their hand, how hot you think the glass is. The group the glass would be very hot
- If you pick it up and blow on it before drinking it, it is still hot but not very hot.
- If you pick up and drink it, then it is not hot or may be warm

So, we know that hot can mean 3 different things in the above example. Now the facilitator told that the same questions will be asked again but this time, the group has to respond with sounds. The group responded with 3 different sounds.

- Next, the children were shown 3 sets of red cards and explained that the dark red represented very hot, lighter red-medium hot and light red- less hot/warm.
- It was explained that just like the milk example our emotions also have different levels. Anger emotion might be one but degree of anger may be different. The group was told that now a set of situations will be shown to them and they have to explain what is happening in the picture and respond with which level of anger they would be in by pointing out to the card they would choose.

- They group gave a detailed response to the pictures.

(NOTE: some pictures were not clear to the children. His has been discussed to be sent for necessary changes)

Discussion:

- The children were asked what they felt about the session and they responded that it was very helpful in understanding how angry we get sometimes and we wont even know that we give reactions that might not be pleasant. It was discussed that these responses affect us and others intensely even though we sometimes fail to notice it. The children said that many times we show anger on someone else other than who we are angry with, ending up hurting the person and this should be noticed as it happens a lot among ourselves too. It was discussed that even in the home, children will try to change their responses to anger and use the alternative methods that were discussed in the previous sessions and try to notice the level of anger in each situation and give a thought of consequences before suddenly reacting to it.

Session 5: When being angry gets in the way

Method: Story telling

Materials: Story narrative

Process:

- The children were told that the facilitator will tell a story and have a discussion based on the story.
- Chitras's story was narrated to the group.
- A few questions like what did Chitra do on the way to school, what happened at school and why she was angry at everyone at school were asked. The group said that she was angry because her mother scolded her early in the morning for no reason and that's why she was in a bad mood. They said if she had thought that her mother might be angry on something that's why she behaved like that and that she did not mean it to happen, then her day would not be so bad. But because she chose to be angry and be in a bad mood she ended up hurting so many people and things throughout the day for no fault of theirs.
- When asked what Chitra should do to make things right with her friends and the group said she should first ask sorry to them, she should take biscuits for the puppy and not hurt it again, she should tell her friends that she did not mean to hurt them and that she was very angry but should have controlled it and not reacted the way she did.

Discussion:

- It was discussed with the children that many times we project out anger on different people and the children shared their experiences of when it happened to them. It was concluded that such actions

will definitely hurt the other person and so it is important to always remember to control our anger reaction towards other people and use communication as a way to express our disagreements with the concerned person and try to control fights as much as possible.

Observation:

- While discussing how we react when we are angry and may hurt other people, children remembered their own experiences and related the story to it.
- This shows that the children are thinking and processing the sessions.

Developing Friendship and Managing Difficult Behaviours (January – March 2017)

Institution: Makkala Jeevodaya

No of Children: 18

Age group: 7 to 14 years.

Session 1: When do we get Angry?

Objectives:

- Examining various situations which make us angry and how we react to them.
- How our anger affect us and others.

Process:

- All the children were greeted and asked to sit in a circle.
- The children were asked whether they remember what they had learnt in the previous session. All the children were given opportunities to respond.
- They reported that they learnt what friendship is and how is it important to keep friendship. Few of children even remembered the qualities of a good friend - helping each other, sharing, unity, co-operation, trustworthy, kind, being together and so on. They also recalled the game which was played to establish the importance of friendship and support.
- Introduction on the session: All of us have a various types of emotions/ feelings. There are feelings that make us feel good—like happiness and peace. And then there are some uncomfortable feelings such as fears, sadness and anger. Anger is a feeling that every one of us would have experienced many times in our life.
- We feel angry for many reasons, such as people not behaving properly with us, when we do not get what we want or when we feel unfairly treated. Children were asked to name one reason which makes them angry.

Children's responses:

<ul style="list-style-type: none"> - When somebody hits/pinches/scolds/shouts/scolds us. - When they snatch our things. - Irritate us without reason. - Tease us. - Call us bad names. 	<ul style="list-style-type: none"> - Use bad language about our parents and family. - When somebody complains about us. - Treat us badly without reason. - Talk badly about us with others. - Talk badly behind our back. - When our friend stops talking to us.
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- We discussed the reasons why we get angry; now let us see what do you do when you get angry? We also show our anger in very many different ways, either by shouting/scolding or with actions or with aggression. Anger affects us both physically and emotionally. Many times anger affects our relationships with others.
- Now let us make a list of our different reaction/responses to anger and then see what happened next. Everyone have to tell me one situation which made you angry in the last 2 days, what did you do, and what happened next. The objective of the activity was also explained - ' if we understand why we were angry, what caused it, what we did then we would be able to learn better ways to deal with our anger, we would not only feel calm/ relaxed and in control of the situations, we would also feel healthy.'

- All the children were given opportunities to share their experiences of anger. Few of the children shared their anger experience. The children's responses are tabulated below:

Anger Situation	What did you do?	What happened Next?
When my friend pushed me on to another boy in my class. Then the boy scolded me.	I hit my friend and shouted at her in front of everyone.	My teacher saw me hitting my friend and punished me
When we are all playing Anjali came and grabbed my doll and pushed me	I started crying, and stopped talking to Anjali.	Now me and Anjali don't talk and are not friends now.
We were walking back from school, as I had to hold hands of Vandana, but she did not hold my hands.	I was angry and complained to sister, sister scolded Vanadan.	Now Vandana holds my hand while coming back from school.
During our study time, Amrutha always irritates me by pinching, pulling my hair.	I always tell her not to do it, when she did not listen to me I hit her and pinched her. She started crying and complained to sister.	Sister scolded me and punished me. Even if it was Amrutha's mistake.
That day I was sad as Aishwarya stopped talking to me and was sitting in a corner. Then Shilpa came and started teasing me and said bad things 'you are a bad person, no one likes you'	I was angry, I shouted and hit threw the tumbler at her.	She got hurt in her head badly. Sister punished me.

- After each child shared her experience, their emotions were recognized and validated. The reasons for which they were angry were also analyzed. Then the final outcome of the anger situation was analyzed.
- There are various methods in which we could control anger and alternative methods that we could follow or use in order to ensure that our anger has not caused harm to us or others.
- 'Feeling angry is not wrong'. The important thing is what we do with our anger and how we respond. If we respond in ways that do not hurt others or us, it is alright; but if we respond in ways that hurt others or us, then it becomes difficult we get into trouble.
- So next class we will learn and discuss different methods in which we can deal with anger so that it do not cause any harm to us or others.

Observation and Analysis

- Children were very insight full and shared their anger experiences without any hesitation.
- Children were also very reflective about what they did and how it affected them and others. This shows that they do consider other people's feelings and they are empathetic.

Session 2: What to do when we are angry?

Objectives:

- Examining various ways of handling (inter-personal) conflict.
- Learning appropriate ways to express and manage anger.

Methods: Art and narrative

Materials: Illustration cards depicting different anger responses.

Process:

- All the children were greeted and were asked to sit in a circle. Children were asked to recap the previous session.

- Introduction: Last class we discussed when we get angry and what we do when we get angry. Today we will be discussing different methods in which we can deal with anger so that it do not cause any harm to us or others.
- Then children were asked to suggest a few responses which ensure neither you nor other get hurt. Children's responses were:

- Count 10 to 1.	- Go away from that place.
- Drink water.	- Just ignore them.

- Children were thanked and 'so you know a few strategies which will help you to reduce your anger.
- Reiteration about how anger is just an emotion and getting angry does not mean you're a bad person. The thing which is important is how do you react and how does it affect your life and people around you.
- Children were shown picture cards where the pictures depicted various anger responses.
- Children were asked to describe what was happening in the picture and then asked them whether they had any similar experiences.

- Tell the person you're angry.	- Washing your face, exercise.
- Ignore and walk away	- Play a game/ watch TV.
- Tell them 'stop it... I don't like it because...'	- Write it out or draw it out!
- Complain to the police/ elders.	- Tell the person 'Stop it...I don't like it because...'
- Punch a pillow or tear some newspaper	- Go to your cool down place and take deep breaths.
- Slow breathing/ counting from 10 to 1.	

- It was also suggested that they can have a cool down place in their institution. The facilitator helped the children to identify a area in the institution. The children choose a corner in their dormitory and they also suggested that they would keep 2 pillows so that if anybody get's angry they would come to this corner, punch the pillow. It was also suggested that they could keep some old news paper so that one can tear it when they are angry, a note pad for people to write or draw why they are angry.
- It was agreed that all the children would use the 'My cool down place' whenever they are angry and practice all the alternative method.
- The children were asked to maintain an anger diary so that each one would write in why/when did they get angry and what did they do when they were angry.

Observation and Analysis:

- Children were very excited about 'My cool down place' and were excited that they could use it. Creating a physical space and asking the children to use it by making few changes in the environment would help and motivate children to practice new things that they learnt rather than just suggesting it.

Session 3: When getting angry gets in the way.

Objective:

- Generating awareness of emotional regulation.
- Understanding how anger affects intra-personal relationships.

Method: Storytelling and discussion

Materials: Picture cards and narrative

Process:

- All the children were greeted and asked to sit in a circle.

- Children were asked whether they have been using 'My cool down place' and writing their Anger diary. All the children said they have been writing their diary every day after their supper. All the children were appreciated for maintaining the diary.
- Children were given opportunities to explain when have they been using "my cool down place" they were asked why they were angry? Did going to "my cool down place" help to calm them down? what did they do once they went to cool down place...?
- Few children shared their experience and almost all of them reported that they were calm. They also reported they reminded each other when they were angry which helped them to be calm and relaxed.
- Introduction to the session: during our previous sessions we have been talking about Anger, when do we get angry, what to do when we are angry to reduce our anger... what are the few alternative methods one can use when they are angry... Today I will tell you a story about a girl named Chitra and how was her day when she was angry...
- Story was narrated after which a discussion based on the following questions was done.
 - What did Chitra do on the way to school?
 - What happened at school with her two friends?
 - Why was Chitra angry with everyone at school?
 - Who was she actually angry with? And how/ where did she show her anger?
 - How did her anger affect her and the things she really wanted to do?
 - What should Chitra do to set things right with her friends? Can you help her to think of what to say to them?

Children responded to all the questions and they were insightful and reflective about how Chitra's anger was not with the dog or her friends it was because her parents were fighting... They also suggested that Chitra could have punched a pillow/ relaxed by doing breathing exercise etc...
- Conclusion: Many times when we are angry with some people, in certain situations, we tend to show the anger in other situations, with other people who have nothing to do with our anger. This will create problems and the people will feel bad and our relationship with them might get spoilt. In order to avoid it we have to practice the things which we discussed in the last class. Children were asked to repeat and they were asked to write the same on a chart paper and hang it in their "my cool down place" .

Observation and Analysis:

- The institution staff reported that she has observed lot of changes in the children's behavior, she reported that they are enthusiastic to write their anger diary, and they have also been using the corner in the dormitory 'My cool down place' quite often. They get along with each other very well now and the atmosphere of the institutions is relaxed and children are always lively and it is no longer tensed.
- It was also noticed that the children even during the sessions who were always pushing/ disturbing other have reduced and they have been very friendly with each other. Even if one of the children tease or tries to irritate another child, other children in the group remind her to be calm, and tell her to 'how would you feel if I do this to you' .

2.2. Interventions in Children's Institutions: Children in Conflict with the Law

During this quarterly, the Project continued to provide mental health services for children in conflict with the law, at the Government Observation Home (OH) in Madiwala, Bangalore. The Project team has been providing the following services in the Home:

- Individual assessment (from a mental health perspective, including conducting psychological testing for children with neuro-developmental and psychiatric problems).
- Individual counseling and therapy (including pharmacological treatment and psychotherapy) for each child with a view to effecting transformation and preventing recidivism.
- Preliminary assessment reports to the JJB magistrate (when requested) in accordance with section 14, JJ Act 2015 under, particularly for 16 to 18 year old children.
- Collaborative work with the staff/ superintendent and children to develop daily schedules and activities for children that will serve the purposes of rehabilitation (so that the Observation Home is not viewed as a mere place of detention or punishment).
- Group work sessions to enable children to acquire the requisite life skills with special focus on decision-making, social judgment and empathy (necessary for transformation)
- Training and capacity building of observation home counselors to administer the assessment proforma developed by the project team and providing reports to the JJB magistrates.

a) Preliminary Assessment Report

The JJB magistrate requested the project team to provide mental capacity assessment of all the children who 16 years old and above and are alleged to have committed a heinous crime, in accordance with the new Juvenile Justice Amendment December 2015, under section 15. Thus, upon request of the Juvenile Justice Board (JJB) Magistrate, the NIMHANS team conducts mental health assessment of specific children and to provide a brief about child mental health issues, if any. As per the JJ Act 2015, the objective of the preliminary assessment of a child, is to 'evaluate the role of the child in the alleged offence, as well as his mental condition and background'.

As per JJ Act, the preliminary assessment includes three issues namely: i) Does the child have the mental capacity to commit such offence?; ii) Did the child have the ability to understand the consequences of the offence?; iii) The circumstances in which he/she allegedly committed the offence. However, considering the importance of the preliminary assessment and the bearing it will have on an individual child's case, the report was developed after much thought and debate, with advice and guidance from legal experts, to ensure that the questions in the JJ Act were answered but in a manner that ensured that best interests of the child i.e. giving him/her a chance for transformation and rehabilitation¹. The preliminary assessment thus uses information from the detailed psychosocial and mental health assessment (that is done first) and presents that information as follows:

A. Mental & Physical Capacity to Commit Offence

The child's ability to make social decisions and judgments are compromised due to:

¹It is to be noted that the Dept. of Child & Adolescent Psychiatry is strongly in favour of child rights and given its understanding of child mental health issues, especially of children in difficult circumstances, the team was against the December 2015 amendment made to the JJ Act i.e. regarding the transfer system for 16+ year olds.

- i) **Life skills deficits** (whether the child have any deficits in emotional dysregulation/ difficulty coping with peer pressure/ assertiveness & negotiation skills /problem-solving/ conflict-resolution/ decision-making).
- ii) **Neglect / poor supervision by family/poor family role models**
- iii) **Experiences of abuse and trauma** (whether the child has experienced either physical/emotional/ sexual abuse).
- iv) **Substance abuse problems**
- v) **Intellectual disability** (does the child have any mental retardation?)
- vi) **Mental health disorder/ developmental disability** (whether the child has mental health issues or any developmental disability).
- vii) **Treatment/ interventions provided so far:** whether the child has received any treatment interventions provided so far to address the above issues.

B. Circumstances of Offence

- i) **Family history and relationships** (child's living arrangements, parental relationships, child's emotional relationship & attachment to parents, illness & alcoholism in the family, domestic violence and marital discord if any).
- ii) **School and education** (child's school attendance, Last grade attended, reasons for child not attending school- whether it is due to financial issues or lack of motivation, school refusal, corporal punishment if any).
- iii) **Work experience/ Child labour** (why the child had to work/ how child found the place of work, where he was working / hours of work and amount of remuneration received, was there any physical/emotional abuse by the employer and also regarding negative influence the child may have encountered in the workplace regarding substance abuse etc).
- iv) **Peer relationships-** (adverse peer influence in the context of substance use/ rule-breaking/inappropriate sexual behaviour/school attendance)
- v) **Experiences of trauma and abuse** (physical, sexual & emotional Abuse experiences)
- vi) **Mental health disorders and developmental disabilities:** (Mental health disorders and developmental disabilities that the child may have).

C. Child's Knowledge of Consequences of Committing the Offence :

A brief about the child's Understanding of Social/ Interpersonal and Legal Consequences of Committing Offence along with the child's insights regarding committing such an offence is provided.

D. Other Observations & Issues

Any other observation made during the assessment regarding the child's social temperament/ child's behaviour in the observation home/ level of motivation for change/ if any positive behaviour noted is also provided.

Finally, the report makes recommendations for treatment and rehabilitation interventions for the child.

The differences between the detailed mental health psychosocial assessment and the preliminary assessment submitted to the JJB are:

- The detailed mental health psychosocial assessment contains an account, i.e. the child's version; of the offence committed but the preliminary assessment report does not include any details of the offence incident.
- The preliminary assessment report focuses only on the broader psychosocial contexts and circumstances or vulnerabilities of the child (that may have led to vulnerability to committing offence).

- Any details that the child has disclosed in confidence in the mental health psychosocial assessment (especially regarding the offence) are not shared in the preliminary assessment report i.e. from a psychosocial perspective, the child's confidentiality needs to be maintained.

Both the detailed psychosocial assessment and preliminary assessment report seek to be fair in that they believe that children must be accountable and responsible for their actions—indeed the premise of psychosocial and behaviour change interventions are to acknowledge that a child's action has been problematic. Thus, the assessments/ reports do not aim to absolve children from culpability. However, in keeping with the spirit of the JJ Act and the fact that child offenders must be treated differently from adult offenders, they seek to provide an account of the circumstances in which the offence occurred so that an individual child's circumstances may be understood, in all its uniqueness and distinctiveness, and the necessary assistance provided to the child, to also prevent recidivism.

b) Interventions

i) Individual Assessment

During this quarterly, a total of 20 children were provided with detailed assessments and first-level inputs including referral to tertiary care facilities/ NIMHANS, as required. Amongst them 15 children admitted to being involved in some kind of illegal activities and the remaining were not involved in any kind of illegal activities, refer table 2(e)

Table 2 (e): No. of Children Assessed/ Provided with First Level Response January – March, 2017

No of Children Assessed	16
No. of Children Allegedly Committed Offence	2
No. of Children Allegedly NOT Committed Offence	14

*All children are male as the Madiwala OH is for boys only.

Among these 16 children, child mental health issues were identified, 15(22%) of which were emotional problems or internalizing disorders, 18 (27%) were behaviour problems or externalizing disorders and 34 (51%) life skill deficits were identified (refer table 2 (f).

Table 2(f): Child & Adolescent Disorders Identified in Children in Conflict with Law, January – March, 2017

Mental Health issues		No. of cases
Emotional Issues	Anxiety	8
	Depression	4
	Sub total	12
Behavioral issues	ADHD	3
	CD	2
	Substance abuse	9
	Sub total	14
Life skill issues	Decision-making in general	7
	Empathy Development/ Interpersonal Relationships	0
	Emotional regulation/interpersonal issues	5
	Conflict resolution	8
	Assertiveness/ peer pressure	8
	Coping with stress	5
	Decision-making with respect to sexuality and relationships	2
Sub Total	35	
Total	61	

Emotional Issues: Of the 12 cases of emotional issues, anxiety and depressive symptoms were mostly due to their admission in Observation home and being away from the family; and

also being charged with an offence (whether or not the charge is legitimate)- these issues makes it hard to cope, resulting in anxiety and depression.

Behavioural Issues: A total of 14 behavioural issues were identified, where in the majority of the cases i.e. (64%) were substance abuse. It was also observed that these children who had substance abuse issues were influenced by peer group. Hence, once they leave the OH, they are at risk to returning to their old habits (unless interventions are provided to address them). Thus, the substance abuse interventions include treatment of any child who may have intense withdrawal symptoms following severe substance abuse (usually evident only as soon as the child is admitted to the OH) as well as life skills work to equip children with decision-making/assertiveness/refusal skills in the context of peer pressure and substance use.

Table 2(g): Psychosocial Contexts of Emotional/ Behavioural Disorders in Children in Conflict with Law, January – March, 2017

Psychosocial Context		No. of Contexts
Family Context	Low socio economic status	15
	Single Parents/Abandoned	7
	Marital Conflict/Domestic Violence	0
	Substance abuse dependency in family	8
	Parental inconsistency/ permissiveness/overprotection	5
	Parent/family in conflict with the law	1
	Parent/ family members with mental illness/ disability/ Health issues	4
		40
Abuse and Trauma	Physical Abuse	11
	Emotional Abuse	1
	Loss & Grief (Death of Parents and/or other Attachment Figures)	5
		17
School Context	School dropout due to lack of motivation	7
	School dropout due to financial issues in the family	5
	Truancy	1
	Academic difficulty	3
		16
Child labour		10

Life Skills Deficits: A total of 35 cases of life skills deficits were identified among the 16 children (note: one child may have more than one life skill deficit). Life skill deficits in the following areas were identified: Decision-Making (In General); Emotional Regulation/Interpersonal Issues; Conflict Resolution; Assertiveness/ Peer Pressure; Coping with stress, decision making with respect to sexuality and relationships. Among them children with conflict resolution, decision making and assertiveness/ coping with peer pressure seen in most of the children. Even if children have no diagnosable mental health issues most of them had life skills deficits which is probably because of the children's vulnerable and difficult background.

In order to understand the pathways of children coming in conflict with the law one need to understand the psychosocial context. Table 2(g) shows the psychosocial contexts of children in conflict with the law and how some of these life events and situations have has made them vulnerable to coming into conflict with the law.

ii) Depth Therapeutic intervention:

During our work in the observation home the project team, identified few children for depth intervention based on the assessment. The children were referred to Dept. Child and Adolescent Psychiatry, NIMHANS based on the following criteria:

- Children with history of self harm/ at risk of self-harm.
- Children with severe depression who needed medication.
- Children who have experienced Trauma / Loss.
- Children with ADHD - (Attention deficit hyper active disorder)
- Substance use (and associated withdrawal symptoms)
- Children who have been involved under POCSO act.

Few depth interventions were done while the children were in the observation home and few were referred to Dept. Child and Adolescent Psychiatry, NIMHANS. Depth interventions for children with severe depression and anxiety were conducted in the Observation home, wherein the project staff conducted individual therapy sessions (2-3 times in a week) to address these issues. Children with substance abuse issues and ADHD (Attention deficit hyper active disorder) and children who needed further depth intervention/ medication were referred to Dept. Child and Adolescent Psychiatry, NIMHANS after they have been released on bail to follow up and provide necessary interventions.

This was done, as project team could provide multi-disciplinary interventions where the child would be admitted in the Dept. Child and Adolescent Psychiatry Ward and will also be referred to Dept. of De-addiction medicine, Rehabilitation centre (for vocational training) and Psychiatric social work (placement and family issues) for their expert recommendations. This was done because if the psycho-social issues and the substance abuse issues are not addressed and the child is placed back in the same vulnerable environment the chances of recidivism would be high.

The children who were admitted in the ward were provided with individual therapy and necessary psychiatric medications. Individual therapy was conducted using various methods such as life skills training (addressing - emotional dysregulation/ difficulty coping with peer pressure/ assertiveness & negotiation skills /problem-solving/ conflict-resolution/ decision-making) were used in combination with other creative and cognitive behaviour therapy methods to assist children.

After the interventions were done necessary recommendations were provided to the JJB based on the child's transformation. A follow-up of these children was also done by the project team to ensure recidivism.

iii) Group Interventions: Life Skills Training

Most of the children in the observation home have life skills deficits due their vulnerable backgrounds, dysfunctional families, and lack of supervision / parental inconsistency. To address these issues the project team selected few children to be part of life skills sessions. Ideally, life skills sessions should be conducted for all children. However, given the large numbers in the OH, there is a need to prioritize children for participation. This is done based on the following criteria: i) Children who have been in the OH for more than a month and are likely to stay for a longer time (due to the nature of the offence/case); ii) those involved in more serious or 'heinous' offences; iii) those who are reported to bully others; iv) those who volunteered to be part of the group (due to their motivation for change).

The objectives of these life skill² sessions were explained to the group at the start i.e. that these sessions were intended to prepare them to live their lives in ways that were productive and happy, without getting into trouble or by learning how to manage problems that arose. Codes of conduct (listening/ participation/ zero tolerance policy about violence) in the group were also laid out. The Project team rolls out these sessions 2- 3 times per week.

These sessions were done using various creative methods such as art, story-telling and narratives, theatre and role plays, films and video clips, board games and quizzes are used, followed by reflection, perspective-taking and discussion. During this quarterly 5 sessions were conducted with the children (see table 2 (h) below).

Table 2(h): Life Skills Sessions, January – March, 2017

Institution	Session Content	No. of Children
Observation Home (Socio-Emotional Development Module for	Formation of the group and group norms/ Establishing rapport	16
	My story and My journey	16
	Why do we get angry...?	15
	Anger management	14
	Alternative positive ways to manage anger	12
	Formation of Children's Committee (leadership skills)	38
	Formation of Children's Committee (democracy)	38
	Formation of Children's Committee (election)	38
Total No. of Children Reached		38
Total No. of Sessions		8

iv) Formation of Children's Committees

In accordance with the JJ act mandate¹, the Project initiated an election process for the formation of the children's committee. In preparation for committee formation, the following activities were implemented first:

- Discussion on the need for leadership and the essential qualities of leaders: All children were given opportunities to respond and they were asked to also give valid explanations for the same.
- Division of children into groups to form parties: A random selection was done and children were divided into 5 groups.
- Enabling each 'party' to come up with a name for themselves, a symbol, a slogan and a brief speech to describe what they would do for the OH committee if they were elected.
- Nominations from each party for various positions on the committee.

Following this, a process of secret ballot was used to complete the voting processes. During the course of this, election processes in a democracy were discussed with children, including the reasons for secret ballot. A president, vice president, representatives for entertainment & culture, sports & games, library, hygiene & personal care, and for welcoming & orientation of new residents, were selected. The roles and responsibilities of each member were discussed

² Life skills methods entail non-didactic methods wherein all participants are learners and they all participate in and contribute equally to the production of knowledge, which is a continuous dialogue.

and the committee actively engaged in organizational issues in the OH in the weeks that followed.

Later, the committee were asked to prepare a timetable by considering all other children's views and ideas. It was suggested that each day there should be certain activities such as- Physical exercise, TV time, library time, Indoor games, outdoor games, Learning , dance/music and so on. The children had prepared a fairly good timetable which was then presented to the superintendent of the observation home. However, the timetable was not implemented completely, as few of the children were not willing to participate as well as the observation home staff did not support the children to implement the same as they used to involve children in other chores in the home such as cleaning, helping in the kitchen, helping the staff in other official work.

Observation:

- The children were very enthusiastic and they actively participated in the process of election.
- The children had a sense of pride and they had a sense of belonging as they were given opportunities to decide and make choices about their own daily life in the observation home. The process of election enabled them to feel important.
- There was a change in the observation home's environment children were more responsible, they said 'this is our observation home, we will take care of it, until we are here all of us want to be happy so we will make sure no one fights'.
- The elected leaders were enthusiastic that they have the power and at the same time they were also responsible. They had all been following all their duties and responsibilities. They had themselves initiated many activities in the observation home such as every day after the tea time the president had allotted time wherein he and other leaders used to talk to other children who were upset or sad and help them to relax. Every day in the night few of the children used to be sad as they remembered their family, hence the leaders decided to play *anthakshari* before going to bed, so that everybody could go to bed in a cheerful mood.
- When the leaders were asked to make a list of their needs, each committee member based on their roles and duties prepared a list and presented it in front of all the children and obtained their views. This list was submitted to the staff of the observation home and requested them to do the needful.
- Usually when new children were admitted to the observation home, they were bullied and physically abused by other children in the home. However, after the committee was formed new children reported that no one bullies us, as the leaders won't allow it.
- There was a certain culture in the observation home which was relaxed and all the children were usually seen in a happy mood which was contrary to earlier environment which was tense and hostile.

v) The Observation Home Library

During our work with the children in the observation home, many of them requested for books to read, as they had no access to books. The OH staff were not willing to give children any books that were available in the cupboards of the home, stating that the children would 'destroy them'. Hence, the project team initiated a book drive and collected 200 old books (of varying types, but all suitable for children and adolescents, in English, Hindi and Kannada) within NIMHANS.

A library was created, by persuading the OH staff to find and place a shelf that would provide free and open access to children and ensured that these books would be available freely to all children. The children were tasked with sorting the books and preparing an inventory (done by

those who were literate), maintaining a register to note borrowing and lending of books; thus, a system was devised to run and maintain the library—and this was done completely by children.

Contrary to the staff's belief that children would 'destroy' the books, the children were exceedingly careful not only with the books but also about following the library rules and procedures. They reported that each night, nearly all of them borrowed books from the library, even those who could not read wanted to look at picture books, and those who were literate, read to those who were not.

vi) Spoken English Classes.

During our work in the observation home many children expressed their desire to be able to communicate in English. Hence, the Project arranged for a group of volunteers to teach them English. The Project special educator also provided this volunteer group with inputs on teaching English language as well as session planning and structure. As most of the children in the observation home are school dropouts and are not used to classroom environment, these sessions used interactive group activities with different methods such as role play, drawing, painting, craft, films and video clips, discussions, quiz, sports, dance, music all aimed at learning language. They used these activities to teach communicative English to the children. These sessions were conducted once every week for a 3- 4 hours/day.

Observations:

- In the first 2 weeks only around 10 children participated in the group, but later more children started to participate and involve in the activities.
- Children started to ask for more frequent sessions.
- They even said 'we feel so happy that you people are coming here and trying to teach us we enjoy a lot', 'we wait for Sundays so that we can have lots of fun'.
- After, 4-5 sessions many children started to use 20-25 English words and use it in their conversations.
- While, other activities were also effective sports and dance proved to be the most effective activities as children were more involved and active during the activities.

vii) Training and capacity building of the counselors in the observation home

During this quarterly, the Project team discussed with the JJB magistrates (and superintendent) to obtain their support to train and build capacity of the observation home counsellors to administer assessments proforma developed by the project. This was done as this is the last year of the Project and the capacity building agenda becomes critical as part of the Project's exit strategy.

A demonstration-cum-on-the-job training method was used to build the capacity of the 2 OH counselors. Initially, the OH counselor was asked to observe the Project staff while conducting an assessment with few children. At the next stage, the counselor was asked to administer the assessment proforma while the project staff was present so that the project staff could provide inputs and suggestions. At the final stage, the counselors were asked to administer the assessment proforma with all the children on their own and report to the Project staff in case of any difficulty. There has been some reluctance and hesitation on the part of the OH counselors in being trained; however, we hope to overcome this resistance with the help of the JJB and the superintendent.

Field Workers' Diary

Life skills socio-emotional development (January - March 2017)

Institution: Observation Home

No of Children: 16; Age group: 16 yrs to 18 yrs years

Session 1: Getting to Know Each Other

Objectives:

- Establishing rapport with children.
- Getting them to be comfortable with each other.
- Setting group norms.
- Creating a space for children to begin engaging in emotional expression.
- Enabling children to share their life stories and experiences.

Methods: Card Game

Materials:

'Getting to Know You' stack of cards (A set of cards comprising of questions on children's interests, abilities, talents, likes and dislikes).

Process:

- Children were asked to sit in a circle.
- Introduction- As all of you know me, and that I come to the observation home many days a week. I have been working with most of you here individually to understand why you're here, what were your difficulties, and also to assist you to ensure that you will not be back to the observation home. We have also together watched movies; have done drawing and painting and so on. Today I called you people because as most of you have been in the observation home from past several months, and have been charged with a case and you are here because of it. While you are here, we want you to consider your stay in the observation home as a learning opportunity and as a time when you could plan your future. I will spend some time with you all so that we can all work together can plan for your future.
- Facilitator informed the group- 'From today I will be conducting 2- 3 group sessions in a week with you all, so that we could learn more about each other, and then to learn few techniques and skills which will ensure that you will not be back in the Observation home again'
- It was suggested that as we are all a group now- let's name our group, and each one of you will get a chance to suggest a name and later we will all vote for one and the name which gets the maximum number of votes will be our groups name. Children were excited about it and started suggesting a few names such as :
 - I. Free Boys- We all are free from problems and free from the world ,
 - II. Cool guys- we all our always cool and happy,
 - III. Fun Boys- we all like to have fun and be happy always.
 - IV. Big Boss group - We all our bosses of ourselves
 - V. Madivala Boys - We all are from the Madivala Home
- After the voting they all choose Big Boss Group as the group name. All the children were appreciated for their suggestions.
- Children were asked to repeat the group name together few times. Later I suggested lets have few rules to enable us to enjoy better and to learn together as a group:
 - I. We all are here together and we all should respect each other.
 - II. When anyone of us are sharing anything about themselves we should listen to them and not make faces or jokes about it even after the session.
 - III. We all will help each other and trust each other.

IV. We will not share others secrets which they share in this group outside the group.

V. We will all come in time to the sessions.

- Facilitator: 'we will now play a game to get to know each other better'.
- Facilitator explained the game by placing the stack of cards at the centre of the circle and told them that each one of you will be picking a card from this stack and will have to read the instruction on it and respond accordingly.
- Each child was given one turn to pick the card and asked them to respond. After each child finished responding to the card the same questions was opened to other children who wanted to respond and it was not made compulsory for them to respond.
- Some of the children's responses to the cards are below:
 - How would you dress if you were to look really fashionable?
 - Wear jeans with white shirt, wear black shirt and jeans, wear a shervani, formal dress.
 - How would you like girls to be dressed?
 - Most of the boys were shy initially but later were excited to give their responses.
 - Your greatest wish or desire?
 - To get out the observation home'.
 - To be able to go back home and be with the family.
 - To work and have a life with no problems.
 - To be happy, buy a bike, build a home.
 - What does friendship mean to you?
 - One who helps us when we are in need
 - Who will be with us in good and bad.
 - One who is helping caring and always available to you.
 - Who accepts us how we are, who wouldn't judge us.
 - A friend is one who will never break our trust.
 - A person who shares our happiness and sorrows.
 - A person who will always help us to be a good person, correct us when we are wrong.
 - What is one quality you like in yourself?
 - I help other when they are sick.
 - I always help other who are in need.
 - I like to make jokes and make other laugh.
 - I talk to other who are sad and help them to feel better.
 - I don't like violence, when other people are fighting I stop them.
 - I share my things with others.
 - If you had a Rs. 1 lakh, what would you buy with it first?
 - I will buy a new car, bike, a house and party.
 - I want to help others who are in need.
 - I want to give it to my parents.
 - I will use some money to buy new clothes, party and rest I will use it to start a business.
- Children who wanted to share one or more thing were encouraged.
- The children were thanked and appreciated for their responses.
- All of us knew each other from so many days, all of you have been living in the same place from so many days but did you know what everybody's answer would be? No right... So we will all be spending time just like today to understand each other much better and learn from other's experiences.

Observations and Analysis:

- Most of the children were excited and happy to be part of a group.
- They were few children who were hesitant and shy to respond in the beginning but with slight encouragement and reassurance they were able to respond.

- Few children were very comfortable and encouraged others to respond and they themselves took initiatives to share their views and thoughts.
- They wanted to continue the session even after the lunch time- this shows that children are waiting for opportunities to interact and to be part of a group where they are not judged or criticised. A more non-judgmental and unprejudiced approach will enable a facilitator to build a good therapeutic alliance with children in conflict with the law.
 - At the end they were excited to know when I will be coming next and told me that they had lots of fun.

Session 2: My Journey, My Story

Objective: To provide a platform for children to narrate their life stories.

Methods: Mapping and narrative

Materials: Picture of: i) mother holding a baby (1); ii) train (1); iii) children's institution (1); iv) train station (6 per child) (see below); chalk, coloured pens/ pencils for writing; a large space for children to move about.

Process:

- Introduction: as we all know each other's likes dislikes and we are comfortable with each other; today let's share few of our memories and life events.
- Rules of the groups such as respect, confidentiality and trust were reiterated.
- We can compare our life to a a train journey- it begins when we are born and it moves through different train stations i.e. our different life events. So today let's share our life journey from our birth till now.
- The Mother and baby card was placed in one corner of the room and explained to the children that this is where their life journey begins, and place the children's institution card at the farthest corner of the room, and explained to the children that this is where you are now'.
- It was also explained that- our lives are like a train journey—we start at a specific point and travel through many places, meeting different people, with various events happening to us during the course of the journey...as we move to our destination.
- Then using chalk railway track was drawn and connected the stations.
- Then facilitator also explained- between where we started and where we are now, we have stopped at various stations— few of them might be small ones, big ones, important ones, happy ones, sad ones. What we will do now is to tell stories about our journeys and the stations we were at one the way...starting from when we were born or whatever you remember as your earliest memory, until now.
- Later facilitator said- As we are still travelling on the train of life and may not yet know what our ultimate destination is or what we want it to be, we still our at a certain place with certain people now—like being at a station.
- Each child was asked to think of the first/oldest memory they have about their life (the starting station) and later share when was it what was their age (if they know it), what happened at the time, why they remember it/ why it was an important station for them.
- They were asked to narrate their story one by one.
- Most of the children shared their happy memories 'first day when my mother took me to the anganwadi', 'the time when I had climbed a tree and took all the mangoes from the neighbour's farm', 'the time I spent with my brother and sisters', and few of them shared their sad/difficult memories such as: 'the time when I was ill and how my family looked after me', 'my grandfather passed away, I was very close to him'. Facilitator provided acknowledgement and validation for the child's responses.
- After the first round of sharing the children were asked to share the next memory they had about their childhood. Few of the children shared their happy memories and most of them shared Death of their parent, death of their brother, running away from home, their mother's illness, the day when I was so angry with my father and was about to hurt him very badly, as he had beaten up my mother'. Some children while sharing were upset and they were asked to relax; their emotions were acknowledged and validated.

- As the children started to share more of their difficult feelings and much later stages of their life, the children were asked to next share one of their life event when they felt proud about themselves. Few children found it easy to share their experience such as 'the day when I passed my 10 the exam', 'when I had won a prize in the school for dancing', 'when I had joined a job and was cooking very good food', 'when I got my first salary'. However, other children who had no memory to share they were reassured and helped them to remember the time when they have helped other and felt good about themselves, or the day when they were appreciated in the observation home for good behaviour etc.
- Then the children were asked to share one memory/ life event when they were very angry/ upset- most of the children shared the time when they were in the police station and how they were severely beaten up and punished physically and emotionally, the time when they were punished even when they have not committed any mistakes. The children's anger towards the police and the people who punished them without reason was validated and they were reassured 'of course you would be angry, if there is injustice then everybody will be angry'.
- As the children had raised the issue about physical violence a discussion about 'how people feel when they are physically abused' was done and they were asked - whether they have ever physically abused others without any reason, many of them said yes. Then they were asked to think and take a perspective about how people feel, and they were asked to remember the time when they were physically abused.
- Later, children were asked to think about the event which caused them to come to the observation home/ the event that happened before they were taken into custody by the police. After which all the children shared their experiences.
- They were also reassured, by telling them —every one of us would have experienced a traumatic event but yet we learn to move on and cope in the hope of being happy/finding joy. And this is made possible by remembering happy memories.
- All the children were thanked for sharing their most traumatic experiences and each of the children's experiences and their emotions were acknowledged and validated.

Observation and Analysis:

- As each child needs more than 5 to 8 mins to share one memory it was difficult to conduct session as planned- i.e. each memory of the child could not be discussed. Hence, it was decided each child will be sharing 4 most important memory of their life- one happy, one sad/difficult and one proud moment of their life, the event which caused them to come to the observation home.
- It was observed that all the children were very companionate to each other and were very sensitive while others were sharing their difficult memories.
- They also helped to lighten the mood by making few jokes and telling them a funny incident.
- The children were very thoughtful and were processing issues such as physical violence, in fact one child even said that 'from now on I will remember the time when I was in police station before hitting others'. This shows that children are processing and trying to relate their experiences before taking any further decision.
- When children were sharing the experience/ event which caused them to come in conflict with the law, many of the children were insightful and even said if I had not taken that step I would have been at home and finished my college by now. This shows that many children when they are with people who are non judgmental and do not giving advice/ criticizing them, they tend to be more open about their experiences and insightful about the decision they took which were not appropriate.

Session 3: Why do we get angry...?

Objectives:

- Examining various anger situations and ways of handling (inter-personal) conflict.

Methods: Listing,

Materials: Paper and pens

Process:

- The children were asked to sit in a circle. I asked if anybody will be able to tell all of us what we did in our last sessions; all the children were given opportunities to respond. Most of the children were able to recall.
- Introduction: In the last session we talked about our various life events and our life journey. We also spoke about the time when you were very angry and upset. Today let us talk more about it. All of us have a various types of emotions. There are feelings that make us feel good—like happiness and peace. And then there are some uncomfortable feelings such as fears, sadness and anger. Anger is a feeling that most of us experience at some time or the other. We feel angry for many reasons, such as people not behaving properly with us, when we do not get what we want or when we feel unfairly treated. We also show our anger in very many different ways, either verbally or with actions or with aggression. Anger affects has physically and emotionally. It affects our relationships. If we learn better ways to deal with our anger, we would not only feel calm and in control of the situations, we would also feel healthy. In this session, we are going to examine the reasons/ situations in which we get angry, how we respond, the consequences of our anger and ways to manage our anger better.
- Then children were asked to think of one situation which made them very angry and as the children enjoy drawing they were asked to draw that situation which made them angry.
- Children who did not want to draw were given option to write or narrate the incident.
- Children's responses:
 1. I was very angry the day when my mother was beaten up by my father and I really wanted to hurt him bad, for many days I did not speak to him.
 2. When I came to know that the people who have logged a case against me have destroyed our home put all our things and caused trouble to my parents.
 3. When another child in the observation home complained falsely against me even when I had helped him and supported him when others had caused trouble.
 4. When the guards here just scold us and use foul language against our family.
 5. When someone hits me or uses foul language.
 6. When I saw him (other child in the group) hitting other smaller children I was very angry.
 7. When I came to know that my mother's friend is teaching her to consume tobacco and also drink, I was angry with my mother's friend and fought with her. After which her friends and relatives came to take revenge, when I hurt them badly with a knife.
 8. I get angry when other accuses me of things which I haven't done.
 9. When I was riding with my friend near my neighbourhood, without reason 2 boys shouted at us and tried to bully us, as we were very angry, me and my friend later went and hit them with a rod and a sharp knife.
- After each child had shared their experience of anger their emotions were recognised and validated
- Later, the children were asked to think of their experience and share what they did when it happened and what else they could have done instead/ alternative way that they could have handled that situation.
- Children's responses for the above situation:
 1. I should have sat with him tried to understand why he was angry and then may be scold him than hitting him.
 2. I am still angry that I was not able to do anything; I want them to be punished.
 3. I felt like hitting him, but I did not as he was released. When the magistrate asked me, I did not speak in my defense, I wanted to.
 4. I feel like scolding back but I am afraid.
 5. Feel like hitting them and sometimes I do hit them.
 6. I hit him back and made sure that he asked sorry.

7. I fought with that lady and slapped her, because of which her friends and relatives tried to hurt me.
 8. I sometimes fight and sometimes just keep it to myself.
 9. I should have just neglected it, or complained against them.
- During this facilitator pointed out strategies that some of the children had taken such as complaining and trying to talk and sort out the problem was appreciated.
 - So, during the next session we will be discussing more about different strategies that we could follow in order to control anger and to ensure that we do not get in to trouble. How to manage anger.

Observation and analysis:

- It was observed on the contrary of other people's notion about children in conflict with the law, that they are children with behavioural problem/ spoilt brats they do not care for others. These children do not lack empathy they do have an understanding about how other people feel. But the issue of emotional regulation and managing one's own emotions is what they lack and they need to be thought how to do it using various techniques.
- Everyone in the home or other people in the society treat these children as the 'child who went to the jail' or 'trouble maker' 'children with behavioural problem' they never consider to even check whether the child has really done something wrong or he was falsely accused and thus they treat them with no respect and criticize/ judge them based on the case they are charged with.
- Most of the situations that they shared were related to physical violence and the injustice that they have experienced. This gives us an understanding about the children's experiences of abuse and trauma, which has great implications on the children's current behavioural issues.

Session 4: Managing Anger

Objectives:

- Generating awareness of emotional regulation
- To help children develop an awareness of situations of provocation and the ways in they respond or express their anger.
- To enable children to examine the usefulness of their responses and discuss alternative ways of expressing anger and responding to conflict or problem situations.

Method: Listing, discussion.

Process:

- The children were asked to sit in a circle and were asked to do a recap about the previous session. All children were able to recall and they were able to recall most of the sessions.
- Introduction: as I had said in the last class that today we will be discussing various methods in which we could control anger and alternative methods that we could follow or use in order to ensure that our anger has not caused harm to us or others.
- Further reiteration was done to emphasise 'Feeling angry is not wrong'. The important thing is what we do with our anger and how we respond. If we respond in ways that do not hurt others or us, it is alright; but if we respond in ways that hurt others or us, then it becomes difficult we get into trouble.
- Further, 'At the same time we don't say that you should just keep quite if your angry, because it is unfair and you need to express it. If we do not get it out or we do not express then all the anger will accumulate and keep on building up... one fine day it burst out just like a balloon which has too much of air'. And also when we are angry because we have been treated badly/ unfairly then we have to be angry... we need to defend ourselves. If we don't then people start taking advantage of us. So, it is very important to manage our anger in ways that are effective and do not hurt others or us.
- Children were asked to list few techniques that they know / tried which might help to reduce anger. Together a list was created as follows:

- Tell the person 'I am angry with	- Tell the person 'Stop it...I don't
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<p>you because...'</p> <ul style="list-style-type: none"> - Complain to the police/ elders. - Ignore & Walk Away - Punch a pillow or tear some newspaper - Slow breathing/ counting from 10 to 1. - Washing your face, exercise. 	<p>like it because...'</p> <ul style="list-style-type: none"> - Go to your cool down place and take deep breaths. - Walk away, after some time when other person is calm try to talk/negotiate. - Play a game/ watch TV. - Write it out or draw it out!
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- The children wanted to further discuss situations where in they are angry and they are in great danger, for example- what if 4-5 people are armed and want to hurt us if we don't hit back or defend ourselves we will be killed'. The children's views were validated; of course when you are in danger we don't ask you to try to negotiate or to be calm which is impractical. We should then try to think of ways in which we could handle the situation in the best way where no one is hurt like- calling up the local people/ screaming for help/ calling the police etc.
- The children were also asked to think why/ how they would have come into that situation, is it because they have fought with them previously/ they are trying to hurt to take revenge, or are it a onetime situation where in they are trying to rob from you. When it is due to revenge then there is always a way in which you could avoid such a situation or to negotiate even before coming to this situation. However, sometimes you might have to defend yourself to save yourself.
- Children were thanked for their active participation and also asked to try to practice some of the techniques when they are angry net time and to share it with us in the next session.
- Later, children were given two situations and asked to prepare a small skit during the next session where they need to enact what was the initial response and what would they do differently now after learning few anger management techniques to ensure that no one will be hurt.
 - When I came to know that my mother's friend is teaching her to consume tobacco and also drink, I was angry with my mother's friend and fought with her. After which her friends and relatives came to take revenge, when I hurt them badly with a knife.
 - When I was riding with my friend near my neighbourhood, without reason 2 boys shouted at us and tried to bully us, as we were very angry, me and my friend later went and hit them with a rod and a sharp knife.

Observation and Analysis:

- The children were very thoughtful and insightful.
- When children were doing a recap -there responses showed that they were thinking and were processing the sessions. They had thought about the discussion which was done.
- Children were excited to prepare and enact a skit- the enthusiasm showed that the children are keen to spend time and participate in these life skills sessions. Using different methods such as art/ narration/ listing / discussion/ theatre techniques to develop life skills is effective with children especially adolescents.

Session 5: Alternatives positive ways to manage anger situations

Objectives

- To enable children to examine the usefulness of their responses and discuss alternative ways of expressing anger and responding to conflict or problem situations.

Method: Role play

Process:

- All the children were greeted and asked whether they have prepared for the skit. Children had prepared with one situation

- The children were excited and had even practiced to enact. Children were asked to enact the situation first and then to enact what would be the best way in which they could have reacted.

Situation: 1

Scene 1

Two boys Nikhil and Shahid riding a bike (speeding) and honking loudly. Two other boys standing nearby started verbally abusing and trying to hit them. They try to fight back but as many people gathered around they rode away.

Scene 2

Nikhil and Shahid go back home and discuss that we have to teach them a lesson. They decide to take a large metal rod and a knife to threaten them.

Scene 3

Nikhil and Shahid armed with a metal rod and a knife, go in search of the two boys who tried to hurt them. They see one of the boys and hit him and Nikhil threatened him with a knife. During this the boy is hurt badly and falls down. People from that area noticed and came to help him. Then Shahid realising that they had hurt the boy badly stayed and took him to the hospital, where as Nikhil ran away. Shahid was arrested by the police.

Alternatives for Situation 1:

Scene 1

Two boys Nikhil and Shahid riding a bike (speeding) and honking loudly. Two other boys standing nearby started verbally abusing and trying to hit them. They try to fight back but as many people gathered around they rode away.

Scene 2

Nikhil and Shahid go back home and discuss that we have to teach them a lesson. Nikhil suggest that they hit those two boys so that they would not trouble them in future. Shahid refuses and says 'they tried to hurt us, but if we hit them back then we are doing the same thing as them, let us think properly and decide what to do, let's talk to my elder brother so that he will suggest what best we could do. If we hit them and they complain then we might get caught by the police.

- The children were thanked and appreciated for their excellent depiction of the situation. The children were appreciated for their thoughtful alternative which they suggested.
- Discussions on how both the responses were different, which was better and why? Was done with the children. This was done to generate an insight among the children regarding how few decisions/actions will have greater impact/implications on interpersonal relationships, socially and legally.
- Discussions were had to reiterate that getting angry is not the problem/ wrong the way in which we respond to it might create problems.
- When we are very angry/ sad our mind will be completely occupied by it, during which we won't be able to make appropriate decision. Hence, it is always best to relax/ walk away to bring down the anger a little bit and then think when we are relaxed. An example was given to ensure that the children understand the concept well, 'when we a window glass is dirty you cannot see through it, once you have cleaned it you will be able to see similarly when we are angry or upset we won't be able to think clearly just like a dirty window, but once we are calm (the window is clean) we will be able to think better.
- The session ended by congratulating the actors and all other children applauded.

2.3. Interventions in Children's Institutions: Children under 6 years

Context and Rationale for Intervention:

Shishu Mandir and Shishu Gruha, operating from within common premises, house 51 children from 0 to 6 years of age, including 7 children with multiple disabilities. The children are mostly orphan and/or abandoned (although, in a few instances, biological parents are traceable but have placed their children for care at least temporarily). This is also the government adoption agency. Since this institution houses the youngest children, those who are the most voiceless and vulnerable, and also have critical developmental needs, it is imperative that the staff and caregivers are aware of the children's developmental needs and are suitably trained to be able to provide the children with their care needs.

It has been observed that several areas of the agency's functioning are in need of intervention as the consequences of sub-standard care is critically detrimental to the physical, intellectual and psycho-socio-emotional development of the children. To further compound the problem is the fact that the agency is under-staffed, and the staff that there is, does not have clearly demarcated responsibilities.

Objectives:

The project team prioritized the needs and areas of work, that particularly require interventions and training and capacity building:

- Nutrition requirements and feeding techniques for infants and children with disability
- Age appropriate activities to engage the neuro-typical children
- Developmental assessment of all children
- Grouping of the children aged 2 years to 6 years, to facilitate development in all the 5 domains – physical, speech, cognitive, social and emotional
- Activities specifically designed to ensure developmental enhancement of the children with disability, with emphasis on physiotherapy along with social inclusion
- Sensitizing and preparing adoptive parents to enable them to understand and cope with the complex requirements of the children transitioning from the agency to individual homes; preparing (older) children for adoption and foster care.

Ways Forward:

Towards these ends, the project team is liaising with different officials and the agency authorities to initiate infrastructural reforms, acquisition of staff (either employed or volunteers) and will design and implement various training modules for the staff. The Project team is working with the staff to appoint a teacher for the children, to begin early stimulation activities. (Developmental assessments were completed in the previous quarterly period). In this quarterly period, the Project team appointed a resource person with physiotherapy skills to work with the loco-motor development of the children in the home, especially those with disability.

Intervention to assist the physical growth and development in children

Considering the age difference and the different developmental levels of the children, the facilitator divided them into three groups in order to make it easy for intervention. The first group being 0-2 years of age with 10 infants, second group is of 8 children with disability of age 1-6 years and third group was of children with normal physical development and no intellectual deficit.

During the course, of intervention team observed that children were confined to one place from morning till evening with hardly any space for good physical, cognitive, social and emotional development. Allowing for free play for children is essential for enabling not only locomotor development but also sensory, auditory and visual stimulation as well as social and interpersonal skills.

Disabled children were lying in confined places and were taken out of the cradle only for feeding and bathing. Multiple pressure sores and skin rashes were visible on most of them. No cooing, laughing or sounds were heard from infants.

The children were divided into three groups: infants (0 to 2 years), neuro-typical children (ages 3 to 6 years) and children with disability. Various exercises and physical activities were taught to caregivers and the support staff through demonstration and on-the-job training, to promote physical and loco-motor development in the children.

(i) Infants Group:

The children were noted to be less active, lying in the cradles and crying only when they were hungry. Some of them appeared to have delayed milestones with regard to physical development. A program was planned to stimulate them by using various auditory, visual and sensory stimulation, to enable them to attain age-appropriate milestones.

Interventions and Exercises:

- Active and assisted exercises for limbs to maintain length and strength of muscles.
- Flex / bend one arm at a time towards his face put a bracelet on child's wrist which is made of jingle bells – alternate wrists.
- Grasp child's feet and move it up and down. Later it learns to move vigorously.
- Clapping the hands with singing.
- Side lying and turning educated
 - Right upper limb stretched up with left knee bent and turned slightly to facilitate turning and then prone lying. Repeat it vice versa for left.
 - Move a shiny toy / pen light slowly back and forth, both left and right for visual stimulation
 - Same as above for auditory stimulation.
- Prone lying / on stomach: For 10-15 minutes, so he / she has the opportunity to lift head and observe environment to practice head control. Repeat the auditory and visual stimulation with gradual adjustments of toys at eye level and slowly raise
- Bridging
 - Both the knees bent 45 degree with feet resting on ground and the baby is taught to lift his / her Bumps off the ground in a playful manner (example: 1 2 3 go)
 - Improves trunk balance and strength.
- Sitting: Seat child in the corner of a sofa / stuffed chair and prop with a pillow.
- Sit to stand: Made to sit on a pillow / lap / chair with the feet on ground and giving support by finger or by grasping the child's hand gently teach them to get up in a playful way.
- Grasp
 - Small objects of different textures and sizes that fits conveniently into child's hand
 - Take it out and offer him again
 - Slowly release your hand and let the child tighten / grasp.
- Standing in front of mirror for visual stimulation.
- Arrange for another child about the same age to come and play with toys alike
- Group play activities with other children
- Pull push toys that make sounds or emits light can be strapped or fixed with a handle and given in child's hand

- Made to lie, sit and stand on different textures.
- Encouraging them to smile by smiling back, cooing, blowing air gently, talking softly while bath, feeding, changing the diapers etc.

The last six points will help in Socialisation, visual and auditory stimulation as well as strengthening.

(ii) Neuro-typical children's group:

For the 33 children between 3 to 6 years, activities and exercises to enhance strength, balance, endurance and their gross motor and fine motor activities.

Interventions and Exercises:

- Jumping, Hopping, Leaping activities, standing on one leg, weight shifts
- Crossing different size of hurdles
- Jumping over the steps
- Climbing stairs up and down, climbing sideways.
- Stepping up and down
- Hurdle crossing with bending forward and picking up the objects.
- Tandem walking.
- Free hand exercises
- Co-ordination exercises
- Playing with straws, pegs and clips advised
- passing the ball activities
- Balancing the ball and walking, Hand shaking.
- Picking up the objects of different sizes.
- playing with clay
- bead and thread work
- finger printing with paints
- vegetable printing ex: ladies finger

Disability group:

A program was planned to move the children with disability out of the cradles and to follow a exercises regime to prevent bed sores, contractures and to teach them to roll, crawl, sit and stand.

Interventions and Exercises:

- Neck control exercises
- Passive range of motion exercises
- Active assisted range of motion exercises
- Stretching exercises
- Pelvic rotation and bridging
- Four-point positioning
- Kneel sitting
- Kneel standing
- Sitting
- Standing was encouraged.

These exercises were planned according to the need of individual children also. Three visits per week were made to train the institution caregivers to follow the exercise and activity schedule every day. These activities be done at least once a day for infants and neuro-typical children and twice a day for disabled children.

Challenges:

- Shortage of staff: Inadequate numbers of staff have made it difficult to build skills and capacities within the institution. Staff are often not available and the work has to be done by the Project team alone. This will not be beneficial to the institution in the long term when the Project closes operations.
- Shunting of Staff to Various Tasks: When staff are moved from one task or station to another, it is difficult to train them; the consistency and quality of work is then poor. Bonding between a child and caregiver, which is essential in a child care institution such as this, will also not take place, thus resulting in poor developmental outcomes.
- Space availability for children with disability: Disabled children have no floor mat required for teaching exercises and to enable them to learn to roll, crawl and move around freely. Placing a floor mat in their present room is difficult because other children come to sleep there and the room is filled with cradles. There is plenty of space, however, in the institution i.e. many empty rooms that the administrative staff have to be willing to organize for the use of children.

2.4. Interventions in Children's Institutions: Children with Disability

One of the key objectives of our work in the disability institutions is staff capacity building with a focus on enhancing their abilities to plan and design engagement of the children through activities that enhance child development. In order to operationalize this objective, the staffs are equipped in a structured, step-wise way, using (simple) assessment protocols, to understand the existing (dis)abilities, skill levels and learning potential of the children. This feeds into the second objective of capacity building, which is to enable adults to make informed judgments about the children's abilities as opposed to conclusions drawn from opinions and perceptions and pre-conceived notions based on parental expectations and normative idea of development. The third objective is sustainability of these skills and capacities within agencies that could create cultural and systemic changes within so that they cater more efficiently to their children. Thus, in the disability sector, the greatest emphasis is on working with adults and caregivers so that children receive appropriate assistance on a continual and long term basis versus brief interventions by external resources—which would not meet the learning needs of the children and therefore not be an ethical way to proceed.

The Project's Approach to Disability Institution Programs

- Evaluation/ Assessment activities to determine the ability levels of the children in the different developmental domains.
- Interactive sessions with institution staff to achieve an understanding of the ability levels of the children so as to be able to carry out effective assessment as against making judgments based on perceptions.
- Workshops and individual sessions with institution staff to progress to the next level of aligning the assessment information with designing engagement activities for the children as against keeping the children busy and/or engaging in activities as per existing practices.
- Workshops and individual sessions with institution staff to be able to review the efficacy of existing practices and bring about necessary modifications.
- Sessions with the children as demonstrations for the institution staff to observe and replicate.
- Sessions with the institution staff to identify systemic issues that hinder their work and brainstorm on probable solutions.

Table 2(i): No. of Children & Caregivers Reached, January to March, 2017

Institution	No. of Caregivers (agency)	No. of Children Reached
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	staff/ parents)	
Shishu Bhawan	-	-
Belaku	50 (10 staff & 40 parents)	40
Government Home for Mentally Retarded Boys	5	80
Total	55	120

The variation in our approach is based on differences in organizational structure and mandates as well as the needs and psychosocial contexts of the children. For instance, children in MR Boys' Home are destitute/ orphan/ abandoned but children in Belaku, in addition to school support, belong to families; thus, the Project works with only the staff in the former agency but extends support to parents in the latter. The MR Boys' Home suffers from paucity of staff resulting in gross negligence in very fundamental areas of hygiene and grooming.

Agency (A) ShishuBhavan (a child care institution for orphan/abandoned children with disability)

Target Group Orphan/ abandoned children with locomotor disabilities (however, children with other developmental disabilities such as speech and cognitive problems have also joined the classroom)

Objectives

- To integrate education into the existing care giving system.
- To create a space for running structured developmental & educational activities.
- To train 2 persons to run the activity space on a regular basis, by equipping them with conceptual understandings of child development & education and the skills to engage the children in daily activities.

Achievements & Impacts

The program has reached the final stage as the caregiver/ teacher is now able to continue school room and teaching activities independently. Furthermore, she now has the ability and the confidence to design activities which are meaningful for the children, to innovate and introduce changes and to effectively manage the group.

The children are more responsive and interactive as they are comfortable in the predictability of the routine and activities. Moreover, as the activities are now designed by the teacher keeping in mind the abilities, levels and interests of each child, the children show enhanced levels of interest in performing them. They have grown in confidence and the teacher reports that now there are far fewer incidents of unwillingness to participate as compared to before this programme.

Another interesting outcome of the programme is the impact it has had on the lesser abled children. Over the previous two quarters, the project team member had encouraged the teacher to allow 8 to 10 other children to be present in the classroom during the class hours. The objective of such inclusion, as was explained to the teacher, was that it would provide sensorial stimulation to the lesser abled children, thus offering them opportunities for developmental growth. This practice was followed by the teacher, as a result of which, now the classroom regularly accommodates 10 to 12 children, many of whom show enhanced abilities of responding to sensorial inputs. An interesting case in point is Joseph, who prior to the programme had very limited ability to stay on task and had the compulsive habit of flinging or throwing anything that he could grasp. Now Joseph has developed the ability to stay in the

classroom at a stretch of almost an hour and remains engaged with building blocks, picture books, slate and chalk etc, without throwing them away.

This and other such cases have been a great motivating factor for the teacher who is now willing and keen to include the children with lesser ability in the classroom. Her understanding of classroom education has now broadened to include activities that help in the developmental enhancement of the physical, social and emotional domains.

Thus the project team came to the conclusion that the programme had achieved its objectives in Shishu Bhawan and could be now given a closure. The Shishu Bhawan authorities were thus informed that the regular weekly/fortnightly visits by the project team will henceforth be discontinued. The authorities were assured of all support in case of any requirement.

Next Steps & Ways Forward: The project team member proposes to visit Shishu Bhawan once a month as a token of support and to interact with the teacher and the children.

Agency B: Belakku (a special school for children with disability)

Target Group: Children with multiple disabilities

Objectives:

- Assessment and evaluation through capacity building of teachers and parents.
- Demonstration of techniques of intervention to teachers.
- Workshops on parenting, including provision of home-based programs tailored to needs of individual children.

Activities:

Teachers have been trained in the domains of child development, which they then applied in practice whilst conducting assessments to understand the specific abilities and needs of each child. Teachers were trained to use a functions check-list to understand the level of each child, to group the child accordingly and implement interventions. Based on this training, teachers have been supported to design and execute IEPs (Individual Education Plans). The project team member supplied the teachers with a sample format for the IEP. Each teacher then designed an IEP for a child in her care using the sample format either as is or modifying it according to the needs of the child. Once prepared the IEP was executed by the teacher and the same observed by the project team member. Subsequently, a feedback session was conducted with each teacher individually to discuss the contents of the IEP, the appropriateness of the contents visa vis the needs and levels of the child and the execution quality of the IEP. This process was repeated a few times for different children until the teachers gained confidence to carry out the entire activity individually. It was also observed by the project team member that two of the teachers started taking a lot of initiative and invested personal time and energy to maximize the available resources and modify their uses to better suit the needs of the children. Thus, the teachers now have a whole new set of teaching aids like picture cards, word cards etc and they have also found multiple ways of using resources like building blocks to conduct activities to enhance the different developmental domains.

The management of the school now has a better understanding of the educational needs and requirements of children with disability and are more supportive of the teachers' initiatives. Furthermore, they have evinced sincere interest in the project team's suggestions that the school explore practical ways of incorporating vocational training for the children as part of the

regular curriculum. Since the school already has physical space and some equipment from a previous attempt at practicing vocational activities, the project team felt it would be possible to resume the vocational activities if a feasible plan could be formulated and executed. Towards that end, the project team facilitated a visit for the school management to different units practicing vocational training for the disabled, for example, one centre in NIMHANS, for them to get inputs on various possibilities and then implement the same for the school.

Work with Parents: In continuation of the workshop conducted in the previous quarter, the project team conducted another session with the parents. The first workshop had covered the following issues:

- Validation of how difficult it is to be the parents of a child with special needs (for self as well as in the social contexts of family and society);
- The criticality of parents' understanding of the child's disability/ medical condition (the jargons and repercussions of the condition)—this was specifically aligned to help parents set realistic expectations of learning outcomes for their children;
- Acceptance of the disabled child, using the grief model (stages of acceptance) to enable parents to come to terms with their own responses of denial, grief and anger; this led to further discussion on the parents' abilities and willingness to seek relevant and valid help for the child i.e. it touched on cultural practices of seeking help from alternative/ non-medical sources such as religion and astrology.
- The needs of the parents of a special child i.e. physical, social and psychological needs, to emphasize that only a healthy parent can take care of and fulfill the very demanding needs of a child with special needs.
- The importance of a strongly bonded and unified family unit, which is the fundamental requirement of a child with special needs—with discussions on practices that would ensure rest and recreation time for the primary caregiver.
- Parental anxiety on the fate of the child when they are no longer around i.e. 'what after me'—this was linked to the initial issues of understanding and accepting the child's condition to be able to plan and design interventions to ensure the child's independence and financial support (to the extent possible).

The second workshop focused on creating awareness and disseminating information on the 5 developmental domains and how parents can interact with their children that would help them to enhance and strengthen their levels and abilities in each domain. This would not only result in better bonding between parent and child, but would also help the parents to make informed decisions about how to keep the children meaningfully engaged at home. Further it would also enable the parents to have realistic expectations from the children. The points covered –

- The 5 Developmental Domains – Physical, Speech, Cognitive, Social, Emotional
- Definition and description of each domain and how different kinds of disabilities impact the growth and progress of the child in each domain
- Description of different activities that address the developmental enhancement of each domain
- Meaningful engagement of the child at home – the importance of self-help techniques, the difference between helping and supporting a child to achieve self-reliance to the extent possible and helping such as to increase dependence
- Future planning for the maintenance and management of the child with disability

Achievements & Impacts

The teachers are now able to implement and execute the IEPs to practice differentiated teaching in the classrooms. They have also been able to bring in the required variation in the content and teaching methodology that is more inclusive and thus are able to better cater to the individual needs of each child. The children show more willingness to participate in the class activities and are also displaying enhanced learning abilities.

The parent workshops have triggered a tremendous response in parents, urging them to seek accurate information from accredited sources, about their children's conditions, and to review their home-based care-giving practices.

Next Steps & Ways Forward: To continue parent workshops and individual parent support; redesign the teacher-student group dynamics such that instead of the current model where each teacher is assigned one group, a new model will be initiated wherein all teachers will get to work with all the children by rotation.

Intervention to assist the physical growth and development in children

On observation, project members found that a children with cerebral palsy were carried by the caregivers to the class rooms; a few of them were ambulant with difficulty but in wrong gait pattern. A few of them were noted to be very lethargic and not interested in any physical activity.

In order to provide inputs to the institution regarding the physical development needs, we devised an individual education plan that was shared with parents and teachers. A rapport was built with the children to be able to initiate physical development activities.

Field Worker's Diary

Belaku

Session 1:

We played cricket in the open area of school premises with few children. They enjoyed playing.

Balance exercises were taught to them and Suggestion of continuing the same till next visit was given, such as-- Jumping and hopping activities, Climbing stairs, straight and sideways.

Three children with cerebral palsy were given individual intervention and corrective measures were educated according to the need of child.

Active range of motion exercises for both upper and lower limbs.

Holding limbs against gravity for few seconds (1-10) to strengthen the muscles.

Assisted range of motion exercise to maintain the range and to avoid contractures by gradually stretching the tight muscles.

Bridging exercise to strengthen their back was educated and for the one who couldn't do it, assisted/passive bridging was demonstrated by holding the pelvis and lifting it up for the count of three by facilitator and child trying to lift and hold. A shawl or towel can also be used to help her lift the pelvis by keeping both foot flat on ground by bending the knees and hip to 45degrees.

Sit to stand was educated in such a way that their feet should be completely on ground and shouldn't come on toes. This will help in stretching the lower limb muscles if done correctly.

To change the scissoring gait, they were made to step on to the pre-marked mosaic plates with support and clear instructions were given not to cross the centre line between the plates both verbally and by therapist placing her leg from behind so that the space between the legs will be maintained.

Session 2

On next visit, we were told by teacher that one of the inmates who had played cricket in the last session and educated with balance exercises, showed no further interest after that day and continued to stay liturgic.

On speaking to him we found that he was interested to do but had his own limitations of feeding his blind aunt after returning home and normally engages in watching television in the free time and when suggested to do then, he felt that his family members may deny because of his epilepsy and even downstairs residents might get annoyed of sounds. On explanation about the need of timely medication and if followed regularly on specific time there isn't much to worry about relapse and the space where he shall do the exercises should be ventilated, free from sharp edges and spacious. After hearing all this he himself suggested that the passage next to lift can be used for exercises. learnt that Sachin had not done anything and on speaking to him, he told that he wants to but unable His own

suggestion made me feel good and showed his interest prominently. Repeatedly he was asked if he is interested in physical exercise, then team member would have a conversation with his family members. He readily agreed and that showed his interest towards being active. School staff were informed about the same and instructed to encourage and supervise.

Session 3:

Two weeks later we found the above-mentioned inmate more active and teacher were happy to say that now not much of force is required to get him out of classroom and he engages in all activities.

One CP child spoke well and told his desire of walking on roads with his parents in general conversation with him. Exercises were thoroughly demonstrated and need for the regularity was explained to teacher and the parents. They were interested in knowing about surgery and further management, which was also addressed and the need of exercises post-surgery was also explained.

As the facilitator noted few behavioural issue with Down's syndrome they were advised with few modification and further referred with regard to need and were educated with general body exercises. One of the child is k/c/o congenital heart disease and importance of slow graded exercises were told to parents and was also educated with deep breathing exercises. If any sign of gasping, blurring of vision, difficulty speaking noted, she is advised to relax down by stopping the activity and to do the breathing exercise and to follow up with cardiologist if needed. Both of them were told to maintain and follow a timetable scheduling their sleeping, bathing, eating, schooling and activities to make their routine better.

Session 4:

Parent Teacher Meeting was held and the needs and queries of every child may that be physical / behavioural/future management were answered.

The need of exercise was explained and re-educated to the parents of the children with cerebral palsy and mental retardation.

Child with neurogenic bladder is asked to see a neurologist for proper management and follow-up.

Children with speaking difficulty are asked to see a speech therapist. Added to this facilitator also demonstrated by placing child's hand on his neck to be able to feel the movements of the muscles in throat while pronouncing.

One of the children was deaf and dumb, following a dog bite when he was four months old thus referred to ENT specialist and Neurologist for further management.

The project team proposes to visit school the school in a period of June to August once every month to follow up and support any further needs of the children and the parents.

Agency C: Home for Mentally Retarded Boys (Government Home for children with Disability)

Target Group: Boys with multiple disabilities (varying levels of intellectual disability)

Context and Rationale for Intervention:

The institution is understaffed. Pertinent to this is the lack of permanent cleaning staff. Given that 15 to 20 children at least have a diagnosis of profound mental retardation that renders them completely incapable of any kind of self-help. This paucity of staff becomes even more critical as it directly impacts the personal hygiene and health needs of children. Due to their intellectual disability these boys cannot gauge their toileting needs and end up soiling their clothes and urinating/ defecating in places other than the designated toilet area. In this context, it has also been observed that many of these boys remain in a state of nakedness. As a desperate measure to manage this issue, the authorities actually practice keeping the boys in a state of nakedness i.e. they do not clothe such children to begin with as doing so would entail soiling and therefore frequent washing of clothes. Furthermore, an equally serious violation of child rights is that some of the other boys with comparatively higher mental and physical abilities are tasked with the cleaning of the more profoundly disabled boys as well as of the premises. This is a serious violation of human dignity.

It is also important to note in this context that the authorities have reported to the Project team their concerns about the boys' sexuality issues and 'extremely inappropriate' gestures of physicality and sexuality. These inherent factors actually provoke such inappropriate sexual behaviours. Younger children suffer disproportionately as not only do they have disabilities but since they are smaller and weaker, they become extremely vulnerable to sexual abuse by the older boys; incidents of sexual abuse by the older children towards younger children have been reported by staff and also come to the notice of the Project staff when certain young children have been brought to NIMHANS for treatment.

In summary, it emerges strongly that there need to be enough, willing caregivers to provide the most basic care and protection services that children with disability need. Thus, there is an urgent need for the DWCD to appoint more staff of different cadres to run the Home.

Objectives:

- Toilet training
- Sensitization of staff
- Optimisation of available human resources
- Re-grouping of the boys to facilitate development of the boys with profound retardation through sensorial input and stimulation by including them in group interactions
- Facilitating suitable vocational training for the boys with the required abilities (as revealed in the ability assessments conducted in the previous quarter)
- Training staff to design and implement activities that cater to developmental goals instead of merely keeping the boys engaged

Activities:

The project team member demonstrated the use of a bell to indicate and designate time to go to the toilet. The staff was instructed to ring the bell every 2 hours and at the same time usher all the boys to the toilet. Repeated practice of the same would ensure that the boys got an opportunity to relieve themselves in the appropriate place at regular intervals which would then

considerably reduce the incidents of the boys soiling their clothes and relieving themselves in the rooms.

The project team worked with the staff of the Home and the members of the NGO, You N I, who are engaged in the Home as teachers, to re-group the boys into 3 groups such that the boys with profound retardation also get included in the groups. Thus after the re-grouping each group had mixed ability members thus offering an opportunity to those with extremely limited abilities to be consistently exposed to the teaching learning sessions conducted by the teachers, the premise being that such consistent and regular exposure would act as sensorial inputs and provide the necessary stimulation to achieve developmental goals.

A list of about 20 boys was identified through functional assessment activities to have higher abilities. The project team coordinated with the vocational training centre at NIMHANS and enrolled 9 boys there to receive vocational training. An ayah was designated by the Home authorities to accompany the boys to the centre and escort them back to the Home. Furthermore, the project team liaised with the NGO, Association for the Mentally Challenged (AMC), which conducts various vocational training courses and is situated right opposite the Boys' Home. 12 boys were enrolled in the AMC and are in the process of receiving vocational training there. The project team is highly appreciative of the Superintendent's, Mrs Nagaratna, efforts and initiatives in rehabilitating the boys in their family homes wherever possible. As a result of her efforts, 7 boys have been reunited with their families. The respective CWCs have been informed and involved in the follow-up of the health and upkeep requirements of the boys.

Next Steps & Ways Forward:

To achieve the staff capacity building objective, the Project team will engage in a series of discussions with the staff to talk about their roles as caregivers and to assign specific areas of responsibility to each staff, define activities to engage the children to cater to enhancing their development, and group the children such that each and every child is involved and gets the benefit of a caregiver's attention on the basis of the child's disabilities, levels of functioning and needs. The latter is especially critical because it has been observed that in the present practice, many of the children with extremely low abilities get left out of most of the activity sessions.

The staff discussions will also touch on issues of staff sensitivity to children's special needs: that they should be watchful of becoming inured to the children's conditions as this would result in the risk of acceptance leading to apathy.

The project team member worked with the teachers to create a time-table and activity schedule that would cater to the particular needs of the boys. Keeping this in mind, activities like brushing teeth, bathing, combing hair and other self-care activities were slotted in the time-table to ensure implementation. Furthermore, the teachers were encouraged to come up with a list of activities that used different methodologies like role-play, use of art and craft, and physical exercises to conduct the teaching learning sessions.

Challenges:

- Maintaining cleanliness of the premises due to lack of cleaning staff
- Maintaining hygiene and grooming standards due to the boys' limited abilities and the lack of male care-givers to supervise and help with bathing, washing clothes etc.

- Management of sexual activities due to the boys' limited understanding of the same and hormonal urges natural to the age -group, inability of the staff to implement effective segregation during the night due to lack of staff to monitor the boys during the night.
- Control and management of communicable diseases like scabies, that occur from low standards of hygiene and spread through touch.
- Management of boys (28 in number) who are more than 21 years of age as their sexual and other behavioral aggressiveness is severely detrimental to the health and safety of the younger boys

Achievements and Impacts:

With the implementation of toilet training, the cleanliness and hygiene levels have improved considerably. The same holds true for the personal cleanliness and hygiene levels of the boys, since now, at least bi-weekly their personal grooming activities are conducted by the teachers. The boys are now meaningfully engaged and many of them show responses to visual and auditory stimulus, where previously there was no response whatsoever.

The boys going out for vocational training have gained confidence and now have the scope to enhance their communication and social skills, along with the vocational training. It is a great achievement that the 9 boys undergoing training in the NIMHANS centre have been approved by FAME for employment in one of their vegetable sorting and cutting units. The boys are awaiting the repair of certain equipment in the place of work, post which, they will be facilitated to join work by the project team and the Home Staff.

Next Steps & Ways Forward:

The project team will work with the Home Staff to continue and consolidate the teachings in the areas of toilet training and personal hygiene. Furthermore, subsequent to the 9 boys joining FAME for employment, a new batch of 10 boys, already identified, will be enrolled in the NIMHANS vocational Centre for vocational training. As a parallel move, the project team will work with the Home staff to initiate and operationalise a vocational class in the Home itself, so that the boys not yet deemed capable of attending such training elsewhere may have the opportunity to avail vocational training appropriate to their ability levels, in the Home itself. Efforts to rehabilitate boys in their family homes will continue.

Physical Development Interventions:

We learnt that once a week, a dance session is held, which most of them enjoy and as it entails free movements. Specific exercises were devised for a few based on postural abnormality and children were encouraged to walk.

Exercises for Physical Development

- Deep breathing exercises/ chanting 'OM'
- Active free movements
- Stretching and flexibility movements
- Balance activities
- Co-ordination activities
- Endurance exercises

3. Training and capacity building.

3.1. Training of field workers of BOSCO on Child Psychosocial Care for Children in Difficult Circumstances

BOSCO is a non-governmental Non Profitable Charitable Organization under the Society's registration Act of 1960 (No.184/86-87). They offer service to the Young at Risk like - children living on the streets, child labourers, abandoned / orphaned children, victims of drug abuse, victims of child abuse, begging children, rag pickers etc. BOSCO has 7 rehabilitation centres & 6 street presence locations. As they extensively work with children and provide socio-emotional support to children through counselling they wanted to build their counsellors and child care service providers skills. Hence, they approached the Project to help and assist them by training their counsellors and child care service providers to develop their skills.

The objectives of the BOSCO staff capacity building was to enhance the quality of child protection and psychosocial care services available to vulnerable children and to provide special interventions to children living in difficult contexts. The Project has agreed to assist BOSCO with their capacity building initiative over the coming months through separate workshops of varying durations (6-8 days of training in all).

On 22nd March, 2017, the first workshop was conducted by the project staff in BOSCO Yuvodaya for 22 of BOSCO child care service providers with the objective of understanding and practically applying child development concepts. The next level of the training is scheduled in the month of April and May 2017.

3.2. Training workshop for Karnataka ICPS Staff/ House Mothers and House Fathers

The DWCD requested the project team to conduct training and capacity building for house mothers and house fathers of government child care institutions across the state. Thus, the project organised and conducted a 3-day training workshop at NIMHANS from 30th January 2017 to 1st February 2017. This was done for 22 house mothers and house fathers (from 22 districts of the state) and 2 staff from the DWCD. The objectives of the training workshop were:

- Developing a child-centric, child-rights perspective to caring for institutionalized children.
- Learning and applying child development concepts in health, nutritional and psychosocial care.
- Developing basic communication skills to facilitate supportive care worker-child relationships.
- Discussing the role of House Mother/Father (as per JJ Mandate) and how best to implement it.

At the end of the training workshop, participants expressed that the training sessions helped them:

- To gain deep insights as to how the children think and process trauma/difficult situations.
- To understand the importance of acknowledging and validating the child's emotional state as opposed to simply providing advice.
- To understand the frame work of analyzing a child's behavior where one need to understand the psychosocial contexts, child's experience, the inner voice, emotions which will help to better understand the child's behaviour
- Learn the concept of 'inner voice', which they said they had never thought in those lines and now they understand that if they think what the child's inner voice would be then they would be better equipped to help the child.
- To develop a non-judgmental attitude towards the children with behavioral issues.

3.3. Training Workshop for School Teachers in Kolkata

Upon request from Bloomingdale International Academy, Kolkata, an inclusive school established in 2011, to train the teachers and parent volunteers of the school, the special educator and project officer of the NIMHANS project conducted a 2-day workshop on learning disability and classroom management.

The training was conducted in February 2017 for 36 teachers and 15 parent volunteers of Bloomingdale Academy and Vidyanjali School (another school that was invited to attend the workshop). The workshop included an overview of learning disability, attention deficit hyperactivity disorder, socio emotional and behavioral disorders, neurological process of learning-how classroom practices aid or impede learning, the concept of inclusion, classroom management of children, effective teaching and learning strategies and classroom engagement. Additionally, a half day parent interaction session was also conducted for 30 parents of children with disability, on issues relating to understanding their children's disabilities, early stimulation and provision of relevant opportunities of learning to their children.

3.4. Training Workshop for Disability Child Care Staff from 'You and I'

A one-day workshop was conducted by the project team at NIMHANS to sensitize the staff of the 'You and I' NGO, who work in the Government Home for Mentally Retarded Boys. This was in response to the needs that the NIMHANS project observed i.e. the staff needed to learn disability basics as they worked in this Home. Thus, the Project team, along with a resource person (Associate Professor, Dept. of Clinical Psychology, NIMHANS) implemented training sessions for 10 staff to increase their awareness and knowledge of disability, especially mental retardation, its impact on an individual's functionality and suitable management methods; definitions and descriptions of disabilities and their impact were discussed using experiential methods. This was followed by other sessions were conducted by the project team members that covered the areas of designing and planning activities, behaviour management and creating an appropriate time-table to be followed. Following this training workshop, there has been a dramatic change in the ways of work of the 'You and I' staff—they are much better skilled and empowered now to plan activities according to the abilities of the children in the home and manage the many challenging situations they encounter by way of teaching and training children with disability.

3.4. POCSO Training for Judges, Karnataka Judicial Academy

A one-day training workshop was conducted upon the invitation of the Karnataka Judicial Academy, for 80 judges; given the large number, the workshop was conducted on two days (in January and February 2017) with 30 judges participating in each workshop. Focusing on POCSO and the recording of the child's statement on sexual abuse, under section 164, the specific objectives of the workshop were: (i) Sensitization to children and childhood and experiences of abuse; (ii) Understanding child development & developmental milestones. (iii) Understanding child sexual abuse basics and how they impact the child's provision of the section 164 statement; (iv) Learning child-friendly methods and skills to elicit the magistrate's statement.

3.5. Orientation on Child Psychosocial Perspectives for Special Court and Juvenile Justice Board Judges, Karnataka

In March 2017, an orientation programme for Special Judges under POCSO Act and Principal Magistrates under Juvenile Justice Act, was jointly organised by the Karnataka State Legal Services Authority, Juvenile Justice Committee, Karnataka State Commission for Protection of Child Rights, Karnataka State Integrated Child Protection Society, UNICEF and Bachpan

Bachao Andolan. The Project ran two sessions for the judges and government personnel attending the program, including the Justice Madan Lokur, Chairperson of the Committee on Juvenile Justice, Supreme Court and Justice Hinchigeri, Chairperson of the Committee on Juvenile Justice, Karnataka High Court (ICPS staff, DWCD staff, child care NGO staff, members of Karnataka State Legal Services Authority and of the Karnataka Judicial Academy were also present):

- (i) Interventions for Psychosocial Assistance to Children in Conflict with the Law - A Practitioner's Perspective [This session's purpose was to share and discuss new assessment methodologies & intervention methods developed by the NIMHANS-DWCD project, for provision of psychosocial and mental health assistance to children in conflict with the law].
- (ii) POCSO 2012 in Action: Mind the Gap [This session's aim was to discuss how POCSO plays out in practice, with regard to its impact on child mental health, and consider amendments in its implementation].

3.6. 2nd Level Training Workshop, Andhra Pradesh

30 ICPS staff participated in a 5-day training workshop held in Vizag, Andhra Pradesh. This was the second workshop (level 2 of training). The first one, conducted in December 2016 focused on children and childhood, child development and basic counseling skills with children. The 2nd level workshop began with the review of the learning from the previous workshop—participants presented case studies using the frameworks and approaches learnt then; then, 3 days were spent learning about trauma issues, including loss, grief and death experiences in childhood and child sexual abuse, including conceptual frameworks and theories as well as and methodologies for intervention. During this workshop, the Project team shared all the materials developed for socio-emotional development and personal safety/ CSA purposes for young children—the participants under-went detailed demonstrations and practice in using these materials, so that they could begin life skills and personal safety work with children (between 7 and 12 years) in their institutions. [Adolescent issues, including life skills, will be covered in subsequent workshops].

4. Material Development

Art work and illustration for life skills activity books for children and adolescents continued and should be completed before the end of the next quarterly. As described in earlier reports, there are several picture cards, games and stories that are used in life skills training, and these require to be developed to form aids to the activities developed. An additional component on gender was added to the sexuality and relationships life skills activity book for adolescents, for which also, illustrations are under way.

As the Project has moved into the third and last year of its implementation, the team is consolidating its training and activity materials, not only by way of art and illustrations for children's activity books but also in terms of training manuals. The Project has completed the writing of the following training manuals for use with child care service providers of various types:

- ❖ Mental Health & Psychosocial Care for Children & Adolescents Training Series 1: The Building Blocks [This manual covers issues on Children & childhood, basic child development concepts, communication skills with children, assessing & interviewing children].
- ❖ Mental Health & Psychosocial Care for Children & Adolescents Training Series 4: Working with Children in Conflict with the Law [This manual covers issues on identifying and analysing pathways to offence, psychosocial assessment of children in conflict with law, interventions for conduct problems].

(Note: The Mental Health & Psychosocial Care for Children & Adolescents Training Series 2, 3, 5 and 6 are work-in-progress, providing training content and methodologies on children and trauma and abuse issues, children affected by HIV/AIDS and pre-schoolers).

- ❖ The Child as a Witness: Executing Section 164 of POCSO [This is a training manual for judicial officers, a product of the training workshops implemented at the Karnataka Judicial Academy, on child development, child sexual abuse processes and child friendly interviewing techniques for use of magistrates who need to work with children in the context of POCSO cases].

5. Coordination and Advocacy

5.1. POCSO Review

Upon invitation by the Karnataka State Commission for Protection of Child Rights, the Project has been attending meetings for the review of POCSO Act 2012. Beginning with raising operational challenges in the actual implementation of the POCSO i.e. how it plays out on the ground for the child, the team drafted a document on 'Standard Operating Procedure for Implementation of POCSO: Incorporating Child Psychosocial & Mental Health Care Aspects' as per the State Commission's request. This document details out: psychosocial and mental health assessment protocols for sexually abused children, psychosocial interventions for the child (including pharmacotherapy, first level response and for healing and long term recovery) and parent counseling, responding to dilemmas of mandatory reporting, and systemic responses for various stakeholders such as the judicial personnel, police and NGOs and other agencies liaising with the agency providing psychosocial care services. This SOP was drawn up based on the intensive child sexual abuse fieldwork that the Project has done over the last 3 years.

5.2. Shishu Mandir Children's Health and Well-Being

The Project works in Shishu Mandir, the government home for children under age 6 years (also the government adoption agency). The Project team had been attempting to work with the teachers there to enable them to provide adequate child development and early stimulation activities to the children in the home, including looking at special services and ways to care for children with disability.

The superintendent of the home made a request for training the staff (about 15 caregivers/staff) in early childhood care, especially feeding, hygiene and care issues. Knowing that a pediatrician already works with the staff and children in the home on a regular basis, the Project team planned to collaborate with her and do the training with her jointly—so that the staff receive all necessary inputs for early childhood care i.e. skills for nutritional and health care as well as psychosocial care of neonates, disabled children and other normal children.

In discussions with the pediatrician, the team learnt that there had been 4 infant deaths in the institution over November-December 2016. It is important to examine if these were preventable deaths. Health issues in children that are due to limited skills and poor care practices on the part of the staff, need urgent addressing, so that quality of care becomes a non-negotiable principle in such institutions.

Given that infant mortality issues, especially when they occur within a child care institution are exceedingly serious issues and measures need to be taken to address them. Thus, in the light of what has occurred, an emergency meeting with the Director, DWCD was held, along with other DWCD staff members-- ICPS Project Director, CARA Program Manager, DCPO (Bangalore Urban), Superintendent and pediatrician of Shishu Mandir. Administrative actions were taken by the Director, DWCD, to ensure that measures were taken for appropriate

reporting of child mortality issues, for inquiries into these deaths to be initiated and for the NIMHANS team to be able to continue development/ stimulation and care work in the institution.

6. Plan for Quarterly, May to July 2017

- Early stimulation and adoption interventions in Shishu Mandir through training and capacity building of institution staff.
- Pilot of life skills modules for visually impaired/ speech and hearing adolescents (in collaboration with agencies providing services to such children and adolescents).
- Material development, including illustrations and art work as well as development of training and activity manuals.
- Special education/ remedial education activities in government schools (when they re-open in June).
- Resumption of life skills sessions in child care institutions (when children return after holidays, in June).
- Continuation of individual psychosocial interventions in the government transit homes (as required and upon request).