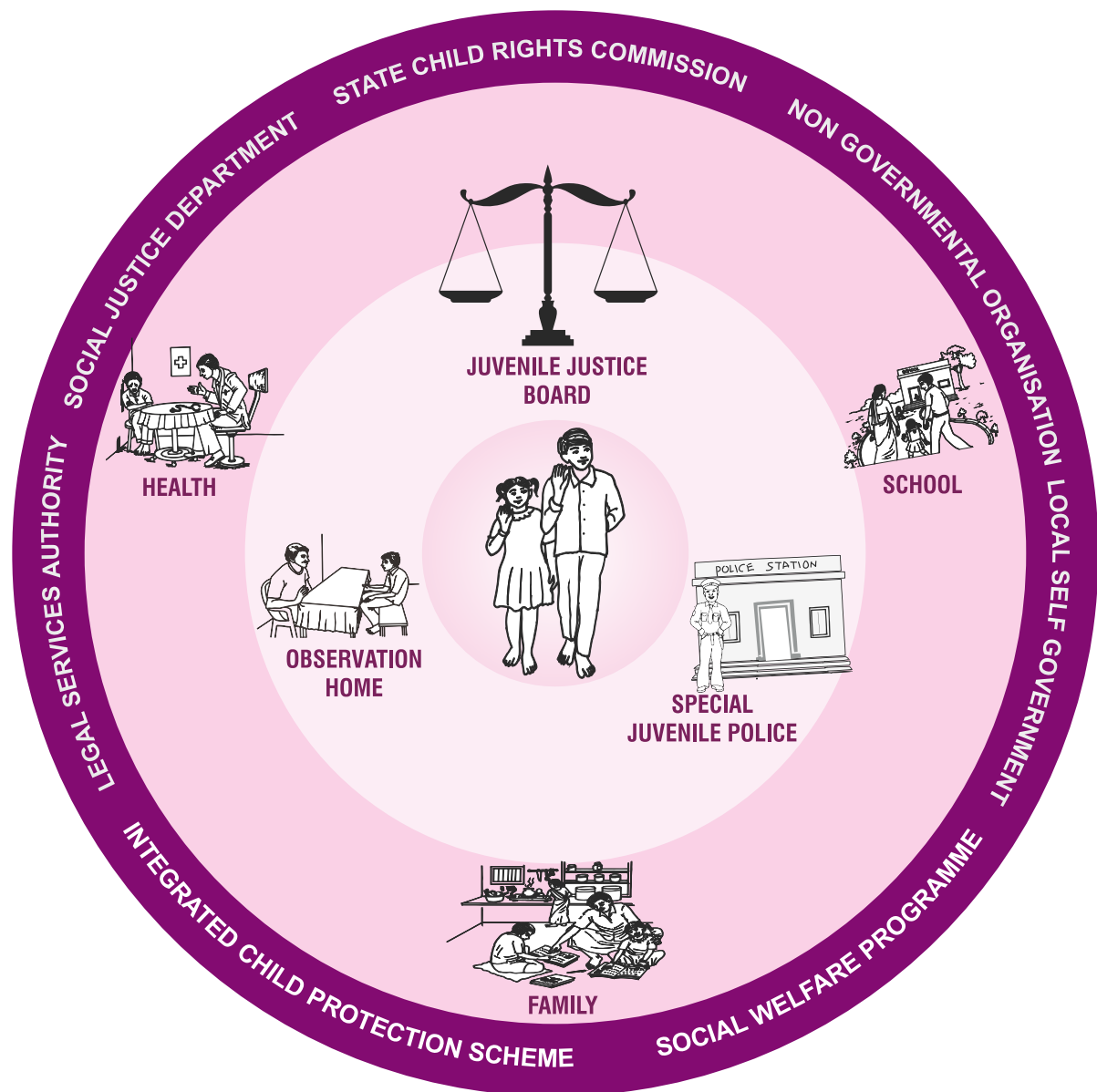


PSYCHOSOCIAL CARE FOR CHILDREN IN CONFLICT WITH LAW

KAVAL -A KERALA STATE MODEL



NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES
(INSTITUTE OF NATIONAL IMPORTANCE), BENGALURU - 560 029

CENTRE FOR PSYCHOSOCIAL SUPPORT IN DISASTER MANAGEMENT



PSYCHOSOCIAL CARE FOR CHILDREN IN CONFLICT WITH LAW KAVAL-A KERALA STATE MODEL

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“PSYCHOSOCIAL CARE FOR CHILDREN IN CONFLICT WITH LAW: KAVAL - A KERALA STATE MODEL”

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FOREWORD

Government of Kerala is committed to safeguard its children. Their protection and prevention from various vulnerabilities are very important to ensure optimum development of each of them. Each child has specific needs, and their vulnerabilities are also specific, owing to the unfulfillment of their needs and demands at the different stages of their life. These children, who are in need of care and protection, are highly vulnerable to come into conflict with law. Children in conflict with law are none other than children in need of care and protections, who need better care and attention, and hence they should be treated with utmost care to ensure that they don't fall into the potholes of life. The interventions should focus on addressing their vulnerabilities and confirming their rehabilitation and reintegration back to society. Rehabilitation and reintegration of children in conflict with law should focus on the holistic care and protection of children. Convergence with the various departments is very crucial for this. Psychosocial care program focuses on networking and converging with various government and non-government departments as well as professionals and Non-governmental organisations. Children in conflict with law irrespective of the offense they have committed should be treated with dignity and respect. Individual-level interventions, focusing on enhancing the potentials and capabilities of children are essential to building up the ability of children to cope positively with the impediments in life. Building up strength in children would also accelerate their reintegration into society.

Institutionalisation is the last option for children. Children in conflict with law have a right to bail. Their chances of following the path of unlawful activities are higher in community as most of the children are from high-risk communities. There is a need to develop community-based psychosocial rehabilitation programs for children. KAVAL is an initiative by the Department of women and child development, Kerala and NIMHANS to provide holistic care for children in the community. This novel program has shown tremendous results in making these children a productive and contributing member of the society.

I congratulate all the Principle first class magistrates of JJB across Kerala, Juvenile Justice Board members, child welfare committee, special juvenile police unit, officials of women and child development department, Integrated child protection scheme, district child protection unit in all 14 districts, NGOs and KAVAL staff for their tireless work and effort to make the program a success. I specially thank NIMHANS Dr. K. Sekar and Team for their magnificent support for developing KAVAL and implementing the program in the state.

Dr. B.N Gangadhar
(Director, NIMHANS)

PREFACE

Government is responsible for providing care and protection for children, especially children at high risk of deviating from the mainstream of society, such as Children in conflict with law. Government of Kerala, Department of Women and Child Development has initiated an innovative program to rehabilitate and reintegrate children in conflict with law in the state of Kerala through a program KAVAL which is first of its nature in the whole country. Children in conflict with law are the most vulnerable and the need of a community-based rehabilitation program is very crucial for these children to ensure a safe and secure environment that enables their bio psychosocial development. KAVAL is one such program that focuses on the biopsychosocial problems of children in conflict with law and incorporated psychosocial care into the existing system of the Juvenile justice system in the state.

NIMHANS, Centre for Psychosocial Services in Disaster Management associated with the Department of Women and Child Development, Kerala in implementing an innovative program for children in need of care and protection called KAVAL. The current book talks about the KAVAL model and the effectiveness of the program in bringing down recidivism among children in conflict with the law as well as results in terms of rehabilitation and reintegration of children. A multidisciplinary intersectoral approach was adopted in providing psychosocial care for children in conflict with law in the state.

This dream wouldn't have been possible without the support of the Government of Kerala. Greatest appreciation to the Minister for Social Justice, Smt. K.K. Shylaja teacher for judicious support to the team throughout the period. Remembering the unconditional help from the Secretary Mr. Biju Prabhakar, I.A.S in materializing the vision of establishing a state system through KAVAL. We express our gratitude to Kerala Judiciary and all the Juvenile Justice Board across the state for their stupendous support for the program. The dynamic directors who supported the team need special mentioning. The current Director Ms. T.V Anupama, I.A.S is specially thanked for the swift decisions that kept the project moving. Kerala police and the special juvenile police unit, under the leadership of ADGP, S.Sreejith, I.P.S in the state need a special mentioning for the cooperation and support. The generous help of the officials at ICPS deserves a great appreciation.

The officials at district child protection unit, The District Child Protection Officers, Legal Cum Probation Officers, and Counselors are thanked at this movement for supporting the program at the district level. The efforts of home staff, Superintendents, Caretakers, and Counselors of homes for children are greatly appreciated here for the implementation of the program at the primary level with children. The most important stakeholders in the team are the Non-Governmental Organisations working hard in the community with the child, family, and with society in any adverse situations, we thank all the 28 NGOs across the state for their support in implementing the program

Team extends heartfelt thanks to the Director, NIMHANS, Dr. G, Gururaj for his whole-hearted support and encouragement towards the smooth functioning of the program. NIMHANS team members who supported the program with inputs and sharing of knowledge towards supporting children in conflict with law in Kerala, need a special grateful mention here. The team recognizes the efforts of the faculties of the Department of Psychiatric Social Work, Dr. Priya Thomas, Dr. Bino Thomas, Dr. Jaya Kumar.C., and Dr. E.Aravind Raj. The team gratefully remember the Psychiatric Social Workers and Research Scholars namely Mr. Lithin Zacharias, Mr. Arun.S, Mr. Ragesh. G, Mr. Patrick Jude and Mrs. Tansa. K, for their support in training the stakeholders on specific issues among children. NIMHANS project back office executive Ms. Gayathri. V, needs a special mentioning here for her administrative support.

The authors

1. PSYCHOSOCIAL CARE FOR CHILDREN IN CONFLICT WITH LAW

India houses a large child population with 30.8% of its population below the age of fourteen, the census 2011 reports that 7.3% of children in Kerala are of age group 0-4 years, 7.6% belongs to 5 to 9 years, 8.4% fall in 10-14 years, and 16.3% of children belongs to the category 10-19 years. This huge child population accounts for the rich human resource that can contribute to the development of the country. A nourishing conducive environment is essential to unleash their potentials and developing as contributing citizens. In India, children are supported and protected through varied welfare programs and services. Even then children in certain epicentres are devoid of conducive environment and are vulnerable to various difficulties in life that hinder their normal growth and development. Children in such epicentres are called children in difficult circumstances.

UNESCAP (2008) defines children in difficult circumstances as *“Children in especially difficult circumstances are those children who are for shorter or longer period in their lives, exposed to intense multiple risks to their physical and mental health, a common characteristics of these children is that they lack proper adult care and protection and that they lead lives outside mainstream of society”*.

Sekar et. al (2008) identified 24 various difficulties among children in South India where children in conflict with law forms one among them. Juvenile Justice Care and Protection Act 2015 defines children in conflict with law as “A child who is alleged or found to have committed an offence and who has not completed eighteen years of age on the date of commission of such offence”. (JJ Act, 2015).

Statistics of children in conflict with law in India as per NCRB report (2013) shows that under IPC as well as SLL, the number of children in conflict with law has increased in 2013 over 2012 by 13.6% and 2.5% respectively. Outrage of modesty, insult to the modesty of women and rape are the highest incidents of crimes committed by children. The highest number of children in conflict with laws were apprehended for thefts (7,969) followed by hurt (6,043) and burglaries (3,784).

The reasons for children involving in unlawful activities can be classified in to three such as 1) Individual factors that include physical and psychological factors, 2) family atmosphere and 3) social and environmental factors

Individual: Children with poor academic performances due to intellectual deficiencies, learning difficulties or poor motivation are likely to have low educational aspirations that increase their risk of involving in unacceptable behaviours.

The physical factors of the child such as poor health, physical characteristic, and deficits in the physical characteristics such as being differently abled, developmental disorders, malnourishment, and substance use can influence child's behaviour. The psychological factors that affect child's behaviour and that lead to unacceptable behaviours include conduct and emotional problems, poor or mild cognitive development. These factors lead to poor self-esteem among children resulting in poor adjustment that is manifested in the form of behavioural and conduct disorders.

Family atmosphere: Family factors will have direct impact on the child's behaviour. Poverty is one of the factors that force the child to enter the adult world at an early age. Children who experience difficulties in family such as lack of parental care and affection, lack of confidence and poor communication in the family, poor disciplining of children, inconsistency in parenting, authoritative, nagging and frightening parents as well as sibling rivalry are at higher risk of moving towards behaviours that are not accepted in the community. Children, whose parents reported with antisocial personality disorders, substance abuse, anxiety and depression are at higher risk of moving towards dangerous acts. Other family factors such as ill health in the family or in the child, overcrowding in the family etc., makes the child feel unprotected. Child entering early sexual relationship through child sexual abuse also makes the child vulnerable and helpless. Children in single parent families face emotional difficulties as well as poor socialization due to lack of quality time the single parent can spend with the child. These poor family factors are likely to give child a poor example, indiscipline and lack of affection which ultimately will lead to poor personal and moral development.

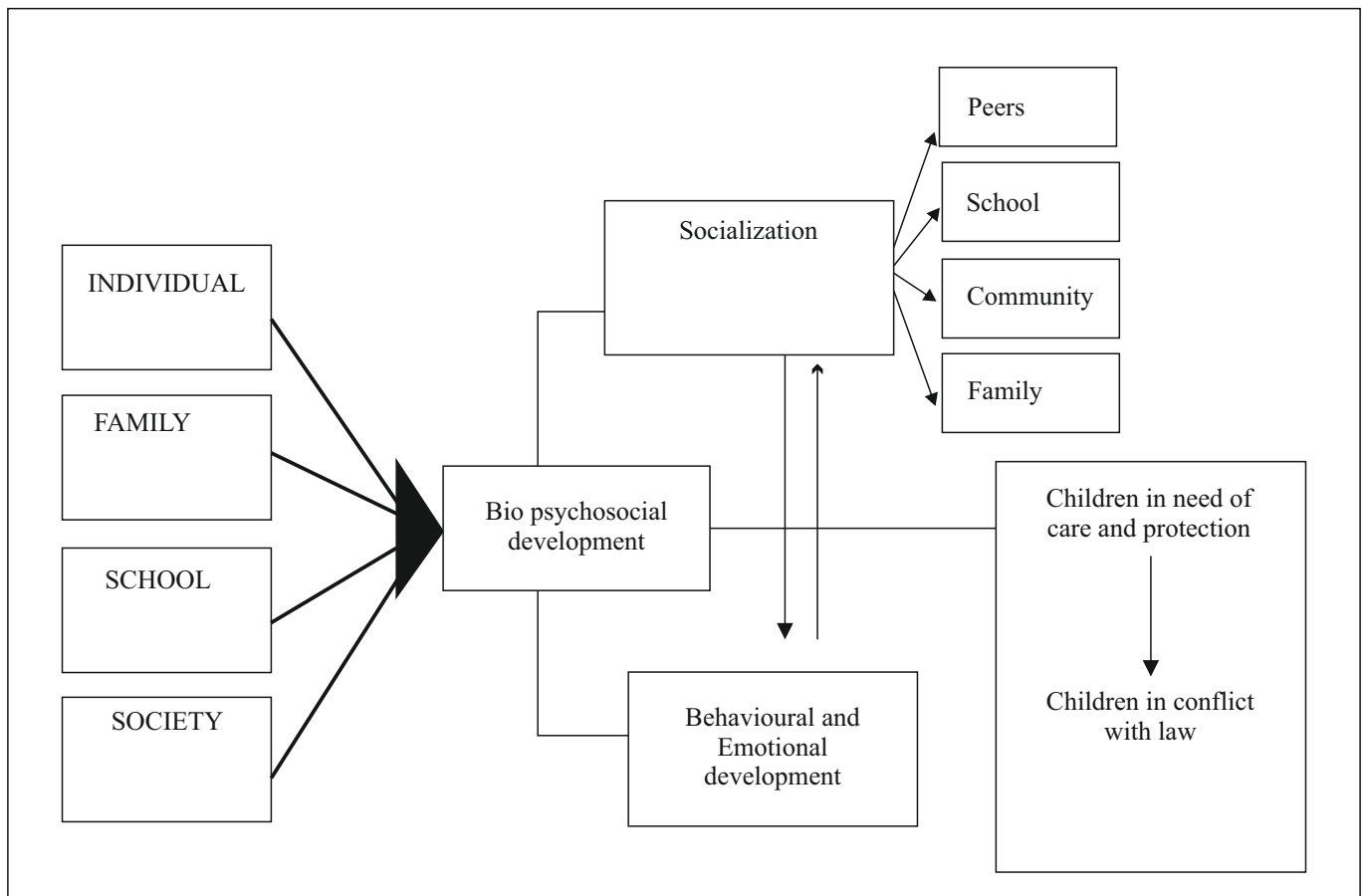
Social factors: The social factors that mainly affect a child's unacceptable behaviours are factors at school and community.

School: The unfriendly school atmosphere, resulting in children not receiving proper orientation to social and personal life may lead them towards carrying out certain behaviours that are not permitted in schools or with fellow students. Too rigid schooling as well as lack of discipline make child disinterested and discouraged in studies and finds it difficult in the class. These children are forced to skip classes and they become easy targets for organised gangs who use children to carry out undesirable activities that end them up in trouble with law.

Community factors: Numerous community factors can be listed that affect child's law breaking behaviour such as being raised in poor families, where basic needs are not met as well as disadvantaged and disorganized neighbourhood, where adults do not interfere, communities where there are deviant peer groups and gangs. Children living at risk neighbourhood are likely to develop unacceptable behaviours activities committed by the children.

Psychosocial Path Way

Figure-1



Impact of such difficulties on these children is biopsychosocial in nature. Children in conflict with law experience broad range of problems. They are exposed to multiple risks such as exploitation, away from family, exposed to violence, poor health and lack of availability of services. These issues induce stress that is beyond their capacity to manage. This will result in high levels of trauma in children. Lack of responsible adults aggravates their problem and this leads them to live outside the main stream of society. These problems will be manifested as anxiety, fear, frustration, anger, depression, loneliness etc. These children are at high risk to being victims of physical, sexual and emotional abuse as well as negligence. Lack of conducive environments further throws them out of their houses at a young age to fetch for them. These factors will lead to poor socialisation among children in conflict with law that further results in poor adjustment at family, school, with friends and others. These children are in need of care and protection and most of the time the care and protection needed will not be available for children in impoverished circumstances which in turn lead the child to be in a unmonitored and un supportive environments where the child is exposed to adult world at a young age. This will lead him/her to various unlawful events.

2. KAVAL

KAVAL is an innovative program initiated by Social Justice Department, Government of Kerala in 2015. The department, later bifurcated and currently the project is carried out by the Department Of Women and Child Development.

NIMHANS, Department of Psychiatric Social Work has been working with children in difficult circumstances for more than three and a half decades. The project on Psychosocial care for children in difficult circumstances was a community based program carried out with the support of national and international funders for 8 years that developed a community based model for providing psychosocial care for children in difficult circumstances. A Southern Regional Conference was conducted on the topic where the government and non-government officials from southern states of India participated. The major concern raised from the state of Kerala was lack of programs for children in conflict with law. The discussion progressed and as requested by the Social Justice Department, a proposal was submitted by NIMHANS' Department of Psychiatric Social Work and it was accepted. The project is first of its kind in the country where the state government is taking initiative to rehabilitate and reintegrate children in conflict with law to the mainstream of the society.

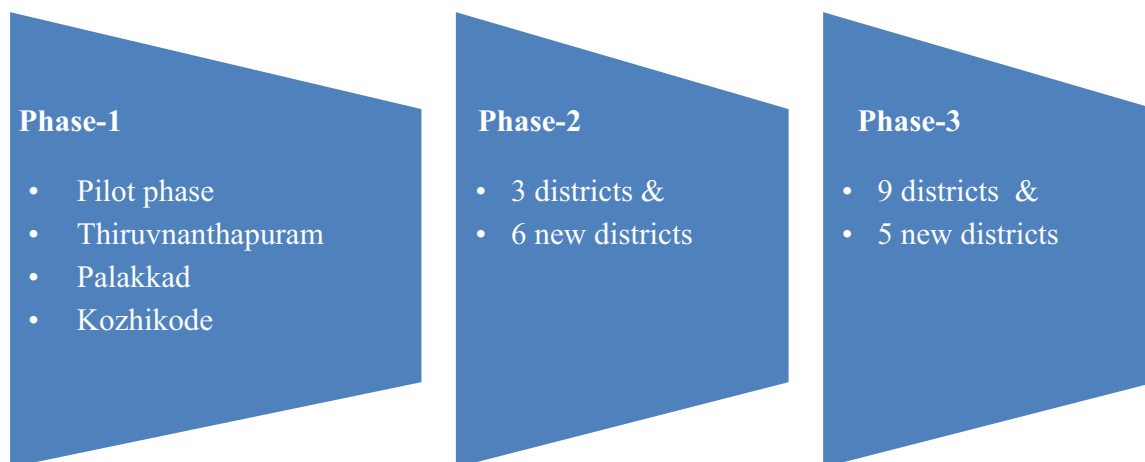
The relevance of community based program is a question among many. We need to understand that children in conflict with law get bail as it is their right and most of the children in conflict with law return to the same non-conducive environment after bail that increases their chances of recidivism and deviating from the main stream of the society, this calls for a community based program to support these children from involving in unlawful activities further and to mainstream them.

The program aimed at building up the capacity of the stake holders through skill training program to provide psychosocial care for Children in conflict with law. A need assessment was conducted to understand the psychosocial problems among children followed by developing of training modules, training the stakeholders, implementation of program with children, reporting and recording the program.

The program adopted a participatory methodology to implement psychosocial care in the existing services by integrating the activities with various other stakeholders working in the area of children in difficult circumstances such as Department of Women and Child Development, Social Justice Department, Juvenile Justice Board, Special Juvenile Police Unit, Child Welfare Committee, Non-Governmental Organisations, Schools of social Work, ICPS, and District Mental Health Program.

Phases of project

Figure-2



The Program was conducted in three phases: The first phase was for developing and standardising the module by pretesting the module in three districts, Thiruvananthapuram, Palakkad and Kozhikode representing the south, central and northern parts of Kerala and covering the diverse population such as mainland, coastal and tribal communities

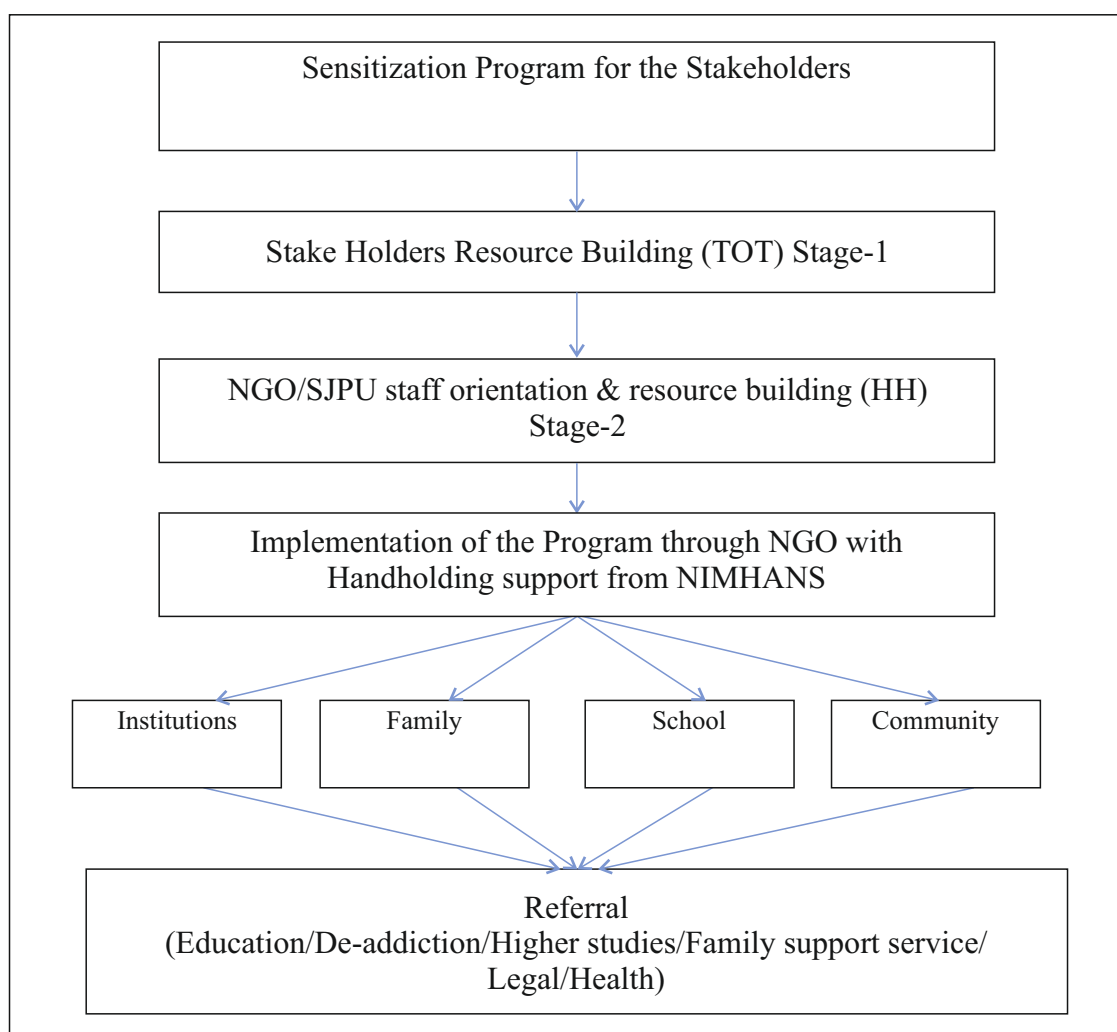
COLLOQUIUM ON PSYCHOSOCIAL CARE FOR CHILDREN IN CONFLICT WITH LAW



The second phase focused on expanding the program to 6 districts Pathanamthitta, Kottayam, Thrissur, Ernakulam, Malappuram and Kannur and in the third phase the program was expanded to the 5 districts Kasargode, Wayanad, Idukki, Alapuzha and Kollam.

Five Tier Psychosocial Care Model of Intervention

Figure-3



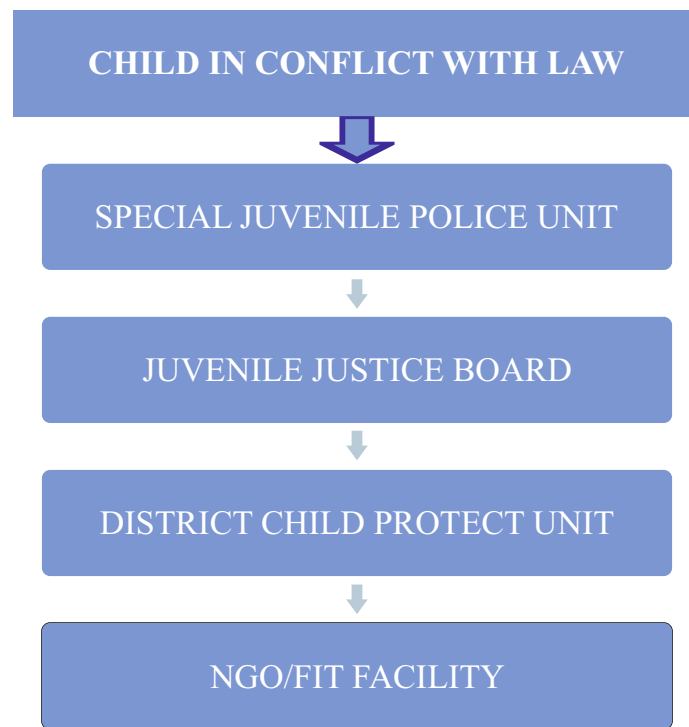
Psychosocial care model of interventions followed a five tier process initiating with sensitisation of stake holders. A colloquium was conducted at state level on 25th November 2015 to sensitize the state level stakeholders at the initiation of the project. As the project got initiated in each district, a convergence meeting was conducted in each district attended by multidisciplinary stakeholders such as Principal First Class Magistrate , Juvenile Justice Board Members, Child Welfare Committee Members, Special Juvenile Police Unit, Health DMHP. Education Department, S. T Department, labour Department etc. The stakeholders were sensitised on the psychosocial problems of children in conflict with law, about the project, and the roles and responsibilities of each stakeholder.

process of psychosocial intervention among children in conflict with law

“Psychosocial programming consists of structure activities designed to advance child's psychological, social development and to strengthen protective factors that limits the effect of adverse influence (WHO, 2001)”

Stages of intervention

Figure-4



As a child comes into conflict with law, the special juvenile police unit will produce the child before the Juvenile Justice Board.

The Juvenile justice board will give bail or send child to Observation home.

The counsellor attached to OH will carry out the psychosocial assessment and the Legal Cum Probation Officer will do the Social Investigation Report. The LCPO and the counsellor jointly prepares Primary ICP based on the SIR and the psychosocial assessment, and then a report will be submitted to JJB on psychosocial problems experienced by the child, and the psychosocial interventions to be provided to the child.

Juvenile justice board reviews the submitted ICP and divides to transfer the case to the designated NGO through DCPU. An order will be sent to DCPO to transfer the case to NGO.

The DCPO will issue an order to the NGO to initiate psychosocial intervention. the NGO will acknowledge the receipt, and start intervention where they conduct Police station visit to inform about the initiation of psychosocial intervention for the child as well as take support from SJPU whenever necessary. The NGOs carry out family visits to build rapport with the families as well as understand the problems in the family. This is followed by group interventions, individual interventions, referrals and follow up.



3. Psychosocial Interventions

A systematic step by step approach was developed in KAVAL focusing on the individual needs of children. Towards this, modules were developed and standardised and the staffs were trained for implementation. Definite process was developed and implemented, recorded and reported methodically. The current section explains the process of psychosocial interventions.

Developing and standardising modules

The bio psychosocial problems among children were identified through the need assessment and an intervention module was developed. The module consists of basic 6-day module followed by advanced module of 6 days (12 days) on psychosocial care for children in conflict with law. This was followed by higher level training for three days.

The components of the module include

- Understanding children in conflict with law
- Bio psychosocial problems among CCL
- Psychosocial care for CCL (Skills and techniques/ individual and group counseling)
- Life skills education for CCL
- Family enrichment program for CCL
- Family orientation program
- Parental stress management
- Parent management techniques
- Stress Management

Different modules were developed to train stakeholders at different levels.

PSYCHOSOCIAL MODULES DEVELOPED

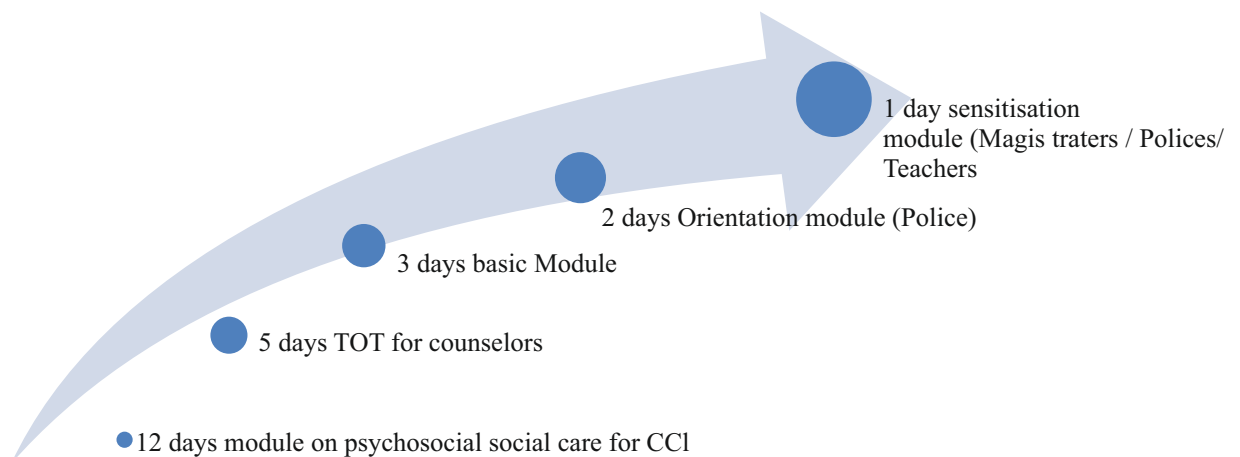
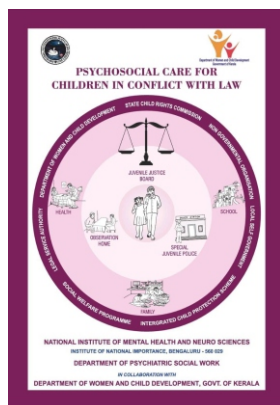


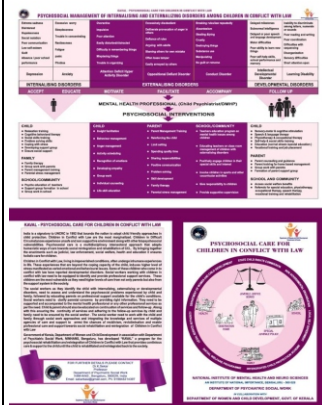
Figure-5

1. One Day orientation program for the judicial first class magistrates to orient on the KAVAL and its procedures as per J.J. Act 2015
2. Two days sensitisation program for the police officials
3. 3-day training program for the home staff and care takers
4. 5-day training of the trainers on the basic module
5. 12-day advanced training program for the master trainers
6. Three days higher level intervention for the behaviour management among children

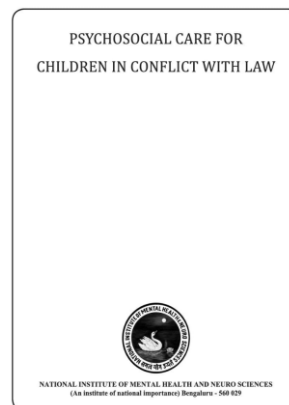
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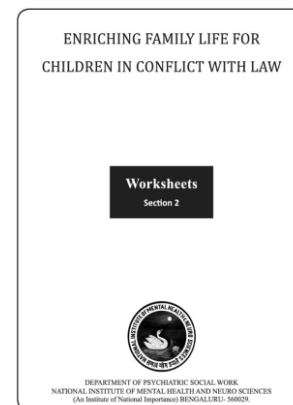
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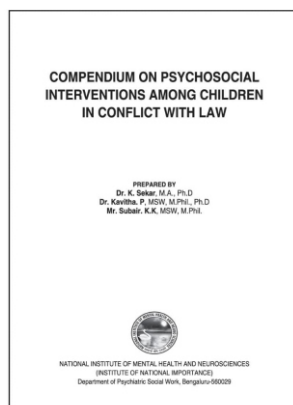
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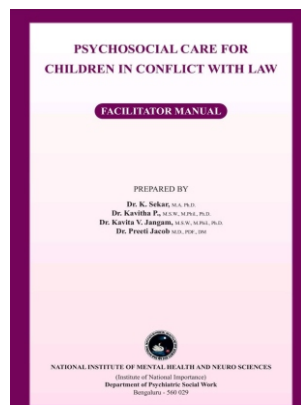
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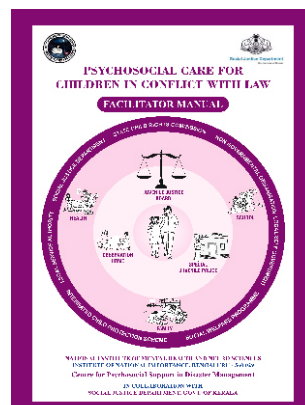
COMPEDIUM



FACILITATOR MANUAL



MANUAL



FINAL REPORT

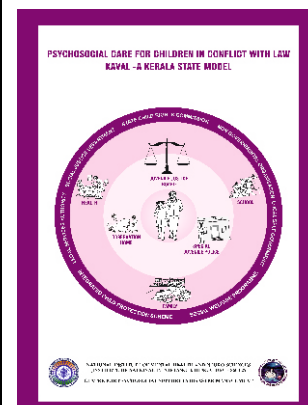


Figure-6

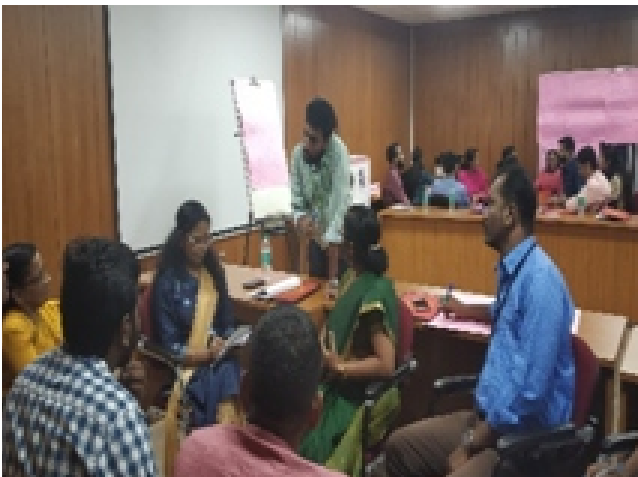
MULTI DISCIPLINARY TEAM TRAINING



Stakeholder's resource building

The multiple stakeholders from each district were trained in a batch as master trainers at NIMHANS, so as to develop them as a district team to work together for the children in conflict with law. The multidisciplinary team members included Juvenile Justice board members, CWC members, DYSP/ ACP special juvenile police unit, district child protection officer, legal cum probation officer, DCPU counsellor, JJB counsellor, NGO staff- coordinator and case worker,

TOT TRAINING AT NIMHANS



Details of the training and the persons attended as given below.

1. Psychosocial care for children in conflict with law
2. Enriching family life and stress management
3. Higher level interventions

Table-10

Trainings	Master trainers trained
Module -1: Curative and preventive intervention	162
Module-2: Promotive intervention and stress management	170
Module-3: Higher level intervention	73

A total of 170 persons from multiple disciplines are trained as master trainers through 15 batches of training conducted at NIMHANS.

Staff and NGO orientation and resource building

The counselors and the institution staff were sensitised through three day training conducted where 112 childcare institution staff were trained in basic PSC model for CCL. A total of three trainings were conducted for sensitising the institution staff.



Judicial academy



Judicial officers are the primary officials in the entire program, therefore orienting the principal first class magistrates are key to the entire program. Two trainings were conducted at Judicial academy Kerala through which 120 Juvenile justice board magistrates were oriented on kaval in two batches 2016 and in 2017.

Police training

Police is the first point of contact for children in conflict with law. The sensitive and child friendly approach among the police officials makes the entire system function effectively. The special juvenile unit was trained in different batches in different levels. A total of 2,407 Police officials were trained in psychosocial care for children in conflict with law.

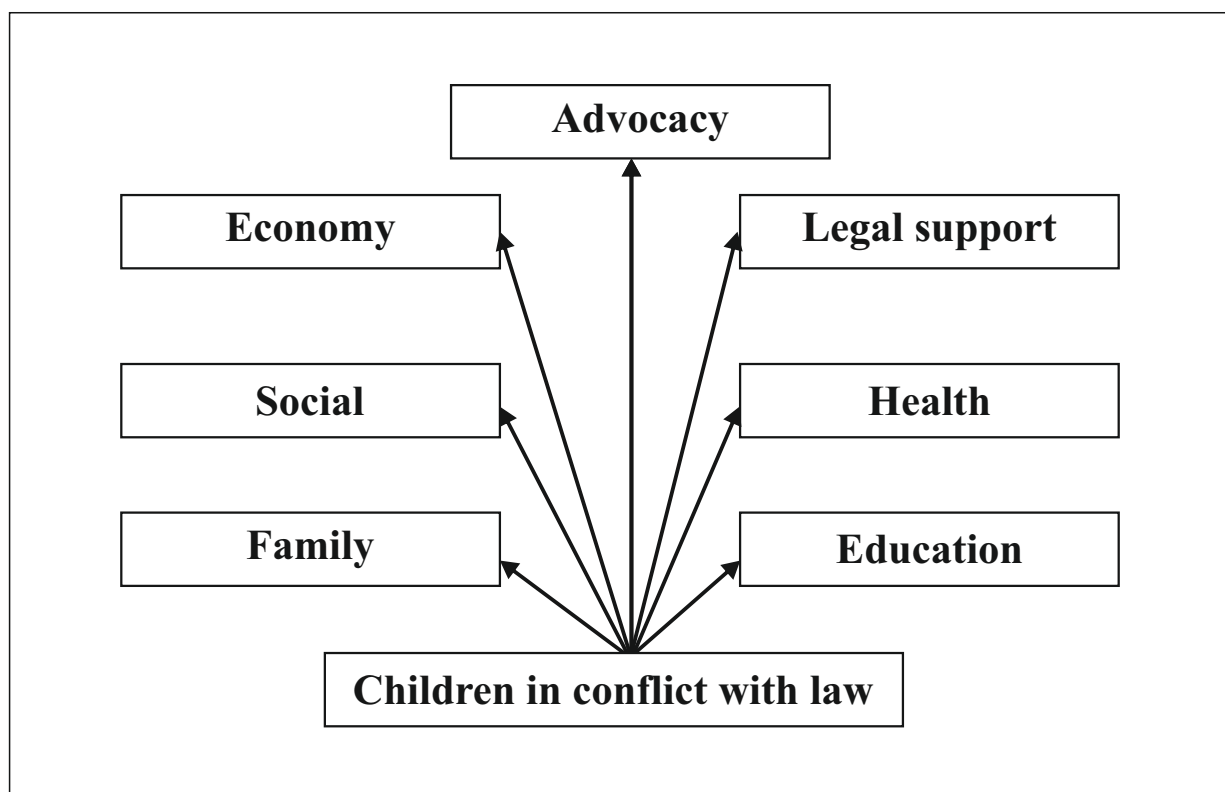
Police training photos



Table-11

Training of the trainers (12 days at NIMHANS)	Three day capacity building of CWPO	Two day capacity building of CWPO	One hour orientation	Pre service training (May and June 2016-17)
12 SJPO were trained as master trainers (2015 to 2019)	117 CWPO were trained (2016-2017)	59 CWPO from 3 pilot districts (2015-16) 664 CWPO from 12 district (2019)	1000 CWPO from 14 districts at KEPA (2019)	One day training for 185- S.I recruits & 370 WPC recruits

Multi-disciplinary intersectoral approach through spectrum of care

Figure-7

Children in conflict with law undergo multiple problems, and they have multiple needs. These multiple needs can be provided only through convergence with stakeholders from varied departments i.e., spectrum of needs need to be delivered through multiple stakeholders from diverse disciplines through multidisciplinary intersectoral approach focusing on the holistic care and wellbeing of the child.

Psychosocial care is an integral element of the approach that will help from quicker and faster discovery from difficult circumstances. The 8 basic support services for children in conflict with law essential to provide holistic care through psychosocial approach are family support, social support, economic support, institutional support, advocacy, legal support, health and educational support. Referrals need to be made whenever necessary. KAVAL team needs to work not only with children but also with the agencies that provide services to the children.

Psychosocial care intervention progress among children in conflict with law majorly happens in three stages, that are subdivided into two stages each.

Stage-1: Initiation of psychosocial care: The initiation stage can be subdivided into two sub stages: 1) Process initiated and 2) Maintaining development.

1.1 Process initiated: Psychosocial intervention process is initiated, reviewed and reinitiated with the child through assessment of psychosocial problems and developing an individual child plan and intervention plan.

1.2 Maintaining and development: After rapport building, the care provider evaluates whether the child and family is responding positively to the interventions and progressing in areas where interventions are provided through education and providing information on various areas of care and support as per the specific needs of the child.

Stage-2 Intervention: The intervention stage is subdivided into two sub stages: 1) Intersectoral approach phase and 2) Rehabilitation phase.

2.1) Intersectoral approach: The intersectoral support stage focuses on ensuring support for the child from multiple stakeholders involved in child care towards ensuring holistic care, protection, reintegration and rehabilitation of the child.

2.2) Rehabilitation: Rehabilitation stage focuses on availing support services to the child as well as child's family members to learn new skills/ vocation/pursue studies, etc. Other services that need to be provided during this stage include counseling through individual and group work, parental orientation, parent management programs, family counseling, referring to medical professional etc., so as to restore life favorably.

Stage-3 Follow-up stage: The follow-up stage is subdivided into 1) reintegration to family and society and 2) Termination

3.1) Reintegration to family and society: Ensuring a conducive environment for the child in family through family interventions, parental orientation and other support services as well as supporting the child to be an integral part of the society/community by ensuring that the child is back to the family and community where he/she was living before the incident and ensuring safety for the child through multiple support services like family and other support services. If the results show positive in the fields of health education, vocation, behaviour, better family, education and community support for the child. The child can be retained under follow up period.

3.2) Termination: After the intervention, as the child is able to maintain a positive change, termination from services can be done.

5 Process of Psychosocial Intervention

Figure - 8

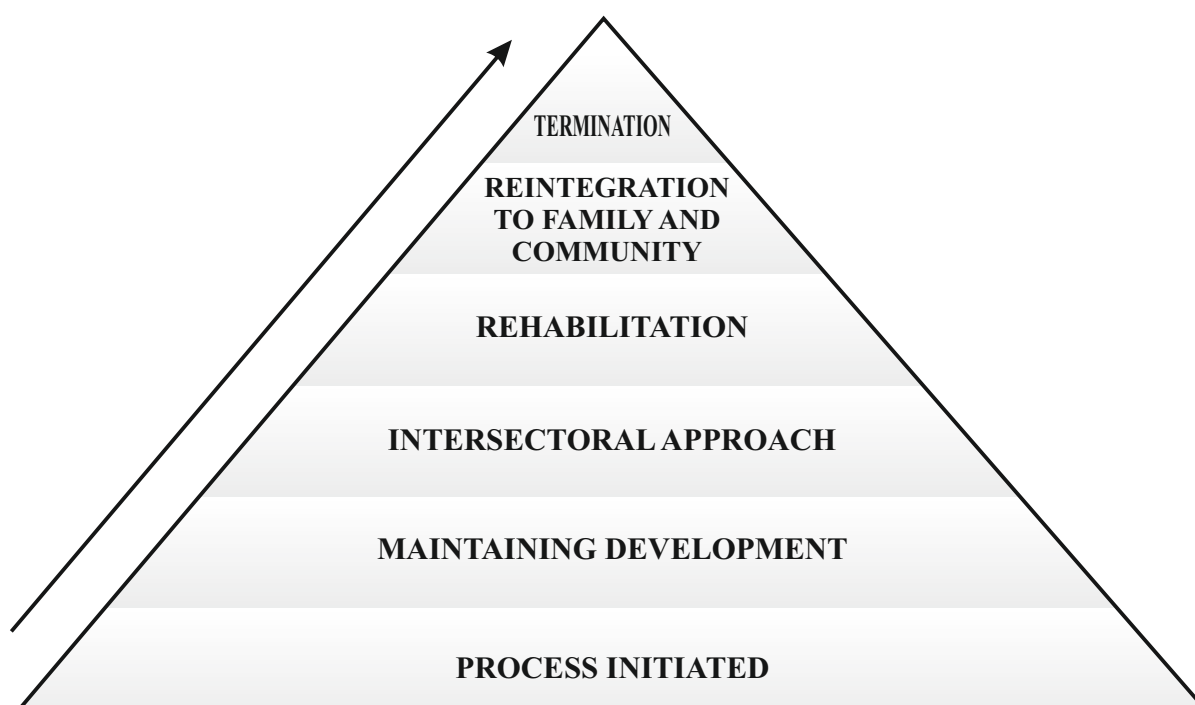
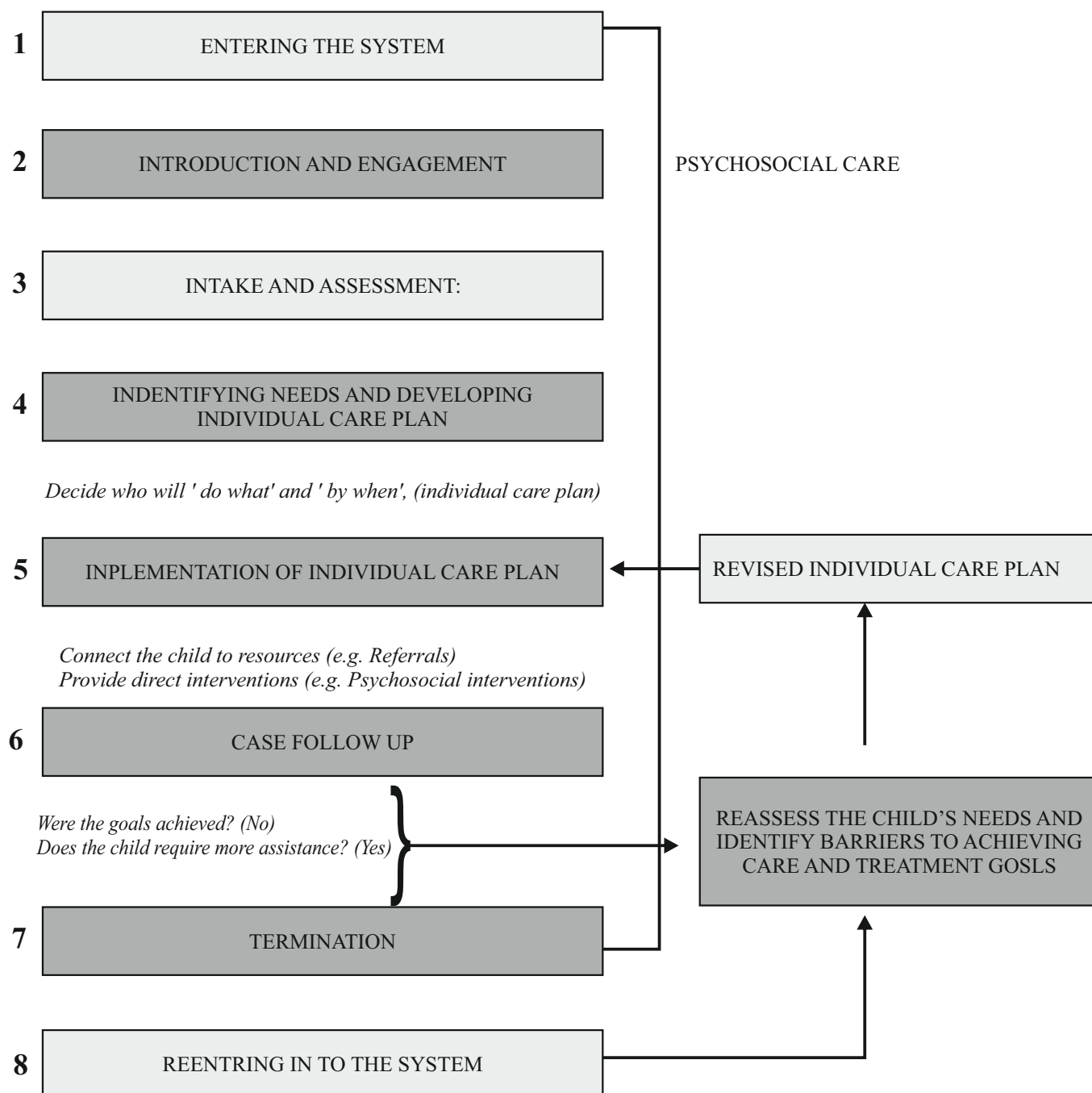


Figure - 9

MANAGEMENT OF INDIVIDUAL CHILD IN CONFLICT WITH LAW



Each child who comes into conflict with law undergoes a systematic and step by step process of intervention that involves organizing, coordinating the formal and informal activities, services to ensure optimum level of services to the child. For children in conflict with law, in order to provide intensive and comprehensive care, a multi disciplinary intersectoral approach is must. This aims to support the child in the community through varied professionals covering a range of service such as legal and law enforcement, crisis intervention, health(mental and physical), deaddiction, economic support, education support, family support, vocational and skill training & employment, institutional services and social welfare support. The multi disciplinary team will be led by the Juvenile Justice Board. An integrated multi disciplinary approach is needed to provide psychosocial care towards social reintegration of the child.

The eight stages of management of individual cases for children in conflict with law are,

1. Entering the system: The child in conflict with law is identified and produced before JJB and introduced to the process of psychosocial care for children in conflict with law.
2. Introduction and engagement: The child in conflict with law, parent or the guardian will be informed and educated about the Juvenile Justice System, psychosocial services available for the child and process involved in the care and support. Parents/guardian and the child will be involved in clarifying the doubts as well as involved in discussions regarding the need of the program thereby engaging them to understand the need of service followed by taking consent for psychosocial interventions.
3. Intake and assessment: Child's psychosocial problems and needs will be assessed using standardized and scientific tools and other legal mechanisms by the team to develop an individualised care plan for the child.
4. Identifying needs and developing individual care plan: Developing specific plan for the individual, as per the psychosocial problems reported by the child need to be identified. The services needed, the multidisciplinary team who will provide the needed service into the individual care plan, are to be involved.
5. Implementation of individual care plan: The individual care plan developed will be implemented by working with the child and family, referring to appropriate agencies, etc.

6. **Case follow up:** This involves regular assessment of the individual cases on a monthly and quarterly basis with the team to evaluate the progress in the child towards the achievement of psychosocial intervention goals. Change in the individual care plan, if goals are not achieved needs to be carried out during follow up. Reassessment of the individual needs of the child and barriers in achieving care and treatment goals need to be identified and alternative plans need to be worked out. Revised individual care plan needs to be reinitiated and implemented.
7. **Termination:** Children who are showing positive changes in follow-up assessment and who can maintain the positive change., i.e if the support system is build up, child's threat for leading a normal life is addressed and managed and child's chances of recidivism is reduced, the child can be terminated from the service. An evaluation of services by the child and family on their satisfaction of service provision as well as social workers' feedback is essential to ensure the continuation of positive change in the child.
8. **Re-entering into the system:** In case the child, after termination or during the process of intervention shows recidivism or involve in high risk behaviour that do not account to recidivism or have a relapse, then a reassessment needs to be carried out with the core team to redesign the individual care plan by assessing the risks and making appropriate plan to address and prevent risk in future followed by re-administration of the revised individual care plan and continue follow up until termination.

Individual care plan

The individual care plan aims to provide a comprehensive and holistic care plan for children in conflict with law. Children in conflict with law experience multiple problems that need to be addressed. Hence the current Individual care plan looks at areas such individual, family, social, education, physical health, mental health and substance use. Multiple stake holders are involved in child's care and protection. Each stakeholder has a specific task to perform in psychosocial intervention of the child.

The ICP has been developed through scientific procedure and validated by various stakeholders in Kerala, working with children in conflict with law. Validation of ICP was carried out by varied stakeholders working in this area as mentioned below:

JJB Magistrates: All JJB Magistrates in the state, Magistrates from Family Court and Children Court (44 Magistrates)

DCPU team of Thiruvananthapuram, Palakkad and Kozhikode: The team consisted of

District child protection officers, Probation officers, Legal cum probation officers, social workers, and Counselors.

Kerala State child rights commission: Ms. Shoba Koshy, Chair Person and Adv. Sandya, Member

Counselors: 33 counsellors in ICPS working with Children in conflict with Law (JJB Counselors) as well as children in need of care and protection (Counselors from all districts)

The corrected ICP was administered on 40 children.

The finalised ICP was reviewed in the Workshop on Juvenile Justice (Care and Protection of Children) Model Rules, 2016. At Palakkad (30th Oct 2016 to 1st Nov. 2016) and Thiruvananthapuram (2nd and 3rd November 2016).

Various areas of psychosocial vulnerability identified and interventions focused in Individual care plan include

- Socio economic back ground of the child
- Networking with Police
- Problem in family structure or parental characters of the child:
- Problems in the family (interactions and relationships)
- Stressful life events: case.
- Social and environmental factors:
- Problems at individual level for the child:
- Problems related to education/ vocation
- Work related problem
- High risk behaviour
- Anxiety
- Emotional problems
- Conduct problems
- Hyperactivity
- Problems with peers
- Suicidality

- Alcohol abuse
- Non-alcoholic psychoactive substance use
- Poor prosocial behaviour
- Individual counselling
- Group work with children
- Educational/ vocational and training support
- Life skills education

The individual care plan is developed with the support of varied stakeholders such as LCPO, Counsellor, KAVAl staff (social workers in the NGO).

The ICP is not a time bound document, rather it is a developing document that has 5 main component under each of the area of intervention such as:

- Problems identified
- Referral
- Intervention planned
- Intervention provided
- Changes observed

Reporting

A systematic and structured reporting is followed in the project consisting of

- Weekly planning and reporting
- Monthly reporting
- Quarterly reporting
- Half yearly reporting
- Annual reporting

Prescribed formats are developed and the stakeholders and staff are trained on reporting. Individual case files are maintained along with the reporting of individual care in individual care plan format.

Other Significant Outputs

KAVAl adopts social work approaches towards social reintegration of children. In order to encourage social work, students need to take up their internship in KAVAl, a 21-30 days internship program is developed with an aim to guide the social work trainees in psychosocial care for children in conflict with law. The program would

- orient the social work trainees on child protection system in Kerala
- orient the social work trainees on child welfare programs in the state of Kerala
- educate the social work trainees on laws related to children in India
- train the social work trainees on KAVAl- Psychosocial care for children in conflict with law
- give exposure and orientation to the trainees on the role and functioning of varied sectors such as Juvenile Justice Board, DCPU, SJPU, Health and Education and others.

Psychosocial care module which include curative, preventive and promotive interventions was developed. Modules were customised to various levels of intervention such as detailed intervention by NGOs, basic training modules for care takers and other stake holders, sensitisation modules, orientation modules etc., the Judicial first-class magistrates were trained through one day training program. 12 day in-depth training was developed to train the primary stake holders i.e., multidisciplinary team facilitated team building. Police training module was specially made and a large number of police officials were trained. A systematic structured methodology was developed to provide intervention as per the services and the stakeholders mentioned in J.J. Act 2015. The roles and responsibilities of the stakeholders were developed and NGOS were brought in to the team to ensure long term care for children, focusing on rehabilitation and reintegration to society, stages of intervention, individual care plan, process of change as well as indicators of change were defined.

3 PSYCHOSOCIAL PROBLEMS AMONG CHILDREN IN CONFLICT WITH LAW.

A psychosocial assessment was conducted among 50 children who were referred to the project in the first phase from Thiruvananthapuram, Palakkad and Kozhikode. Following instruments were used for the study:

1. Family schedule:
2. Check list on psychosocial profile of children in conflict with law
3. Strength and difficulty questionnaire (Parent version and child version)
4. Screen for child with anxiety related emotional disorders
5. Mini-International Neuropsychiatric Interview for Children and Adolescents (MINI Kid)(suicide ideation, alcoholism, substance related disorders.

Results of the need assessment conducted

Table-1

Sociodemographic Profile

SOCIODEMOGRAPHIC PROFILE				
Age	<_15years = 6.9(n=13)	16-18yrs76.1(143)	19yrs and above 17(n=32)	
Number of family	Mean =5	Sd=2	Min=2	Max=17
Fathers education	Mean 6yrs	sd =4	min 0	Max=15
Mothers education	Mean 7yrs	sd = 4yrs	Min 0	Max= 15
Child education	Mean 10 yrs	Sd =2yrs	Min = 0	Max =17
Religion (%)	Hindu-54.8%(103)	Muslim-39.9(75)		Christian-10(5.3)
Caste	Forward-8(15)	OBC-68.1)	SC 20.7(100) -	ST-6(3.2)
Family type	Nuclear=78.2%	Joint= 4.8%	Single parent=15.4%	Orphan =3(1.5%)
Residence	Urban=19 (10.1)	Rural=72.3 (136)	Slum=5.9(11)	Tribal =3.7(7)
Type of school	Government=75.5(142)	Government aided=8(15)		Private=16.5(31)
Occupation	Main worker 12.8(24)	Support worker 36.7(n=69)		Not working 50.5(95)
History of crime in family	No 88.1()		Yes= 11.2	

Age of the children in conflict with law showed that the highest number of children were in the age group 16 to 18 years (76.1% n=143) followed by children above 19 years. Younger children are relatively lesser in number.

The family size of the children was assessed. The mean number of family members reported was 5 with a minimum of 2 and a maximum of 17. Larger number of children were from Nuclear families (78.2%) and single-parent families that constitute 15%. This accounts for the smaller family size. A small proportion of children (3%) reported as orphans.

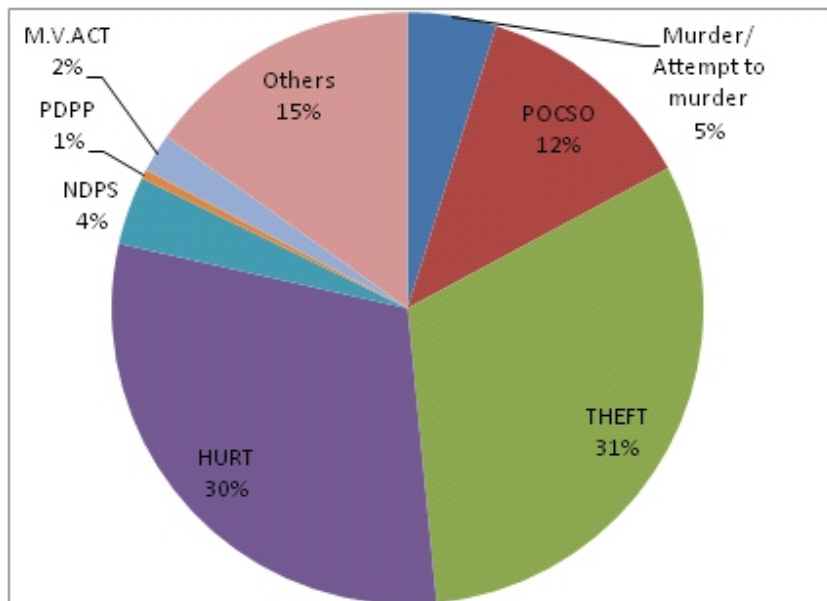
Poor educational background of parents was reported among the children in conflict with law where the mean education of father was reported to be 6 years and that of the mother was 7 years. Children's education shows a better figure where the mean year of education was 10 years. Though there are children who have not gone to school, that is 0 year of education, most of the children have studied at least till 10th standard.

The religion of the children assessed showed that Hindus formed 54.8% of the children in conflict with law which is proportionate to the total Hindu population of the state whereas Muslims who account for 26.56% of the total population in Kerala formed 40% of children in conflict with law showing a higher proportion of children from the Muslim community involving in the crime. Children from Christian families formed 10% of the total CCL population which is lesser than the state population denoting lesser chances of Christians involving in crimes. The caste-wise division of the children in conflict with law showed that Other Backward Caste constituted the highest proportion of children in conflict with law (68%), and 20% of children in conflict are from the total Scheduled Caste. The schedule caste population of the state is only 9.8% and this shows a higher probability of scheduled caste children to involve in cases, whereas the Schedule tribe population of children in conflict with law forms 3.2% which is slightly higher than the state population of ST which is 1.45%. The data shows a higher trend of children from lower caste to get involved in conflict with law.

Place of residence of children brought out that most of the children are from rural areas 72. One out of every 10 children are from an urban background and the tribal population formed 3.7%. The data shows that the working population is high among children in conflict with law where 12.8% of children are main workers at home and 36.7 percent of children are support workers. Half of the population of the children in conflict with law are working. Every 10th child reported has a history of crime in family that shows a nonconductive environment for the child that may rope them into unlawful activities

Nature of offence

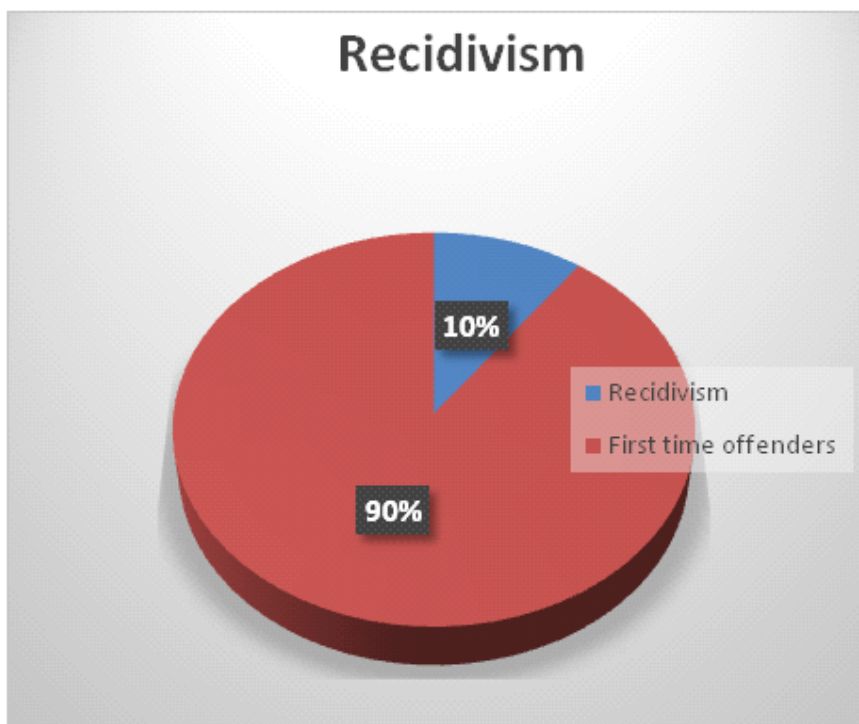
Figure-3



An assessment of the type of crime conducted by children shows that theft (31%) and hurt (30) are the most common crimes reported by the children. This is followed by sexual offences under POC SO act 2012. Children committing heinous offences such as murder, attempt to murder and sexual offences forms 17% of the total population of children in conflict with law and this an alarming figure that every 6th the child is at a higher chance of committing a heinous offence.

Recidivism

Figure-4



Chances of children coming into repeated offence when assessed. Recidivism among children in conflict with law was reported to be 10%.. The figure indicated a higher level of care for 10% of the population was at the risk of deviating from the mainstream of society into the path of crime.

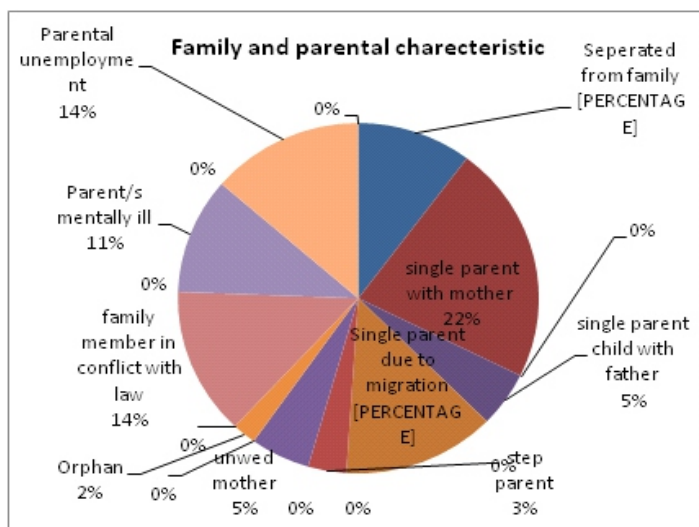
Psychosocial problems reported by children in conflict with law

Psychosocial profile of the children, when assessed using the check list, developed exclusively for children in conflict with law delivered following results.

Table-2**Psychosocial profile of children in conflict with law**

Psychosocial profile	N	Min	Max	Mean	S,D
Family and parental characteristics	187	.00	6.00	.91	1.05
Family interaction and relationships	188	.00	11.00	1.9	1.9
stressful life event	188	.00	8.00	1.74	2.04
socio environmental factors	188	.00	8.00	2.48	1.84
individual characteristics	187	.00	9.00	3.27	1.99
education problem	188	.00	10.00	2.93	2.56
child labour	188	.00	9.00	1.93	2.26
high risk behaviour	186	.00	11.00	1.54	2.42

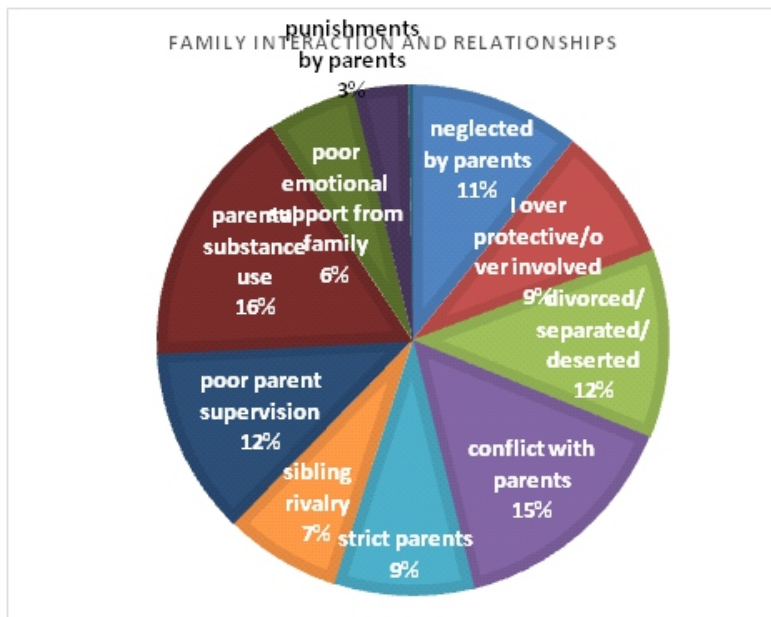
Children face multiple psychosocial problems that affect their bio psychosocial development. Adolescents are highly prone to multiple stressors. The problems faced by children in multiple areas, when assessed using the checklist showed that individual problems are the most reported psychosocial problem by the children followed by educational problem and problems in the community. The data also showed that diversity of problems is more in the areas of family interactions and high-risk behaviour where the maximum number of problems were reported.

Family and parental characteristics**Figure-5**

Family and parental characteristics when assessed showed that mean number of problems in this area reported by children were 1 (Min=0, Max=6 sd=1.05). The data reveals that 22% of children were living with their mothers that formed a larger chunk followed by parental unemployment, family member in conflict with law and single parent due to migration 14%. In total 46% of children were living with their single parent due to one or the other reason and this can be an influential factor that leads to child in conflict with law

Family interaction and relationships

Figure-6



The mean number of problems reported in family interactions and relationship is 1.89 with a minimum of 0 and a maximum of 11 (sd1.88). Parental substance use (16) and conflict with parents (15%) are the major problems reported by children. Adolescent needs a good supervision by parents which is lacking in 12% of the children and one in every 10 children. The two other reasons are negligence from

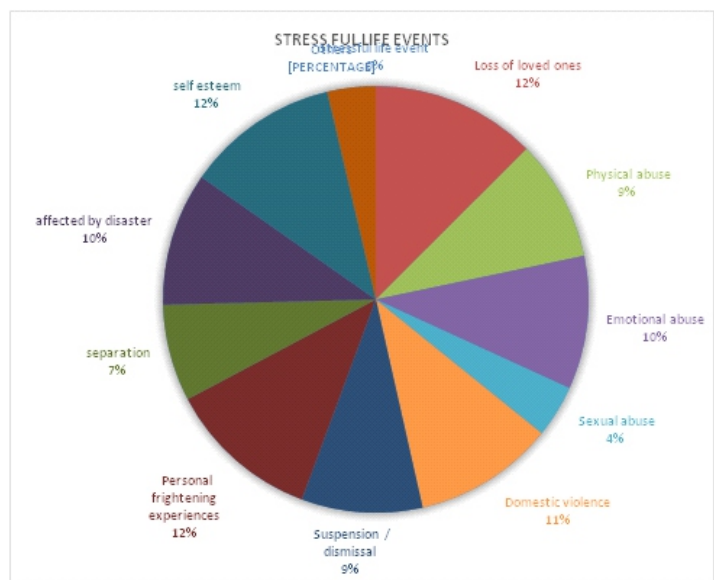
parents and strict parenting. Overall poor or faulty family i=environment identified among children in conflict with law also influences their difficulty

Stressful life event

Figure-7

Out of the various stressful life events, the children have experienced a mean of 1.73 life events with a minimum of 0 and a maximum of 8 life events (sd 2.04)

The most difficult situations that the children faced in these areas include loss of loved ones, events that put down self-esteem and frightening experiences in life where 12% of children have reported to experience each of these. One in every 10 children

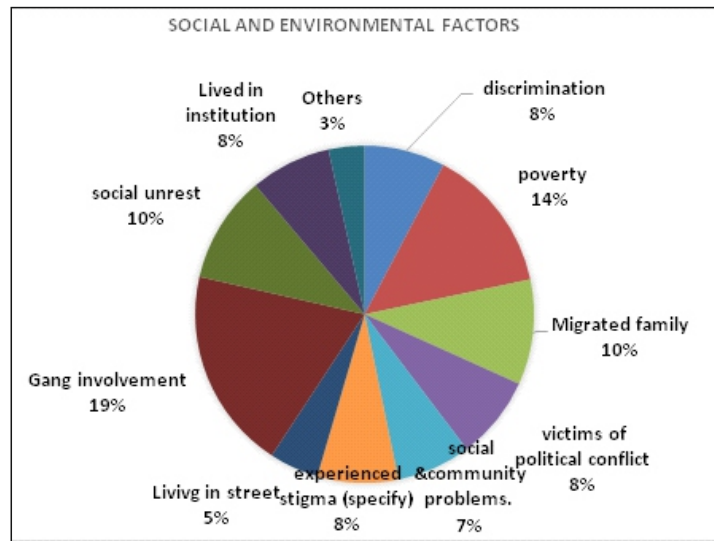


reported facing domestic violence, emotional abuse and physical abuse. 10/5 of children were affected by disasters that affected their families badly. This indicates that multiple problems in the family relationships and interactions are experienced by every 10th child and he/she is in conflict with law.

Social and Environmental Factors

Figure-8

Out of the varied social and environmental factors that affect children in conflict with law, the mean number of facts affecting each child is found to be 2.47, with a standard deviation of 1.84, minimum being 0 and maximum being 8. Involvement in peer gangs is one of the most commonly reported social and environmental problems among children in conflict with law where one out of

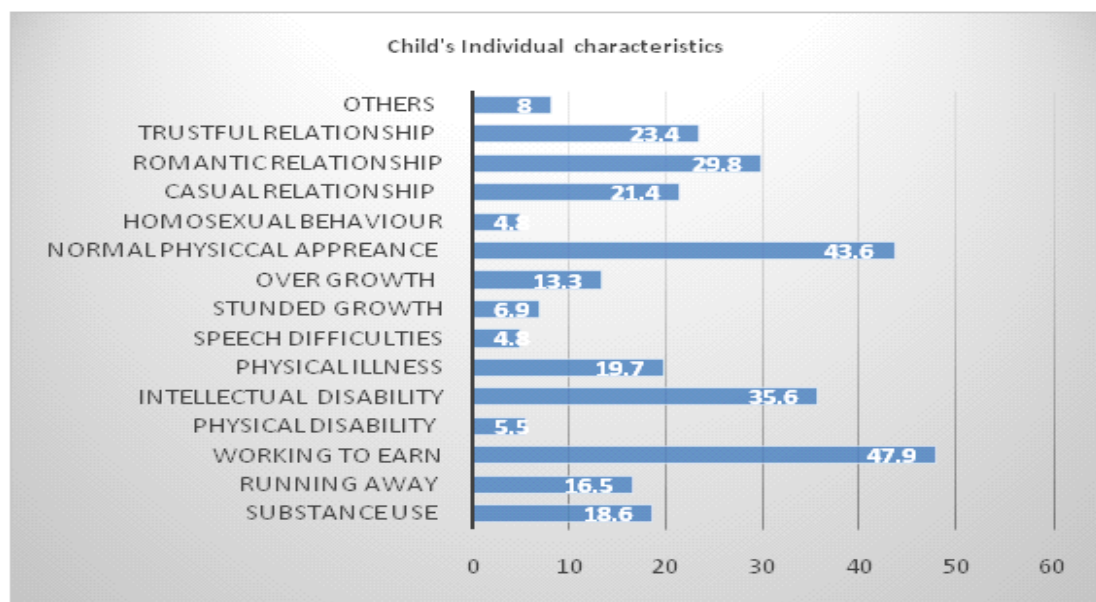


every 5th child is involved. Poverty is the next major problem reported by children. 14% of children reported this problem. Migration and living in areas affected by social unrest are also found to be prevailing on every 10th child and 8% of children reported to face stigma and discrimination from the society. The overall presence of gangs and gang involvement along with poverty and other multiple social factors increase the vulnerability of the children in conflict with law..

Child's Individual characteristics

The individual characteristics of each child when assessed showed that the mean number of problems experienced by these children is 3.27 with a standard deviation of 1.98

Figure-9

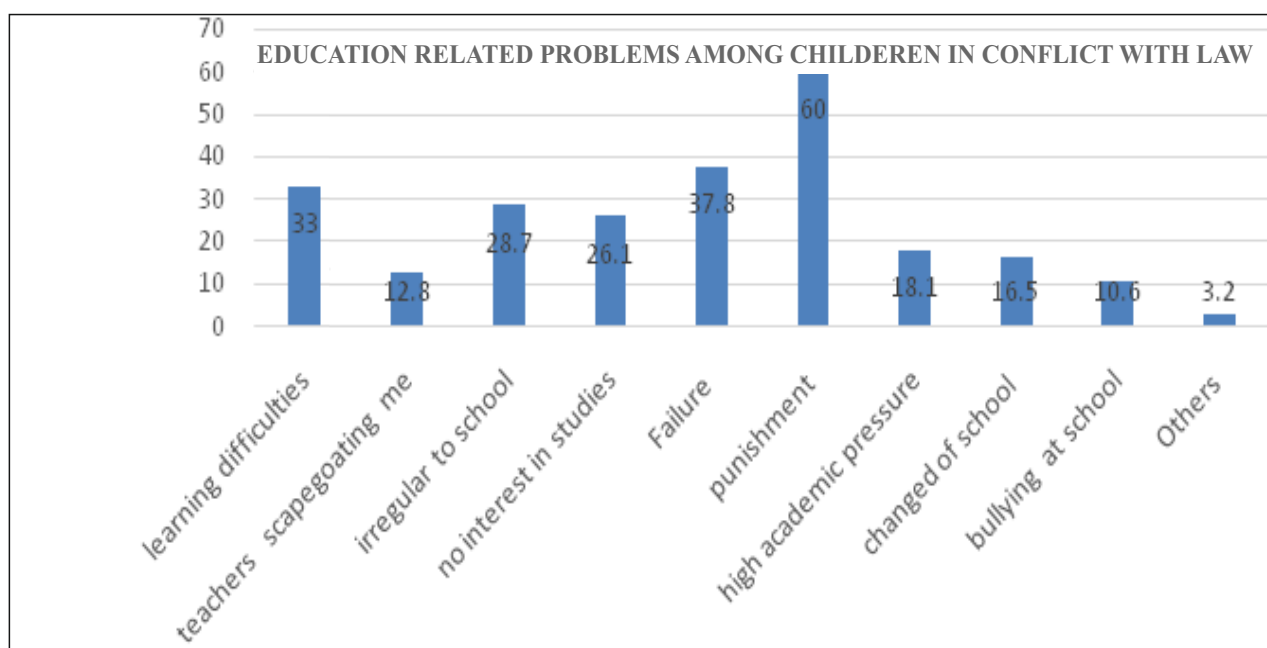


Children going to work to earn money is reported by 47.9%. This datum also reveals that one in every 3 children feels that they do not have skills as their agemates. Relationship is very common among the children in conflict with law where one in every three children reported to be in a romantic relationship and one in every 5 children reported in a casual and trustful relationship. Homosexual behaviour is reported among 4% of children. Every 10th child is reported with overgrowth whereas every 20th child reported with stunted growth and 5.5% of children had disabilities. Behaviours such as substance use (18.6) and running away (16.5) are also found among children in conflict with law.

Education related problems among children in conflict with law

Education problems, when assessed among children in conflict with law, showed that children experience a mean number of 3 problems with a standard deviation of 2.56. The minimum number of problems experienced being 0 and the maximum number of problems being 10.

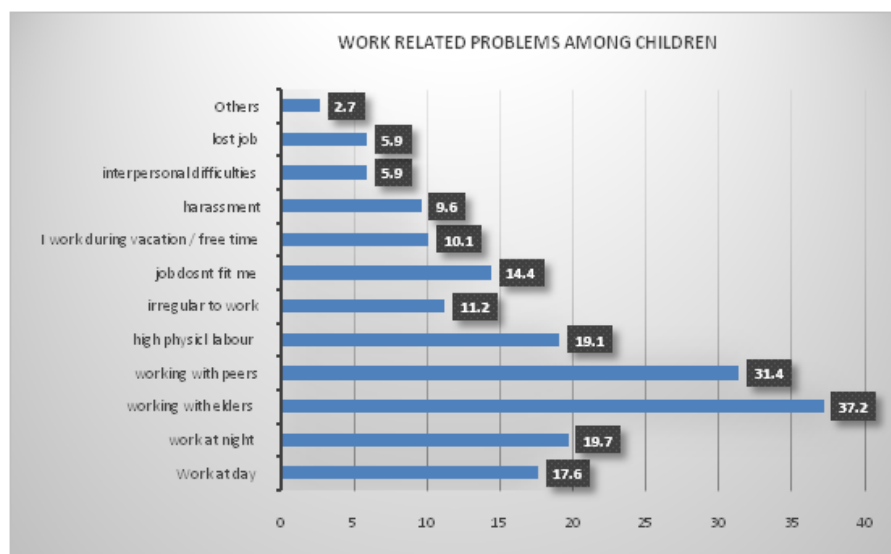
Figure-10



Punishment at school was reported by 6 out of 10 children, which is a big number. Failure in studies as a major problem is reported by 38% and learning difficulties were reported by 33% of children, 1/3 of children reported to be irregular to school and lack of interest in studies and one in every 4 children is a dropout. High academic pressure and is also reported by Change of schools due to problems at school 18.1% . Every 10th child reported teacher scapegoating and bullying at school. Overall children face multiple problems at education.

Work related problems among children

Figure-11



The mean number of problems related to child labour reported by children were 1.9(sd=2.25) with a minimum of 0 and maximum of 9. Though children can initiate working at this age, many jobs do not fit them, especially jobs involving high

physical labour, in butcher shops etc. Children are hired for cheap labour in many such places. Some of the problems identified are discussed here. Highest proportion of children reported that they are working with elders (37.2%). This involves high risk as they are mostly engaged in manual labour. This causes children involve in high-risk behaviours such as substance use. 31% of them are working with the same age group. Every 5th child reported working at night involves high physical labour which is not appreciable for adolescents. 14.4% of working children is doing jobs wherein they don't fit and one in every 10 children reported harassment at the workplace. The data identifies the risk factors associated with the job that 50% of children are doing.

High risk behaviours reported by children in conflict with law

Figure-12



Mean number of high-risk behaviours reported by children was 1.5(sd= 2.42) with a minimum of 0 and maximum of 11. The behaviour that was reported highest was impulsivity (34), fighting with friends and high-speed riding are the next two high-risk behaviours reported by the children. Lawbreaking behaviour such as theft and threatening is reported by every 6th child.

Suicide Risk

Figure-12

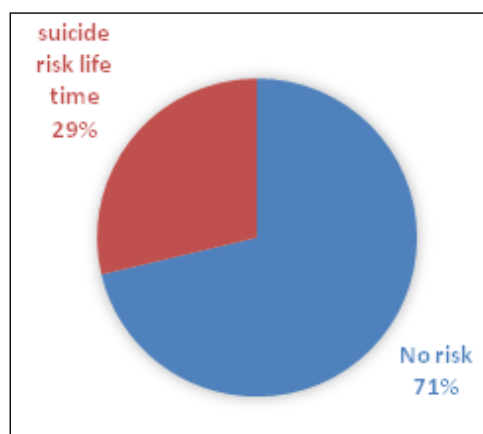


Table-3

Suicide risk	Frequency	Percentage
No risk	128	68.1
Low	38	20.2
Moderate	13	6.9
High	9	4.8

The lifetime suicide risk among the children when assessed showed that 29% of children have at least once thought about ending their life. Further assessment showed that one-fifth of the children was at low risk of suicidal risk whereas 6.9% of children were at moderate risk. One in every 10 children showed a high risk of committing suicide, however, a higher proportion of children did not show the risk of suicide. 32% of children having suicidal risk at different levels is a matter of concern to be focused.

Behavioural problems among children in conflict with law

Strength and Difficulty Questionnaire is a questionnaire that screens child mental health problems, comprising a total of 25 items divided into five subscales; emotional problems, hyperactivity, relationship, conduct and pro-social behaviour, with five items on each subscale. In the current study parent and child version of the questionnaire is used.

Table-4

	Child					Parent				
	N	Min	Max	Mean	SD	N	Min	Max	Mean	SD
Emotional symptoms	187	0	8	2.41	2.32	187	0	9	1.69	1.92
Conduct problem	188	0	10	2.52	2.2	188	0	9	2.45	1.95
Pro social	188	0	10	7.66	2.16	188	0	10	7.07	2.95
Hyper activity	188	0	10	4.06	2.11	188	0	10	4.43	2.49
Peer problem	187	0	8	2.17	1.69	187	0	9	2.6	1.92

The mean for peer problem reported by children showed a below-average score of 2.17 ± 1.69 (min=0 max=8) the parental report also showed a lesser score for peer problems with mean 2.6 ± 1.92 (min=0 max=9).

The mean for the emotional symptom scale is 2.41 ± 2.3 (min 0 and max 9). The mean for the emotional problem reported by a parent is 1.68 ± 1.92 (min 0 and max 9). The lower scores show lower emotional problem among children in conflict with law.

The mean score for conduct problem reported by children is 2.52 ± 2.2 (min=0, max =10) the mean score of the conduct problems reported by children is below the average score and the parental score also goes with the child score where the mean is 2.45 ± 1.95 (min=0 max=9) indicating below average conduct problems among children.

The pro-social behaviour scores by the children show that the mean is 7.65 ± 2.16 (min=0 and max=10). Parents also reported a high score on social adjustment 7.07 ± 2.95 (min=0 max=10). Higher score in prosocial behaviour indicates better prosocial behaviours

The mean of the hyperactivity score shows an average score where the mean reported by children is 4.06 ± 2.11 (min=0 max=10). The parents score also shows an average score with mean 4.43 ± 2.49 (min =1 and max=10). The hyperactivity scores show an average score among children in conflict with law

Table-5

	Emotional symptoms		Conduct problem		Pro Social behaviour		Hyper activity		Peer problem	
	Borderline	Emotional symptoms	Borderline	Conduct problem	Borderline	Social adjustment	Borderline	Hyper activity	Borderline	Peer problem
Child report	8 (n= 15)	6.4 (n- 12)	12.2 (n=23)	17.6 (n=33)	10.1 (n=19)	6.9 N=13	13.3 n=25	12.8 n=24	17 n=32	4.3 n=8
Parent report	4.8 n= 9	2.1 n=4	12.2 23	13.8 26	12.8 n=24	18.1 n=34	11.7 n=22	22.3 n=42	19.7 n=37	8.5 n=16

Among the questionnaires, answered by the children showed that the emotional problems reported by children showed 8% of children showing borderline emotional disorders and 6.4% of children showed emotional symptoms. In total 14.4 %(27/188) of children reported emotional problems i.e. every 7th child in conflict with law showed emotional problems. The parental report showed emotional problems among 6.9% (13/188) of children. Conducted problems reported by children when analysed showed that 29.8% of children had conduct problems i.e.

every third child reported having conduct problem and parents reported that 26% children suffer conduct problem. Problems with prosocial behaviour is reported by 17% of children (n=32) and parental report on prosocial behaviour showed that 30.9% of children reported poor pro-social behaviour. Hyperactivity reported by children when analysed showed 26.1% of children faced hyperactivity which is one out of every four children. The parental reports when analysed further brought out that 34% of children had hyperactivity. Problems with a peer were reported by 21.3% of children and the report by parents showed that 28.2% of parents reported that their word had problems with peers. Conduct disorder, hyperactivity and problems with peers are the major problems reported by parents and children.

Anxiety among children in conflict with law

Table-6

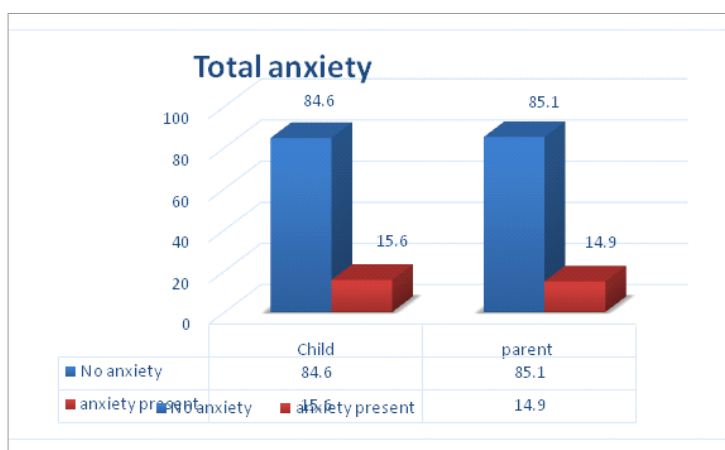
Anxiety	N	Min	Max	Mean	SD
Panic somatic problem reported by child pre total	188	.00	21	2.8	3.53
Panic somatic reported by parent pre total	188	.00	22	2.03	3.1
Generalised anxiety problem reported by child pre total	188	.00	18	5.28	4.33
Generalised anxiety reported _by parent pre total	188	.00	16	4.34	4.1
Separation anxiety problem reported by child pre total	188	.00	12	2.76	2.37
Separation anxiety reported by parent pre total	188	.00	14	2.79	2.96
Social anxiety problem reported by child pre total	188	.00	12	3.41	3.07
Social anxiety reported by parent pre total	188	.00	13	3.40	3.16
School avoidance reported by child pre total	188	.00	6	.93	1.33
School avoidance reported by parent pre total	188	.00	6	.96	1.44
Anxiety reported by the child pre total	188	.00	58	15.18	11.13
Anxiety reported by parent in child pre total	188	.00	66	13.5	11.2

The data showed anxiety among children in conflict with law when analysed. The highest score for the panic somatic possible was 26 and the cut-off point is 7. The mean reported by children for the panic somatic problem is 2.81 ± 3.53 (min=0, max=21). The parental report on the panic somatic problems among children showed a mean of 2.03 ± 3.1 (min=0 max=22). The panic somatic problems reported by child and parent show a lesser score, though some children showed a higher score up to 21 and 22.

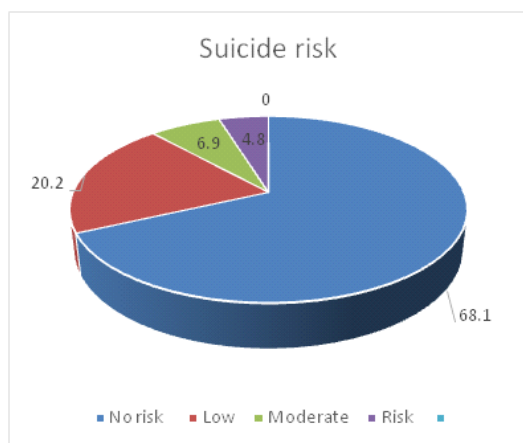
Highest the possible score for generalised anxiety problem is 18 and cut off is 9. The results showed that the mean for the generalised anxiety reported by children were 5.28 ± 4.32 (min=0 max=18) and the parental report showed that the mean for generalised anxiety among children is 4.33 ± 4.1 (min=0 max=18). The generalised anxiety score shows a lesser score that is below the cut off score, but the highest score is 18 that shows some children to show generalised anxiety problem

The maximum score for separation anxiety is 16 and the cut off score is 5. The mean for separation anxiety reported by children showed a mean score of 2.76 ± 2.37 (min=0, max=12). Parental report showed a mean of 2.79 ± 2.95 (min=0 max=14). The highest score on social anxiety can be 14 and the cut-off score is 8, the mean for the social anxiety reported by children is 3.41 ± 3.15 (min=1 max 12). The parental report conveys that the mean for social anxiety is 3.40 ± 3.158 (min=0. Max 13). The highest score for school avoidance can be 8 and the cut off score is 3. The mean for the school avoidance reported by children is, 93 ± 1.33 (min=0 max=6). Parental report shows the mean for school avoidance as $.96 \pm 1.44$ (min=0 max=6).

Figure-13



Child report on anxiety shows that 15.6% of children showed anxiety. Report by parents also showed that 14.9% of children showed anxiety i.e. every 6th child showed anxiety as per parent and child reports.

Figure-14**Table-7**

Suicide risk	Frequency	Percent
SUICIDE RISK		
No risk	134	71.3
Life time	54	28.7
Total	188	100.0

Lifetime suicide risk was reported by 28.7%(54) of children. Further analysis of the data revealed that 20.2% of children had a low risk for suicide, 6.9% of children had a moderate risk and 4.8% of children had a high risk. The results can be summarised as every 5th child showed low suicidal risk, every 15th child had the moderate risk of suicide and every 21st child in conflict with law showed high risk of suicide.

Heavy alcohol use in last one year

Table-8

Heavy alcohol user			Alcohol dependent		
	Frequency	Percent		Frequency	Percent
Not heavy use	179	95.2	Not alcohol dependent	184	97.9
Heavy use	9	4.8	Alcohol dependent	4	2.1
	188	100.0		188	100

Heavy alcohol users, i.e. in the last one-year children who have consumed alcohol more than three times a day and, used alcohol more than 3 times in 3 hours, and the incident has happened more than 3 times a year is found to be 4.8% (n=9). Children who were dependent on substance were only 2.1% and there were no abuses in the group.

Psychoactive substance use

Table-9

M1 Heavy user			M2 substance dependent			M3 substance abuser		
Not heavy user	186	98.2	Not dependent	185	98.4	Non abuser	187	98.5
Heavy user	2	1.1	Dependent	3	1.6	abuser	1	0.5

Using the psychoactive substance in last one year more than once for pleasure or to cope with a difficult situation when assessed showed that 1.1%(n=2) children were heavy users. Substance dependency was found among 1.6% (n=3) of children and one child was found to be an abuser.

Children in conflict with law undergoes multiple problems that are bio psychosocial in nature. Multiple problems faced by children need to be addressed in a holistic way. Multifaceted problems require a multidisciplinary team towards which there need to be link up with varied disciplines and departments. Towards ensuring holistic care in such a manner systematic planned action is required.

4. RESULTS OF PSYCHOSOCIAL INTERVENTIONS

Kaval is supporting 1977 children across Kerala in 14 districts. Highest number of children is supported in Thiruvananthapuram (385) followed by Kozhikode and Palakkad. The numbers were high when the project was initiated in the districts at first. The number of cases is seen high in Ernakulam and Thrissur as well. The current section discusses the profiles of children in conflict with law and the results of the intervention.

Personal details

Table:12

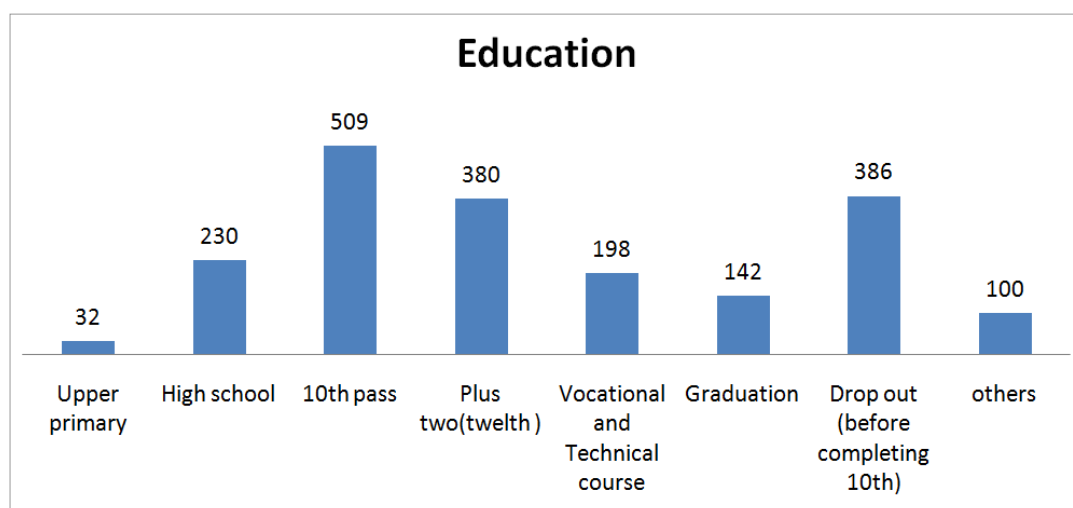
Gender	Male	99.29 (n=1963)
	Female	0.66 (n=13)
	Others	0.05 (n=1)
Age	11-15 years age	8.85 (n=175)
	16-18 years	53.16 (n=1051)
	18 years and above	37.99 (n=751)

In all the districts, the males formed the majority and one transgender in Thiruvananthapuram. More than half of the children were of 16 to 18 years old, 53.16 (n=1051), though in Pathanamthitta, Kottayam, Idukki, Thrissur and Kannur higher proportion of children were above 18 years.

Type of family

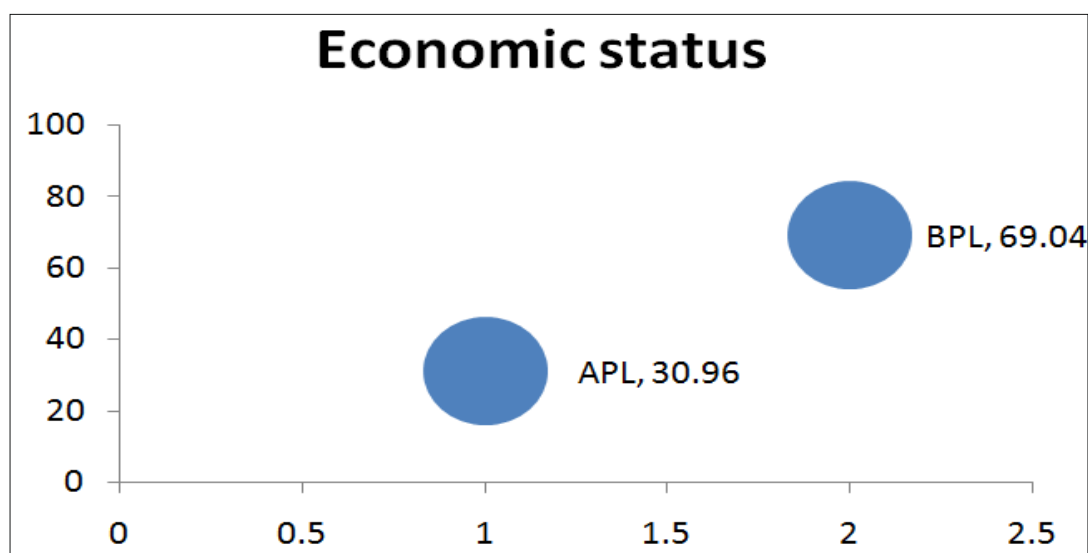
Nuclear family is predominant among the group of children in conflict with law. 67.88% of the above population was from nuclear families. Children from nuclear families were significantly higher in Ernakulam district (81.66%). Children from single parent families formed the next major group with 21.35%. Children from single parent families who were involved in conflict with law were more in Thrissur where every third child (34.36%) in conflict with law was from single parent family followed by Thiruvananthapuram (29.01%) and Pathanamthitta (27.37%).

Figure-20



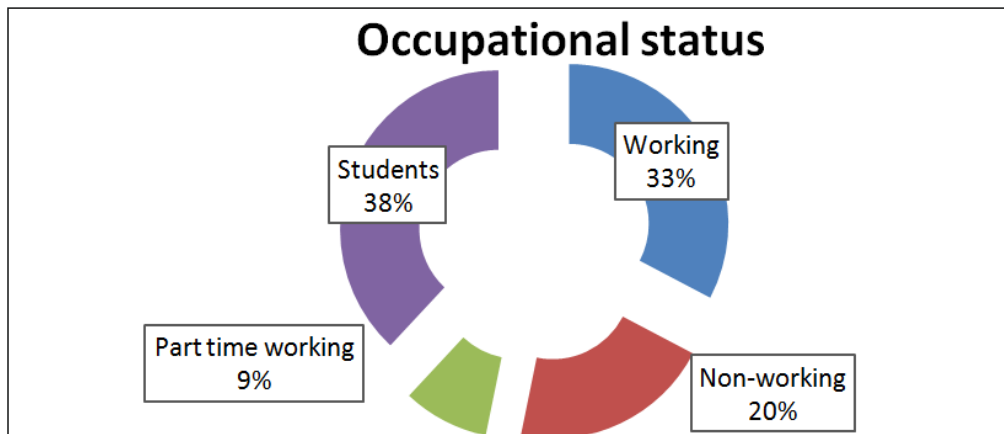
Educational background of the children showed that children in upper primary section is least involved in cases. One out of every four (1/4) children has completed 10th standard and one in every 5 children has completed 12th. The highest education reported in most of the districts is 10th standard, whereas in Idukki, Eranakulam and Palakkad children who have completed 12th formed the highest population. The dropout rates when assessed showed that one in every 5 children is a drop out (20%). Dropout rate was highest in Malappuram (53.97%) followed by Palakkad(29.28%). 42% of the children were doing vocational training courses in Malappuram.

Figure-21



The data on the economic status of children in conflict with law brings out that higher proportion of children is from families below poverty line in the state. District wise assessment conducted showed that all districts, except Palakkad have higher number of children from families below poverty line, involving in cases. in Palakkad 53.39% of children are from families above poverty line.

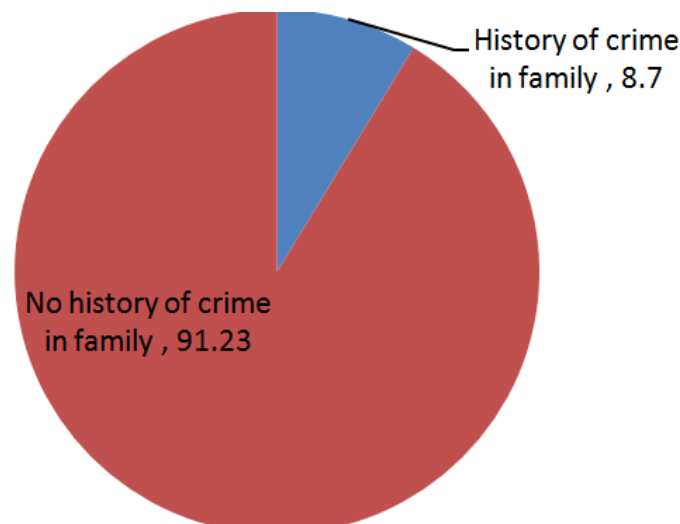
Figure-22



The data reveals the higher proportion of full time working children (33%) and part-time(9%). Students form 38% of the population and every 5th child was nonworking i.e., neither studying nor working. More working children are found in Trissur where every second child is working. Then comes Wayanad (47.62%) and Kannur (46.9). More Students in conflict with law were found in Pathanamthitta, where 55.79% of children in conflict with law were students.

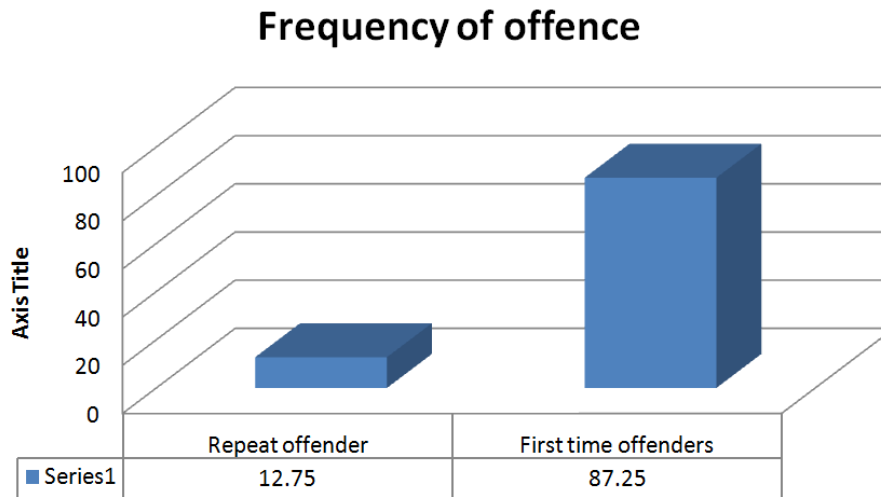
History of crime in family

Figure-23



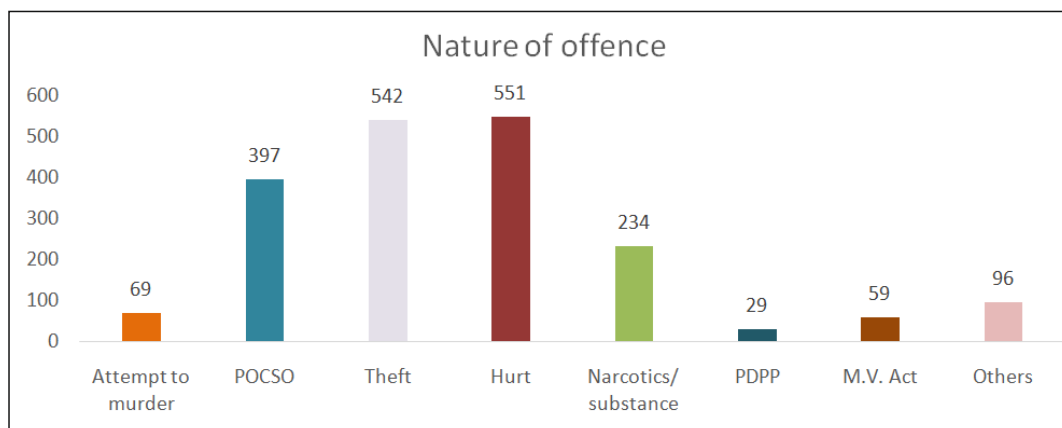
History of crime in the family where parents, siblings or significant others are involved in crime is 8.7% , i.e., every 11th child has a history of crime in family . History of crime in family is highest in Wayanad (17.46%) followed by Kottayam 15.11% and Thiruvananthapuram (14. 81%). Malappuram did not report any history of crime in family.

Figure-24



The data collected shows that every 8th child showed recidivism before the intervention. District wise data showed that Ernakulam had the highest number of repeat offenders where every 5th child is a repeat offender (20.12%) followed by Thrissur and Kottayam. No repeat offenders were found in Kasargode district and Kollam reported only 1.87% of repeat offenders.

Figure-25



Highest number of hurt cases reported by the children (n=551) followed by theft (n=542). Children involved in sexual offences form the next highest group with n= 397. Least reported case was PDPP where only 29 cases were booked.

Murder and attempt to murder is reported more in Palakkad where 14 cases were filed (8 children were involved in one case) followed by Kottayam (9 cases) Thiruvananthapuram and Thrissur (8 cases). Thiruvananthapuram reported highest theft cases (155) followed by Kozhikode (88). Hurt was reported more in Thiruvananthapuram (107) and Palakkad. Cases booked as per the Narcotic Drugs and Psychotropic Substances Act, 1985 was highest in Ernakulam (78) followed by Alapuzha (33) Thiruvananthapuram (26) and Kottayam (23). Cases, as per Prevention of Damage to Public Property (PDPP) Act, 1984 was reported more in Kottayam (10) and Palakkad reported more cases on The motor vehicle Act, 1988.

Summary of psychosocial interventions

Table 13

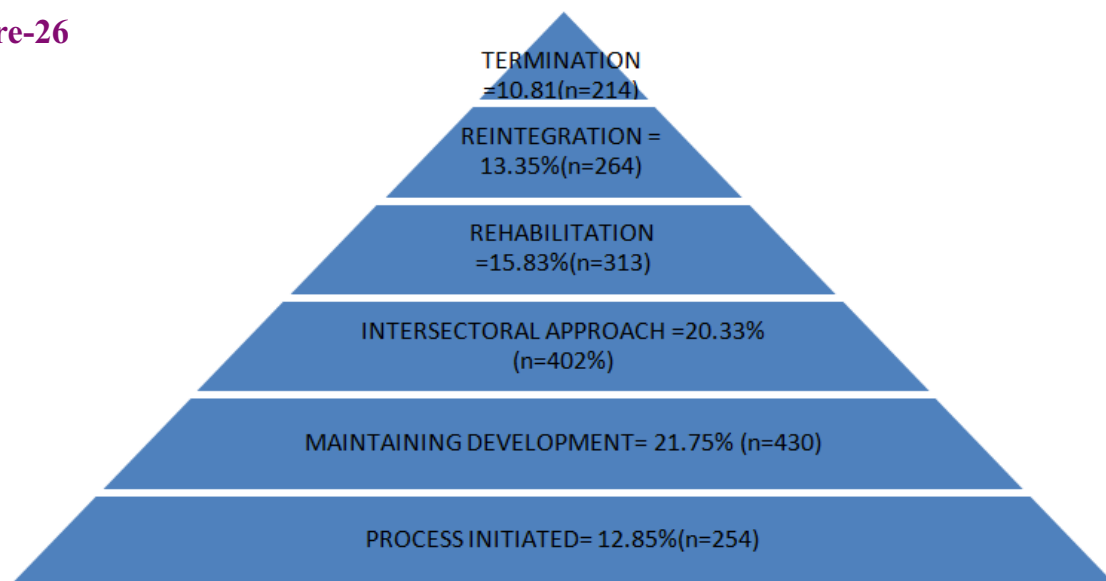
DISTRICTS	Total
Total no. of children	1977
Number of children whose psychosocial assessment is completed	95.65% (n=1891)
Number of children whose individual care plan is prepared	83% (n=1641)
Number of children supported through family intervention	76.38% (n=1510)
Number of children provided educational support	36.27 (n=717)
Number of children supported through vocational training (Joined)	24.83% (n=491)
Number of children referred for psychiatric services	11.68% (n=231)
Number of children referred for physical health support	19.19% (n=379)
Number of children who were provided police support	25.1% (n=496)
Number of children who were provided legal support	35.36%(n=699)
Number of children supported through preventive intervention for substance use	43.85% (n=867)
Number of children supported through referral for de addiction	10.12%(n =200)
Number of community level intervention program Conducted	11.23% (n=222)
Number of children supported through individual counseling	86.24% (n=1709)
Number of children supported through life skill education	39.86% (n=788)
Number of children supported through parent management training sessions	58.22% (n= 1151)
Number of children supported through group work	63.02% (n=1246)
Other services	18.51% (n=366)

Psychosocial intervention is a holistic process that involves varied services as per the psychosocial needs of the child. The intervention initiates with an assessment to identify the psychosocial problems of the child. the psychosocial assessment of 95.65% of children completed in the state. Every psychosocial assessment is followed by developing an individual care plan for the provision of psychosocial services for each child. The preparation of individual care plan has been completed for 83% of children who have entered the system. Family intervention is very important and the foremost intervention to ensure a better family environment for the child, 76.38% of children are provided with family interventions. Becoming drop out or education-related problems are one of the major problems identified among children in conflict with law, 36.27% of children were provided with varied types of educational services such as tuitions, materials, school-level intervention re-initiating of studies, etc. Dropouts or children who discontinue studies need to be engaged positively. Vocational training is one of the best ways for this as they will be trained in technical skills that facilitate their social mainstreaming through skilled jobs,

and 24.83% of children were referred for vocational training. 11.68% of children were referred for psychiatric interventions and 19.17% of children were supported for physical health issues. Police support in various forms such as rescue, prevention and protection was provided for 25.1% of children. Free legal support through DLSA was provided for 35.36% of children. Substance use is a major problem among children and preventive intervention through awareness programs was provided to 43.85% of children and 10.12% of children were referred for deaddiction treatment. Individual counselling, an important element of the intervention was provided for 86.44% of children and life skills education, a preventive approach for supporting children to develop skills in children to prevent arising problems in life was provided for 39.86% of children. Parent management program to develop skills in parents to deal with the behaviours in children, which is highly essential for the parents was provided for parents of 58.22% of children. Groupwork, another important method of social work was provided for 63.02% of children and 18.52% of children were provided with other services

Summary of Process Of Change

Figure-26



- excluded from the program =119

Children who have just entered the kaval support system of care is 12.85%. They are introduced to the system and explained the services that will be available for them through KAVAl. Children, who graduated to the next state that is a process-initiated stage where the consent from parent and child is obtained and the assessment is being completed and child's psychosocial problems are identified, form 21.75% of the group. Children in the maintaining development phase formed 21.75% of the population.

Children who are in the referral phase for multidisciplinary support through intersectoral approach is 20.33%. Children undergoing varied forms of interventions in the rehabilitation phase included 15.83% of children and 13.35 children are reintegrated back to family and society and in the follow-up phase. Children who availed services and are at the termination phase are 9.05%.

Indicators of change

Table-14

Indicators of change	Total
Total number of children	1977
No of children reinitiated study	16.84%(n=333)
No of children joined vocational training	13%(n=257)
No of children completed vocational training	37.74%(n=97)
No of children placed after training	30.35%(n=78)
No of children employed (Without training)	25.7% (n=508)
No of children sought de-addiction treatment	8.3% (n=164)
No of children completed de-addiction treatment and in follow up	58.54% (n=96)
others	1.82% (n=36)

Children who reinitiated studies in school and in plus two or college through interventions account for 16.84%(n=333). Adolescents who are out of educational stream and not interested in pursuing studies in schools and colleges were sent for vocational training and this contributes to 13%(n=257) of the total population. A total of 29.84% of children joined educational and training stream due to intervention. Among children who joined vocational training, 30% of children completed their course and 30.38% of children were employed after training. Children reinitiated study were highest reported in Palakkad with 32.04% (n=58) followed by Kottayam, 26.62% (n=41) and Kozhikode 26.19%(n=55). Children who joined for vocational training were reported to be highest in Kannur 38.94% followed by Kottayam 26.62%(n=37) and Kozhikode (18.1%(n=38).

A quarter of the total children in conflict with law were employed without training in varied jobs. 164 children using substances were sent for de-addiction services of which far more than half of them completed de-addiction treatment and are in follow-up.

Behaviour and emotional problems among children in conflict with law

Table-15

		Pre	post	sd	t	df	P
Emotional problem	Child	2.4	1.1	2.5	6.771	184	.000
	Parent	1.7	1.7	2.75	2.66	185	.790
Conduct problem	Child	2.5	2.1	2.5	2.387	1.85	.018
	Parent	2.4	3.3	2.67	4.099	186	.000
Social adjustment	Child	7.65	6.97	3.53	2.65	181	.010
	Parent	7.1	5.82	4.018	4.297	185	.000
Peer problem	Child	2.2	2.2	2.38	4.36	186	.668
	Parent	2.6	2.14	2.66	2.368	185	.019
Hyper activity	Child	1.6	1.3	.98	3.29	186	.001
	Parent	4.1	3.5	3.22	2.375	187	.019

Behaviour and emotional problems among children were assessed using strength and difficulty questionnaire. The mean for emotional problems reported by children has significantly reduced after the intervention (pre 2.4, post 1.1, sd= 2.5, $p=.00$) though the parental report remains the same post intervention. Children report on conduct problems shows a significant reduction after the intervention (pre 2.5, post 2.1, sd=2.67, $p=.018$) though the parent version shows a significant reduction in conduct problem. Social adjustment problems have significantly reduced among children after the intervention (child: pre=7.65, post=5.82, sd=3.53, $p=.01$ / Parent: pre=7.1, post =5.82, sd= 4.02 , $p=.00$). Children reported that the peer problems remained the same whereas parents reported that there is a significant increase in problems with peers and hyper activity has significantly reduced among children as per parent (pre =4.1 post =3.5 ,sd=3.2 $p=.019$) and child(pre=1.6, post =1.3 sd=.98 $p=.001$) version. The results can be inferred that there is a significant reduction in behaviour and emotional problems with a variation in parent and child version.

Anxiety among children in conflict with law

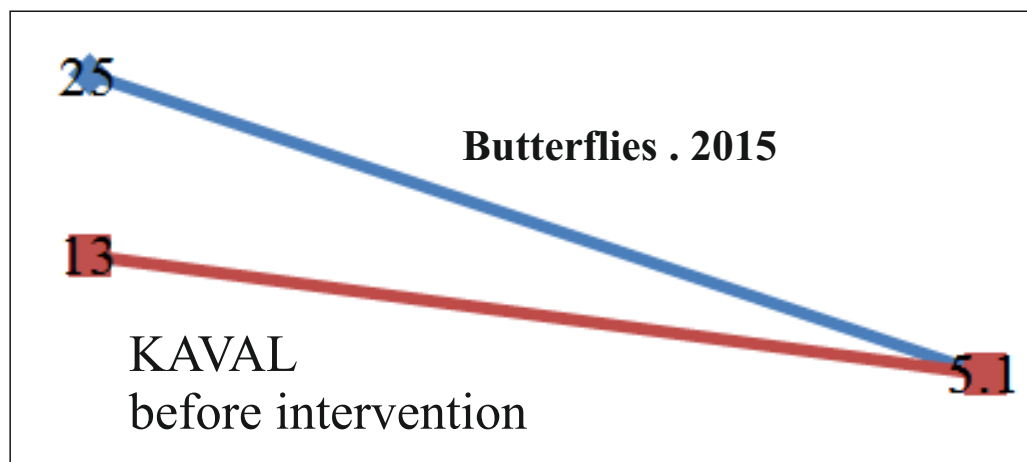
Table-16

		Pre	post	sd	t	df	P
Panic somatic	Child	2.8	1.5	4.53	3.8	187	.000
	Parent	2.03	1.6	4.24	1.34	187	.181
Generalised anxiety	Child	5.3	3	5.16	6.024	185	.000
	Parent	4.4	3	5.38	3.459	185	.000
Separation anxiety	Child	2.8	1.6	2.95	5.35	186	.000
	Parent	2.7	1.6	2.95	5.351	186	.000
Social anxiety	Child	3.4	1.7	3.6	6.5	186	.000
	Parent	3.42	1.7	3.64	6.563	186	.000
School avoidance	Child	.93	.494	1.565	3.774	187	.000
	Parent	.96	.66	1.6	2.54	187	.012
Total anxiety	Child	15.17	8.33	13.59	6.82	183	.000
	Parent	13.39	8.65	14.04	5.2	186	.000

Anxiety among children is observed to be reduced significantly after the intervention. The mean score for panic somatic has significantly reduced from 2.8 to 1.5 (sd4.5, $p=.00$), the parental version shows a reduction in anxiety though not significant at .05 level. The results further confirms that the mean score for anxiety has reduced significantly for generalised anxiety, separation anxiety, social anxiety, school avoidance as per the child and parent report. The total anxiety score shows a reduction as per child version from 15.17 to 8.33 with a sd of 13.59 and p value of .00, and parent version from 13.39 to 8.65 with a sd of 14.04 and p value 000. The results show a reduction in anxiety problems among children, as per child and parent version due to psychosocial interventions among children in conflict with law.

Recidivism

Figure-26



The most important and significant result of KAVAl is the reduction in the recidivism. Recidivism was 25% before the intervention as per a study by Butterflies Delhi in 2015. The recidivism rate among the children in conflict with law was 13% before the psychosocial interventions. The recidivism rate reduced to 5.1% post intervention that shows the efficacy of psychosocial intervention to reduce recidivism and mainstream the children.

Psychosocial interventions have brought about significant changes in psychosocial problems among children. Majority of children were boys and most of the children were of age group 16 to 18 years. Every 5th child was a dropout and this phenomenon was more from families below poverty line. Many children were working and history of crime was reported by 8.7% of children. Hurt, theft and offences under POCSO Act 2012 were in higher numbers. Interventions provided for children include family level support, educational support, vocational support, support thorough police, legal help, individual counselling, group work, life skills training and community level programs. These interventions helped the children to be mainstreamed through re-entering educational or vocational training system as well as engaging in jobs. Most significant outcome is decrease in recidivism among children.

5. SUMMARY

KAVAL is an innovative program implemented by Government of Kerala, through the Department of Women and Child Development, with technical support from Dept. of Psychiatric Social Work, NIMHANS, Bengaluru. A systematic and structured methodology is developed in the state to support children in conflict with law thereby reducing the potential danger of being labelled and isolated from society. This reduces the chances of the child being absorbed to antisocial gangs and causing potential harm to society. Identifying children at high risk at a young age and supporting them by providing holistic care through psychosocial intervention would help children to keep away from unlawful activities.

A multidisciplinary inter-sectoral approach through psychosocial intervention is needed to ensure holistic care and support for children. “Psychosocial programming comprises structured activities designed to advance the child’s psychological, social development and to strengthen protective factors that limits the effect of adverse influences (WHO 2011).”

KAVAL is a community based approach to reach out to children on bail and providing psychosocial interventions through trained social work professionals in NGOs by entering to a working partnership with the Non-Governmental organisations. The psychosocial care model was developed and implemented through a five tier approach comprising:

1. Sensitization of stake holders
2. Stake holders resource building through training of the trainers program
3. Staff resource building through hand holding training
4. Implementation of the program at individual, family, school and community level
5. Referral

Multiple stakeholders in the Juvenile Justice System such as Juvenile Justice Board, Special Juvenile Police Unit, District Child Protection Unit, Non Government Organisation, District Legal Service Authority, Education Department, Mental health professionals and Child care institution are sensitized on the bio-psychosocial problems and needs of the children in conflict with law. This is followed by a 15-day training of the multiple stakeholders in juvenile justice system to build skills to identify the psychosocial problems among children and provide interventions. Each child, as he/she comes in to the Juvenile Justice System undergoes a psychosocial assessment to identify their psychosocial problems, followed by developing Individual Care Plan by the observation home counsellor and legal cum probation officer with support from NGO, medical officers and other professionals as per the need of the child. The cases of children will be transferred by JJB to NGO through District Child Protection Unit for psychosocial intervention. NGO, as they receive the case start their intervention as per the ICP prepared and the emerging needs. The NGO reports and provides services for children in conflict with law as per the guidelines from DCPU. Regular and systematic electronic reporting is carried out on a daily, weekly, monthly and quarterly basis. MIS system is developed for the same. Monthly evaluation of KAVAL activities in the district is carried out by District Juvenile Justice Team consisting of JJB, SJPU, DCPO, LCPO, OH counsellor, Probation Officer and NGO staff. Quarterly meetings are conducted at SCPS to evaluate the district level activities and activities of NGOs.

The interventions has showed good results both quantitatively and qualitatively. Psychosocial services were provided for children through multidisciplinary intersectoral approach. Family interventions were provided for 1510 children, 379 children were referred for physical health and 231 children were referred for psychiatric services. Support from police was provided for 496 children and 699 children were provided legal support. Children were also given individual counselling (n=1709), life skills training(788), group work intervention(1246). community based program to address the causative factors in the community was also conducted where a total of 222 community level programs such as advocacy work, camps, awareness classes etc were conducted.

The project is supporting 1977 children. A total of 333 children reinitiated studies through intervention, 257 children joined vocational training, 586 children were employed, 164 children were provided with de-addiction treatment. These results confirm a reduction in emotional and behaviour problems in children as well as anxiety. Recidivism has reduced significantly from 13% to 5%. KAVAL was successful in developing a system in the state to provide psychosocial services and social reintegration of children in conflict with law. The program ensures safety and protection of children who have deviated from the main stream of society. Social reintegration of these children will ensure their transformation to contributing citizens of the country.

REFERENCES

1. Bridges. (1927). Factors Contributing to Juvenile Delinquency. Journal of Criminal Law and Criminology, Vol 17.
2. DCPCR. (2015). Why Children Commit Offences. Study on Children in Conflict With Law in Delhi. Retrieved from: <http://www.delhiplanning.nic.in/sites/default/files/Why-Children-Commite-Sucide-Booklet.pdf>
3. Ministry of Women and Child Development. (2013). Model Guidelines under Section 39 of The Protection of Children from Sexual Offences Act, 2012. Retrieved from : <https://wcd.nic.in/sites/default/files/POCSO-ModelGuidelines.pdf>
4. National Institute for Health and Clinical Excellence. (2006). Parent-Training/ Education Programmes in the Management of Children with Conduct Disorders, ISBN 1-84629-254-9 Retricted from: <https://www.scie.org.uk/publications/misc/parenttraining/parenttraining.pdf?res=true>
5. Ronad et al. (. 2017). Children in conflict with law in India. Nurse Care Open Acces J.2(3):88 91. DOI: 10.15406/ncoaj.2017.02.00039
6. Sekar et.al. (2005). Psychosocial care in disaster management, TOT Information Manual -1, NIMHANS. Bangalore 29 & Care India, New Delhi.
7. Sekar K, Kavitha Manoj, Sudeep Jacob Joseph, Sanjeev Kumar M. (2013). Psychosocial care for children in difficult circumstances-Facilitator Manual. NIMHANS, Bangalore-29.
8. Sekar K, Kavitha P, Sanjeev Kumar M, Sudeep Jacob Joseph. Life skills education for children in difficult circumstances, NIMHANS, Bangalore-29.
9. Sekar.K K, Kavitha Manoj, Arul Roncali T, Aravindraaj E, Sanjeev Kumar M, Sudhir Babu. (2012). Psychosocial care for children in difficult circumstances, NIMHANS, Bangalore-29.
10. Sekar.K, Aravind Raj. E, Arul R.T, Kavitha Manoj, Sudhir Babu, (2011). Community Based Education Program on Ill effects of Substance Use-My Workbook, NIMHANS Bangalore-29.

11. Sekar. K, Aravind. E, Arul. R.T, Kavitha. Manoj, Sanjeev. K. (2008) “Psychosocial Care For Children In Difficult Circumstances-My Work Book” NIMHANS, Bangalore
12. Sekar. K, Arul. R.T, Kavitha. Manoj, Aravind. E.R, Sanjeev. K, (2008) Life Skills Education For Children In Difficult Circumstances-My Work Book, NIMHANS, Bangalore
13. Sekar. K, Kavitha P, Sanjeev Kumar M, Sudeep Jacob Joseph. Life skills education for children in difficult circumstances- Facilitator Manual, NIMHANS, Bangalore-29. (Under publication)
14. Sekar. K, Parthasarathy. R, Kavitha. Manoj, Arul. R.T, Aravind. E.R, Sanjeev. K, (2009) Enriching Family Life-My Workbook, NIMHANS, Bangalore.29.
15. Sekar. K, Prabhu, Kavitha. P, Selvi. A, Malarmathi, Pinkie .B. (2007)“ Manual on Intervention with Children Affected by Tsunami Using Psychosocial Care Medium”, NIMHANS EveryChild India, Bangalore.
16. Step by Step:
17. UN Children's Fund (UNICEF). (, 2007). Improving the Protection of Children in Conflict with the Law in South Asia : A regional parliamentary guide on juvenile justice , available at : <https://www.refworld.org/docid/51e7b5e24.html>.
18. UNICEF. (2013). Learning Initiative on Juvenile Justice Identifying of Priorities and framework of action. Retrieved from <https://cdn.penalreform.org/wp-content/uploads/2013/04/Report-of-Learning-Initiative-on-Juvenile-Justice-19-20-March-2013.pdf>
19. Wasserman et al. (2003). Risk and protective factors of child delinquency. Retrieved from <https://www.ncjrs.gov/pdffiles1/ojjdp/193409.pdf>
20. WHO. (2011). Psychological first aid: Guide for field workers. Retrieved from: https://apps.who.int/iris/bitstream/handle/10665/44615/9789241548205_eng.pdf;jsessionid=1A0BBB41180A0B8504A6CF6AF3C846EA?sequence=1.



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