

KAVAL PLUS

**COMMUNITY BASED REHABILITATION AND
REINTEGRATION OF CHILDREN IN NEED OF
CARE AND PROTECTION THROUGH
PSYCHOSOCIAL APPROACH**

PILOT PHASE REPORT



**വനിത ശിശുവികസന വകുപ്പ്
കേരള സർക്കാർ**

KAVAL PLUS:

Community Based Rehabilitation and Reintegration of Children in Need of Care and Protection through Psychosocial Approach

Pilot phase report

Period: December 2020 to March 2021

Implementing offices

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Nirbhaya Cell - Thiruvananthapuram

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ABBREVIATIONS

| | | |
|------|---|------------------------------------------|
| CSA | : | Child Sexual Abuse. |
| CNCP | : | Children in Need of Care and Protection. |
| CWC | : | Child Welfare Committee. |
| JJB | : | Juvenile Justice Board. |
| DCPU | : | District Child Protection Unit. |
| DCPO | : | District Child Protection Officer. |
| NGO | : | Non Governmental Organisations. |
| WCD | : | Women and Child Development Department. |
| DDE | : | Deputy Director of Education. |
| ICPS | : | Integrated Child Protection Scheme. |
| ICPS | : | Integrated Child Development Scheme. |
| SJPU | : | Special Juvenile Police Unit. |

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1. COMMUNITY BASED REHABILITATION AND REINTEGRATION OF CHILDREN IN NEED OF CARE AND PROTECTION THROUGH PSYCHOSOCIAL APPROACH

Children are the most valuable resource of the country. Investing in the welfare of children by providing a conducive environment for their growth and development would ensure a generation of productive citizens for the development of the country. The responsibility of the protection of children relies on the Government. India a signatory to UNCRC in 1992 is bound to ensure care and protection and prevention for children from all sorts of abuses and ensure a safe environment for children. The laws currently existing in the state to protect children in the country are:

- ◆ Juvenile Justice (Care and Protection of Children) Act, 2015
- ◆ The Immoral Trafficking (Prevention) Act (ITPA), 1956
- ◆ Protection of Children from Sexual Offences Act, 2012
- ◆ The Prohibition of Child Marriage Act, 2006
- ◆ Rights of Children to Free & Compulsory Education Act, 2009
- ◆ The Child and Adolescent Labour (Prohibition and Regulation) Act, 1986
- ◆ Bonded labour system (Prohibition) Act, 1976
- ◆ Commission for Protection of Child Rights Act, 2005
- ◆ The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994
- ◆ The Medical termination of pregnancy act, 1971
- ◆ The Hindu Adoptions and Maintenance Act, 1956
- ◆ The Guardians and Wards Act, 1890

Apart from this other provisions for protection of children includes:

Statutory Bodies:

- ◆ National Commission for Protection of Child Rights
- ◆ State Commission For Protection Of Child Rights
- ◆ Child Welfare Committee (CWC)
- ◆ Juvenile Justice Board (JJB)

Program & Policy

- ◆ Integrated Child Protection Scheme (ICPS)
- ◆ National policy for children, 1974
- ◆ National plan of action for children, 2005

Program

- ◆ National child labour project scheme
- ◆ Scholarship

Table-1

Annual survey 2018-19 vulnerability mapping (GoKe)

| District wise vulnerability | History of psychiatric illness in family | Alcoholic parents | Other substance abuse | Quarrel some family | Domestic violence | Severe economically affected families Other substance abuse | Families with siblings having criminal record | Neighbour hood issues | Families with siblings using drugs or substances | Families with children having learning difficulties | Number of child labourers | Number of children living in streets | Number of migrated labourers | Grand Total |
|-----------------------------|------------------------------------------|-------------------|-----------------------|---------------------|-------------------|-------------------------------------------------------------|-----------------------------------------------|-----------------------|--------------------------------------------------|-----------------------------------------------------|---------------------------|--------------------------------------|------------------------------|---------------|
| Thiruvananthapuram | 900 | 5827 | 532 | 1863 | 366 | 2775 | 210 | 574 | 146 | 596 | 1 | 0 | 220 | 79899 |
| Kollam | 596 | 2623 | 257 | 768 | 253 | 1879 | 88 | 110 | 42 | 295 | 2 | 2 | 548 | 51004 |
| Pathanmthitta | 546 | 1529 | 385 | 419 | 335 | 2051 | 199 | 240 | 71 | 278 | 28 | 0 | 518 | 39761 |
| Alapuzha | 431 | 1807 | 194 | 433 | 215 | 1440 | 80 | 91 | 46 | 319 | 1 | 2 | 1887 | 26869 |
| Kottayam | 330 | 1546 | 138 | 635 | 285 | 1198 | 85 | 161 | 70 | 322 | 0 | 0 | 956 | 27952 |
| Eranakulam | 650 | 2870 | 368 | 495 | 383 | 17978 | 84 | 97 | 44 | 468 | 10 | 6 | 2102 | 75414 |
| Idukki | 233 | 2850 | 436 | 615 | 315 | 1162 | 86 | 128 | 65 | 255 | 1 | 0 | 1965 | 28508 |
| Palakkad | 470 | 2728 | 541 | 570 | 235 | 1180 | 41 | 173 | 69 | 425 | 8 | 3 | 1549 | 42111 |
| Thrissur | 436 | 1532 | 428 | 485 | 303 | 1169 | 86 | 175 | 90 | 365 | 5 | 0 | 662 | 29787 |
| Malappuram | 1467 | 1442 | 159 | 299 | 167 | 1374 | 49 | 40 | 56 | 743 | 0 | 2 | 1627 | 46127 |
| Kozhikode | 423 | 601 | 76 | 145 | 209 | 496 | 42 | 37 | 31 | 370 | 0 | 0 | 189 | 16164 |
| Wayanad | 250 | 5481 | 390 | 471 | 215 | 854 | 65 | 33 | 18 | 174 | 0 | 0 | 856 | 27777 |
| Kannur | 314 | 607 | 41 | 168 | 120 | 635 | 47 | 33 | 9 | 215 | 0 | 0 | 222 | 16933 |
| Kasargode | 219 | 1151 | 80 | 164 | 415 | 862 | 16 | 16 | 16 | 173 | 0 | 2 | 102 | 25085 |
| Total | 7264 | 3594 | 4075 | 7530 | 3816 | 35053 | 1908 | 1908 | 773 | 4998 | 56 | 17 | 13412 | 533391 |

Integrated child protection scheme and Integrated child development services

Although there are ample provisions to support children we find that children in certain epicenters (Sekar et.al, 2008) are still facing varied difficulties that affect their growth and development. Annual survey 2018 -19 on vulnerability mapping of children shows poverty and migration as major issues among children in Kerala. Domestic violence, substance abuse, mental illness in the family are also identified as some major difficulties.

The Impact of difficult circumstances of children

These difficulties will have a multidimensional impact on children, where their holistic growth and development in terms of physical health, mental health, education, socialization etc. will be affected. These children are vulnerable and enter the adult stream of society and social roles without completing education nor becoming financially and socially independent. This will have a severe impact on their biopsychosocial function leading to poor quality of life and family life. The chances that the cycle continues to the next generation is very high unless and until these families are supported.

Vulnerability of children

Children depend on adults for support and protection. In cases mentioned above where the family and environmental conditions are not conducive for the children. There are higher chances that these children will get into multiple problems in their life. In most cases, children do not have supportive adults to help them during such difficulties that aggravate their problems. Many of these children face difficulties such as physical abuse, sexual abuse, discrimination, termination from the education system, labelling isolation etc.

Increasing Vulnerability in the Current Situation

Kerala has witnessed two floods in consecutive years. This is followed by COVID 19 that is going to have a severe impact on socio-economic conditions in the families. There can be higher chances of children becoming vulnerable in these situations when their basic needs will not be met, followed by increased financial difficulties in the house brings down their standard of living. Many children will be forced to work or even drop education in the situation where the families have limited jobs and income. There are chances of increased crimes in the societies and children getting involved in unlawful activities may also increase. Social issues such as child marriage also need to be watched along with the risk of child sexual abuse. Children become silent victims of such disasters in society. Being vulnerable and dependent, it becomes the responsibility of the Government to safeguard children.

Need of the Program

Considering the information's given above it is essential to ensure the safety and security of children to prevent the occurrence of future untrodden events that affect the child's growth and development. There is a need to support these children through community-based supportive programs to reduce re-victimization as well as ensuring mainstreaming, to build up their potentials and lead a purposeful life without the baggage of any sort of violence against them. This accounts for the introduction of a program for the children in need of care and protection in Kerala.

Population: The population benefited from the program will be children in need of care and protection according to the JJ Act 2015. Section 2(14) of the ACT defines Child in need of Care and protection in the manner detailed below.

CHILD IN NEED OF CARE AND PROTECTION”

- (i) *Who is found without any home or settled place of abode and without any ostensible means of subsistence; or*
- (ii) *Who is found working in contravention of labour laws for the time being in force or is found begging, or living on the street; or*
- (iii) *Who resides with a person (whether a guardian of the child or not) and such person—*
 - (a) *Has injured, exploited, abused or neglected the child or has violated any other law for the time being in force meant for the protection of child; or*
 - (b) *Has threatened to kill, injure, exploit or abuse the child and there is a reasonable likelihood of the threat being carried out; or*
 - (c) *Has killed, abused, neglected or exploited some other child or children and there is a reasonable likelihood of the child in question being killed, abused, exploited or neglected by that person; or*
- (iv) *Who is mentally ill or mentally or physically challenged or suffering from terminal or incurable disease, having no one to support or look after or having parents or guardians unfit to take care, if found so by the Board or the Committee; or*
- (v) *Who has a parent or guardian and such parent or guardian is found to be unfit or incapacitated, by the Committee or the Board, to care for and protect the safety and well-being of the child; or*
- (vi) *Who does not have parents and no one is willing to take care of, or whose parents have abandoned or surrendered him; or*
- (vii) *Who is missing or run away child, or whose parents cannot be found after making reasonable inquiry in such manner as may be prescribed; or*
- (viii) *Who has been or is being or is likely to be abused, tortured or exploited for the purpose of sexual abuse or illegal acts; or*
- (ix) *Who is found vulnerable and is likely to be inducted into drug abuse or trafficking; or*
- (x) *Who is being or is likely to be abused for unconscionable gains; or*
- (xi) *Who is victim of or affected by any armed conflict, civil unrest or natural calamity; or*
- (xii) *Who is at imminent risk of marriage before attaining the age of marriage and whose parents, family members, guardian and any other persons are likely to be responsible for solemnisation of such marriage;*

PILOT PHASE

In the first phase, two districts will be selected for the program. The districts will be Thiruvananthapuram and Palakkad.

Thiruvananthapuram has a population of tribal, coastal, and mainland population.

Palakkad has a unique geographic location and population that accounts for a large number of child victims of varied nature of abuses.

Table-2**Details of children produced form 1st April 2019 to 31 March 2000**

| Children in need of care and protection | Thiruvananthapuram | Palakkad |
|-----------------------------------------|--------------------|----------------------|
| Total number of children | 1155 | 1093 |
| Boys | 512 | 380 |
| Girls | 643 | 418 |
| Abandoned | 15 | 24 |
| Surrendered | 1 | 0 |
| Child labour | 3 | 12 |
| Child marriage | 1 | 9 (Appears in POCSO) |
| Child physical abuse | 6 | 36 |
| Child sexual abuse | 82 | 178 |

Number of children produced before the CWC in Thiruvananthapuram and Palakkad forms a large figure of 2248. This throws light on the need of protecting these children which is the duty of the state. The difficulties and the resulting impact on children cannot be forgotten. These children face problems at various levels that need to be addressed to confirm their holistic growth and development.

2. PSYCHOSOCIAL CARE PROGRAMS CONDUCTED AMONG CHILDREN IN NEED OF CARE AND PROTECTION

Kaval plus is an innovative program to support children in need of care and protection. The pilot phase of the program was initiated in the state of Kerala on a pilot basis in December 2020. Various activities were conducted to introduce and implement the program in the selected two pilot districts. This section describes various activities carried out in the pilot phase to initiate the program.

Convergence

The Kaval Plus program involves a multidisciplinary approach so there is a need to converge with other departments. Convergence meetings at state and district levels were conducted to discuss and finalise on the program with the stakeholders from the pilot districts and state. State level convergence meeting was conducted at Thiruvananthapuram followed by district level convergence meeting at Thiruvananthapuram and Palakkad. The experts in the area of child protection were invited.

Table: 3

| Program | Date | No of Participants |
|----------------------------------------|----------|--------------------|
| Online State level convergence meeting | 3.2.2021 | 87 |

The first convergence meeting with an aim to bring together all the major stakeholders was conducted on 3rd of February 2021. A total of 87 persons attended the convergence meeting. Major stakeholders from the state and two districts of Thiruvananthapuram and Palakkad attended the meeting. The program started at 5pm. The group was welcomed by Mr. Biju Prabhakar I.A.S, Secretary Social Justice & Women and Child Development Department, KSRTC CMD(Chairman& Managing Director). Mr. LokanathBehra I.P.S, DGP & State Police Chief gave the presidential address. Ms. AnupamaT.V, IAS, Director, Women and Child Development Department presented the project. Mr. Nisar Ahammed K.T , Member secretary. KLSA was the distinguished guest and Dr. Kavitha .P gave the vote of thanks.

District level convergence

District level convergence was carried out with multiple stakeholders to ensure team building in the district as well as introducing the concept of the program in the district to the multiple stakeholders.

Table: 4

| Program | Date | No. of people attended |
|-----------------------------------|-----------|------------------------|
| Convergence at Palakkad | 6.2.2021 | 40 |
| Convergence at Thiruvananthapuram | 11.2.2021 | 43 |

MEMBERS OF ATENDENCE KAVAL PLUS CONVERENCE

- ❖ Secretary WCD
- ❖ Inspector General of Police
- ❖ Director WCD
- ❖ Director Health department
- ❖ Director of General Education
- ❖ Child rights commission

Police

- ❖ City Police Commissioner
- ❖ 3 SP from Palakkad and Thiruvananthapuram Urban and Rural

Other Departments

- ❖ SC Department: District SC Development Officer
- ❖ ITDP officer - Tribal Department
- ❖ Deputy Director of Panchayath : From 2 Districts
- ❖ CWC - 2 members from each District
- ❖ Juvenile Justice Board Members
- ❖ Medical officer - District Mental Health Programme
- ❖ DMO from Thiruvananthapuram and Palakkad
- ❖ Gynecologist association representative
- ❖ District Child Protection Officer
- ❖ Protection Officer (non Institutional care)
- ❖ Child home counselor
- ❖ Special Juvenile Police Unit
- ❖ Child line

- ❖ NIRBHAYA
- ❖ SAKHI
- ❖ THANAL
- ❖ ORC
- ❖ DLSA
- ❖ DDE
- ❖ Experts from schools of social work
- ❖ Experts in the area of child care

Palakkad District level convergence was conducted on 6th of February 2021. District women and child Development officer Ms.P.Meera welcomed the group; District Panchayat President Binumol. K inaugurated the program. C.W.C. Chairperson Mr. Maria Gerald gave the special address. Introduction to the program was given by Dr.Kavitha.P., State Coordinator and Smt. Subha.S, District Child Protection Officer gave vote of thanks.

Convergence meeting at Thiruvananthapuram was conducted on 11th February 2021. The group was welcomed by Ms. Chitralkha, the District Child Protection officer, District D.L.S.A.Secretary, Thiruvananthapuram, Adv. Jubia.A inaugurated the program. C.W.C. chairperson Adv. Sunanda addressed the group. The project presentation was conducted by Dr.Kavitha.P State coordinator, Kaval plus. Discussion was carried out to clarify the doubts regarding the program. The program concluded with vote of thanks given by Mr. Subeesh. T, program officer Kaval Plus.

Capacity building programs

The capacity building programs focused to build up the capacity of the stake holders to work with survivors of child sexual abuse and children in need of care and protection, as well as building up capacity of the master trainees to conduct trainings. A core team of multiple stake holders were identified and trained as master trainers with the support of varied eminent stakeholders.

The core team of master trainers were :

- ♦ Police(CPO/ SJPU)
- ♦ CWC
- ♦ DCPO
- ♦ Protection officer non institutional care
- ♦ Social Worker
- ♦ Rescue officer
- ♦ Women and children home(home manager/ counselor/ caretakers-4)
- ♦ Sakhi coordinators- 2 from each district
- ♦ Child line-2 from district
- ♦ Thanal- 1 from each district
- ♦ Ngo staff- 24
- ♦ Legal experts- 2 from each district

Various online programs were also conducted to orient CWC members and NGO staff on various topics.

Table: 5
Orientation programs

| Date | Program | No: of people attended |
|---------------------------------|------------------------------------------------------------------------------|------------------------|
| 2.1.2021 | Orientation for the NGO staff in TVM on project and laws related to children | 17 |
| 11.1.2021 | Orientation for the CWC members | 9 |
| 13.1.2021, 14.1.2021& 27.1.2021 | Orientation on need assessment | 16 |
| 9-2-2021 to 10-2-2021 | State level training for the NGO staff | 19 |
| 20 -2-2021 to 26-2-2021 | 6 days training of the trainers for the Trivandrum team | 30 |
| 1.3.2021 to 6.3.2021 | 6 days training of the trainers for the Palakkad team | 15 |

Development of training module

Training modules to train the varied stake holders working with children were developed and standardised as a part of the program to develop the skills and knowledge among the stake holders to work with children.

Table: 6

| 6 Days master trainers training module | 3 Days stakeholders training module | 2 Days stake holders orientation module | Half day stakeholders orientation program |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------|
| Understanding children | Understanding children | Understanding children | Understanding children |
| Understanding biopsychosocial development of children | Understanding biopsychosocial development of children | Understanding biopsychosocial development of children | Understanding biopsychosocial development of children |
| Psychosocial problems among children | Psychosocial problems among children | Psychosocial problems among children | Identifying behavioural and emotional problems among children |
| Impact of psychosocial problems | Impact of psychosocial problems | Impact of psychosocial problems | |
| Behavioural and emotional issues among children | Behavioural and emotional issues among children | Behavioural and emotional issues among children | |
| Psychosocial care for children | Psychosocial care for children | Psychosocial care for children | Child protection system |
| Enriching family life Parent management training Life skills education for children Stress management | Life skills education for children | | Referral |

Summary of need assessment among children in need of care and protection

An assessment was conducted among 86 children of age group 2 to 17 years (mean=12.82yrs) to understand various psychosocial problems faced by children in need of care and protection. The results showed that boys formed a slightly higher proportion of children reaching CWC for support (54.2%). The religion of children showed that Hindus (72.2%) formed the majority followed by Muslims (15.3%) and Christians (12.5%). Children from Other backward communities formed more than half of the population followed by the scheduled caste category that formed almost a quarter and scheduled tribe population (8.3%). Mean education of children was 8 years. Academic performance of the children showed that 80% of children were falling in to average or poor category Good interest in school is reported by 58.3% of children 41.7% of children had average to poor interest. Memberships in associations that ensures child's participation when assessed showed that only 6 children out of 86 had membership in association and only 5 child had membership in libraries. 20.8% of children have won prizes for studies and educational support through tuitions were received by 26.4% of children

Though male headed families were higher, 36.1% of families were female headed. . Only 48.6% of children were staying with both the parents, showing disruption in the family structure. Alcohol use among parents is reported among more than half of the families and almost one third of the families reported marital conflict and one in every 5 families reported domestic violence. Institutional history of the child when assessed showed that 58.3% were institutionalized at some point of time that shows the lack of conductivity in families.

The economic condition of the families showed that around 3/4th of the children lived in families below poverty line where only 1/4th of the population reported that the child's parents have regular job, 1/5th of the population were skilled labour and 43% of them had regular job though the position of job in the society low. Most of the children were staying in either rented house or no-man's land. Majority of them stay in strong houses

with electricity (100%) and water facility (90.3%). Lack of privacy in the house is reported by 70.8% of children. Higher proportion of children was from villages and only 105 of children's families had membership in associations.

Perceived family support assessed showed a positive result where 86.1% of children had good to very good support whereas 13.9% of children had low to poor family support. Perceived support from friends were reported by 68.1% of children whereas 18% of children reported poor support from friends. Though 73.6% of families reported social support almost 1/4th of the families reported lack of social support which is alarming.

Behavioural and emotional problems assessed among children showed that 15.3% of children had emotional problems, 25% of children reported conduct problem, hyperactivity was reported among 26.4% of children reported hyperactivity and problems with peers were reported by 12.5% of children, prosocial behaviour was found to be abnormal among 9.7% of children.

Adjustment among children when assessed showed that 5.6% of children had negative adjustment at school, and 23.5% of children had negative adjustment with teachers. 19.4% of children had negative peer adjustment, general adjustment is found to be poor among 15.3% of children.

Individual care plan

Based on the assessment carried out using a checklist developed as well as standardized tools multiple needs of children were identified. The interventions need to be planned according to the needs of the children and based on this an individual care plan has to be developed. The psychosocial problems of each child should be reported in the individual care plan and the support provided also need to be recorded correspondingly. This will help to identify the changes in each child and plan the future activities for each child. An individual care plan was developed according to the Juvenile Justice Care and Protection Act (2015) and corresponding rules. The Kaval Plus team were trained on implementing the individual care plan to plan and support children.

Reporting and recording system

Reporting system was developed to report the program. A weekly plan and weekly reporting format was developed and administered. Monthly reporting and quarterly reporting formats were developed and finalized.

Community based rehabilitation and reintegration of children in need of care and protection through psychosocial approach is an innovative program. Towards initiating and implementing the program various activities were conducted. The convergence meetings conducted ensured the support from multiple stakeholders. The multiple stakeholders were brought together for a training to enhance the skills and knowledge in working with children. Based on the level of training needed by the stake holder various modules were developed . Training programs at various levels were conducted to build up the skills and knowledge among the stakeholders. A need assessment was conducted to identify the psychosocial needs of children and based on the need assessment the intervention method was finalised. Individual care plan format was developed for children as well as reporting and recording formats were finalised.

3. PSYCHOSOCIAL BACKGROUND OF CHILDREN IN NEED OF CARE AND PROTECTION IDENTIFIED FOR INTERVENTION

Kaval plus is an innovative program to support children in need of care and protection. The pilot phase of the program was initiated in the state of Kerala on a pilot basis in December 2020 at Thiruvananthapuram and Palakkad. Children in need of care and protection undergo multiple problems and they need support and care at multiple levels. Psychosocial profiling helps to understand the psychosocial background of the child that will further help in psychosocial interventions.

Nature of problem

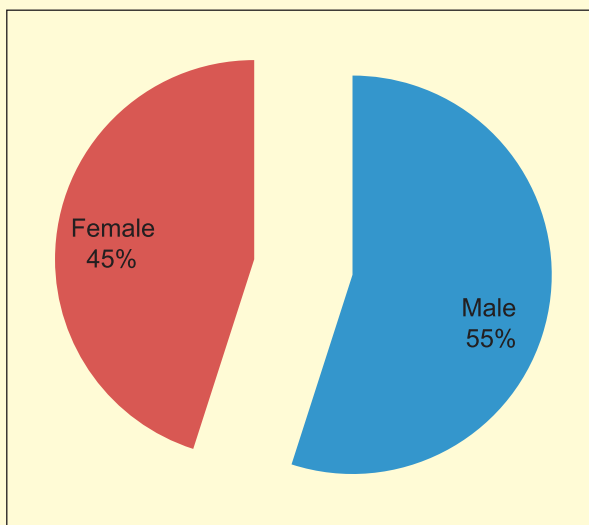
Table-7

| Nature of problem | Thiruvananthapuram | Palakkad | TOTAL |
|--------------------------------------------------------------------------|--------------------|----------|-------|
| Child on street or wandering child | 0 | 3 | 3 |
| Child labour | 0 | 0 | 0 |
| Un favourable- and non-conductive parents/ guardian / family environment | 39 | 5 | 44 |
| Mentally or physically ill child | 4 | 2 | 6 |
| Unfit or incapacitated parent | 12 | 29 | 41 |
| Surrendered or abandoned child | 14 | 0 | 14 |
| Vulnerable for sexual abuse | 11 | 1 | 12 |
| Vulnerable to be used for illegal acts | 4 | 1 | 5 |
| Drug abuse | 6 | 3 | 9 |
| Trafficking | 0 | 0 | 0 |
| Victim of armed conflict or calamity | 0 | 0 | 0 |
| Victim of armed conflict/ disaster | 0 | 0 | 0 |

Children in need of care and protection face multiple problems. Varied problems faced by children were assessed. The results showed that unfavorable and non-conductive parents or guardians and the family environment were the highest reported problem among CNCP's followed by unfit or incapacitated parents. Other major problems observed among CNCP were surrendered or abandoned children, vulnerable to sexual abuse, drug abuse. The least reported problems were vulnerability towards illegal acts,

mental illness, and child on street or wandering child. The district-wise report shows that in Trivandrum the problem of unfavorable and non-conducive parents and environment is reported to be the major problem whereas in Palakkad unfit and incapacitated parents were the major problem reported.

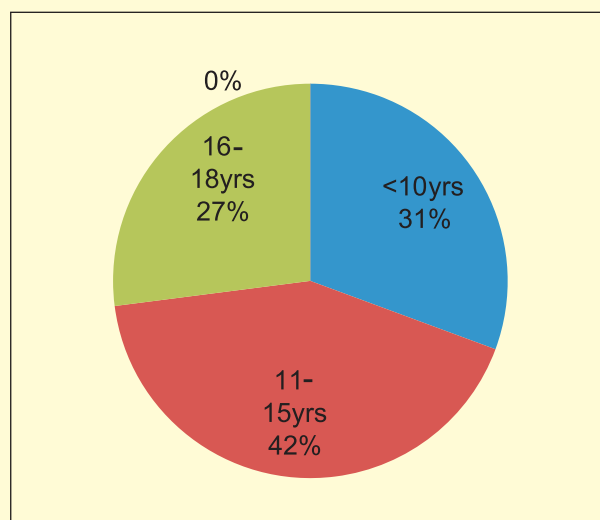
Figure-1
Gender of children in need of care and protection



Among children in need of care and protection the number of males and females are almost the same though the males form a slightly higher proportion in the group. In Thiruvananthapuram the number of males and females were the same for the intervention i.e 34 each and in Palakkad the males outnumbered females (males=27 females =16)

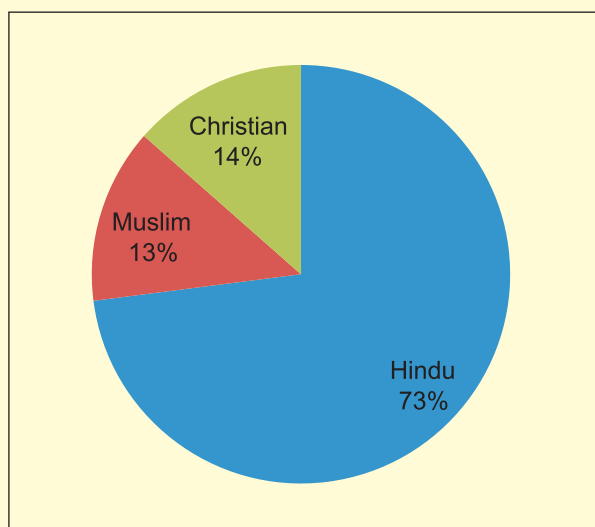
Figure-2
Age of children in need of care and protection

The assessment of the age group of children showed that every 4th child falls in the age group 11 to 15 years. This is followed by the age group of children below 10 years where every 3rd child belongs to this group. One-fourth of the population belongs to the age group 16 to 18 years. This shows the importance of early intervention as most of the children were of the younger age group. It is important that they need to be followed up and supported towards mainstreaming. In Thiruvananthapuram, the highest proportion of children was in the age group 11-15 years



(Thiruvananthapuram n=33) followed by children of age group less than 10 years (n=20). In Palakkad children of age group 16-18 years showed a slightly higher proportion (n= 15) followed by the other two lower age groups with 14 children in each group

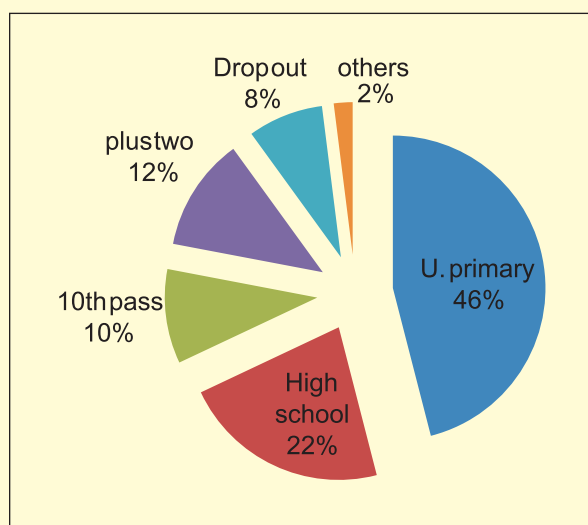
Figure-3
Religion of children in need of care and protection



The religion of the participants shows that the majority of the children belong to the Hindu religion where 7 out of 10 children (73%) were Hindus. Christians and Muslims shared almost equal shares in the distribution with 14% and 13% each. In Thiruvananthapuram 48 out of 68 children were belonging to the Hindu community followed by 12 children who were Christians and 8 children who were Muslims. In Palakkad, 33 children out of 43 were Hindus followed by 7 Muslims and 3 Christians.

Figure-4
Educational background of children in need of care and protection

The educational background of the children, when assessed, showed that almost half of the population (46%) of children were studying in upper primary classes, followed by children in high school (22%). The third highest groups are children who are doing plus two (12%) followed by children doing 10th. Dropouts form 8% of the total child population of CNCP. In Thiruvananthapuram, the highest proportion of children was in upper primary and the lowest was in 10th and 12 with 5 children each. There are 4 dropouts in Thiruvananthapuram.



In Palakkad, the highest proportion of children were from upper primary and the lowest was the group of children who cleared 10th std. There were 4 dropouts in Palakkad.

Table-8

Current status of education

| Current status of education | No: of children |
|-----------------------------|-----------------|
| Drop out | 8 |
| Others | 6 |
| Irregular | 10 |
| Regular | 76 |

It is important to know the current status of education among children to provide intervention the results showed that 10% of children were irregular to school which is an alarming figure followed by 8% of children who were dropouts. A total of 18% of children were found to have a very high impact of educational problems in terms of drop out and irregular to school. In Thiruvananthapuram, there were 4 dropouts and 7 children who were irregular to school. In Palakkad, 4 children were dropouts and 6 children were irregular to school.

Table-9

Family background of children in need of care and protection

| Family background | No: of children |
|-------------------|-----------------|
| Joint | 12 |
| Nuclear | 84 |
| Step parent | 8 |
| Single mother | 33 |
| Single father | 3 |
| Others | 0 |
| Orphans | 2 |

Family type of the children in need of care and protection when analyzed showed that the majority of children (n=84) were from nuclear families. 12 children were from nuclear families. The number of single-parent children shows an alarming figure which is 33 out of

86 (38.37%), also, three children reported living with single father and two orphans. In Thiruvananthapuram children living in nuclear families were more. There were 15 children living with single mothers and 5 children living with stepparents. Two of the children living with step-parent were living with their stepfathers. In Palakkad, 35 children were living in nuclear families, 18 children were living with single mothers and 3 children were with their step-parents.

Alternative family care among children in need of care and protection

The data on children in alternative family care showed that there were 10 children in Kinship care and there was no child in foster care nor in adoption who are CNCP's abuse. 6 children were in kinship care in Thiruvananthapuram and 4 children were in kinship care in Palakkad.

Table-10

Economic status of children in need of care and protection

| Economic status | Thiruvananthapuram | Palakkad | Total |
|------------------------|---------------------------|-----------------|--------------|
| Above Poverty Line | 12 | 4 | 16 |
| Below Poverty Line | 48 | 37 | 85 |

The economic status of the children when assessed showed that a major proportion of children are living below the poverty line which is 85 out of 101. There were 48 children below the poverty line in Thiruvananthapuram and 37 children in Palakkad.

Table-11

Institutionalisation history of the children in need of care and protection

| Institutionalised child | 22 | 3 | 25 |
|---------------------------------------------|-----------|----------|-----------|
| Do not have history of institutionalisation | 27 | 24 | 51 |
| Has history of institutionalisation | 27 | 8 | 35 |

Children are usually institutionalized when they are living in a non-conducive environment that may cause a threat to their well being. The data from children in need of

protection show that almost half of the children have either a history of institutionalization (n=35) or are institutionalized (n=25). There are 22 institutionalized children in Thiruvananthapuram and three children are institutionalized in Palakkad. Children having a history of institutionalization are 27 in Thiruvananthapuram and 8 in Palakkad. The institutionalization status is high among children in n Thiruvananthapuram.

Table-11

Occupational status of children in need of care and protection

| Childs occupational Status | Thiruvananthapuram | Palakkad | Total |
|----------------------------|--------------------------------|----------|-------|
| Working | 3 | 1 | 4 |
| Non-working | 0 | 1 | 1 |
| Part-time | 1 | 0 | 1 |
| Student | 51 | 38 | 89 |
| Others | 5 (too young below primary) | 1 | 6 |

The majority of children are students though there are 4 children who are working. Working children are more in Thiruvananthapuram (n=3). There are 5 children in Thiruvananthapuram who are below 5 years who are not enrolled in school.

Table-12

Psychosocial interventions and results

| PSYCHOSOCIAL INTERVENTIONS | TOTAL NO OF SESSION | TOTAL NUMBER OF CHILDREN SUPPORTED |
|------------------------------------|---------------------|------------------------------------|
| Physical health support | 3 | 4 |
| Mental health support | 8 | 6 |
| Legal education and guidance | 2 | 2 |
| Referral for free legal assistance | 9 | 2 |
| Referral to life mission | 3 | 2 |
| Economic assistance for housing | 17 | 17 |
| Re-entry to school | 1 | 1 |
| Scholarship for education | 4 | 4 |
| Educational support provided | 38 | 8 |

| | | |
|---------------------------------|----|----|
| Educational support provided | 38 | 8 |
| Vocational guidance and support | 1 | 1 |
| Number of children rescued | 1 | 2 |
| Family support programs | 69 | 28 |
| Parent management training | 3 | 18 |
| Individual counselling | 31 | 22 |

Psychosocial interventions cover a broad range of activities to enhance the holistic care and wellbeing of children. Each child needs to undergo repeated support services in stages through multiple sessions to make sure that the child lives in a conducive environment. The spectrum of services that need to be given to children needs to be administrated by the social workers assigned the care of children protection. During the period four 4 children were provided physical health service through 3 sessions. Mental health support through referral to a mental health professional is another major support service essential for children. During the current phase, 6 children were supported through 8 sessions. Legal education and referral for legal assistance is another important service received by 2 children in each through multiple sessions. Housing is an essential factor to make sure that the child lives in a safe environment. A total of 2 children were referred to life mission for housing support. Guidance about economic assistance for housing was provided for 17 children. One child was enrolled back to school and 4 children were provided with scholarships and another 8 children were provided with educational support services followed by vocational guidance for one child. Two children were rescued from unfavourable situations. To ensure a conducive environment for the child in the home a family support program is very essential. A total of 28 children were provided with family support services and 18 children were supported through parent management training to help parents to support and manage children. Individual counselling was provided for 22 children.

4. SUMMARY

Children in need of care and protection undergo multiple difficulties in life that keep them away from the mainstream of the society. Timely interventions are essential to support and safeguard these children from untrodden events in life. Kaval plus – psychosocial care for children in need of care and protection has reached out to 111 children in two districts with an aim to provide holistic care and protection. A convergence meeting was held at the state level followed by district level convergence programs to inform the major stakeholders on the initiation of the program and the roles and responsibilities of each stakeholder. Various awareness programs were conducted for the major stakeholders. Online orientation was conducted for district child protection officers, child welfare committee members as well as staffs of N.GO who are implementing the program towards skill and knowledge building among the stakeholders. A two-day direct training was conducted for the staff of the NGO followed by 6 days of training for the KAVAL team at Palakkad and Thiruvananthapuram. At present 86 survivors of child sexual abuse are supported through the program in two districts. Need assessments were conducted among these children to identify their psychosocial needs and based on the assessment an individual care plan was developed for each child. Psychosocial interventions are carried out for each child as per the individual care plan developed and reviews of the cases are conducted in each district every month. The programs are planned, implemented, and reported on a regular basis as per the formats developed. Children reported multiple problems that affect their psychosocial development. It is observed that the boys and girls who approach the system are almost the same. Most of the children in need of care and protection are of age group 11 to 15 years and they were studying in upper primary and high school. Most of the children were from nuclear families though children living with single mothers were found to be in an alarmingly high. The poor environment the children living in leads to institutionalization and almost half of the children have a history of institutionalization. Several levels of interventions were given to these children through a multidisciplinary intersectoral approach.

APPENDIX

THE PROCESS OF PSYCHOSOCIAL INTERVENTIONS AMONG CHILDREN IN NEED OF CARE AND PROTECTION

Children are the most valuable resource of the country and it is the responsibility of the government to ensure their holistic development. India is a signatory to UNCRC in 1992 and hence bound to ensure care and protection and prevention for children from all sorts of abuses and ensure a safe environment for children. There are Laws, programs, and policies formulated to protect children. Although there are ample provisions to support children, children in certain epi-centers face various difficulties that affect their growth and development. Annual survey 2018-19 on vulnerability mapping of children shows poverty and migration, domestic violence, substance abuse, mental illness in the family is also identified as some major difficulties. These difficulties will have a multidimensional impact on children's biopsychosocial development, where by their holistic growth and development in terms of physical and mental health, education and socialization will be affected.

Children in need of care and protection are at higher chances of entering into multiple problems in life. Most of the children in need of care and protection do not have adult support to help them in such difficulties, and this will aggravate their problem. Many of these children experience physical abuse, sexual abuse, discrimination, termination from education, labelling and isolation. It is essential to ensure the safety and security for these children to prevent the occurrence of future untrodden events. There is a need to support these children through community-based supportive programs to reduce revictimization and to mainstream them to build up potentials and lead a purposeful life without the baggage of any sort of violence against them

Children in need of care and protection according to the JJ Act, 2015 forms the population of the program. The program aims to locate and identify the beneficiaries of the project from Child Welfare Committee (C.W.C) records. The children in the community who are at high risk need to be identified and brought in to the system at the earliest. The (Integrated child Development Scheme) ICDS staff, anganwadi workers and school counselors who are directly handling a large number of children at community and school level will identify the high-risk cases from community and refer them to C.W.C at the earliest. These children who are referred to the C.W.C. will be later referred to KAVAL plus program for children in need of care and protection. Children at risk in the child care institutions will also be supported through the program.

The program will be conducted at two levels:

Level-1

Community level identification and intervention

The community-level workers (Asha workers/ ICDS staff/ Paralegal volunteers/ ICPS/ Janmaithri police Anganwadi workers.Kudumbasree) will identify children at risk in the community, and refer to C.W.C.

Level -2

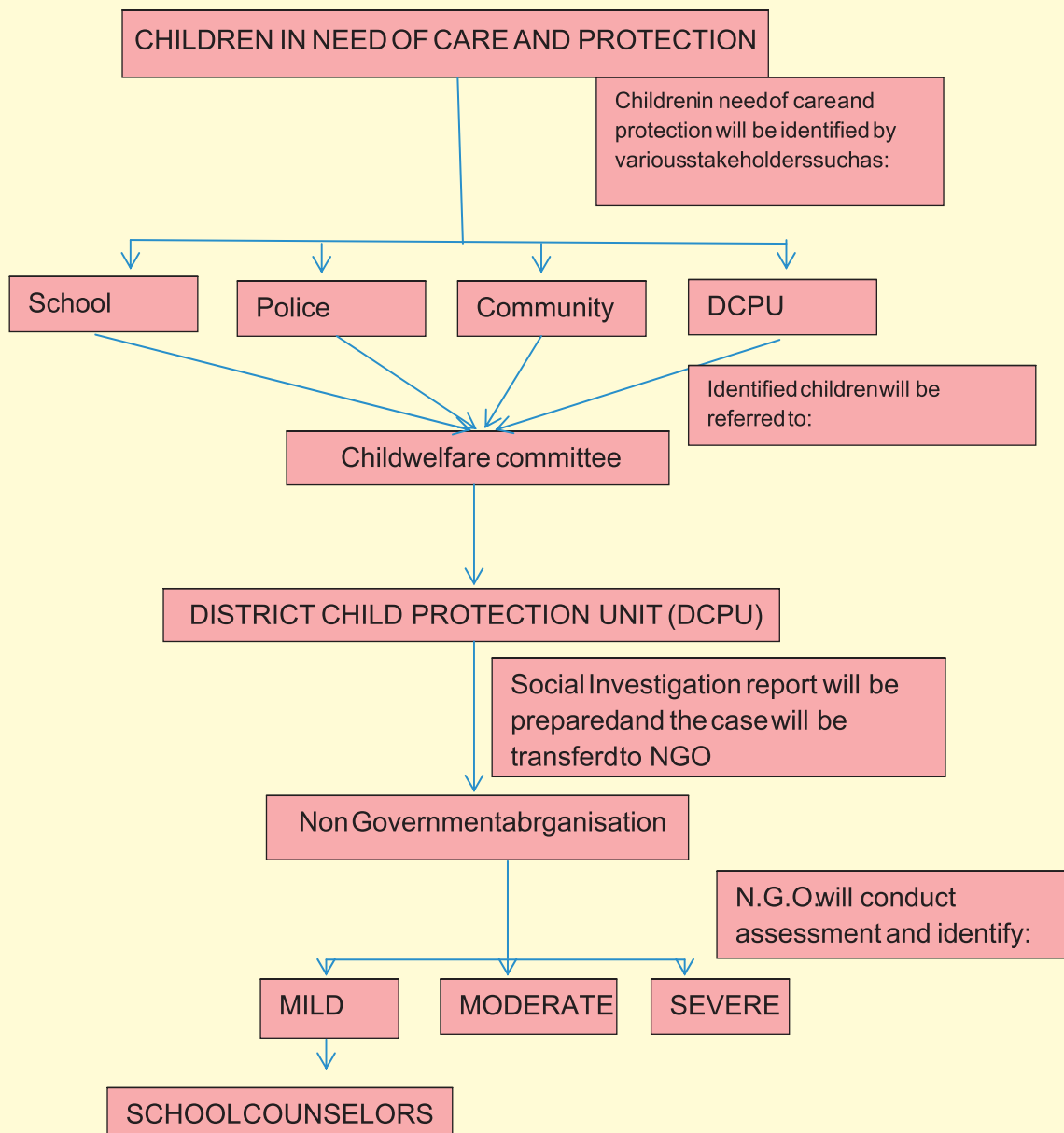
Intervention for children who reach CWC

The children, who reach CWC, through Police / school counselors / ChildLine/District Child Protection Unit (DCPU) etc, will be assessed and the severe cases will be transferred to KAVAl plus. The C.W.C will transfer the cases to DCPU and the DCPU will refer the cases to the NGOs.

Intervention by the NGOs:

The NGOs will conduct a need assessment to identify the psychosocial problems of the children and categorise them to mild, moderate or severe category. The mild category will be referred to school counselors through the DCPU and the moderate and severe category of children will be provided psychosocial intervention by the NGOs.

The children in need of care and protection will be referred to the NGOs under the KAVAl Plus program through DCPU. The NGO will acknowledge the receipt of the cases and initiate psychosocial intervention. Networking and converging with multiple stakeholders supported by DCPU and CWC. Psychosocial interventions will be provided to children in need of care and protection as an ongoing service through NGO.



Levels of problems and care

Level-1

Children with no major problem

These children will not come to the system and will be in safe care of their parents and guardians. They need not receive any special service from the state.

Level-2

Children with mild levels of problems

Children may show early signs of vulnerability towards abuse and neglect. These children need constant support and monitoring.

Level-2 Intervention

Social investigation report needs to be prepared by DCPU and assessment can be conducted if needed by Kaval plus team. Child needs to be referred to the school counsellors for follow-up through DCPU. Child need to be supported through the activities at school and any decline in the status of the child need to be informed to Child welfare committee where the child will again enter the system for intervention

Level 3: Children with moderate level of problems

Children may have problems at multiples levels such as family, education, health (physical health ad metal health). They will be subjected to mild to moderate forms of abuse and neglect and other forms of child maltreatment. They need support from multidisciplinary team. The parents or guardian will be able to provide care for the children. The social workers can work along with parents to support the children

Level 3 : Interventions

Social Investigation Report need to be prepared by the DCPU team and need assessment should be conducted by Kaval plus team. Interventions at individual, family, educational and social levels need ot be conducted by the social workers through multidisciplinary intersectoral approach. As the child shows progress and reaches mild level the case can be transferred to the school counselors for follow-up through DCPU.

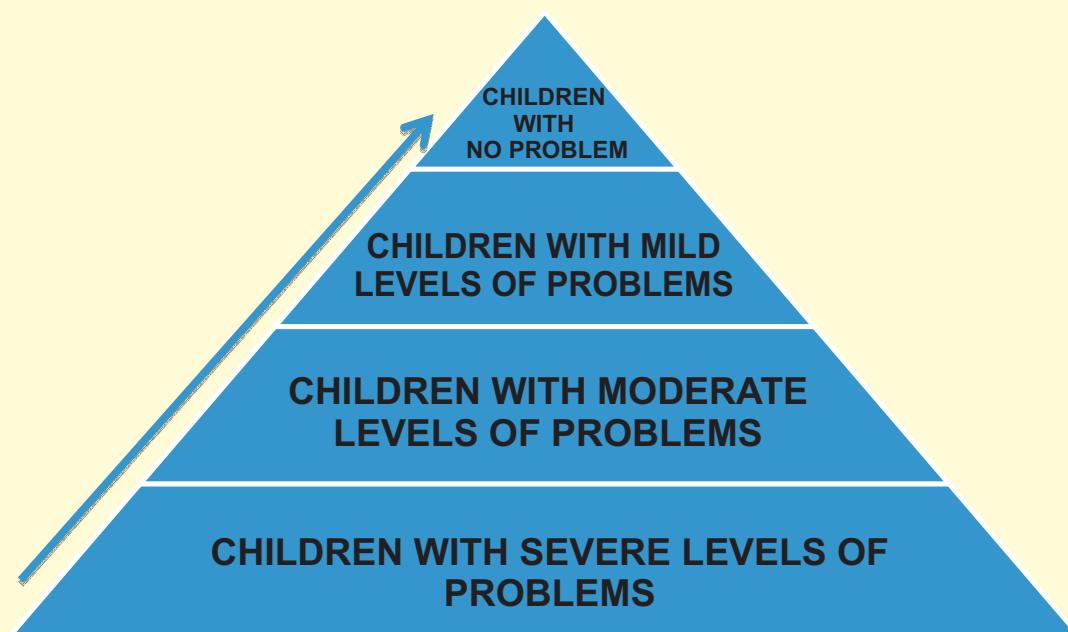
Level 4: Children with severe level of problems:

Children with severe problems will experience challenges that are severe in nature either in one or multiple levels which is beyond the supporting power of the family or guardians. These children will be abused, neglected and suffering significant amount of difficulties that are beyond coping of the child. The child will have only limited support system or no support system available. The existing environment of the child will not be conducive and may cause harm to the child. These children may also need institutional support for a short or longer period of time

Level -4 Intervention

Social Investigation Report need to be prepared by the DCPU and child's need assessment need to be conducted by KAVAL plus team. The children need to be provided multidisciplinary intersectoral support by the KAVAL plus team with support from the child protection team in the district (CWC/DCPU / POLICE / EDUCATION etc.)

protection team in the district (CWC/DCPU/ POLICE/EDUCATION etc.) as per the Individual care plan developed for the child. Monthly review need to be conducted by the child protection team to review the progress in the child



Activities carried by NGOs

As the cases are transferred to the NGO, the NGO conducts a detailed psychosocial need assessment (individual child assessment/ family assessment) to identify varied levels of problems of the child. The NGO also conducts Family visits: to identify the needs of the child in the family and the family functioning, family's position and status in the society etc. Networking with other stakeholders, government and non-government departments of services to ensure interdisciplinary multisectoral approach is carried out by the NGO with the support of DCPU and CWC this is followed by Referral for health and mental health, educational support, deaddiction services etc. through D.C.P.U. The NGO conducts Group work, life skills educational and family support services to children to lower the risk of the current problems faced by the children and lift them to mild category

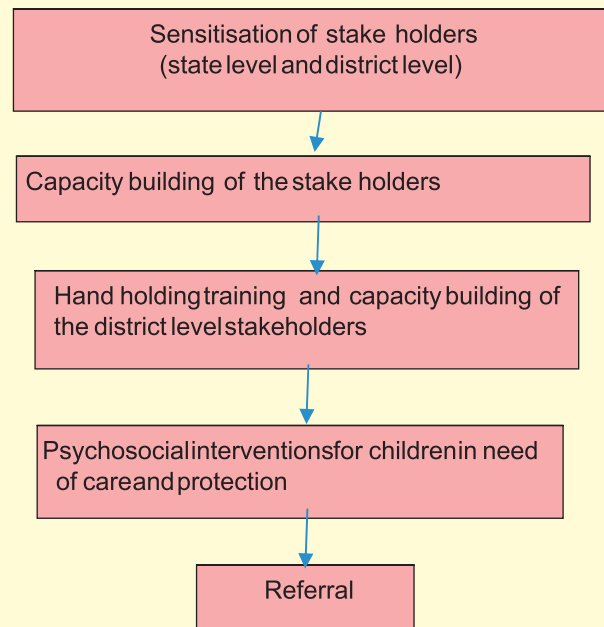
Activities carried out by school counsellors

The children belonging to mild category will be supported by the school counselors. The counsellor monitors the children on a regular basis with support from the class teacher. The school counsellor provides counselling support for children to address their issues.

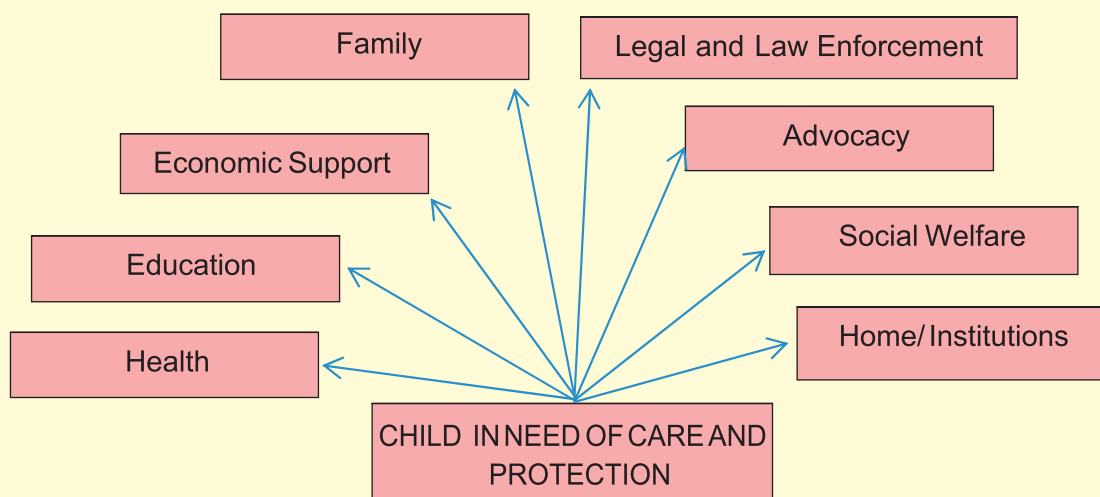
Children and parents with similar problems shall be grouped together and targeted group intervention can be conducted for specific issues. Apart from this the school counselor also conducts universal programs in school and train and orients teachers on psychosocial problems of children as well as conduct parent orientation programs.

Capacity building

Capacity building is the next major program to be conducted to enhance the knowledge and skills among the varied stakeholders. Master trainers will be trained from varied sectors who will train the multiple stakeholders such as SJPU/ CPO, KELSA lawyers, school counsellors, ICDS, Asha workers, Paralegal volunteers etc.



Spectrum of services:



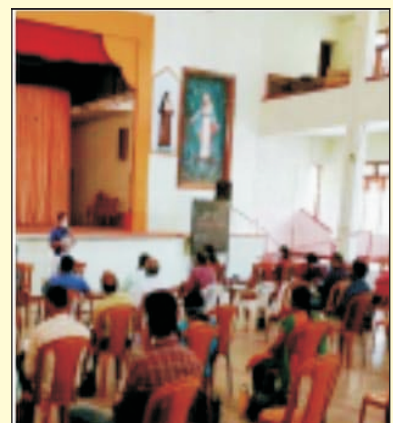
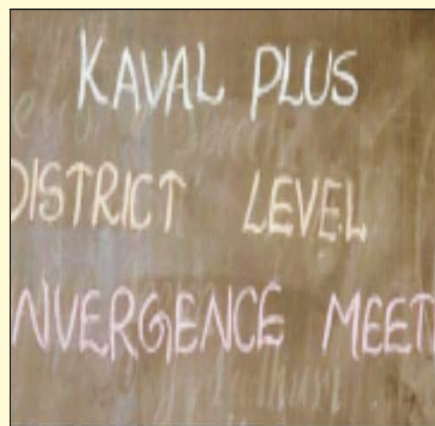
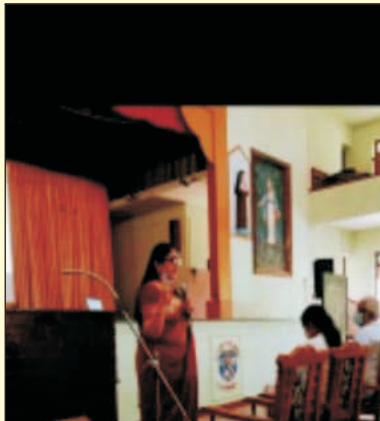
Children in need of care and protection undergo multiple problems and hence they need multiple services. A multidisciplinary intersectoral approach is adopted here to reach out to children in need of care and protections. This will ensure holistic care and protection

for children in need of care and protection. Government of Kerala is bound to ensure the safety and security of each child in the state. This project is developed as per the Juvenile Justice(Care and Protection act) 2015 and rules made here under. This would help in early identification and support for children in various difficult circumstances so that adverse effects of children living in impoverished circumstances can be addressed.

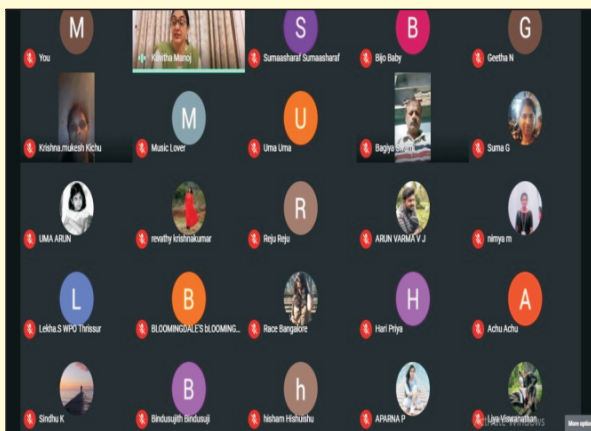
APPENDICS-2

PHOTO GALLERY





APPENDICS-3



CASE STUDY- CHILD IN NEED OF CARE AND PROTECTION

PSYCHOSOCIAL HISTORY OF THE CHILD

Name of the child : AS
Age : 17
Gender : Male
Religion : Christian
Caste : SC
Economic background : APL
Domicile : Urban
Housing : Own house

FAMILY HISTORY

Father's family details

| Family member | Age | Gender | Education | Occupation | Marital status | Age of marriage | Remarks |
|------------------------|-----|--------|------------|-------------------|--------------------------------------------------------------------|-----------------|--------------------------------------------------|
| Father | 85 | Male | SSLC | Supervisor | Married | Not Known | Died at the age of 85 due to Cancer |
| Mother | 79 | Female | SSLC | Unemployed | Married | Not known | Heart Problem |
| Child-1(Childs Father) | 48 | Male | Pre Degree | Contract | Married | 29 | Lifestyle related diseases – Pressure, diabetics |
| Child-2 | 46 | Male | Degree | Forest Department | He is married and has one child. His wife died due to blood cancer | 33 | Life style related diseases |

The child's paternal family is located at Pidaram, Peyad . The paternal grandmother of the child had an extramarital relationship, and had lived with that person leaving behind the child's grandfather, father and his brother. Later she rejoined the family after the extramarital affair had ended. The paternal grandmother stays with the brother of the child's father. All the members share a good family bond. At times the child and his sister have food from the grandmother's house. The child doesn't like his father's brother since he tries to advise the child on his behavioural issues.

Mother's family details

| Family member | Age | Gender | Education | Occupation | Marital status (MARRIED/ LIVING Together/ separated/ deserted/Consanguinity) | Age of marriage | Remarks (Health/substance use/ history of crime/ psychiatric illness/ handicapped/ early death/ suicidal attempts & suicide/ accidents) |
|--------------------------|-----|--------|-------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------|
| Father | 56 | Male | ITI | KSEB | Married | Not Known | Died at the age of 56 Alcohol abuse |
| Mother | 71 | Female | Pre Degree | Worked in a Cooperative Society | Married | Not known | Blood Pressure supportive to mother though arguments happens |
| Child-1 (child's mother) | 48 | Female | Pre Degree | Working as peon in Vellayani Agriculture College on contract basis | Married | 29 | Differently abled and reduction in blood platelets count |
| Child-2 | 12 | Male | 5 th | Student | Unmarried | Nil | Died due to blood cancer at the age of 12 |
| Child-3 | 44 | Female | Pre-Degree Anganwadi Teacher Course | Receptionist – Office Work – Asian Paints | Married, has 2 children | 21 | Has diabetics, not in very cordial relation with the mother of the child |

The Child's maternal family lives not so far from his paternal family. They live at Vetamukk, Thirumala around 8 KM away from the paternal family. The grandmother receives the pension of the late grandfather, who worked in KSEB. The grandmother lives in another building in the same compound . She shares a good bond with the mother of the child, but at times quarrels with her on the topic of her marriage with the child's father. The child doesn't like the maternal family as some of the relatives have threatened to beat him up if he did not improve his behaviour.

Child's family details

| Family member | Age | Gender | Education | Occupation | Marital status | Age of marriage | Remarks |
|-----------------|-----|--------|-----------------|---------------------------------------------------------------------|-----------------------------------|-----------------|------------------------------------------------------------------------------------------------|
| Father | 48 | Male | Pre Degree | Contract | Married & Separated | 29 | Lifestyle related diseases – Pressure, diabetics |
| Mother | 48 | Female | Pre Degree | Working as peon in Vellayani Agricultural College on contract basis | Married & Separated (not legally) | 29 | She has issues with her leg being partially handicapped and reduction in blood platelets count |
| Child-1 (Aswin) | 17 | Male | Plus two | Student | NA | NA | Psychiatric disorder (Bipolar Disorder) |
| Child-2 | 14 | Female | 8 th | Student | NA | NA | Nil |

CHILD'S FAMILY

The child along with his father and sister lived at Pidaram, Peyad in a rented house, but got shifted to his mother's house at Vettamukku, Thirumala as he was behaving very violently at his father's house. The Parents of the child are living separately, though not legally divorced. The mother says that the father has issues in accepting the mother, as she is partially handicapped, and the father is only interested in her money and other properties. The father says that the mother of the child is very arrogant and it is very difficult to live with her and he doesn't want a life with her. The child has been traumatized because of the fights and marital conflict between his parents .The child's younger sister is studying in 8th class and stays with both parents, but mostly with her father. She has a cordial relationship with the child. The child at times behaves violently in his mother's house and demands to go to his fathers place.

FAMILY BACKGROUND

Family functioning (role and role functioning):

- ☞ Neither father or mother takes up the leadership in family
 - ♦ Diffused boundaries
 - ♦ Lack of rituals observed
 - ♦ No proper role functioning

Relationships (between family members and with child):

- ♦ Disengaged cohesion

Parenting (style with examples if possible):

- ♦ Permissive parenting
- ♦ No reinforcement
- ♦ Lack of affection and warmth

CHILD'S INDIVIDUAL CHARACTERISTICS**AT BIRTH TO FIVE YEARS**

General background- :The child was born on 17th of December, 2003. He grew up at his mother's place at Vettamukku, Thirumala.

Community/ environment- The child had relatives who did not interfere much in the family matters but they took good care of the child when he was small.

Physical development- The child's early developmental stages were achieved without any fixation

Child's behaviour – Normal

Family- The child's sister was born when he was three years old.

Schooling- The child started going to nursery and had no problems there.

CHILD FROM 6 TO 12 YEARS

General background- :The child lived in an unfavourable environment as the parents were often quarrelling

Community/ environment- The child had relatives who did not interfere much in the family matters but they were kind to the child

Physical development- The normal development of the child was normal

Child's behaviour – He was labelled as a problematic child in school and at home

Family- Dysfunctional

Schooling- The child regularly attended the school.

CHILD FORM 13 YEARS TO DAY PRESENT

Physical development- The child is obese and does not take care of his health. He is worried about gaining weight.

Child's behaviour – The child started showing temper tantrums while he was 15 years old. There were instances where the child kept shouting at his parents when they were fighting with each other. The child started verbally and physically abusing his parents. He also got involved in fights at school and has also been transferred from one school to another due to his behavioural problems. The child has become extremely demanding in nature and if he wants something the child starts behaving violently until he achieves it. After getting a mobile phone he became addicted to mobile games.

Family- The child's family is highly dysfunctional. The child's parents are separated. The child and his younger sister were staying with the father in a rented house. The child has strained relationship with his parents. Recently when the child behaved violently at his father's house, he was shifted to his mother's house. His parents are incompatible and their fights have affected the child to the extent of making him traumatised.

Community/ environment- The people in the locality and the relatives were very hostile towards the child when he behaved violently, and one of the relatives even tried to manhandle the child in order to change his behaviour. The child is being stigmatized as a trouble maker therefore he does not want to interact with them

HISTORY OF THE CURRENT PROBLEM : The child was living with his father, mother and younger sister at Vettamukku. His parents got separated when the child was in class 11 and the child along with his younger sister started living with his father in a rented house at Pidaram. The father was striving hard to take care of both the children. It was then that he sought the help of the Child Rights Commission as it was difficult for him to take care of the children alone. He did not receive any support as expected and in 2021 the case was referred to Kaval Plus. The child is in class 12. The child is badly affected by the conflict in the family and the separation of his parents. He feels lonely and distressed. He started isolating himself when the lockdown happened and when classes became online. He is addicted to mobile games and sits inside the room playing games or watching porn. He has severe mood swings and was consulted by a psychiatrist and was under medication. He would stay awake at night and wake up around noon. In January, 2021, the child was consulted by a Psychiatrist at PRS hospital, Trivandrum and then SK hospital. The child is diagnosed with Bipolar disorder by a doctor in MCH and is undergoing treatment now. He creates problems at home and fights with his father.

CHILDS CURRENT SITUATION:

The child presently lives with his mother and maternal grandmother and at times behaves violently due to psychiatric issues and mood disorder. He has written the exams of 12th class and is awaiting the results. The child doesn't want to pursue higher studies and feels hopeless about life. He feels lonely and lacks the energy to go on in life. He lacks motivation, but due to the educational intervention provided he has agreed to join the Hotel Management course. He has severe mood swings and behaves violently. He demands to be taken back to his father's house all the time. He does not take medication and is highly vulnerable now.

IMPACT OF THE SITUATION ON CHILD: The child feels that he is suffering because of his parents and he feels angry towards them. His relationship with father is strained. He shares a close bonding only with his sister. He feels lonely and distressed. He started isolating himself when the lockdown happened and when classes became online. He is addicted to mobile games and sits inside the room playing games or watching porn. He has lost hope in life and in medicines.

Psychosocial problems observed in child :

- ♦ Highly pathological family background where the family functioning is abnormal
- ♦ Lack of interest in studies
- ♦ Excessive irritability, aggressive behaviour, and impatience
- ♦ Feelings of despair, helplessness, and guilt.
- ♦ Low self-esteem.
- ♦ Mood swings
- ♦ Poor insight
- ♦ Screen addiction
- ♦ Probable high risk sexual behaviour

PSYCHOSOCIAL INTERVENTIONS PROVIDED

1. Psychiatric Intervention- The child was referred to a psychiatrist. The child is diagnosed with bipolar disorder and is under treatment. The case worker educated the child on the need of regular medication and motivated the child.

Change Observed. He is taking medications regularly and is feeling better

2. Educational intervention. The child was not attending classes and decided not to write the plus 2 exams. The case worker motivated the child to attend the exams and was given classes for a month regularly at office

Change observed- he started showing interest in studies and was regular to the NGO for his tuitions. The child wrote the exams and is awaiting results

3. Family intervention-

The multiple problems father faced as a single parent were addressed .support from extended family members was brought in to support the family. The child's father was provided support in coping with the stress that was created due to the child's violent behaviour. Apart from this the case worker along with the coordinator met the child's mother and so oriented her out regarding the child situation and encouraged her to take up the role of mother to support the child.

Changes observed: As a result of the interventions provided the child's mother agreed to let the child stay at her house when he was behaving violently at his father's house. The child's mother showed willingness to live with the family for the wellbeing of the child.

4. Individual counselling

Individual counselling was provided to the child to address the child's aggressive and demanding behaviour and to make the child feel comfortable in his new environment at his mother's house

Change-s observed :

The child was helped to develop an insight into his behaviour. The child agreed to stay at his mothers house for a short period of time.

5. Life skills

Sessions on

- Problem Solving
- Decision making
- Critical& Creative thinking
- Empathy and Self-awareness were provided

When the child was referred to Kaval Plus, the child was in a miserable state. His father was struggling to take care of the children. Now the child is at his mother's house due to the interventions provided and the child was able to write his plus 2 exams. The child needs to be provided with many more interventions as he has psychiatric issues and the family is highly dysfunctional. The child was in severe category when referred to Kaval Plus. Interventions were provided and changes were observed at multiple levels. The child still remains in the severe category as the family environment needs to be further made conducive for the child as well as he needs to continue his psychiatric treatment. He may also have to be consulted with a psychologist for behaviour interventions.