



Gaps Analysis in Mental Health Care Services in Child Care Institutions: a Delhi based Study

**National Commission for Protection of Child Rights
5th Floor, Chanderlok Building, 36 Janpath,
New Delhi-110001**

Gaps Analysis in Mental Health Care Services in Child Care Institutions: a Delhi based Study

Conducted for

**National Commission for Protection of Child Rights
(NCPCR) 5th Floor, Chanderlok Building, 36 Janpath, New
Delhi-110001**

Study Conducted By

**Department of Psychiatry,
All India Institute of Medical Sciences [AIIMS], New Delhi**

Report on the Study on Gap Analysis in Mental Health Care Services in Child Care Institutions: Delhi State

Author:

Rajesh Sagar

Professor,
Department of Psychiatry,
AIIMS, New Delhi

Co-authors:

Bichitra Nanda Patra

Assistant Professor,
Department of Psychiatry,
AIIMS, New Delhi

Prashant Gupta

Department of Psychiatry,
AIIMS, New Delhi

Contributions:

Dr. Rajesh Sagar contributed to the concept and design of the study, preparation of draft proposal and revising it, training of the staff, coordinating and monitoring all the staff activity, drafting of the manuscript, critical revision of the manuscript for important intellectual content, administrative, technical, or material support and supervision.

Dr. Bichitra Nanda Patra contributed to the preparation of draft proposal, training of the staff, critical revision of the manuscript for important intellectual content, administrative, technical, or material support and supervision.

Dr. Prashant Gupta, Research Officer in the project, contributed to overseeing and coordinating the progress of the project, day to day operational management of the project, visiting CCIs to collect relevant information, drafting of the manuscript.

Dr. Rajeev Ranjan, Research Officer in the project contributed to preparation of draft proposal, overseeing and coordinating the progress of the project, day to day operational management of the project, visiting CCIs to collect relevant information.

Mr. Mohit Kumar, Clinical Psychologist in the project contributed to visiting field state nodal agencies & CCIs to collect relevant information, obtaining informed consent from participants, obtaining demographic information, and conducting interviews, applying scale, data entry.



स्तुति कक्कड़
Stuti Kacker
अध्यक्ष
Chairperson

सत्यमेव जयते

भारत सरकार
GOVERNMENT OF INDIA

राष्ट्रीय बाल अधिकार संरक्षण आयोग
NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

नई दिल्ली-110 001
New Delhi-110 001



FOREWORD

India is a young nation; children constitute 39 per cent of the country's population (Census 2011) which are recognized by policy-makers as a supreme national asset. Children deserve the best in national investment, for their survival, good health, development opportunity, security and dignity.

Children need to have a good mental health to develop their full potential and live a life that is truly filled with positive experiences and the willingness to do what is best for themselves and the people around them.

A large number of children in the country are in institutional care. All children in need of care and protection are vulnerable, as their needs are more acute. Large populations of children in the country are also exposed to difficult circumstances.

During the Commission's visit to Child Care Institutions, it was observed that some children in such institutions experience psycho social issues viz: loss of trust and feeling of insecurity due to perceived betrayal by care givers/society, at the same time gap between their mental health needs and available services to cater those needs was observed by the Commission.

For bridging these gaps, a need for study was felt by the Commission. The present study was commissioned by NCPDR in collaboration with Department of Psychiatry, All India Institutes of Medical Sciences (AIIMS) to identify and evaluate the gaps in existing mental health care services for children in Child Care Institutions (Children Homes and Observation Homes) in Delhi as a pilot. Based on the study, the Commission will recommend measures to bridge the gaps to the Government to incorporate a comprehensive system of psycho social care and services to children in Child Care Institutions.

I want to acknowledge contribution of All India Institute of Medical Sciences (AIIMS) for conducting this study.

I am sure that this study will enable us for guiding the way forward to develop a cogent action plan for children in Child Care Institutions.

Stuti Kacker
Stuti Kacker



अखिल भारतीय आयुर्विज्ञान संस्थान
अंसारी नगर, नई दिल्ली-110029

All India Institute of Medical Sciences
ANSARI NAGAR, NEW DELHI-110029



फैक्स सं०/Fax No.: 91-11-26588663, 26588641
दूरभाष/Phone: (का०/Offi) 26588000, 26594800, 26594805
Phones (नि०/Res.) +91-11-26594500
E-mail : director@aiims.ac.in, director.aiims@gmail.com

प्रो० महेश चन्द्र मिश्र
निदेशक

Prof. M. C. Misra
MS, FRCS, Hon. FRCS (Glasg.) FCLs, FAMS, FACS
DIRECTOR

29 JUN 2016

FOREWORD

I congratulate the National Commission for Protection of Child Rights (NCPCR) and the Department of Psychiatry, All India Institute of Medical Sciences, New Delhi for coming up with "the Study on Gap Analysis in Mental Health Care Services in Child Care Institutions: Delhi State."

According to WHO estimates and projections, mental health illnesses will be the leading cause of DALYs (Disability Adjusted Life Years Lost) globally at number two, by the Year 2020, Second after cardiovascular diseases. In India more than 200,000 persons commit suicides due to sub-optimal mental health.

Therefore, mental disorders are a serious public health concern and are likely to interfere with an individual's mental and physical well-being with significant impact on familial, occupational, social roles and responsibilities. Specifically, among children and adolescents, mental disorders may interfere with physical growth, attainment of educational and occupational goals and acquisition of basic life skills, which may have lifelong consequences, and impair their overall development as a person. It is therefore important to identify the risk factors as well as signs and symptoms of such disorders early, and take appropriate preventive and corrective actions. This study, I am told, is the first of its kind from India and it will provide a good understanding of various factors related to mental health problems among institutionalized children and adolescents. With samples taken from a variety of child care institutions in Delhi, the study will also provide an important methodology and data base.

The efforts made by the team led by Prof. Rajesh Sagar from the Department of Psychiatry, AIIMS, towards successful completion of this study are remarkable and appreciable. I believe that findings will provide useful insights to the health care professionals working in the field, guidance for future research efforts and assistance in service delivery and policy making in this area.

Children are the future of our nation, and the efforts at protecting and nurturing them will go a long way in betterment of the individual, society as well as the nation. I once again congratulate all those who contributed to this endeavor.

All the very best to everyone involved in this onerous task.

Mahesh C Misra

Preface

“The Study on Gap Analysis in Mental Health Care Services in Child Care Institutions: Delhi State” intends to elaborate the various issues which affect the mental health of institutionalized children and to discuss the potential merits and shortcomings of the existing mental health services for such children. The National Commission for Protection of Child Rights (NCPCR), by consensus, there was a strong felt need for the betterment of existing services in Child Care Institutions, and our team was graciously entrusted with the planning, organization and implementation of this project. With this in mind, it was decided to prepare a comprehensive document compiling information on various aspects of children mental health in child care institutions after due research, brain storming and discussion.

This is the first study of its kind from India which has assessed the mental health status of institutionalized children and adolescents and the existing prevention and management framework for such problems using validated instruments. The report illustrates our understanding of the various aspects of children's mental health in the institutions and highlights the data collected in this regard. The services have been analyzed from various perspectives to provide a holistic picture. A huge gap is apparent in the psychosocial needs of the children and the available services and this document provides recommendations to effectively bridge this gap.

I hope that this report will not only update the readers to current status in mental health care services in child care institution in Delhi state, but more importantly, help the policy makers and institute authorities to device and implement methods to improve the mental health care, and to provide direction to further research in this area. Moreover, the methodology and design of the research project can be extended to other states of the country.

I immensely thank the NCPCR for showing immense trust in our team and providing us this noble opportunity. I also express my gratitude to Prof. M. C. Misra, Director, AIIMS and Prof S. K. Khandelwal, Head, Department of Psychiatry, AIIMS for providing us the support in conducting this research. Lastly I would like to thank my team of researchers for their contributions to the successful completion of this study.

Rajesh Sagar

Acknowledgments

National Commission of Protection of Child Rights (NCPCR) acknowledges the support it received from the Director, All India Institute of Medical Sciences (AIIMS), Department of Psychiatry, AIIMS and research team of the AIIMS.

The Commission is also very grateful to Dr. Rajesh Sagar, Professor, Department of Psychiatry, AIIMS who contributed to the concept and designed the study. The Commission also acknowledges the contribution of team Dr. Bichitra Nand Patra, Dr. Prashant Gupta, Dr. Rajeev Ranjan and Dr. Mohit Kumar for their relentless and untiring efforts.

Acknowledgements are to Department of Women and Child Development, Government of NCT of Delhi for giving support in collecting the data of the research study.

The Commission also acknowledges the contributions by Shri. A.K.Nanda, Senior Consultant NCPCR; support rendered by; Shaista Khan, Senior Technical Expert and the Administrative and other staff of the Commission (NCPCR).

Finally, last but not the least, the Commission is deeply grateful to the children of the homes, without whose active participative responses the study would not have fructified

Acknowledgement:

We acknowledge the support and co-operation of Prof. MC Misra, Director, AIIMS, New Delhi, Prof. SK Acharya, Dean (Research), Prof. Pramod Garg, Sub-Dean (Research) and Prof. SK. Khandelwal, Chief, National Drug Dependence Treatment Centre and Head, Department of Psychiatry, AIIMS, New Delhi.

Funding/Support:

This study was supported financially by the National Commission for Protection of Child Rights (NCPCR).

Disclaimer:

The present research is based on the presumption that all the information pertaining to child care, as provided by the members of CCIs through interaction with research team at time of visit to their centre, is correct and best of their knowledge. Based on cross-sectional information obtained from appropriate authority and cross-sectional examinations of individual child, the relevant summary and recommendations have been provided in the report. This information about children's health could be limited by the fact that no longitudinal assessment/examinations and medical investigations were carried out. However, the scope of the study is limited to obtaining information pertinent to research purpose only. Thus, the research team does not claim for any other information, interpretation or recommendation from any other sources which was not present during the visit of the research team to the CCI.

Table of Contents

S. No.	Chapter	Page No.
I.	Summary Report	8-14
II.	Detailed Report	15-177
	1 Introduction	16
	2 Aims & Objectives	17
	3 Technical Approach & Methodology	18-19
	4 Results from individual CCIs	20-177
	a) Children Home For Boys I & II (Ujjawal & Uday) Kasturba Niketan Complex, Lajpat Nagar; Visited on 18.06.2015 & 19.06.2015	21-29
	b) Manav Mandir Mission Trust, KH-57, Sarai Kale Khan, Visited on 22.06.2015 & 23.06.2015	30-37
	c) Children Home Bal Sahyog, Connaught Circus, Opposite L-Block Market; Visited on 24.06.2015 & 25.06.2015	38-45
	d) Prayas Observation Home for Boys I, Visited on 26.06.2015	46-51
	e) Observation Home for Girls, Nirmal Chaya Complex, Jail Road, Harinagar; Visited on 27.06.2015	52-58
	f) Bal Niketan, Home for Healthy Children (Male and Female) of Leprosy Affected Persons, Visited on 29.06.2015	59-68
	g) Asha Kiran Complex, Visited on 07.07.2015	69-76
	h) Sanskar Ashram, Children's Home for Boys, Visited on 09.07.2015	77-84
	i) Sanskar Ashram, Children's Home for Girls, Visited on 10.07.2015	85-92
	j) Global Family Charitable Trust, Visited on 14.07.2015	93-99
	k) Sopan SOS Children's Villages of India, Visited on 15.07.2015	100-106
	l) Apna Ghar, Visited on 08.08.2015	107-114
	m) Kilkari Rainbow Home for Girls, Visited on 10.08.2015	115-123
	n) Ashran, Hope Foundation, Visited on 12.08.2015	124-130
	o) Phulwari Children Home for Boys I and Ashiana Children Home for Boys II, Visited on 13.08.2015	131-139
	p) Don Bosco Ashalayam, Visited on 19.08.2015	140-147
	q) Special Home for Boys II, Visited on 21.08.2015	148-154
	r) Udayan Ghar for Boys Home-II, Visited on 21.10.2015	155-161
	s) Aashray, Visited on 28.10.2015	162-169
	t) Naz Foundation India Trust, Visited on 06.11.2015 TO 07.11.2015	170-177
III	Observation homes report	178-181
	Additional Responses (based on Discussion with NCPCR)	182-195
	Recommendations for children homes	196-199
	Recommendations for observation homes	200-202
IV	Appendix	203-230
	1 Semi Structured Proforma	204-223
	2 Letter from National Commission for Protection of Child Rights (NCPCR) to Department of Woman and Child Development (DWCD) (along with list of individual CCIs)	224-227
	3 Permission Letter from Department of Woman and Child Development (DWCD), Govt of NCT of Delhi to individual Child Care Institutions (CCIs)	228-229
	4 Ethical Clearance from Institute Ethics Committee (IEC), AIIMS, New Delhi	230

Summary Report

Introduction

Children and adolescents in low and middle income countries (LAMIC) like India, constitute 35–50% of the population. An estimated 200,000 children in the country are in about 5,000 Observation and Children's Homes (Child care institution), and the numbers are growing. According to JJA Rule, 2011, minimum facilities of mental health needs of children in Child care institution (CCI) should be as follows. A mental health record of every juvenile or child shall be maintained by the concerned institutions. Both milieu based interventions that is creating an enabling environment for children and individual therapy are must for every child and shall be provided in all institutions. Every institution shall have the services of trained counsellors or collaboration with external agencies such as child guidance centres, psychology and psychiatric departments or similar government and non-governmental agencies, for specialized and regular individual therapy for every juvenile or child in the institution. A mental health care plan shall be developed for every juvenile or child by the child welfare officers in consultation with mental health experts associated with the institution and integrated into the individual care plan of the concerned juvenile or child. The recommendations of mental health experts shall be maintained in every case file and integrated into the care plan for every child. No juvenile or child shall be administered medication for mental health problems without a psychological evaluation and diagnosis by appropriately trained mental health professionals. All persons involved in taking care of the juveniles or children in an institution shall participate in facilitating an enabling environment and work in collaboration with the therapists. There have been gap between needs and services for mental health, especially in low and middle income countries. A significant gap is present between the psychosocial need of children and services available to them in the form of counsellors in child care institutions (CCI), psychosocial support and rehabilitation services. The first step towards bridging this gap is by analyzing mental health services for children in CCIs.

Aims & Objectives

To identify and evaluate the gaps in existing mental health care services for children in Child Care Institutions (Children homes and Observation Homes) in Delhi and lay down guidelines and come up with concrete recommendations to address such gaps to incorporate a competitive system of psychosocial care and services to children in Child Care Institutions.

Technical Approach and Methodology

1. The child care institutions (CCIs) in which the study was carried out included both children homes and observation homes.
2. *A team of experts was formed to carry out this work.* The team consisted of two consultants, one research officer and one clinical psychologist. The consultants provided training to the other members of the team.
3. Relevant information about the CCIs was collected from the client NCPCR, and also from relevant internet sources. A list of potential CCIs to be covered during the research was also provided by the NCPCR, along with the relevant contact details.
4. *A semi structured proforma was designed* which included items like registration status, year of establishment, minimum standards of care (Educational facilities, medical facilities, recreational facilities, etc.) and the areas of training need of Child Care Institutions. *Focused Group Discussion with experts* (Health including mental health professionals) was held to understand the key issues and to develop the questionnaires for assessment of needs and gap analysis.
5. As conceived in the protocol at the outset of the study, a visit by the team members was made to *20 CCIs (17 children homes and 3 observation homes)* out of the list provided by the NCPCR.
6. During the visit, the *working team assessed the CCIs for man-power resources, infrastructure, recreational, educational, vocational, health or other facilities, mental health services and record keeping by examining the records and interacting with the staff members of the CCIs, and were recorded in the semi-structured proforma. Then, 30 children (all the children in case the total strength of the CCI was 30 or less) from each of these CCIs were selected. The clinical psychologist/psychiatrist of the team interviewed and examined these children individually (including application of the Developmental Psychopathology Check List and MINI-KID) to assess their mental health condition and their psychosocial needs. Children who were found to have issues related to mental health were advised to the respective incharge of the CCIs to consult mental health professionals.* To conduct this process, appropriate approvals were taken including ethical permission from AIIMS ethics committee.
7. After completion of data collection, it was compiled and preliminary report of current availability and further needs of the children in CCIs in terms of mental health was compiled and sent to the NCPCR for reviewing.

8. Assessment Tools used in the study:

- (a) **Semi-structured Performa:** As discussed with mental health professionals in FGD, consists of General information, Materialistic needs & minimum standard of care, mental health needs and facilities of children in Child care institution.
- (b) **The Mini-International Neuropsychiatric Interview (MINI-KID)**
The Mini-International Neuropsychiatric Interview (M.I.N.I.-KID) is a short structured diagnostic interview developed for children and adolescence from 6 to 18 years old. It has been proposed by Sheehan and colleagues in 1998, for DSM-IV and ICD-10 psychiatric disorders. With an administration time of approximately 15 minutes, it was designed to meet the need for a short but accurate structured psychiatric interview for multicenter clinical trials and epidemiology studies. For every diagnosis assessed in the instrument, there is a key question that indicates the exclusion of the diagnosis if the child answers negatively. The MINI-KID tool showed high inter-rater and test—retest reliability, and it was good at screening for all psychiatric disorders, except for dysthymia, in children and adolescents. It is a clinician rated scale available in English language.
- (c) **Developmental Psychopathology Checklist (DPCL)** was constructed by Kapur, et al, 1994, as an Indian Version of Child Behaviour Check list (CBCL) proposed by Achenbach and Edelbrock. It consists of 6 subsections (Developmental History, Developmental Problem, Psychopathology, Psychosocial factors, Temperament, Social support and assets of the child). Mention overall purpose of using this (Behavioural screening etc)

Results

The following are the summary reports on over all CCIs with interpretations of the questionnaires and recommendations.

Summary of general recommendation

- **Caregivers Needs:**

It is recommended that the few homes having problem of overcrowding needs to be addressed at the earliest. Most infrastructural resources are overwhelmed due to overcrowding. This is also leading to burnouts and exhaustion among the caregivers who have to look after a large number of children in some of the homes, which also has its effect on the care provided. The number of caregivers needs to be increased for management of the significantly overcrowded institutes. Mechanisms need to be in

place through which caregivers would also have access to mental health care and can discuss their psychological and emotional problems. Training and capacity building of caretakers on mental health needs of children who are in direct contact with them should be held periodically in all homes. Mental health condition of caretakers should be assessed periodically and appropriate advice should be offered.

- **Infrastructural Changes**

Most of the centre should have library cum reading room, also restructured to include more books. Ceilings and walls are not in a good condition in some homes, and there is a need for repair and maintenance.

- **Sanitation and Cleanliness**

In many homes sanitation and cleanliness was not appropriate so it is a need to improve them. Lighting and ventilation facilities are also inadequate and need to be appropriated in some homes. Some of the institutions do not have appropriate toilets, so the number of toilets for the inmates need to be increased. Better beddings and linens need to be provided to the children.

- **Vocational Training**

Most of the homes have made attempts to introduce vocational training but it has not been properly utilized as there is no vocational instructor currently. Vocational instructor should be appointed as soon as possible for all homes, especially for all juveniles who are in the age group of 16 to 18 years.

- **Management of Daily Activities and Dietary Schedule**

Daily activity schedule of the children should be displayed on notice board in all homes and a nutritionist or dietician needs to be consulted at least once to formulate a diet plan. Also Children's opinions should be included in meal planning.

- **Educational Measures**

Educational assessment of each child should be performed at the time of admission into the home. Non-formal classes should be regularized. Most of the homes do not have bridge courses, which need to be started. Further, there are no qualified tutors for the children currently at most of the homes. Regular tutors should be appointed or at least should be outsourced. Most of the homes do not have suggestion boxes for use by children and need to be installed.

- **Promoting Extracurricular Activities**

Competitions for arts, sports, etc should be organized to encourage the children to take part in these activities should be implemented in all homes. Also, functions should be organized regularly in the all homes. Maintenance of open spaces within the homes need to be done, such as regular trimming of tall grass, so that they can be

utilized as playgrounds. Either a physical fitness instructor should be appointed on regular basis or the services of such an instructor should be engaged on contractual basis at all home. Over a period of time as games and sports gather momentum; competitions should be organized at all home in regular interval with some incentives.

- **Recreational Facilities**

Few homes do not have TV so it should be provided to the children for recreational purposes. Activities such as music, dance, yoga, etc. should be introduced in all homes. In some home the children rarely ever have exposure to the outside world. The closed environment, absence of open spaces or playgrounds gives a feeling of captivity. The children are not allowed to go outside to play. This needs to be taken care of. Either the housing location should be changed or children should be taken to nearby playground/park daily for recreational activities. Adequate arrangements should be made for outdoor games, which is currently lacking.

- **Mental Health Facilities**

- ***Allowing them to call home regularly:*** Weekly allowance to talk to their parents over telephone should be made to encourage continuity of care and attachment in all homes.
- ***Addressing Abuse:*** On the basis of the interaction with children in most of the homes, some children reported that they are bullied by older children so remedial measures need to be taken in this regard.
- ***Individual psychotherapy*** as well as ***group psychotherapy*** plan can be formulated for each child as many of them come with a history of neglect, abandonment, physical violence or abuse in childhood.
- ***Life skills training*** must be provided mandatorily to all the children so that they can deal with their day to day issues in an effective way.
- ***Sex Education:*** Sex education in a structured manner must be provided to all children regularly.
- ***Career and guidance counselling*** should also be facilitated for children at all homes.
- ***Increasing Manpower:*** It is recommended that full time clinical psychologists are appointed to handle the significant burden of psychological and emotional problems of children in the institute. The number of clinical psychologists required should be decided in consultation with mental health experts. The appointed professionals should have adequate educational qualifications.
- ***Mental health check-up*** on admission and further follow up should be done and separate mental health record should be maintained in all homes. All homes should have a separate mental health care unit. Individual mental health care plan should be developed for each child. A counselor should be in constant touch with the children and assess their mental health from time to time. Screening and assessment of mental as well as physical

health issues at regular intervals must be done and appropriate measures should be taken thereof.

- **Addressing Psychiatric Disorders:** Some homes have intellectually disabled children so special classes should be organized for them. Some children have scored high in learning disability in DPCL in some homes, so these children should be identified and special attention should be given to their education. Substance use should be assessed carefully at the time of mental health assessment as high frequency of substance use has been reported in the adjoining communities in some places. The psychiatrist needs to undertake a more active role in management of the psychological problems rather than just medication prescription for mental ailments.

- **Medical Facilities**

- **Pediatrician:** Pediatrician should visit all homes at least once in a week.
- **Nurse:** A night nurse should be employed in all homes in case of any medical emergency in order to prevent any mishaps.
- **Emergency Provisions:** Most of the homes do not have provision for any vehicle to be used as an ambulance in cases of emergency. Such arrangements need to be made, with a person available at all times to drive the children to nearest medical facility. Further, all home should have a formal tie up with a nearby medical care center so that urgent medical attention may be provided if needed.
- **Immunization:** In some institution some children in the home are below 6 years of age. Their immunization status needs to be assessed and appropriate immunization should be provided to them.
- **HIV Awareness:** It is recommended that HIV screening should be done in cases where such a risk is apparent on assessment, such as in children who have been abandoned, who have survived sexual assaults, who are substance users or juveniles in conflict with law. Individual awareness about HIV should be raised among the children.
- **Ensuring Adequate Care for Diseases:** Active treatment and prevention of scabies and other dermatological infections should be undertaken in the home. Better measures need to be in place to prevent the outbreak of infectious diseases.

Detailed Report

Introduction

Children and adolescents in low and middle income countries (LAMIC) like India, constitute 35–50% of the population. An estimated 200,000 children in the country are in about 5,000 Observation and Children's Homes (Child care institution), and the numbers are growing. According to JJA Rule, 2011, minimum facilities of mental health needs of children in Child care institution (CCI) should be as follows:

- A mental health record of every juvenile or child shall be maintained by the concerned institutions.
- Both milieu based interventions that is creating an enabling environment for children and individual therapy are must for every child and shall be provided in all institutions.
- Every institution shall have the services of trained counsellors or collaboration with external agencies such as child guidance centres, psychology and psychiatric departments or similar government and non-governmental agencies, for specialized and regular individual therapy for every juvenile or child in the institution.
- A mental health care plan shall be developed for every juvenile or child by the child welfare officers in consultation with mental health experts associated with the institution and integrated into the individual care plan of the concerned juvenile or child.
- The recommendations of mental health experts shall be maintained in every case file and integrated into the care plan for every child.
- No juvenile or child shall be administered medication for mental health problems without a psychological evaluation and diagnosis by appropriately trained mental health professionals.
- All persons involved in taking care of the juveniles or children in an institution shall participate in facilitating an enabling environment and work in collaboration with the therapists.

There has been a significant gap between the mental health needs and the available services to cater to those needs, especially in low and middle income countries. Such a gap is also present in Child Care Institutions (CCIs), between the psychosocial needs of the children and services available to them in the form of counsellors, psychosocial support and rehabilitation services. The first step towards bridging this gap is by analysing mental health services for children in CCIs.

Aims & Objectives

- To identify and evaluate the gaps in existing mental health care services for children in Child Care Institutions (Children homes and Observation Homes) in Delhi
- To come up with concrete recommendations to address such gaps and to lay down guidelines for implementation of a competent system of psychosocial services in Child Care Institutions

Technical Approach and Methodology

9. The child care institutions (CCIs) in which the study was carried out included both children homes and observation homes.
10. A *team of experts was formed to carry out this work*. The team consisted of two consultants, one research officer and one clinical psychologist. The consultants provided training to the other members of the team.
11. Relevant information about the CCIs was collected from the client NCPCR, and also from relevant internet sources. A list of potential CCIs to be covered during the research was also provided by the NCPCR, along with the relevant contact details.
12. A *semi structured proforma was designed* which included items like registration status, year of establishment, minimum standards of care (Educational facilities, medical facilities, recreational facilities, etc.) and the areas of training need of Child Care Institutions. *Focused Group Discussion with experts* (Health including mental health professionals) was held to understand the key issues and to develop the questionnaires for assessment of needs and gap analysis.
13. As conceived in the protocol at the outset of the study, a visit by the team members was made to *20 CCIs (17 children homes and 3 observation homes)* out of the list provided by the NCPCR.
14. During the visit, the *working team assessed the CCIs for man-power resources, infrastructure, recreational, educational, vocational, health or other facilities, mental health services and record keeping by examining the records and interacting with the staff members of the CCIs, and were recorded in the semi-structured proforma. Then, 30 children (all the children in case the total strength of the CCI was 30 or less) from each of these CCIs were selected. The clinical psychologist/psychiatrist of the team interviewed and examined these children individually (including application of the Developmental Psychopathology Check List and MINI-KID) to assess their mental health condition and their psychosocial needs.* To conduct this process, appropriate approvals were taken including ethical permission.
15. After completion of data collection, it was compiled and preliminary report of current availability and further needs of the children in CCIs in terms of mental health was compiled and sent to the NCPCR for review.

16. Assessment Tools used in the study:

- (d) **Semi-structured Performa:** As discussed with mental health professionals in FGD, consists of General information, Materialistic needs & minimum standard of care, mental health needs and facilities of children in Child care institution.

- (e) **The Mini-International Neuropsychiatric Interview (MINI-KID)**
The Mini-International Neuropsychiatric Interview (M.I.N.I.-KID) is a short structured diagnostic interview developed for children and adolescence from 6 to 18 years old. It has been proposed by Sheehan and colleagues in 1998, for DSM-IV and ICD-10 psychiatric disorders. With an administration time of approximately 15 minutes, it was designed to meet the need for a short but accurate structured psychiatric interview for multicenter clinical trials and epidemiology studies. For every diagnosis assessed in the instrument, there is a key question that indicates the exclusion of the diagnosis if the child answers negatively. The MINI-KID tool showed high inter-rater and test—retest reliability, and it was good at screening for all psychiatric disorders except for dysthymia in children and adolescents. It is a clinician rated scale available in English language.

- (f) **Developmental Psychopathology Checklist (DPCL)** was constructed by Kapur, et al, 1994, as an Indian Version of Child Behaviour Check list (CBCL) proposed by Achenbach and Edelbrock. It consists of 6 subsections (Developmental History, Developmental Problem, Psychopathology, Psychosocial factors, Temperament, Social support and assets of the child). Mention overall purpose of using this (Behavioural screening etc)

Results

The following are the detailed reports on individual CCIs along which have been discussed in the following sub-headings:

- **Overall Information (Including demographic details)**
- **Physical infrastructure, Clothing and Bedding**
- **Personal hygiene and environmental sanitation**
- **Food**
- **Medical Care**
- **Education**
- **Recreation**
- **Restoration Measures**
- **Mental Health**
- **Recommendations**

INSPECTION REPORT OF CHILDREN HOME FOR BOYS I &II (UJJAWAL &UDAY) KASTURBA NIKETAN COMPLEX, LAJPAT NAGAR; VISITED ON 18.06.2015 & 19.06.2015

Children home for boys I & II (Ujjawal & Uday) located at Kasturba Niketan Complex, Lajpat Nagar II, New Delhi-24, Registration number was not available, it is run by the Department of Women and Child Development, Government of NCT of Delhi for children in need of care & protection. The sanctioned strength of the home is 100 + 100=200. Currently 71 children were living in the home. The age wise disaggregation of children is as under:-

- 0-6 years	-0
- 7-14 years	-22
- 15-18 years	- 49
- Above 18 years	-0
<hr/>	
Total	71

Further category-wise distributions of children are as follows:

- Children having both parents - 0
- Children having single parents - 14
- Children having no parents -7
- Children having both parents, but to be restored- 1
- Working children (Just got the Job) - 1

The duration of stay of the children in the home are as follows:

0-2 Months	0
2-4 Months	2
4-6 Months	3
6-12 Months	4
1-2 years	3
2-3 years	12
3-4 years	0
4-5 years	17
More than 5 years	30
Total	71

I. Physical infrastructure, Clothing and Bedding

Rule 40 of Delhi J.J. Rules, 2009 deals with the norms for building or accommodation for an institution. While, Rule 41 of Delhi J.J. Rules, 2009 deals with the norms for clothing and bedding.

Observations

- The home has been operating in a building in a government run office complex.
- Overall space was adequate, and cleanliness is maintained.
- Out of five dormitories, two (below and above 14) were used in which beds with mattresses were available for children, but pillows were not available for them.
- Lobby was used as dining hall and also video game facilities were available adjacent to lobby and library. Library is used as reading room. Recreation hall was used for Yoga classes, in which TV was available.
- Lighting and ventilation facilities are adequate.
- Fans and coolers have been provided.
- Adequate numbers of clothing and linen are provided to the children, which are maintained by the caretakers.
- Storage space (cupboard) is common for all children staying in one dormitory.
- One play ground was available for playing outdoor games.

II. Personal hygiene and environmental sanitation

Rule 42 of Delhi J.J. Rules, 2009 deals with the norms for sanitation and hygiene. This includes right of sufficiently treated water, proper drainage system, and annual pest control and sunning of bedding and clothing.

Observations

- There are 17 toilets and 11 number of bathrooms for a sanctioned strength of 200 Children, which is not in compliance with provided ratio of 1:7 in the Delhi J.J. rules, 2009. Although, more than 100 children rarely exceeded in last 5 years according to records.
- Toilets were clean.
- Sunning of bedding and clothing's is done once a week/ fortnightly, which are in compliance with rule 41 of Delhi J.J. Rules, 2009.
- Adequate arrangement for disposal of garbage exists.
- Sufficient space for washing utensils is available.
- Washing machine is used for washing of clothes, which is operated by the caretakers for smaller children. Older children used to wash their clothes themselves.
- Overall cleanliness of the home was adequate.

III. Food

Rule 44 of Delhi J.J. Rules, 2009 deals with the norms for Nutrition and Diet Scale. The main components of this rule deals with four meals in a day, nutritional value of meals which are provided to juveniles, diet scale, and special meals.

Observations

- The meal menu has been checked by the welfare officer of the home, but no nutrition expert has been consulted.
- Food items for breakfast and meals were according to season
- Milk/milk product is provided daily in the evening.
- Seasonal fruits are served in lunch every day.
- Children are provided with sweets, cakes etc. on festivals and special occasions such as birthdays.
- Sick children are provided with special diet advised by doctor.
- Children are healthy and provided with adequate nutritional diet.
- The kitchen area was clean and storage of food was proper.
- There were no visible pests inside the kitchen or home.

IV. Medical care

Rule 45 of Delhi J.J. Rules, 2009 deals with the norms of Medical Care. This rule majorly deals with maintenance of medical records of each juvenile, medical check-ups and treatment of children, training of staff in handling first aid, sufficient medical equipment etc.

Observations:

- The institution has a tie up with which local Government MCD dispensary for minor ailments. Further for any medical emergencies and severe illnesses; children are referred to Safdarjung hospital.
- There is one sick room in the home with two beds available for health concern majorly which are seasonal flu and skin conditions.
- On admission into the home every child undergoes a medical check-up by M.B.B.S. doctor (Part time medical care expert outsourced).
- The components of medical examination include:
 - Height;
 - Weight;
 - Immunization record.
- Health records have been maintained adequately and every 3rd month regular health check up is done.
- Age appropriate immunization is provided by the same doctor.

- First aid kit is properly maintained, but the staffs are not trained appropriately in first-aid.
- There is no ambulance, stock of medicines or full-time nurse (In day time only).
- No measures to prevent outbreak of contagious diseases.

V. Education

Rule 47 of Delhi J.J. Rules, 2009 deals with the norms of Education. This rule provides every institution shall provide education to all juveniles or children according to the age and ability, both inside the institution or outside, as per the requirement. That there shall be a range of educational opportunities including mainstream inclusive schools, bridge school, open schooling, non formal education and learning and input from special educators where needed.

Observations

- There are no provisions for formal education within the institute, but 6 children were taking non-formal education within institute.
- There is one library cum reading room in the institute.
- 13, 41 and 4 (out of 71) children have been enrolled in primary, secondary and higher classes in Government School run by MCD near children home.
- Educational Assessment of children is not done in the institute.
- There are no provisions for tuition classes currently on regular basis at the institute; some bright children are going to paid tuitions outside funded by visitors.

VI. Recreation

Rule 49 of Delhi J.J. Rules, 2009 deals with the norms of recreation facilities. This Rule provides that guided recreation shall be made available to all juveniles or children.

Observations

- There is a playground within campus in which the home is situated. Children used to play outdoor games. There is training/coaching session going on for cricket currently in morning hours by professional cricketer.
- Indoor games such as carom, blocks, chess and ludo are provided to children.
- There is a television with cable connection for the children, on which they are allowed to watch their shows for fixed timings.
- Computer facilities are also available, but internet connections are available only at welfare officer room. Basic computer classes by HCL foundation is provided regularly.
- Dance classes by volunteers are also provided intermittently.

- Video games, Music players, library with newspaper and magazines were available for children
- Vocal and instrumental music classes by Bal Bhawan is conducted on alternate days.
- Yoga classes and Art and craft classes are held regularly.
- Coaching in martial arts is also done. Further, English speaking classes by an instructor from Inlingua organization is held during summer vacation
- Screening of educational and entertainment based movies on DVD player on every weekend.
- Children were taken to PVR 3C Cinema, Lajpat Nagar during first week of June for watching a movie show “Tanu weds Manu Returns” after announcement of their final results of their respective classes.
- YES programme i.e. Youth Empowerment Seminar by Art of Living foundation for 30 resident children is being planned in last week of June.

VII. Restoration measures

- This institute is primarily meant for restoration of children to their families. So far, in last 3 years, 341 and 243 children have been restored to their respective families from two different homes of different age groups. Till now, 96 children have been sent to after care organization/ trained in vocation and 100 children have been transferred to different states by escorts.
- All children have been restored to their families of origin in a CWC mediated process, and the families were verified.
- Currently efforts have been made to provide vocational training opportunities to the resident children who are in the range of 16-18 years of age. One boy is attending fine arts classes at Delhi college of Arts, other two have completed a short term course of cooking/ housekeeping at Delhi institute of Hotel management and catering technology. Three boys have appeared for entrance test for polytechnic. Result is awaited. One boy has completed dental lab technician course. Two children have applied for technical course at ITI Nizamuddin and Don Bosco technical institute for plumbing and offset printing.
- Institute has planned to provide short term training in retail industry through NGO Etasha society and Empower Pragati. These NGOs also promised good placement opportunities after successful completion of training.

VIII. Mental Health

Rule 46 of Delhi J.J. Rules, 2009 deals with the norms of Mental Health. This rule provides for maintenance of mental health record of every child by the institution and provision of both milieu based interventions and individual therapy for every child. The environment in an institution shall be enabling and free from abuse. Every institution shall have the services of trained counsellors or collaboration with external agencies associated with mental health. A mental health care plan shall be developed for every child and integrated into the individual care plan.

Observations

(i) Mental Health Condition and Mental Health Needs of Children

- Most of the children were brought through CWC whose parents were either unable to take care or missing or could not be traced out. As such information about their past life experiences could not be traced much, but most of the child came from broken family, death of one or both parents, suffered from violence and neglect at parental home. Family environment are not conducive for them. Majority of children came from economically deficient background.
- Some of the children have shown adjustment problems early on after admission to the institute and majority of them had lack of trust, emotional resilience for care giver, but they have been able to adjust well later primarily. Attachment issues were noted for care takers, but not with welfare officer and head of the institution.
- Majority of the children were involved in playing, were eating well and were well adjusted with their peers. Some of them are superior in academics and institute head had individual plan for them.
- There were no overt problematic behaviours reported by the staff in majority of the children. However, on interaction with clinical psychologist, bullying towards smaller children and homosexual behaviour was reported by them. One child had clinical depression with seizure, currently on treatment with part time psychiatrist visiting at the institute. Further, three children had aggressive/ Impulsive behaviour as reported by welfare officer/ institute head which has also been written in record.

Information from Individual Children's Questionnaire

- 30 children were randomly selected for interview out of the total strength of the home. The distribution of age and gender among them was as follows:

Age	Males
6-9 years	0
10-12 years	9
13-16 years	21

- There was no known family history of psychiatric or medical problems in any of the children.
- Self reports were collected for 28 out of the 30 selected children who were 10 years of age or more and were able to provide information adequately. Information from care givers was collected for all 30 children.

Developmental Psychopathology Check List for Children

Check list Domains	Number of Children Scoring Above Cut-off
Developmental History	0
Developmental Problems	0
Hyperkinesis	4
Conduct	2

Learning Difficulties	5
Emotional Difficulties	0
OCD	0
Somatic Problems	0
Psychosis	0

M.I.N.I. Kid

Psychiatric Diagnosis	Number of Children Diagnosed with Psychiatric Disorder
Major Depressive Disorder	0
Suicidality	0
Dysthymia	0
Manic Episode	0
Panic Disorder	0
Agoraphobia	0
Separation Anxiety Disorder	0
Social Phobia	0
Specific Phobia	0
OCD	0
PTSD	0
Alcohol Dependence/Abuse	0
Substance Dependence/Abuse (Non-Alcohol)	0
Tic Disorder	0
ADHD	0
Conduct Disorder	0
Oppositional Defiant Disorder	0
Psychotic Disorder	0
Anorexia Nervosa	0
Bulimia Nervosa	0
Generalized Anxiety Disorder	0
Adjustment Disorder	0
Pervasive Developmental Disorder	0

(ii) **Mental Health Services of CCI**

- All children underwent a mental health check-up on admission and mental health care plan has been formulated only for problematic child on first visit, however separate mental health record was maintained by Manas Foundation.
- The home have a mental health care unit run by Manas Foundation (one play room and other is counselling room).
- There is a team of mental health professional (part time psychiatrist visiting twice a week along with psychiatrist and intern) from Manas Foundation, visiting the home on a regular basis. However there were no facilities of mental health nurse, counsellor or educator. Any diagnosed case of psychiatric illness is referred to IHBAS on intake for their expert opinion.

- None of the staff of the institute has any training/ session received in psychological first aid (PFA) or sensitization to the mental health needs of the children.
- Staff members try to handle children's issues such as adjustment and peer-problem by their own methods. Children can approach Superintendent directly with their problem with immediate resolution.
- There are no programs for life skills education/ sex education for the children.
- There is no regular group session provided. Once in a while, with selected children some of the group therapy sessions are held which covers various skill training exercises like anger management.
- There is no regular parental interaction with the child and no provision for parental meeting/ anonymous with the staff member/ mental health expert.

(iii) Mental Health Condition and Mental Health Needs of Caregivers

- Caregivers report having exhaustion and burnouts but deny having anxiety, guilt or aggression associated with that.
- Eleven part time caretakers and four house mother in shift are residing within the home; however there is no vocational instructor and educator for them.
- They are able to create a nurturing environment for the children.
- No psychological crises have been reported among the caregivers.
- There was no formal training and capacity building of caretaker/ mother involved in nurturing the children directly. However, welfare officer attends quarterly workshops every year conducted by National institute of public corporation and child development for equipping themselves with skills to take care of children's emotional needs.
- There is no formal interaction with the mental health expert on management of emotional needs of care takers.

Recommendations

- As per Rule 56 of Delhi J.J. Rules 2009, Children Committee meeting should be held regularly and children should understand their role in the committee. There is only management committee meeting, which is being held in this home regularly.
- Roof and ceiling are not in good condition in one dormitory, hence there is a need for the repairing of same. Pillow should be provided to at least younger children as there was no pillow available to any of them.
- There is no tutor for teaching the children currently at home. A regular tutor should be appointed or at least should be outsourced.
- They have made attempts to introduce vocational training but it has not been properly utilized as there is no vocational instructor currently. Vocational instructor should be appointed as soon as possible.
- Vocational Courses should be introduced for all adolescence boys who are in the age group of 16 to 18 years.
- A children's suggestion box should be maintained at an appropriate place in the home.

- The home has access to a large space, which is currently utilized as playground. There is no gardener currently employed. If a gardener is employed to cut the grass regularly, the children can have more places to play and can also use different parts of the ground to play different outdoor games. Gardening is one activity that should be introduced for children as leisure activity, as this home has the space to do so and it is a very therapeutic activity.
- Either a physical fitness instructor should be appointed on regular basis or the services of such an instructor should be engaged on contractual basis.
- Over a period of time as games and sports gather momentum; competitions should be organized at home in regular interval with some incentives.
- Follow up of repatriated children and rehabilitation should be done properly.
- Weekly allowance to talk to their parents over telephone should be made to encourage continuity of care and attachment.
- On the basis of the interaction with children, some children reported that they are bullied by older children. The home is advised to take necessary remedial measures in this regard.
- There should be periodic medical examination of the children.
- Paediatrician should visit home at least once in a week for regular health checkup.
- A night nurse should be employed in case of any medical emergency in order to prevent any mishaps. Driver should also be employed for such emergencies as home has vehicle, but no driver outsourced.
- Screening and assessment of mental as well as physical health issues of children at regular intervals must be done and appropriate measures should be taken thereof.
- A counsellor should be in constant touch with the children to assess their mental health periodically and plan management accordingly. Children with special needs should also be carefully handled.
- Regular counselling sessions with the family and child should be taken; Career and guidance counselling should also be facilitated as per requirement.
- Regular psychotherapy sessions are required to address various child and adolescents mental health issues as many children in CCI home are victims of child labour, sexual abuse, history of neglect, abandonment and physical violence in childhood. Further, HIV counselling should be incorporated mandatorily at the time of admission some of the children, especially street children are victim of sexual abuse and come with a risk of HIV.
- Home should appoint more trained clinical psychologist or counsellor on the regular basis in collaboration with DWCD for dealing with behavioural and emotional problems of the children.
- Training and capacity building of caretakers on mental health needs of children should be held periodically. Mental health condition of caretakers should also be assessed periodically and adequate psychological treatment should be provided as per the need.

INSPECTION REPORT OF MANAV MANDIR MISSION TRUST, KH-57, SARAI KALE KHAN, VISITED ON 22.06.2015 & 23.06.2015

Manav Mandir Mission Trust children home located at KH-57, Ring Road, Sarai kale Khan, New Delhi-13, Registration number 6467, (validity period- 01-05-2015 to 30-4-2018); License No. F 61/197/DWCD/MM/P file/6722-26; runs by Manav Mandir Mission trust under guidance of Department of Women and Child Development, Government of NCT of Delhi for children in need of care & protection. The sanctioned strength of the home is 20. Currently 26 children (21 boys and 05 girls) were living in the home. The age wise disaggregation is as under:-

- 0-6 years	-0
- 7-10 years	- 5
- 11-14 years	- 13 + 4 (Girl)= 17
- 15- 18 years	- 03 + 1 (Girl) = 04
<hr/>	
Total	- 21 + 5 (Girl) = 26

Further category-wise distribution of children is as follows:

- Children having both parents - 06
- Children having single parents - 11
- Children having no parents - 09

The duration of the children in the home is as under:

Duration	Boys	Girls
0-2 Months	3	0
2-4 Months	0	0
4-6 Months	0	0
6-12 Months	0	0
1-2 years	5	0
2-3 years	3	0
3-4 years	0	0
4-5 years	2	0
More than 5 years	8	5
Total	21	5

I. Physical infrastructure, Clothing and Bedding

Rule 40 of Delhi J.J. Rules, 2009 deals with the norms for building or accommodation for an institution. Rule 41 of Delhi J.J. Rules, 2009 deals with the norms for clothing and bedding.

Observations

- The home has been operating in a private building, where trust also had treatment center for chronic debilitating illness in other side of same premise.
- Overall space was adequate, and cleanliness is maintained.
- Out of five dormitories, two (below and above 12) has been allotted for girls and three for boys with provision of beds with mattresses There was separate dining hall and library. Recreation hall was used for study room some times.
- Lighting and ventilation facilities are adequate.
- Fans and coolers have been provided.
- Adequate numbers of clothing and linen are provided to the children, which are maintained by the caretakers.
- Storage space is available for all children staying in one dormitory.
- One play ground was available for playing outdoor games.

II. Personal hygiene and environmental sanitation

Rule 42 of Delhi J.J. Rules, 2009 deals with the norms for sanitation and hygiene. This includes right of sufficiently treated water, proper drainage system, and annual pest control and sunning of bedding and clothing.

Observations

- There are 4 toilets and equal number of bathrooms for boys and two toilets and bathrooms for girls for a sanctioned strength of 20 Children, which is in compliance with Delhi J.J. rules.
- Toilets were clean.
- Girls are practicing menstrual hygiene for which pads are provided. One female doctor visits every Sunday to take care of any gynecological issue, if arises. .
- Sunning of bedding and clothing is done once a week/ fortnightly, which are in compliance with rule.
- Adequate arrangement for disposal of garbage exists.
- Sufficient space for washing utensils is available.
- Washing machine is used for washing of clothes, which is operated by the caretakers for smaller children. Older children used to wash their clothes themselves.
- Overall cleanliness of the home was adequate.

III. Food

Rule 44 of Delhi J.J. Rules, 2009 deals with the norms for Nutrition and Diet Scale. The main components of this rule deals with four meals in a day, nutritional value of meals which are provided to juveniles, diet scale, and special meals.

Observations

- The meal menu has been checked by the welfare officer of the home, but no nutrition expert has been consulted.
- Food items for breakfast and meals were according to season.
- Milk/milk product is provided daily in the evening, trust has separate animal husbandry where cows are kept.
- Seasonal fruits are served in lunch every day.
- Children are provided with sweets, cakes etc. on festivals and special occasions such as birthdays.
- Sick children are provided with special diet advised by doctor.
- Children are healthy and provided with adequate nutritional diet.
- The kitchen area was clean and storage of food was proper.
- There were no visible pests inside the kitchen or home.

IV. Medical care

Rule 45 of Delhi J.J. Rules, 2009 deals with the norms of Medical Care. This rule majorly deals with maintenance of medical records of each juvenile, medical check-ups and treatment of children, training of staff in handling first aid, sufficient medical equipment etc.

Observations:

- The institution has a tie up with “Guru Kisan hospital” for ailments, medical emergencies and severe illnesses.
- There is one sick room in the home for health concern majorly which are seasonal flu and skin conditions.
- On admission into the home every child undergoes a medical check-up by M.B.B.S. doctor (Part time medical care expert outsourced).
- The components of medical examination includes:
 - Height;
 - Weight;
 - Immunization record.
- Health records have been maintained adequately and every 3rd month regular health checkup is done.
- Age appropriate immunization is provided by the same doctor.
- First aid kit is properly maintained, but the staffs are not trained appropriately in first-aid.
- There is no ambulance, stock of medicines or full-time nurse (In day time only).
- No measures to prevent outbreak of contagious diseases.

V. Education

Rule 47 of Delhi J.J. Rules, 2009 deals with the norms of Education. This rule provides every institution shall provide education to all juveniles or children according to the age and ability, both inside the institution or outside, as per the requirement. That there shall be a range of educational opportunities including mainstream inclusive schools, bridge school, open schooling, non-formal education and learning and input from special educators where needed.

Observations

- All children were taking formal education (Primary, secondary and higher classes), going to private school outside of campus.
- There is one library and two reading room in the institute.
- 8, 14, and 4 (26) children have been enrolled in primary, secondary and higher classes respectively at private School “Saraswati Bal Mandir” located in Lajpat nagar.
- Educational Assessment of children is done in the institute.
- There are provisions for tuition classes currently on regular basis at the institute; there were five private tutors who currently teaches different subjects at home.

VI. Recreation

Rule 49 of Delhi J.J. Rules, 2009 deals with the norms of recreation facilities. This Rule provides that guided recreation shall be made available to all juveniles or children.

Observations

- There is a playground within campus in which the home is situated. Children used to play outdoor games.
- Indoor games such as carom, blocks, chess and Ludo are provided to children.
- There is a television with cable connection for the children, which they are allowed to watch their shows for fixed timings.
- Computer facilities with internet connections are available. It is used only for educational purposes.
- Yoga classes are held regularly at recreation hall.
- Children went to Mathura and Mussorie during first week of June. In a year, two times they used to go for picnic outside Delhi.

VII. Restoration measures

- This institute is primarily meant for restoration of child to become economically independent. So far, in last 1 year, 12 children were restored. Five children were from Afghanistan and they were finally restored to their native country. Two children trained in vocation / five children further pursuing higher courses with part time job either staying in trust home or staying outside where they are working.

- Currently effort being made to provide vocational training opportunities and higher education for bright children who is in the range of 16-18 years of age.

IX. Mental Health

Rule 46 of Delhi J.J. Rules, 2009 deals with the norms of Mental Health. This rule provides for maintenance of mental health record of every child by the institution and provision of both milieu based interventions and individual therapy for every child. The environment in an institution shall be enabling and free from abuse. Every institution shall have the services of trained counsellors or collaboration with external agencies associated with mental health. A mental health care plan shall be developed for every child and integrated into the individual care plan.

Observations

i)Mental Health Condition and Mental Health Needs of Children

- Most of the children were brought through CWC whose parents were either unable to take care or are missing. As such information about their past life experiences could not be traced much, but most of the children came from broken or economically poor families, or families where either of parents have died, there is violence, abuse, neglect and non-conducive family environment
- No significant attachment issues were noted among them. Majority of the children were involved in playing, were eating well and were well adjusted with their peers.
- There were no overt problematic behaviour reported by the staff in majority of the children. On interaction with clinical psychologist, children appeared cheerful and happy.

Information from Individual Children's Questionnaire

- The distribution of age and gender among them was as follows:

Age	Males	Females
6-9 years	5	0
10-12 years	9	0
13-16 years	7	5

- One child had physical disability.
- There was no known family history of psychiatric or medical problems in any of the children.
- Self-reports were collected from 21 out of the 26 selected children who were 10 years of age or more and were able to provide information adequately. Information from care givers was also collected for all 26 children.

Developmental Psychopathology Check List for Children

Check list Domains	Number of Children Scoring Above Cut-off
Developmental History	0
Developmental Problems	0
Hyperkinesis	0
Conduct	0
Learning Difficulties	1
Emotional Difficulties	0
OCD	0
Somatic Problems	0
Psychosis	0

M.I.N.I. Kid

Psychiatric Diagnosis	Number of Children Diagnosed with Psychiatric Disorders
Major Depressive Disorder	0
Suicidality	0
Dysthymia	0
Manic Episode	0
Panic Disorder	0
Agoraphobia	0
Separation Anxiety Disorder	0
Social Phobia	0
Specific Phobia	0
OCD	0
PTSD	0
Alcohol Dependence/Abuse	0
Substance Dependence/Abuse (Non-Alcohol)	0
Tic Disorder	0
ADHD	0
Conduct Disorder	0
Oppositional Defiant Disorder	0
Psychotic Disorder	0
Anorexia Nervosa	0
Bulimia Nervosa	0
Generalized Anxiety Disorder	0
Adjustment Disorder	0
Pervasive Developmental Disorder	0

ii) Mental Health Services of CCI

- Children did not receive any mental health check-up on admission and mental health care plan has not been formulated.
- No separate mental health record was maintained.
- Home does not have a mental health care unit.
- There were no facilities of mental health care by mental health professionals (psychiatrist psychologist, mental health nurse, counsellor). Home had a private tutor who had a post-graduate degree in psychology, used to solve problems of children, when required.
- None of the staff of the institute has any training in skill of delivering psychological first aid. Sensitization to the mental health needs of the children has also not been done.
- Staff members try to handle children's issues such as adjustment and peer-problem by their own methods. Children can approach welfare officer directly with their problem with immediate resolution.
- There are no programs for life skills education and sex education for the children.
- There is no group session/therapy provided to the children.
- There is no regular parental interaction with the child and no provision for parental meeting/ Anonymous with the staff member/ mental health expert.

iii) Mental Health Condition and Mental Health Needs of Caregivers

- There was one welfare officer, and two part time caretakers for girls are residing within the home; however there is no vocational instructor /house father/ house mother for them.
- They are able to create a nurturing environment for the children.
- No psychological crises have been reported among the caregivers.
- There was no formal training and capacity building of caretaker/ house mother involved in nurturing the children directly.
- There was no formal interaction with the mental health expert to discuss emotional needs of care takers.

Recommendations

- A full time MBBS doctor should be appointed and there should be periodic medical examination.
- A night nurse should be employed for case of any medical emergency in order to prevent any mishaps in night time.
- Screening and assessment of mental as well as physical health issues at regular intervals must be done and appropriate measures should be taken thereof.
- A regular counsellor/ clinical psychologist/ part time psychiatrist should be recruited who should be in constant touch with the children and assess their mental health from time to time. Children with special needs should be carefully handled.

- Mental health check-up on admission and further follow up should be done and separate mental health record should be maintained.
- The home should have a separate mental health care unit.
- Individual mental health care plan is required for each child staying in this home.
- Life skills training and sex education must be provided to the children by mental health experts.
- Regular counselling sessions should be with the family and child; Career and guidance counselling should also be facilitated.
- Regular session of psychotherapies (including group therapy and individual counselling sessions) are required.
- Training and capacity building of caretakers on mental health needs of children (who are in direct contact with them) should be held periodically. Mental health condition of caretakers should be assessed periodically and appropriate advice should be offered.

I. Physical infrastructure, Clothing and Bedding

Rule 40 of Delhi J.J. Rules, 2009 deals with the norms for building or accommodation for an institution. Rule 41 of Delhi J.J. Rules, 2009 deals with the norms for clothing and bedding.

Observations

- Overall space was adequate, but cleanliness is not maintained.
- Out of five dormitories, three (below and above 14, new admission) were used in which beds with mattresses were available for children, but pillows were not available for them, beds were two storage with limited space, not well ventilated. Older boys' dormitories were not cleaned.
- Library cum reading room was closed due to construction work. Recreation hall was used for Art and craft, music classes, in which TV was available.
- Fans have been provided.
- Adequate numbers of clothing and linen are provided to the children, which are maintained by the caretakers.
- Storage space (cupboard) was not observed by inspecting team for children staying in one dormitory. Construction work was undergoing, as reported by welfare officer.
- One play ground was available for playing outdoor games.

II. Personal hygiene and environmental sanitation

Rule 42 of Delhi J.J. Rules, 2009 deals with the norms for sanitation and hygiene. This includes right of sufficiently treated water, proper drainage system, and annual pest control and sunning of bedding and clothing.

Observations

- Daily routine is not displayed in the dormitories and notice board;
- Children are not much aware about the daily routine;
- For small children, care taker washes clothes and take care of their dormitories
- Protection from mosquito is not provided;
- There are sufficient number of toilets for Children, but cleanliness is not well maintained
- Sunning of bedding and clothing's is done once a month and are in compliance with rule
- Children were appeared to be neat and clean but bedding, stay area, toilets, and corridors were not neat and clean.

III. Food

Rule 44 of Delhi J.J. Rules, 2009 deals with the norms for Nutrition and Diet Scale. The main components of this rule deals with four meals in a day, nutritional value of meals which are provided to juveniles, diet scale, and special meals.

Observations

- Meals are planned in consultation with nutrition expert from Food and Nutrition Board
- Children are provided with sweets, cakes, soft drinks etc. on festivals and special occasions;
- Sick children being provided a special diet on the advice of doctor;
- Children are healthy and provided with adequate nutritional diet.

IV. Medical care

Rule 45 of Delhi J.J. Rules, 2009 deals with the norms of Medical Care. This rule majorly deals with maintenance of medical records of each juvenile, medical check-ups and treatment of children, training of staff in handling first aid, sufficient medical equipment etc.

Observations:

- The institution has a tie up with which local health center and for serious ailment, child is sent to LHMC or Kalawati hospital.
- On admission into the home every child undergoes a medical check-up
- The components of medical examination includes:
 - Height;
 - Weight;
 - Immunization record.
- Every child has a health card and his check-ups are recorded and files of such records are maintained properly.
- There were 8 beds available in sick room and first aid kit was maintained
- All staff are trained in giving first aid;
- Full time nurse is available at home to attend calls of duty during evening and late night hours;
- In house ambulance facility is available.

V. Education

Rule 47 of Delhi J.J. Rules, 2009 deals with the norms of Education. This rule provides every institution shall provide education to all juveniles or children

according to the age and ability, both inside the institution or outside, as per the requirement. That there shall be a range of educational opportunities including mainstream inclusive schools, bridge school, open schooling, non-formal education and learning and input from special educators where needed.

Observations

- 71 children attend classes till Secondary level. Remaining children are enrolled in non-formal classes.
- No educational assessments of children are done on admission. The education facility in institution is not adequate, as there is no private tutor. Middle school teacher, which is within the campus, used to teach them.

VI. Recreation

Rule 49 of Delhi J.J. Rules, 2009 deals with the norms of recreation facilities. This Rule provides that guided recreation shall be made available to all juveniles or children.

Observations

Children were reported playing various games. There is a playground where inmates play and sometimes they are taken outside. The children receive adequate recreational opportunities indoor and outdoor. There is a physical training teacher in the premises to guide children for their physical fitness.

VII. Restoration measures

Observations

- 44 children were restored from the home during last one year. So far, in last 1 year, 34 children restored to their respective families, 10 children have been sent to after care organization/ trained in vocation.
- All children have been restored to their families of origin in a CWC mediated process, and the families were verified.
- Currently vocation training opportunities was limited at home to the resident children who are in the range of 16-18 years of age.

VIII. Mental Health

Rule 46 of Delhi J.J. Rules, 2009 deals with the norms of Mental Health. This rule provides for maintenance of mental health record of every child by the institution and

provision of both milieu based interventions and individual therapy for every child. The environment in an institution shall be enabling and free from abuse. Every institution shall have the services of trained counsellors or collaboration with external agencies associated with mental health. A mental health care plan shall be developed for every child and integrated into the individual care plan.

Observations

i) Mental Health Condition and Mental Health Needs of Children

- Most of the children were brought through CWC whose parents were either unable to take care or are missing. As such information about their past life experiences could not be traced much, but most of the children came from broken or economically poor families, or families where either of parents have died, there is violence, abuse, neglect and non-conducive family environment
- Majority of the children were involved in playing, were eating well and were well adjusted with their peers.
- There were no overt problematic behaviours reported by the staff in majority of the children. However, on interaction with clinical psychologist, Bullying towards smaller children has been seen.

Information from Individual Children’s Questionnaire

- The distribution of age and gender among them was as follows:

Age	Males
6-9 years	3
10-12 years	10
13-16 years	17

- 2 children had physical disability, while 4 were known cases of intellectual disability.
- There was no known family history of psychiatric problems in any of the children. There was history of physical disability in parents of 3 children.
- Self-reports were collected for 22 out of the 30 selected children who were 10 years of age or more. Children were able to provide information adequately. Information from care givers was collected for all 30 children.

Developmental Psychopathology Check List for Children

Check list Domains	Number of Children Scoring Above Cut-off
Developmental History	0
Developmental Problems	0
Hyperkinesis	2
Conduct	0
Learning Difficulties	7
Emotional Difficulties	0
OCD	0
Somatic Problems	0
Psychosis	0

M.I.N.I. Kid

Psychiatric Diagnosis	Number of Children Diagnosed with Psychiatric Disorder
Major Depressive Disorder	0
Suicidality	0
Dysthymia	0
Manic Episode	0
Panic Disorder	0
Agoraphobia	0
Separation Anxiety Disorder	0
Social Phobia	0
Specific Phobia	0
OCD	0
PTSD	0
Alcohol Dependence/Abuse	0
Substance Dependence/Abuse (Non-Alcohol)	0
Tic Disorder	0
ADHD	0
Conduct Disorder	0
Oppositional Defiant Disorder	0
Psychotic Disorder	0
Anorexia Nervosa	0
Bulimia Nervosa	0
Generalized Anxiety Disorder	0
Adjustment Disorder	0
Pervasive Developmental Disorder	0

ii) Mental Health Services of CCI

- All children underwent a mental health check-up on admission however no mental health care plan has been formulated, neither separate mental health record was maintained.
- The home does not have a mental health care unit (no separate counselling room).
- There is only one outsourced clinical psychologist, visiting the home on a regular basis (Was on leave for a week on day of visit). However there were no facilities of mental health nurse, counsellor or educator. Any diagnosed case of psychiatric illness is referred to IHBAS or LHMC on intake for their expert opinion.
- None of the staff of the institute has any training/session received in psychological first aid or sensitization to the mental health needs of the children.
- Staff members are not all sensitized to handle children's issues such as adjustment and peer-problem, overt behavioural issues.
- There are no programs for life skills education/ sex education for the children.
- There is no regular group session provided.
- There is no regular parental interaction with the child and no provision for parental meeting/ Anonymous with the staff member/ mental health expert.

iii) Mental Health Condition and Mental Health Needs of Caregivers

- Caregivers reports experiencing exhaustion and burnouts but deny having anxiety, guilt or aggression associated with that.
- Only one part time caretaker and four house mother/ father in shift are residing within the home; however there is no vocational instructor for them. They are able to create a nurturing environment for the children.
- No psychological crises have been reported among the caregivers.
- There was no formal training and capacity building of caretaker/ house mother involved in nurturing the children directly.
- There was no formal interaction with the mental health expert to discuss psychological needs of care takers.

Recommendations

- On the basis of the interaction with children, some children reported that they are physically abused by older children. The Home is advised to take necessary remedial measures in this regard.
- There is a need for renovation of the premises. Roof and ceiling are not in good condition. Hence, there is a need for the repairing of the same.
- Sanitation and cleanliness was not appropriate. Hence there is a need to improve them.
- Lightning and ventilation facilities are inadequate and need to be improved.
- Daily activity schedule of the children should be displayed on notice board.
- Children's opinions should be included in meal planning
- Screening and assessment of mental as well as physical health issues at regular intervals must be done and appropriate measures should be taken thereof.
- Mental health records should be maintained properly and mental health care plans should be formulated for every child.
- A mental health care unit should be developed and a separate room should be allotted for counseling.
- Staff members need to be sensitized to children's psychological issues and needs. Currently none of them is trained to handle such issues. Regular training needs to be provided to the staff members to enable them to handle psychological issues. Training should also enable the staff members to provide a nurturing environment for the children.
- A counsellor should be in constant touch with the children and assess their mental health from time to time. Children with special needs should also be assessed periodically and required psychological intervention should be initiated.
- Issue of bullying by the older children needs to be addressed immediately. Children and staff should be sensitized towards the psychological impact of bullying and ways to deal with it. Extra attention should also be given to the younger children to prevent such incidents.

- Regular counseling sessions with the family and child should be held; Career and guidance counseling should also be conducted.
- Home should appoint more trained clinical psychologist or counsellor on the regular basis in collaboration with Department of Women and Child Development (DWCD) for dealing with behavioural and emotional problems of the children.
- Training and capacity building of caretakers on mental health needs of children who are in direct contact with them should be held periodically.
- There should also be provision for the staff members to interact with mental health professionals to discuss their own psychological and emotional issues.

INSPECTION REPORT ON PRAYAS OBSERVATION HOME FOR BOYS I, VISITED ON 26.06.2015

Prayas, Observation Home for Boys I located behind Feroz Shah Kotla Stadium (Near Gate no. 9,10), Delhi Gate, New Delhi-110002, vide Certificate no. IN-DL1020269929332, Account reference IMPACC (IV)/dl719103/DELHI/DL-DLH, run by the NGO Prayas, under the Department of Women and Child Development, Government of NCT of Delhi for a period from 01.04.2013 to 31.03.2018. The total sanctioned strength of the home is 100. Currently 59 inmates have been enrolled.

The age wise disaggregation of children are as under:-

- 0 to 6 years- 0
- 7 to 12 years- 3
- 13 to 16 years- 56
- More than 16 years of age- 0

I. Physical infrastructure, Clothing and Bedding

Rule 40 of Delhi J.J. Rules, 2009 deals with the norms for building or accommodation for an institution. Rule 41 of Delhi J.J. Rules, 2009 deals with the norms for clothing and bedding.

Observations

- The home has been operating in a Government complex, where overall space provided is ample.
- There are 2 dormitories and 1 reception unit. Reception unit houses can keep children for up to 2 weeks. Segregation of dormitories has been done on the basis of age and severity of crime.
- There are no beds in the dormitories, only mattresses have been provided.
- There is one classroom and 3 rooms for vocational training.
- There is no recreation room or library.
- There is one playground which has been well maintained.
- Whitewashing is done every year.
- The compound is surrounded by around 20 feet high walls.
- Apart from the institute security (which is outsourced), personnel from the 1st battalion of Delhi Police has been deployed outside the gates of the compound.
- Lighting and ventilation facilities are adequate.

- Fans and coolers have been provided.
- Adequate numbers of clothing and linen are provided to the inmates, which are maintained by them.
- Separate lockers have been provided for all inmates.
- Overall, home has good facilities of accommodation, which are spacious and well ventilated.

II. Personal hygiene and environmental sanitation

Rule 42 of Delhi J.J. Rules, 2009 deals with the norms for sanitation and hygiene. This includes right of sufficiently treated water, proper drainage system, and annual pest control and sunning of bedding and clothing.

Observations

- There are 7 toilets for 60 inmates which are not in keeping with the ratio of 1:7 provided by the Delhi J.J. Rules, 2009.
- Toilets were not clean inside dormitories. There are 2 sweepers. Cleanliness in the entire home is maintained on a daily basis.
- Sunning of beddings is done once in a fortnight.
- Adequate arrangement for disposal of garbage exists.
- Sufficient space for washing clothes and utensils is available.
- Overall cleanliness of the home was adequate.

III. Food

Rule 44 of Delhi J.J. Rules, 2009 deals with the norms for Nutrition and Diet Scale. The main components of this rule deals with four meals in a day, nutritional value of meals which are provided to juveniles, diet scale, and special meals.

Observations

- The meal menu has been prepared by the management committee of the home, in consultation with a doctor and in accordance with the prescribed diet scale.
- Intermittently, suggestions by the children's committee on the menu are taken into account.
- Inmates are provided with sweets etc. on festivals and on demand.
- Inmates who fall sick are provided with special diet as advised by doctor.
- Inmates were healthy and provided with adequate nutritional diet.
- There is a separate kitchen and a dining hall with seating arrangement.
- Storage of food grains was proper. There were no visible pests in the storage area, kitchen and dining hall.
- The quality of food and drinking water is regularly checked by the management staff of the home.

IV. Medical care

Rule 45 of Delhi J.J. Rules, 2009 deals with the norms of Medical Care. This rule majorly deals with maintenance of medical records of each juvenile, medical check-ups and treatment of children, training of staff in handling first aid, sufficient medical equipment etc.

Observations:

- The institution has a tie up with 2 Government hospitals namely, Lok Nayak Jai Prakash Narayan (LNJP) Hospital and Maulana Azad Institute of Dental Sciences.
- There is a sick room with 4 beds and a first Aid kit.
- There is one staff nurse during the day time, but no nurse is available during the night hours.
- In case of emergencies, children are taken to LNJP hospital, but provision of ambulance service is absent and public transport is used in such conditions.
- On admission into the home every child undergoes a medical check-up by staff nurse.
- An M.B.B.S. doctor also visits the home regularly, only for curative purposes.
- There is provision for regular health checkup for each inmate.
- Health records have been adequately maintained.
- Care taker staff has been trained in first-aid.
- Measures to prevent outbreak of contagious diseases are inadequate.
- There is no provision for HIV testing.
- Currently, several inmates are suffering from scabies. There are no other major health concerns.

V. Education

Rule 47 of Delhi J.J. Rules, 2009 deals with the norms of Education. This rule provides every institution shall provide education to all juveniles or children according to the age and ability, both inside the institution or outside, as per the requirement. That there shall be a range of educational opportunities including mainstream inclusive schools, bridge school, open schooling, non formal education and learning and input from special educators where needed.

Observations

- The institute used to provide non-formal education to all the inmates conducted by a qualified educator. There is a classroom for this purpose.
- There is no provision for formal education either inside or outside the institute.
- There has been no enrolment in open schools and there is no provision for private tuitions/coaching.
- There is no library or provision for books.

- Sex education classes are not conducted.
- There is no provision for Educational Assessment of the inmates.
- The institute offers vocational training in tailoring, embroidery, candle making, mehndi, computers, etc. There are 3 vocational instructors for this purpose. One house mother also takes part in this process. This training is provided within the institute. There are 3 rooms for these purposes.

VI. Recreation

Rule 49 of Delhi J.J. Rules, 2009 deals with the norms of recreation facilities. This Rule provides that guided recreation shall be made available to all juveniles or children.

Observations

- There is a playground which has been well maintained.
- Outdoor games facilities provided are volleyball, football and badminton. Along with this, inmates also play kabaddi and physical training sessions are conducted daily in the morning by one of the staff members.
- Indoor games such as carrom board, ludo and chess have also been provided.
- There is a television with cable connection for the inmates.
- Cultural programs are held on national festivals (Independence day and republic day) within the home.
- Intermittently, music teachers come from Bal Bhawan to teach the inmates.
- Yoga sessions are held non-formally by staff members or volunteers.
- There is no provision for newspapers, magazines and books.
- There is no provision for exposure to outside world as the inmates are under trial or convicted.

VII. Restoration measures

- A total of 661 children have been restored in the last 3 years.
- CWC is involved for those who are unable to take care of themselves, later on if required so.
- There is provision for verification of families or escort arrangements if children have to be restored.
- Inmates are released from the home only on court orders.
- Inmates are transferred to Tihar jail if they are more than 18 years old.
- Inmates are transferred to OHB-II if they are 16-18 years old, or to special home for boys (Majnu ka Tilla) if they are repeated offenders.

VIII. Mental Health

Rule 46 of Delhi J.J. Rules, 2009 deals with the norms of Mental Health. This rule provides for maintenance of mental health record of every child by the institution and

provision of both milieu based interventions and individual therapy for every child. The environment in an institution shall be enabling and free from abuse. Every institution shall have the services of trained counsellors or collaboration with external agencies associated with mental health. A mental health care plan shall be developed for every child and integrated into the individual care plan.

Observations:

(i) Mental Health Condition and Mental Health Needs of Children

- All the inmates have been accused or convicted of criminal activities. Most of them are from economically backward sections, illiterate, broken and homeless families without any scope for care or affection.
- Most of the inmates have commonly engaged in antisocial activities, including thefts, vandalism, fights, substance use, etc. Many have also been convicted for heinous crimes. Also, some have been members of organized gang activities.
- Many of them have been repeat offenders and have landed up in observation homes more than once.
- Emotional, behavioural and adjustment problems are frequent among the inmates.
- Infighting among the inmates has been relatively common which have led to minor injuries.
- Substance use has been prevalent among the inmates, tobacco (chewed or smoked) being used very commonly.
- Some of the inmates have also indulged in using cannabis, inhalants and opioids. Among the current inmates 2 have received treatment for substance use in Society for Promotion of Youth Masses (SPYM).
- None of the current inmates had any diagnosed psychiatric illness.
- There have been minor self-harm attempts among the inmates, including cutting arm/forearm, banging fist or head on wall, etc. Most of them have been to threaten the staff members into accepting their demands, such as for tobacco, for outing etc.
- At the time of the visit, the inmates were playing among each other or watching TV. No untoward activity was noticed during the visit.

Information from Individual Children's Questionnaire

- 30 children were selected for individual interviews out of the total strength of the home.
- All selected ones were in the age group of 12-16 years.
- 1 child had conduct problems and another one had history of self-harm, while 4 were known cases of non-specific behavioural problems.
- There was no known family history of psychiatric or medical problems in any of the children.
- Self-reports as well as care giver reports were collected for all 30 selected children as all were 10 years of age or more and were able to provide information adequately.

Developmental Psychopathology Check List for Children

Check list Domains	Number of Children Scoring Above Cut-off
Developmental History	0
Developmental Problems	0
Hyperkinesis	17
Conduct	8
Learning Difficulties	12
Emotional Difficulties	1
OCD	0
Somatic Problems	0
Psychosis	0

M.I.N.I. Kid

Psychiatric Diagnosis	Number of Children Diagnosed with Psychiatric Disorder
Major Depressive Disorder	0
Suicidality	0
Dysthymia	0
Manic Episode	0
Panic Disorder	0
Agoraphobia	0
Separation Anxiety Disorder	0
Social Phobia	0
Specific Phobia	0
OCD	0
PTSD	0
Alcohol Dependence/Abuse	0
Substance Dependence/Abuse (Non-Alcohol)	0
Tic Disorder	0
ADHD	0
Conduct Disorder	18
Oppositional Defiant Disorder	0
Psychotic Disorder	0
Anorexia Nervosa	0
Bulimia Nervosa	0
Generalized Anxiety Disorder	0
Adjustment Disorder	1
Pervasive Developmental Disorder	0

(ii) Mental Health Services

- The social worker (MSW) of the home is also covering up as a counsellor.
- There is no mental health professional (psychiatrist, clinical psychologist, mental health nurse) from outside, visiting the home on a regular basis.
- There is no separate counselling room. The sick room is used for this purpose.
- There is no provision for a mandatory mental health check up on admission, neither is there formulation of individual mental health care plan.
- None of the other staff members have received any formal training in mental health issues. The institute is ill-equipped to handle crisis situations such as violence and self-harm.
- If the court directs so, a psychiatrist is consulted at IHBAS, but not otherwise.
- The institute has a tie up with Society for Promotion of Youth Masses (SPYM), which is an NGO working in the area of drugs and HIV/AIDS among juveniles. Any cases requiring inpatient treatment for substance use are sent to this organization.
- Staff members and counsellor try to inculcate and preach good habits among the inmates.
- There is no provision for sex education or structured life skills education for the children.
- There are rarely any group processes other than the children's committee.

(iii) Mental Health Condition and Mental Health Needs of Caregivers

- Caregivers report of having exhaustion but deny having anxiety, guilt or aggression.
- No psychological crises have been reported among the caregivers.
- Staff members have been able to develop a trusting relationship with the inmates, barring occasional incidents of threats/bullying of the staff members by the inmates.
- Stigma against the inmates (mostly associated with the crime) has been noticed among the lower staff members, who are not adequately sensitized to the situation.
- There is no programme for training or capacity building of the staff members to handle juveniles in conflict with law or to deal with the mental health needs of the inmates or their own.

Recommendations

- The number of toilets for the inmates needs to be increased. Better maintenance of cleanliness is required in the toilets.
- A nurse should be made available during the night hours.
- The educational facilities of the home are grossly inadequate and need to be revamped. Educational assessment of the inmates at the time of entry should be conducted. At least some educational classes should be started within the premises of the observation home (either formal or non-formal) so that the inmates have some exposure to learning. Books should be provided to the inmates. They should be encouraged to engage in learning. Sex-education and life-skills education should also be imparted in a regularized manner.

- Mental health care facilities are lacking in the institute. Every inmate should be formally screened for psychological problems at the time of admission into the home. Also, attention should be given to possibility of substance use which is highly prevalent in deviant adolescents. A clinical psychologist and a counselor need to be urgently appointed in the home, especially taking into consideration the high levels of conduct problems, substance use, and deprived and traumatic backgrounds of the inmates. A mental health care plan should be formulated for each inmate.
- The staff members should be trained to identify and address psychological issues of the inmates, especially crisis situations like violence, self-harm, etc.
- There should also be provision for the staff members to interact with mental health professionals to discuss their own psychological and emotional issues. Bullying of the staff members by the inmates and stigma held by the staff members related to the felony of the inmates need to be specifically addressed.

INSPECTION REPORT OF OBSERVATION HOME FOR GIRLS, NIRMAL CHAYA COMPLEX, JAIL ROAD, HARINAGAR; VISITED ON 27.06.2015

Observation home for girls, Nirmal chaya complex, Jail Road, Harinagar, Delhi- 6, Registration number was not available, runs by the Department of Women and Child Development, Government of NCT of Delhi for children in conflict with law. The sanctioned strength of the home is 50. Currently 5 children were living in the home. The age wise disaggregation is as under:-

- 0-6 years	-0
- 7-14 years	- 0
- 15-18 years	- 5
- Above 18 years	- 0
<hr/>	
Total	- 05

Further classification of children category-wise are as follows:

- Children having both parents - 3
- Children having single parents - 0
- Children having no parents - 2

The duration of the children in the home is as under:

0-1 Months	3
1-2 Months	2
2-6 Months	0
6-12 Months	0
1-2 years	0
2-3 years	0
3-4 years	0
4-5 years	0
More than 5 years	0
Total	05

I. Physical infrastructure, Clothing and Bedding

Rule 40 of Delhi J.J. Rules, 2009 deals with the norms for building or accommodation for an institution. Rule 41 of Delhi J.J. Rules, 2009 deals with the norms for clothing and bedding.

Observations

- The home has been operating in a building, where three homes run together (children in need of care & protection, children for adoption & foster care apart from OHG) in a single premise.
- Overall space was adequate, and cleanliness is maintained.
- Out of five dormitories, only one was used in which beds with mattresses were available for children.
- Library, reading room, recreation hall, dining hall was common for all three homes.
- Lighting and ventilation facilities are adequate.
- Fans and coolers have been provided.
- Adequate numbers of clothing and linen are provided to the children, which are maintained by the caretakers.
- Storage space is provided to all children staying in dormitory.

II. Personal hygiene and environmental sanitation

Rule 42 of Delhi J.J. Rules, 2009 deals with the norms for sanitation and hygiene. This includes right of sufficiently treated water, proper drainage system, and annual pest control and sunning of bedding and clothing.

Observations

- There are 5 toilets and equal number of bathrooms for a sanctioned strength of 50 Children, which is in compliance with Delhi J.J. rules, 2009.
- Toilets were clean.
- Sunning of bedding and clothing's is done once a week/ fortnightly, which are in compliance with rule 41 of Delhi J.J. Rules, 2009.
- Adequate arrangement for disposal of garbage exists.
- Sufficient space for washing utensils is available.
- Washing machine is used for washing of clothes, which is operated by the care takers.
- Girls are provided with sanitary pads during menstrual cycle and hygiene is maintained.
- Overall cleanliness of the home was adequate.

III. Food

Rule 44 of Delhi J.J. Rules, 2009 deals with the norms for Nutrition and Diet Scale. The main components of this rule deals with four meals in a day, nutritional value of meals which are provided to juveniles, diet scale, and special meals.

Observations

- The meal menu has been checked by the welfare officer of the home, but no nutrition expert has been consulted.
- Food items for breakfast and meals were according to season.
- Children are provided with sweets, cakes etc. on festivals and special occasions such as birthdays.
- Sick children are provided with special diet advised by doctor.
- Children are healthy and provided with adequate nutritional diet.
- The kitchen area was common for all three homes and it was clean and storage of food was proper.
- There were no visible pests inside the kitchen or home.

IV. Medical care

Rule 45 of Delhi J.J. Rules, 2009 deals with the norms of Medical Care. This rule majorly deals with maintenance of medical records of each juvenile, medical check-ups and treatment of children, training of staff in handling first aid, sufficient medical equipment etc.

Observations:

- The institution has a tie up with which local Tihar Jail dispensary for minor ailments. Further for any medical emergencies and severe illnesses; children are referred to Guru Govind Singh & Deen Dayal Upadhyaya hospital.
- There is one sick room in the home with one bed available for health concern majorly which are seasonal flu, skin conditions and Gynecological conditions such as Anemia, DUB, Teen age pregnancies.
- On admission into the home every child undergoes a medical check-up by regular M.B.B.S. doctor.
- The components of medical examination includes:
 - Height;
 - Weight;
 - Immunization record.
- Health records have been maintained adequately and every 3rd month regular health check-up.
- Age appropriate immunization is provided by the same doctor.
- First aid kit is properly maintained, but the staffs are not trained appropriately in first-aid.
- There is an ambulance and two full-time nurses are available for whole premise.

V. Education

Rule 47 of Delhi J.J. Rules, 2009 deals with the norms of Education. This rule provides every institution shall provide education to all juveniles or children

according to the age and ability, both inside the institution or outside, as per the requirement. That there shall be a range of educational opportunities including mainstream inclusive schools, bridge school, open schooling, non-formal education and learning and input from special educators where needed.

Observations

- There are no provisions for formal or informal education within the institute, as child stays here for shorter duration.
- There is one library in the premise for all children.
- Educational Assessment of children is not done in the premises for any group of children.
- There are no provisions for tuition classes currently, as no tutors are available for them.

VI. Recreation

Rule 49 of Delhi J.J. Rules, 2009 deals with the norms of recreation facilities. This Rule provides that guided recreation shall be made available to all juveniles or children.

Observations

- There is an open space within premise in which the home is situated. Children used to play indoors and outdoors games (Skipping, Badminton).
- Indoor games such as carom, blocks, chess and Ludo are provided to children.
- Swings, volleyball and basketball ground are outside the premise in complex
- Vocal and music classes by Bal Bhawan are not held currently.
- Yoga classes and Art and craft, dance classes are not held currently.

VII. Restoration measures

- This institute is primarily meant for restoration of girl child to his family who are involved in heinous crime such as theft, murder, burglary and trafficking. So far, in last 1 year, 25 children restored to their respective families, one girl child is in transit custody/ other child sent to Tihar Jail and one is still in OHG.

VIII. Mental Health

Rule 46 of Delhi J.J. Rules, 2009 deals with the norms of Mental Health. This rule provides for maintenance of mental health record of every child by the institution and provision of both milieu based interventions and individual therapy for every child. The environment in an institution shall be enabling and free from abuse. Every

institution shall have the services of trained counselors or collaboration with external agencies associated with mental health. A mental health care plan shall be developed for every child and integrated into the individual care plan.

Observations

(i) Mental Health Condition and Mental Health Needs of Children

- Most of the children were brought through Juvenile Justice Board who are involved in heinous crimes. Most of the children came from broken families and suffered from violence and neglect at parental home.
- Attachment issues were noted among them.
- There were overt problematic behaviours reported by the staff in majority of the children. Most of them had aggressive/ Impulsive behaviour/ conduct issue as reported by welfare officer.

Information from Individual Children’s Questionnaire

- There were only 5 girls in the institute. Hence all were considered for individual interview.
- Self-reports as well as care giver reports were collected for all 5 children as all were 10 years of age or more and were able to provide information adequately.
- There was no known family history of psychiatric or medical problems in any of the children.

Developmental Psychopathology Check List for Children

Check list Domains	Number of Children Scoring Above Cut-off
Developmental History	0
Developmental Problems	0
Hyperkinesis	2
Conduct	0
Learning Difficulties	2
Emotional Difficulties	0
OCD	0
Somatic Problems	0
Psychosis	0

Psychiatric Diagnosis	Number of Children Diagnosed with Psychiatric Disorder
Major Depressive Disorder	0
Suicidality	0
Dysthymia	0
Manic Episode	0
Panic Disorder	0
Agoraphobia	0
Separation Anxiety Disorder	0
Social Phobia	0
Specific Phobia	0
OCD	0
PTSD	0
Alcohol Dependence/Abuse	0
Substance Dependence/Abuse (Non-Alcohol)	0
Tic Disorder	0
ADHD	0
Conduct Disorder	1
Oppositional Defiant Disorder	0
Psychotic Disorder	0
Anorexia Nervosa	0
Bulimia Nervosa	0
Generalized Anxiety Disorder	0
Adjustment Disorder	0
Pervasive Developmental Disorder	0

(ii) **Mental Health Services of CCI**

- All children underwent a mental health check-up on admission and mental health care plan has been formulated only for problematic child on first visit, however separate mental health record was maintained by Manas Foundation.
- The whole Nirmal Chaya complex have a separate mental health care unit run by Manas Foundation.
- This team of mental health professionals (part time psychiatrist visits twice a week over all, clinical psychologist, Intern) from Manas Foundation, visit this premises twice a week. However there were no facilities of mental health nurse, counsellor or educator. Any diagnosed case of psychiatric illness is referred to IHBHAS on intake for their expert opinion.
- None of the staff of the institute has any training/ session received in psychological first aid. Neither have they been sensitized towards the mental health needs of the children.
- Staff members try to handle children's issues such as adjustment problems, peer related issues, behavioural problems, etc. by their own methods.
- There are no programs for life skills education and sex education for the children.

- No regular group session is provided at the home. Once in a while, with selected children some of the group therapy sessions are held on skill training, like anger management.
- There is no provision for regular parental interaction or with mental health expert.

(iii) **Mental Health Condition and Mental Health Needs of Caregivers**

- Caregivers report having exhaustion, irritability and burnouts.
- Eight part time caretakers and two house mother in shift are residing within the home; however there is no vocational instructor and educator for them in this premise.
- They are able to create a nurturing environment for the children.
- No psychological crises have been reported among the caregivers.
- There was no formal training and capacity building of caretaker/ house mother involved in nurturing the children directly.
- There was no formal interaction with the mental health expert to discuss emotional needs of care takers.

Recommendations

- There are no provisions for formal or informal education within the institute, as child stays here for shorter duration. A regular tutor should be appointed or at least should be outsourced for children so that they can be engaged in formal education to divert their mind in productive activities.
- They have made attempts to introduce vocational training but it has not been properly utilized. Vocational training services should be utilized as soon as possible.
- Over a period of time as games and sports gather momentum; competitions should be organized at home in regular interval with some incentives.
- Screening and assessment of mental as well as physical health issues at regular intervals must be done and appropriate measures should be taken thereof.
- A counsellor should be in constant touch with the children and assess their mental health from time to time. Children with special needs should be carefully handled.
- Life skills training and sex education must be provided to the children by mental health experts.
- Regular counselling sessions should be held with the family and children; Career and guidance counselling should also be facilitated.
- Home should appoint more trained clinical psychologist or counsellor on the regular basis in collaboration with DWCD for dealing with behavioural and emotional problems of the children.
- Training and capacity building of caretakers on mental health needs of children who are in direct contact with them should be held periodically. Mental health condition of caretakers should be assessed periodically and appropriate advice should be offered.

**INSPECTION REPORT ON BAL NIKETAN, HOME FOR HEALTHY CHILDREN
(MALE AND FEMALE) OF LEPROSY AFFECTED PERSONS, VISITED ON
29.06.2015**

Bal Niketan, Home for Healthy Children (Male & Female) of Leprosy Affected Persons is a children home located in Nirmal Chhaya Complex, Jail Road, Delhi- 110064. The complex also has other separate children home and observation home. The home is run by the Department of Women and Child Development, Government of NCT of Delhi. It has a sanctioned strength of 100 children. Currently 34 children were living in the home. The age wise disaggregation is as under:-

	Female	Male
- 0-6 years	0	0
- 7-12 years	29	5
- Above 12 years	0	0
Total	29	5

Further classification of children category-wise are as follows:

- Children having both parents	20
- Children having single parents	14
- Children having no parents Or parents/guardians yet to be traced	0

The duration of stay of the children in the home is as under:

Time duration of stay	Girls	Boys
Less than 1 year	10	2
1-2 years	2	0
2-3 years	9	3
3-4 years	5	0
4-5 years	2	0
More than 5 years	1	0
Total	29	5

I. Physical infrastructure, Clothing and Bedding

Rule 40 of Delhi J.J. Rules, 2009 deals with the norms for building or accommodation for an institution. Rule 41 of Delhi J.J. Rules, 2009 deals with the norms for clothing and bedding.

Observations

- The home has been operating in Government complex near Tihar Jail.
- Overall space is ample.
- Greenery has been maintained around the home.
- There are 5 dormitories. There are no beds, only mattresses have been provided.
- There is one classroom cum library in the home.
- Ventilation is adequate. Fans and coolers have been provided.
- Adequate numbers of clothing and linen are provided to the children as per the J.J. act.
- Separate locker and trunk has been provided to every child.
- There is one sick room, which is also used for counselling.
- There is a playground which has been well maintained.
- There were few places in the home which needed repair for dampness and falling plaster.
- White wash is overdue.

II. Personal hygiene and environmental sanitation

Rule 42 of Delhi J.J. Rules, 2009 deals with the norms for sanitation and hygiene. This includes right of sufficiently treated water, proper drainage system, and annual pest control and sunning of bedding and clothing.

Observations

- There are 7 toilets in the home for a sanctioned strength of 100 which is inadequate as per the provided ratio of 1:7 in the Delhi J.J. rules, 2009. But with the current strength of 34, children had comfortable access to toilets.
- Children appeared neat and clean at the time of visit.
- Sunning of beddings is done once in a week or two.
- Adequate arrangement for disposal of garbage exists.
- Sufficient space for washing utensils is available.
- Clothes are hand washed by caretakers or the older children.
- Drainage system is adequate.
- Cleanliness within the premises was adequate.
- There are potential areas of mosquito breeding in and around the complex.
- Girls are provided with adequate number of sanitary pads for menstrual hygiene as per their requirements.

III. Food

Rule 44 of Delhi J.J. Rules, 2009 deals with the norms for Nutrition and Diet Scale. The main components of this rule deals with four meals in a day, nutritional value of meals which are provided to juveniles, diet scale, and special meals.

Observations

- The meal menu has been prepared in keeping with the prescribed diet scale by the welfare officer, but no nutritionist or dietician has been consulted.
- Suggestions by the children's committee are intermittently taken into account on changes in the meal menu.
- Children are provided with sweets, chole-bhature, etc. on festivals and special occasions.
- Sick children are provided with special diet as advised by doctor.
- Children are healthy and provided with adequate nutritional diet.
- There is one kitchen and one dining hall with seating arrangement.
- The kitchen area was clean and storage of food was proper. There were no visible pests in the kitchen area.

IV. Medical care

Rule 45 of Delhi J.J. Rules, 2009 deals with the norms of Medical Care. This rule majorly deals with maintenance of medical records of each juvenile, medical check-ups and treatment of children, training of staff in handling first aid, sufficient medical equipment etc.

Observations:

- There is 1 sick room in the home which is also used by the counsellor. There is first aid kit and 1 bed in the sick room.
- Health check-up is done for every child at the time of admission by a part time M.B.B.S. doctor who regularly visits the home.
- There is one staff nurse during the day time but none in the night hours.
- There is no ambulance. In case of emergencies, children are taken to Deen Dayal Upadhyay (DDU) hospital in public transport.
- Regular health check-ups are conducted every 6 months.
- The institution has a tie up with DDU Hospital.
- There is no program for mandatory immunization as all children are above the age of 6 years. Immunization is provided as advised by doctor.
- Some children in the home are currently suffering from scabies and there was a recent outbreak of chicken pox.
- Health records have been maintained appropriately.
- Measures taken to prevent the spread of contagious diseases are inadequate.

V. Education

Rule 47 of Delhi J.J. Rules, 2009 deals with the norms of Education. This rule provides every institution shall provide education to all juveniles or children according to the age and ability, both inside the institution or outside, as per the requirement. That there shall be a range of educational opportunities including mainstream inclusive schools, bridge school, open schooling, non-formal education and learning and input from special educators where needed.

Observations

- There is no provision for formal education inside the institute.
- All 34 children have been enrolled in a nearby regular Government school (31 in primary and 3 in secondary).
- There is one classroom cum library within the home. Some books have been provided to the children.
- There is no provision for Educational Assessment.
- There is no provision for non-formal education or bridge classes.
- There are no provisions for tuition/coaching classes, sex education or structured life-skills education.
- There is no educator in the home. House mother and counselor sometimes provide some non-structured education to the children.
- No vocational training courses are available inside the institute.
- Few children are attending art and craft classes at Bal Bhawan.

VI. Recreation

Rule 49 of Delhi J.J. Rules, 2009 deals with the norms of recreation facilities. This Rule provides that guided recreation shall be made available to all juveniles or children.

Observations

- There is a playground in the home.
- Outdoor games facilities provided are badminton, football, basketball. Indoor games facilities provided include carom, ludo, chess and skipping rope.
- There is no provision for yoga or music.
- Cultural programs are held within the institute around 4 times per year on major festivals.
- Children are taken for picnics outside the institute once per year.
- TV with cable has been provided to the children.

VII. Restoration measures

- 5 children have been restored to their families in the last 1 year.
- Norms laid down by the CWC are followed in the process of restoration.
- Verification of the families is not done as all children have been admitted with consent from their respective families.
- Receipt/Record of each restoration is maintained by the institute.

VIII. Mental Health

Rule 46 of Delhi J.J. Rules, 2009 deals with the norms of Mental Health. This rule provides for maintenance of mental health record of every child by the institution and provision of both milieu based interventions and individual therapy for every child. The environment in an institution shall be enabling and free from abuse. Every institution shall have the services of trained counsellors or collaboration with external agencies associated with mental health. A mental health care plan shall be developed for every child and integrated into the individual care plan.

Observations:

(i) Mental Health Condition and Mental Health Needs of Children

- All the children belong to families with at least one parent affected with leprosy. Parents are either incapacitated/poor or illiterate. Many children are school drop outs as parents were unable to provide adequate schooling for them. They have also faced stigma due to the perception of general public towards leprosy affected persons and their family members.
- Many children have shown adjustment problems early on after admission to the institute due to separation from parents, including crying, refusing food, fighting with peers, not cooperating with staff members, etc. These problems gradually tend to resolve with time.
- Some children have emotional problems and others have poor school performance and difficulties in understanding what is being taught.
- No overtly aggressive or self-injurious behaviours have been reported.

Information from Individual Children's Questionnaire

- 30 children were randomly selected for interview out of the total strength of the home. The distribution of age and gender among them was as follows:

Age	Males
6-9 years	9
10-12 years	7
13-16 years	14

- Out of these 30 children, 1 was suffering from unspecified medical problem, while 1 had physical disability. 1 child had history of head injury, the extent of which was not known clearly.

- None of the children had a known family history of psychiatric illness.
- Self-reports were collected for 20 out of the 30 selected children who were 10 years of age or more and were able to provide information adequately. Information from care givers was collected for all 30 children.

Developmental Psychopathology Check List for Children

Check list Domains	Number of Children Scoring Above Cut-off
Developmental History	0
Developmental Problems	0
Hyperkinesis	0
Conduct	0
Learning Difficulties	3
Emotional Difficulties	0
OCD	0
Somatic Problems	0
Psychosis	0

M.I.N.I. Kid

Psychiatric Diagnosis	Number of Children Diagnosed Psychiatric Disorder
Major Depressive Disorder	0
Suicidality	0
Dysthymia	0
Manic Episode	0
Panic Disorder	0
Agoraphobia	0
Separation Anxiety Disorder	0
Social Phobia	0
Specific Phobia	0
OCD	0
PTSD	0
Alcohol Dependence/Abuse	0
Substance Dependence/Abuse (Non-Alcohol)	0
Tic Disorder	0
ADHD	0
Conduct Disorder	0
Oppositional Defiant Disorder	0
Psychotic Disorder	0
Anorexia Nervosa	0
Bulimia Nervosa	0
Generalized Anxiety Disorder	0
Adjustment Disorder	0
Pervasive Developmental Disorder	0

(ii) Mental Health Services

- There are 4 counsellors who provide services to all the children in all the homes within Nirmal Chhaya complex. All of these counsellors are qualified as M.A. or M.Sc. Psychology.
- A mental health check-up is conducted for all the children at the time of admission by these counsellors. But, no individual mental health care plan is formulated.
- There is no separate room for counselling. The sick room is used for counselling.
- A psychiatrist is consulted only on need basis. Children are sent to IHBAS for this purpose.
- The institute has a tie up with Manas, an NGO which deals with issues regarding mental health and has been given charge of dealing with mental health related issues in Nirmal Chhaya complex.
- There is no provision for regular visits by any mental health professional from outside the institute.
- There is no provision for round the clock psychological aid to manage any crises which often arise. The staff members manage such situations intuitively.
- Time out, diversion and strict suggestion are used to prevent children from problem behaviours, and staff members deny using corporal punishment.
- There is no provision for sex education or life skills education programme.
- None of the staff members, other than counsellors, have received any training in mental health related issues.

(iii) Mental Health Condition and Mental Health Needs of Caregivers

- Caregivers have reported exhaustion at times but no significant problems encountered.
- There is no division of homes among the four clinical psychologists of Nirmal Chhaya complex. This has led to a rather chaotic situation in terms of mental health. Also, it has been difficult for the psychologists to handle the amount of work that has been required of them.
- No psychological crises have been reported among the caregivers, but there were occasional instances of frustration and aggression on the part of the care takers.
- Care givers lack the necessary skills to tackle mental health issues in the children and in themselves, and there has been no provision for training or capacity building in this regard.

Recommendations

- Better maintenance of infrastructure is required. White wash needs to be done. Repair work is required at many places.
- More toilets need to build if the home has to support the complete sanctioned strength.
- A separate counselling room needs to be provided.
- A nutritionist or dietician needs to be consulted at least once to formulate a diet plan.
- A medical care unit needs to be established.
- Round the clock medical help needs to be provided. A 4-wheeler vehicle must be arranged to be used as an ambulance in cases of emergency. This may be done as a common endeavor for all the homes of the Nirmal Chhaya complex.
- Non-formal education, bridge education, sex education and life skills education needs to be started in a structured manner.
- Group activities among the children need to be encouraged.
- Similarly, structured classes for extra-curricular activities need to be started, which may be done in collaboration with other homes of Nirmal Chhaya complex.
- There should be more chances for exposure to the outside world for the children.
- Counsellors must focus on the trauma and stigma that the children have faced and are likely to face. Achieving self-efficacy needs to be promoted. Vocational training courses would be of help in this regard which are completely absent currently.
- Responsibilities of the counsellors should be clearly divided and the number should be increased.
- Arrangements need to be made for regular visit by a psychiatrist or clinical psychologist, not just for curative purposes.
- Staff members should be trained in issues related to children's mental health, in identification of psychological problems in children, management of psychological crises and dealing with stigmatized individuals.
- The institute should also make efforts to provide psychosocial help and support to the families of these children, to whom the children are ultimately going to be restored.

INSPECTION REPORT ON ASHA KIRAN COMPLEX, VISITED ON 07.07.2015

Asha Kiran Complex is an institute for mentally retarded persons located in Avantika, Sector-1, Rohini, New Delhi-110085, run by the Department of Social Welfare (DSW), GNCTD. The complex houses separate homes for males and females. The home for females is further divided into wards based on the IQ of the inmates (mild to moderate MR and severe to profound MR). Adults and juveniles have also been segregated. The institute currently houses 915 inmates against a sanctioned strength of 510. Out of the total strength, 434 inmates are children or juveniles. The age wise disaggregation is as under:-

	Females	Males
• 0-6 years	0	0
• 7-12 years	98	78
• 15-18 years	72	186
<hr/>		
Total	170	264

Further classification of children category-wise are as follows:

	Females	Males
- Children having both parents	1	2
- Children having single parents	5	5
- Children having no parents or parents yet to be traced	164	257

The duration of the children in the home is as under:

Time Duration	Females	Males
0-1 years	22	31
1-2 years	20	47
2-3 years	18	42
3-4 years	26	34
4-5 years	16	29
More than 5 years	68	81
Total	170	264

I. Physical infrastructure, Clothing and Bedding

Rule 40 of Delhi J.J. Rules, 2009 deals with the norms for building or accommodation for an institution. Rule 41 of Delhi J.J. Rules, 2009 deals with the norms for clothing and bedding.

Observations

- The home has been operating in a Government complex with ample space.
- The allocation of various resources has been in keeping with the sanctioned strength of 510, which has been exceeded currently by almost a double, leading to problem of significant overcrowding.
- Each dormitory houses 35 inmates against an ideal capacity of 15-20.
- Most of the inmates sleep on mats on the floor. There is shortage of beds and mattresses. Moreover, many inmates frequently soil their beddings due to which they have been largely discarded to maintain hygiene.
- There are 6 classrooms and 2 playgrounds. Facilities for indoor and outdoor games have been provided.
- Lighting and ventilation facilities are adequate.
- Adequate numbers of clothing and linen are provided to the inmates, which are maintained by the caretakers. This is further exemplified by the fact that many inmates with severe or profound mental retardation soil their clothes frequently and frequent change over is required. Despite this hygiene has been maintained.
- Storage space (cupboard) is common for all inmates of a dormitory.

II. Personal hygiene and environmental sanitation

Rule 42 of Delhi J.J. Rules, 2009 deals with the norms for sanitation and hygiene. This includes right of sufficiently treated water, proper drainage system, and annual pest control and sunning of bedding and clothing.

Observations

- Despite many inmates requiring assistance from caretakers for their personal hygiene, it was maintained.
- Overcrowding renders the number of toilets and bathrooms inadequate.
- Cleanliness of toilets was maintained.
- Sunning of beddings and clothing is done once on a weekly basis.
- Adequate arrangement for disposal of garbage exists.
- Sufficient space for washing utensils and clothes is available.
- Overall cleanliness of the home was adequate.
- Proper drainage system is existent.

III. Food

Rule 44 of Delhi J.J. Rules, 2009 deals with the norms for Nutrition and Diet Scale. The main components of this rule deals with four meals in a day, nutritional value of meals which are provided to juveniles, diet scale, and special meals.

Observations

- The meal menu has been prepared in consultation with a pediatrician who visits the home on a daily basis.
- Children are provided with sweets, cakes etc. on festivals and special occasions.
- Sick children are provided with special diet as advised by the doctor.
- Children are healthy and provided with adequate nutritional diet.
- Food grains have been stored properly.
- Kitchens are clean and free of pests.
- The quality of food and drinking water is checked regularly by the superintendents and welfare officers.

IV. Medical care

Rule 45 of Delhi J.J. Rules, 2009 deals with the norms of Medical Care. This rule majorly deals with maintenance of medical records of each juvenile, medical check-ups and treatment of children, training of staff in handling first aid, sufficient medical equipment etc.

Observations:

- The institution has a fully functional medical care unit (MCU) and also has tie-ups with two nearby hospitals (Sanjay Gandhi Memorial Hospital and Baba Saheb Ambedkar Hospital).
- The medical care unit has an inpatient ward with 6 beds.
- All emergency resuscitation equipment is available.
- There are round the clock trained nurses and M.B.B.S. doctors within the MCU, who work on a shift duty.
- There is a C.M.O. who manages the MCU and 2 pediatricians who visit the institute on a daily basis.
- The MCU also has facilities for physiotherapy by trained professionals.
- A stock of essential medicines has been maintained which is reviewed regularly.
- On admission into the home every inmate undergoes a thorough medical check-up by a doctor, including blood investigations and chest X-ray.
- Routine health check-ups are done for every inmate on a monthly basis, in addition to attending to any new symptoms that may arise.
- Drugs, if required, are administered only by the nurses, as prescribed by the doctors.
- Every inmate is screened for HIV at the time of admission.
- There are provisions for ATT and ART within the MCU.

- There is provision for isolation of infected inmate in case of a contagious illness.
- Inmates having Hepatitis B have been housed in separate dormitories to prevent its spread.
- Health records have been adequately maintained.
- Immunizations are conducted as per the advice of the pediatrician.
- The home has 4 ambulances which operate round the clock.
- The MCU is also planning to start conducting basic investigations within the premises.
- Major illnesses which are seen frequently among the inmates are Tuberculosis, Hepatitis B, Epilepsy, Down's syndrome, physical disabilities, disabilities in vision, speech and hearing and HIV.

V. Education

Rule 47 of Delhi J.J. Rules, 2009 deals with the norms of Education. This rule provides every institution shall provide education to all juveniles or children according to the age and ability, both inside the institution or outside, as per the requirement. That there shall be a range of educational opportunities including mainstream inclusive schools, bridge school, open schooling, non formal education and learning and input from special educators where needed.

Observations

- The institute provides non-formal education to the inmates having mild to moderate mental retardation, through a single special educator.
- There are a total of 6 class rooms, but no library.
- 71 children with mild mental retardation have currently been enrolled in a regular MCD school near the institute, while 27 are attending a school for special education run by an NGO. Staff members accompany the children to and from the school.
- No formal educational assessment of the children is being done.
- 9 vocational training classes are being conducted within the premises in separate rooms for all. These include tailoring, candle making, bag making, artificial jewellery making, pottery, clay modelling, organic color making, drawing & painting, and block printing. Trained instructors are available for each of them. Over 200 inmates currently take part in these classes. Exhibitions of the products made by the children are conducted regularly.

VI. Recreation

Rule 49 of Delhi J.J. Rules, 2009 deals with the norms of recreation facilities. This Rule provides that guided recreation shall be made available to all juveniles or children.

Observations

- There are separate playgrounds for the male and the female wings.
- Outdoor and indoor games facilities have been provided.
- There is an auditorium where cultural programs are conducted every week.
- Television with cable connection has been provided.

VII. Restoration measures

- Most of the inmates stay for long durations in the institute.
- Only 95 children or juveniles have been restored to their families, since April 2012.
- The process is mediated by CWC.
- Verification of the family is done by the CWC and the staff members of the institute who visit the home and check for valid proofs or identity cards.
- The institute maintains records of the restored children, including receipts from their respective families.

VIII. Mental Health

Rule 46 of Delhi J.J. Rules, 2009 deals with the norms of Mental Health. This rule provides for maintenance of mental health record of every child by the institution and provision of both milieu based interventions and individual therapy for every child. The environment in an institution shall be enabling and free from abuse. Every institution shall have the services of trained counsellors or collaboration with external agencies associated with mental health. A mental health care plan shall be developed for every child and integrated into the individual care plan.

Observations:

(i) Mental Health Condition and Mental Health Needs of Children

- Most of the inmates have been abandoned by their families or are missing persons.
- Being intellectually disabled, most of them are unable to elaborate the kind of trauma or hardships they have suffered. Details about the backgrounds of inmates are available only if their families could be traced.
- Emotional and behavioural problems are frequent among the inmates.
- Some inmates also have been diagnosed with ADHD and Autism.
- Some have disinhibited behaviours (such as sexual stimulation, unclothed in front of others), while others have shown self injurious behaviours with self-biting being the most prominent.
- Some inmates are unable to adjust with their peers or care takers, which have led to aggression. The inspection team suspects that aggression may also be attributed to overcrowding.
- Caretakers report need for vigilance at all times to prevent such incidents.
- 143 inmates are currently receiving psychiatric treatment for various behavioural problems.

- Whether any inmates have been psychoactive substance users is not known as no assessment in this regard has been done.

Information from Individual Children’s Questionnaire

- Among the 30 children selected randomly for interview, the distribution of age and gender was as follows:

Age	Male	Female
6-12 years	10	7
13-16 years	4	9

- All were known cases of mental retardation. 4 of them had epilepsy, while 2 others had physical disabilities.
- None of them had known family history of medical or psychiatric illness.
- None of the interviewees could answer the questionnaires for themselves adequately given their intellectual disability. Hence information was collected from their immediate care takers and welfare officers.

Developmental Psychopathology Check List for Children

Check list Domains	Number of Children Scoring Above Cut-off
Developmental History	0
Developmental Problems	0
Hyperkinesis	4
Conduct	0
Learning Difficulties	30
Emotional Difficulties	0
OCD	0
Somatic Problems	0
Psychosis	0

M.I.N.I. Kid

Psychiatric Diagnosis	Number of Children Diagnosed with Psychiatric Disorder
Major Depressive Disorder	0
Suicidality	0
Dysthymia	0
Manic Episode	0
Panic Disorder	0
Agoraphobia	0
Separation Anxiety Disorder	0
Social Phobia	0
Specific Phobia	0
OCD	0
PTSD	0

Alcohol Dependence/Abuse	0
Substance Dependence/Abuse (Non-Alcohol)	0
Tic Disorder	0
ADHD	0
Conduct Disorder	0
Oppositional Defiant Disorder	0
Psychotic Disorder	0
Anorexia Nervosa	0
Bulimia Nervosa	0
Generalized Anxiety Disorder	0
Adjustment Disorder	0
Pervasive Developmental Disorder	0

(ii) Mental Health Services

- The institute has employed a person with the qualifications of M.A in sociology at the post of psychologist, which is not in keeping with the requirements of the post with hardly any training in counselling.
- The first contact report with the children has been documented by the psychologist in an existing format. Many lapses could be noted on brief inspection of these records. No mental health care plan was documented for any of the inmates.
- There were no records of any counselling sessions in any of the files examined.
- Significant discrepancies were noticed between the IQ testing done by the psychologist of the institute and those done outside the institute at centres like IHBAS.
- No follow ups of the mental health records have been done, except in the cases undergoing psychiatric treatment, in whose files the prescriptions have been attached.
- The inspection team faced resistance in gathering information from the psychologist.
- A psychiatrist visits the institute 3 times a week and caters to the cases which have been referred by the staff members or the paediatrician.
- Lack of communication between the psychiatrist and psychologist was apparent.
- None of the staff members have received any training in mental health issues.
- Staff members try to handle children’s issues such as adjustment problems and peer-rivalry by intuitive methods.
- Time out and distraction techniques are used to manage children with problem behaviours.
- There are no programs for life skills education or sex education for the children.

(iii) Mental Health Condition and Mental Health Needs of Caregivers

- Caregivers are heavily overburdened. Each caretaker and welfare officer handles an average of 60-70 inmates many of whom are incapacitated and require assistance even in toileting and hygiene.
- Despite this, there seemed to exist a trustful relationship between the caregivers and the inmates.
- Burnouts and exhaustion have been frequently reported by caretakers along with feelings of anxiety, anger and frustration.

- No overt psychological crises have been reported among the caregivers.
- No facilities are in place to address the psychological needs of the overworked caregivers.

Recommendations

- The problem of overcrowding needs to be addressed at the earliest as most infrastructural resources have been overused due to overcrowding.
- Number of toilets and bathrooms need to be increased.
- Better communication is required between the visiting psychiatrist and the staff members. The psychiatrist needs to undertake a more active role in management of the psychological problems rather than just medication prescription for mental ailments. Appointing a fulltime psychiatrist should be considered given the burden of psychological problems.
- Staff members need to be sensitized to identify and address psychological problems of children, especially of those having intellectual disability.
- The number of caregivers needs to be increased for management of the significantly overcrowded institute. Currently each caregiver handles approximately 60-70 inmates many of whom require intensive care. This is leading to burnouts and exhaustion among the caregivers which has its effect on the care provided. Mechanisms need to be in place through which caregivers would also have access to mental health care and can discuss their psychological and emotional problems.

INSPECTION REPORT ON SANSKAR ASHRAM, CHILDREN'S HOME FOR BOYS, VISITED ON 09.07.2015

Sanskar Ashram, Children's home for Boys I & II is a children home located in a Government complex in Dilshad Garden (opposite GTB hospital), Delhi- 110093. The complex also has a separate children home for girls. The home is run by the Department of Women and Child Development, Government of NCT of Delhi. It has a sanctioned strength of 100 children. Currently 66 children in the age group of 6 to 16 years were living in the home.

Further classification of children category-wise are as follows:

- Children having both parents 29
- Children having single parents 15
- Children having no parents Or 12
parents/guardians yet to be traced

I. Physical infrastructure, Clothing and Bedding

Rule 40 of Delhi J.J. Rules, 2009 deals with the norms for building or accommodation for an institution. Rule 41 of Delhi J.J. Rules, 2009 deals with the norms for clothing and bedding.

Observations

- The home has been operating in Government complex near Guru Tej Bahadur (GTB) hospital.
- Overall space is ample.
- Greenery has been maintained around the home.
- There is a common playground for the girls' and the boys' home.
- There are 5 dormitories. Beds have been provided to all children.
- There is no classroom or library in the home.
- Ventilation is adequate. Fans and coolers have been provided.
- Adequate numbers of clothing and linen are provided to the children as per the J.J. act.
- There are 10 cupboards in each dorm. Storage space has been divided for each child within these cupboards.
- There is one sick room, which is also used by the clinical psychologist.
- There were few places in the home which needed repair for dampness.

II. Personal hygiene and environmental sanitation

Rule 42 of Delhi J.J. Rules, 2009 deals with the norms for sanitation and hygiene. This includes right of sufficiently treated water, proper drainage system, and annual pest control and sunning of bedding and clothing.

Observations

- There are 15 toilets in the home which is in keeping with the provided ratio of 1:7 in the Delhi J.J. rules, 2009.
- Children appeared neat and clean at the time of visit.
- Sunning of beddings is done once in a week or two.
- Adequate arrangement for disposal of garbage exists.
- Sufficient space for washing utensils is available.
- Clothes are hand washed by caretakers or the older children.
- Drainage system is adequate.
- Cleanliness within the premises was adequate.
- There are potential areas of mosquito breeding around the complex.

III. Food

Rule 44 of Delhi J.J. Rules, 2009 deals with the norms for Nutrition and Diet Scale. The main components of this rule deals with four meals in a day, nutritional value of meals which are provided to juveniles, diet scale, and special meals.

Observations

- The meal menu has been prepared in keeping with the prescribed diet scale by the welfare officer, but no nutritionist or dietician has been consulted.
- Children are provided with sweets, chole-bature, non-veg etc. on festivals and special occasions.
- Sick children are provided with special diet as advised by doctor.
- Children are healthy and provided with adequate nutritional diet.
- The kitchen area was clean and storage of food was proper. There were no visible pests in the kitchen area.

IV. Medical care

Rule 45 of Delhi J.J. Rules, 2009 deals with the norms of Medical Care. This rule majorly deals with maintenance of medical records of each juvenile, medical check-ups and treatment of children, training of staff in handling first aid, sufficient medical equipment etc.

Observations:

- There is 1 sick room in the home which is also used by the counsellor.
- On health check-up for every child is not done at the time of admission. It is done only on need basis. There is no provision for regular health check-ups.
- The institution does not have a tie up with any local health center.
- No doctor visits the home on regular basis.
- GTB hospital is contacted on need basis. No preference to the children of the home is given by the hospital.
- The medical equipments available in the home are B.P. instrument, weighing machine, height chart, thermometer, stethoscope, nebulizer and a first aid kit. No vehicle is available to be used as ambulance.
- There is no program for mandatory immunization as all children are above the age of 6 years. Immunization is provided as advice by doctor.
- 1 child in the home is currently suffering from Tuberculosis. DOTS is being provided to him within the home. 2 children are also being treated for skin diseases.
- Health records have not been maintained appropriately.
- Measures taken to prevent the spread of contagious diseases are inadequate. There is no provision for isolation of infected children. Children rarely ever receive education about illnesses and their prevention. There is no regular health check-up.

V. Education

Rule 47 of Delhi J.J. Rules, 2009 deals with the norms of Education. This rule provides every institution shall provide education to all juveniles or children according to the age and ability, both inside the institution or outside, as per the requirement. That there shall be a range of educational opportunities including mainstream inclusive schools, bridge school, open schooling, non formal education and learning and input from special educators where needed.

Observations

- There is no provision for formal education inside the institute.
- 53 out of 66 children have been enrolled in a nearby regular Government school, while other 13 are only receiving non-formal education which is being conducted by Humana- People to People (NGO).
- There is no classroom or library. Some books have been provided to the children.
- Educational Assessment is done under NFE program by Humana- People to People.
- Sex education classes are conducted yearly by the same NGO.
- There are no provisions for tuition/coaching classes or structured life-skills education.
- Currently, no vocational training courses are available either inside or outside the institute.

VI. Recreation

Rule 49 of Delhi J.J. Rules, 2009 deals with the norms of recreation facilities. This Rule provides that guided recreation shall be made available to all juveniles or children.

Observations

- There is a common playground for the boys' and girls' home. Staff members accompany the children when they are out in the playground. No disciplinary problems were reported due to the common complex.
- Outdoor games available in the home are football and cricket; indoor games include carom, ludo and chess.
- There is no provision for yoga or music.
- Cultural program are held within the institute around 4 times per year on major festivals.
- Drawing competition is held 3-4 times per year.
- Children are taken for picnics outside the institute once per year.
- Currently, there is no functional TV in the home.

VII. Restoration measures

- Norms laid down by the CWC are followed in the process of restoration.
- Verification of the families is done through CWC. Home visits are also made by the staff members. Help is taken from the 3rd battalion of Delhi Police.
- Escort arrangements are made by the institute in case of interstate repatriations.
- Receipt/Record of each restoration is maintained by the institute.

VIII. Mental Health

Rule 46 of Delhi J.J. Rules, 2009 deals with the norms of Mental Health. This rule provides for maintenance of mental health record of every child by the institution and provision of both milieu based interventions and individual therapy for every child. The environment in an institution shall be enabling and free from abuse. Every institution shall have the services of trained counsellors or collaboration with external agencies associated with mental health. A mental health care plan shall be developed for every child and integrated into the individual care plan.

Observations:

(i) Mental Health Condition and Mental Health Needs of Children

- Most of the children are children rescued from child labour, involved in begging, homeless or those who have run away from homes. Many have faced significant trauma (physical abuse, broken families, death of parents, etc.) early in life. All of

them are from economically weaker sections of the society, whose parents were poor, unemployed or illiterate.

- Many children have shown adjustment problems early on after admission to the institute, including crying, refusing food, fighting with peers, not cooperating with staff members, etc. These problems gradually tend to resolve with time.
- Some children have failed to form attachment with the staff members or peers, and prefer to remain isolated.
- Often cases of bullying among the peers have been reported to staff members. But no overtly aggressive behaviours have been reported.
- Some children have behavioural problems in the form of oppositional behaviour, disobedience, etc.
- Self injurious behaviour in the form of inflicting cuts on arms or forearms have been reported. But no overt suicidal attempt has been made.

Information from Individual Children’s Questionnaire

- 30 children were randomly selected for interview out of the total strength of the home. The distribution of age and gender among them was as follows:

Age	Males
6-9 years	9
10-12 years	7
13-16 years	14

- Out of these 30 children, 1 was suffering from unspecified medical problem, while 1 had physical disability. 1 child had history of head injury, the extent of which was not known clearly.
- None of the children had a known family history of psychiatric illness.
- Self reports were collected for 20 out of the 30 selected children who were 10 years of age or more and were able to provide information adequately. Information from care givers was collected for all 30 children.

Developmental Psychopathology Check List for Children

Check list Domains	Number of Children Scoring Above Cut-off
Developmental History	0
Developmental Problems	0
Hyperkinesis	0
Conduct	0
Learning Difficulties	3
Emotional Difficulties	0
OCD	0
Somatic Problems	0
Psychosis	0

M.I.N.I. Kid

Psychiatric Diagnosis	Number of Children Diagnosed with Psychiatric Disorder
Major Depressive Disorder	0
Suicidality	0
Dysthymia	0
Manic Episode	0
Panic Disorder	0
Agoraphobia	0
Separation Anxiety Disorder	0
Social Phobia	0
Specific Phobia	0
OCD	0
PTSD	0
Alcohol Dependence/Abuse	0
Substance Dependence/Abuse (Non-Alcohol)	0
Tic Disorder	0
ADHD	0
Conduct Disorder	0
Oppositional Defiant Disorder	0
Psychotic Disorder	0
Anorexia Nervosa	0
Bulimia Nervosa	0
Generalized Anxiety Disorder	0
Adjustment Disorder	0
Pervasive Developmental Disorder	0

(ii) Mental Health Services

- A mental health check-up is conducted for the children only on need basis whenever some problem is suspected by the staff. The check up is conducted by a qualified clinical psychologist.
- A mental health care plan is formulated only on need basis, and not for every child.
- The sick room is used for counselling. There is only one clinical psychologist in the home. There is no separate post for counsellor. The clinical psychologist, who provides services to both the girls' and the boys' home, has been deputed by an NGO (Humana- People to People).
- Communication gap between the management and the clinical psychologist was evident. Factors contributing to this were no official place for the clinical psychologist to station herself in the home, lack of awareness of psychological issues among the management staff of the home and excessive burden of work (both girls' and boys' home) on the clinical psychologist.
- A psychiatrist is consulted only on need basis. There is no provision for regular visits by any mental health professional from outside the institute.
- There is no provision for round the clock psychological aid to manage any crises which often arise. The staff members manage such situations intuitively.

- Time out, diversion and strict suggestion are used to prevent children from problem behaviours, and staff members deny using corporal punishment.
- Sex education classes are held yearly through the NGO Humana. There is no structured life skills education programme.
- The superintendent and welfare officers have attended a workshop on orientation to POCSO act conducted by NIPPCID. Other than that, none of the staff members have any training in issues related to mental health.
- There is little, if any, scope for the children to modify their surroundings, and monotony in the premises is evident.

(iii) Mental Health Condition and Mental Health Needs of Caregivers

- Caregivers report having exhaustion and feeling burdened by work.
- The single clinical psychologist has to deal with the combined strength of the two homes.
- No psychological crises have been reported among the caregivers, but there were occasional instances of frustration and aggression on the part of the care takers.
- Delay in receiving salaries has often been reported which adds to the frustration of the care givers.
- Care givers lack the necessary skills to tackle mental health issues in the children and in themselves, and there has been no provision for training or capacity building in this regard.

Recommendations

- Some areas in the building structure are in need for repair, especially for dampness.
- Some children have not yet been enrolled in regular school which should be done at the earliest. Educational assessment should be undertaken for every child at the time of admission to the institute. A classroom and a library should be provided within the premises of the home. Bridge classes should be made available to those in need. A private tutor should be arranged for the children for further help in studies. Vocational training courses should be started.
- Sex-education and life-skills education classes should be conducted regularly. Group activities should be encouraged.
- Currently, the psychological management of the children has been outsourced to an NGO (Humana) which has provided one clinical psychologist for two homes (Sanskar Ashram for Boys and Sanskar Ashram for Girls). The clinical psychologist is overburdened and there is need to appoint separate clinical psychologists for both the homes.
- There is no work station for the clinical psychologist in the home, which should be arranged for. Also, there is need for more effective communication between the

clinical psychologist and the management of the home which seemed to lack at the time of the visit.

- Mental health check-up should be conducted for every child at the time of admission into the home and subsequently adequate mental health records and mental health care plan should be maintained for every child. Currently, this is being done only on need basis.
- Provisions should be made for regular visits of a psychiatrist to the home.
- Staff members should be sensitized to identify and address psychological problems of children.
- Caregivers' issues need to be addressed, such as exhaustion, burnout, etc. some of the staff members reported significant delays in receiving salaries. This should be immediately addressed. Mechanism should be put in place in which caregivers can discuss their own issues with mental health professionals.

INSPECTION REPORT ON SANSKAR ASHRAM, CHILDREN'S HOME FOR GIRLS, VISITED ON 10.07.2015

Sanskar Ashram, Children's home for Girls is a children home located in a Government complex in Dilshad Garden (opposite GTB hospital), Delhi- 110093. The complex also has a separate children home for boys. The home is run by the Department of Women and Child Development, Government of NCT of Delhi. Currently 73 children were living in the home. The age wise disaggregation is as under:-

- 0-6 years	3
- 7-12 years	30
- 13-16 years	32
- Above 16 years	9
<hr/>	
Total	73

Further classification of children category-wise are as follows:

- Children having both parents 39
- Children having single parents 13
- Children having no parents Or 21
parents/guardians yet to be traced

I. Physical infrastructure, Clothing and Bedding

Rule 40 of Delhi J.J. Rules, 2009 deals with the norms for building or accommodation for an institution. While, Rule 41 of Delhi J.J. Rules, 2009 deals with the norms for clothing and bedding.

Observations

- The home has been operating in Government complex near GTB hospital.
- Overall space is ample.
- Greenery has been maintained around the home.
- There is a common playground for the girls and the boys home.
- There are 6 dormitories. Beds have been provided to all children.
- There is one classroom cum library which has adequate seating arrangement and is well decorated.
- Ventilation is adequate. Fans and coolers have been provided.

- Adequate numbers of clothing and linen are provided to the children as per the J.J. act.
- Separate storage space has been provided to all children.
- There is one sick room which is not currently under use. Office room is used whenever medical care needs to be provided. Separate room has been provided to the clinical psychologist.
- Overall, the home is well maintained, except that whitewashing is overdue.

II. Personal hygiene and environmental sanitation

Rule 42 of Delhi J.J. Rules, 2009 deals with the norms for sanitation and hygiene. This includes right of sufficiently treated water, proper drainage system, and annual pest control and sunning of bedding and clothing.

Observations

- There are only 4 toilets and 4 bathrooms which is grossly inadequate and not in keeping with the provided ratio of 1:7 in the Delhi J.J. rules, 2009.
- Sunning of bedding is done once in a month.
- Adequate arrangement for disposal of garbage exists.
- Sufficient space for washing utensils is available.
- Clothes are hand washed by caretakers or the older children.
- Drainage system is adequate.
- Cleanliness within the premises was adequate.
- There are potential areas of mosquito breeding around the complex.
- Girls are provided adequate number of sanitary pads for menstrual hygiene as per their requirement.

III. Food

Rule 44 of Delhi J.J. Rules, 2009 deals with the norms for Nutrition and Diet Scale. The main components of this rule deals with four meals in a day, nutritional value of meals which are provided to juveniles, diet scale, and special meals.

Observations

- The meal menu has been prepared in keeping with the prescribed diet scale by the welfare officer, who reports that a dietician was consulted 6 months prior to the visit.
- Children are provided with sweets, chole-bhature, etc. on festivals and special occasions.
- Sick children are provided with special diet as advised by doctor.
- Children are healthy and provided with adequate nutritional diet.

- The kitchen area was clean and storage of food was proper. There were no visible pests in the kitchen area.

IV. Medical care

Rule 45 of Delhi J.J. Rules, 2009 deals with the norms of Medical Care. This rule majorly deals with maintenance of medical records of each juvenile, medical check-ups and treatment of children, training of staff in handling first aid, sufficient medical equipment etc.

Observations:

- The sick room in the home is currently not in use. Office space is used for this purpose if any need arises.
- On admission into the home every child undergoes a medical check-up by a staff nurse.
- The components of medical examination include height, weight and general medical history.
- There is no provision for regular health check-ups.
- The institution does not have a tie up with any local health center.
- No doctor visits the home on regular basis.
- GTB hospital is contacted on need basis. No preference to the children of the home is given by the hospital.
- The medical equipments available in the home are B.P. instrument, weighing machine, height chart, thermometer and a first aid kit. No vehicle is available to be used as ambulance.
- There is no program for mandatory immunization despite the home having 3 children below the age of 6 years. Immunization is provided only on advice of doctor, which is usually taken only for curative purposes.
- 2 children are suffering from epilepsy and currently receiving drug treatment for the same.
- Health records have not been maintained adequately.
- Measures taken to prevent the spread of contagious diseases are inadequate. There is no provision for isolation of infected children. Children rarely ever receive education about illnesses and their prevention. There is no regular health check-up.

V. Education

Rule 47 of Delhi J.J. Rules, 2009 deals with the norms of Education. This rule provides every institution shall provide education to all juveniles or children according to the age and ability, both inside the institution or outside, as per the requirement. That there shall be a range of educational opportunities including mainstream inclusive schools, bridge school, open schooling, non formal education and learning and input from special educators where needed.

Observations

- There is no provision for formal education inside the institute.
- 36 out of 73 children staying currently have been enrolled in a nearby regular Government school, while 4 are pursuing education through open school.
- 33 children were not attending school. 10 children were recently brought to the institute hence not yet enrolled in school, but no valid reason was provided for the remaining 23 children not attending the school.
- Non-formal education is being conducted by Humana- People to People (NGO) within the home premises for all children.
- There is one classroom which has adequate seating arrangement and is well decorated. Books provided by SPYM (NGO) have been kept in this room.
- There is no provision for Educational Assessment.
- There are no provisions for tuition classes or structured life-skills education.
- Sex education classes are conducted intermittently by the psychologist and the counsellor.
- 8 children have currently been enrolled in vocational training courses (6 in Computer course and 2 in tailoring).

VI. Recreation

Rule 49 of Delhi J.J. Rules, 2009 deals with the norms of recreation facilities. This Rule provides that guided recreation shall be made available to all juveniles or children.

Observations

- There is a common playground for the boys' and girls' home. Staff members accompany the children when they are out in the playground. No disciplinary problems were reported due to the common complex.
- But no outdoor games facilities have been provided to the children.
- Indoor games facilities provided include carrom, ludo and chess.
- Yoga classes were being held on a daily basis till 1-2 months back, but have been discontinued currently as the voluntary teacher who was conducting the classes has not been coming recently.
- Cultural programs are held within the institute around 4-5 times per year on all major festivals.
- Drawing competition is held 3-4 times per year.
- Children are taken for picnics outside the institute 2 times per year.
- There is a television with cable connection for the children, which they are allowed to watch for fixed timings.

VII. Restoration measures

- In past 3 years, 1071 children have been restored to their families. Norms laid down by the CWC are followed in the process of restoration.
- Verification of the families is done through CWC. Home visits are also made by the staff members. Help is taken from the 3rd battalion of Delhi Police.
- Escort arrangements are made by the institute in case of interstate repatriations.
- Receipt/Record of each restoration is maintained by the institute.

VIII. Mental Health

Rule 46 of Delhi J.J. Rules, 2009 deals with the norms of Mental Health. This rule provides for maintenance of mental health record of every child by the institution and provision of both milieu based interventions and individual therapy for every child. The environment in an institution shall be enabling and free from abuse. Every institution shall have the services of trained counsellors or collaboration with external agencies associated with mental health. A mental health care plan shall be developed for every child and integrated into the individual care plan.

Observations:

(i) Mental Health Condition and Mental Health Needs of Children

- Most of the children are children rescued from child labour, involved in begging, homeless or those who have run away from homes. Many have faced significant trauma (physical abuse, broken families, death of parents, etc.) early in life. All of them are from economically weaker sections of the society, whose parents were poor, unemployed or illiterate.
- Many children have shown adjustment problems early on after admission to the institute, including crying, refusing food, fighting with peers, not cooperating with staff members, etc. These problems gradually tend to resolve with time.
- Some children have failed to form attachment with the staff members or peers, and prefer to remain isolated.
- Often cases of bullying among the peers have come to staff members' notice. But no overtly aggressive behaviours have been reported.
- Some children have behavioural problems in the form of oppositional behaviour, disobedience, etc.
- Self injurious behaviour in the form of inflicting cuts on arms or forearms have been reported. But no overt suicidal attempt has been made.

Information from Individual Children's Questionnaire

- 31 children were randomly selected for interview out of the total strength of the home. The distribution of age and gender among them was as follows:

Age	Females
6-9 years	5
10-12 years	7
13-16 years	19

- Out of these 31 children, 1 was suffering schizophrenia.
- One child had a known family history of self harm, the nature and extent of which was not known. Another 8 children had family histories of various medical problems, including Tuberculosis, epilepsy and physical disability.
- Self reports were collected for 24 out of the 31 selected children who were 10 years of age or more and were able to provide information adequately. Information from care givers was collected for all 30 children.

Developmental Psychopathology Check List for Children

Check list Domains	Number of Children Scoring Above Cut-off
Developmental History	0
Developmental Problems	0
Hyperkinesis	1
Conduct	0
Learning Difficulties	5
Emotional Difficulties	2
OCD	0
Somatic Problems	0
Psychosis	1

M.I.N.I. Kid

Psychiatric Diagnosis	Number of Children Diagnosed with Psychiatric Disorder
Major Depressive Disorder	1
Suicidality	0
Dysthymia	0
Manic Episode	0
Panic Disorder	0
Agoraphobia	0
Separation Anxiety Disorder	0
Social Phobia	0
Specific Phobia	0
OCD	0
PTSD	0
Alcohol Dependence/Abuse	0
Substance Dependence/Abuse (Non-Alcohol)	0
Tic Disorder	0
ADHD	0
Conduct Disorder	0

Oppositional Defiant Disorder	0
Psychotic Disorder	1
Anorexia Nervosa	0
Bulimia Nervosa	0
Generalized Anxiety Disorder	0
Adjustment Disorder	0
Pervasive Developmental Disorder	0

(ii) Mental Health Services

- A mental health check-up is conducted for the children only on need basis whenever some problem is suspected by the staff. The check up is conducted by a qualified clinical psychologist.
- A mental health care plan is formulated only on need basis, and not for every child.
- There is a separate room for counselling, and one clinical psychologist and one counsellor in the institute. The clinical psychologist, who provides services to both the girls' and the boys' home, has been deputed by an NGO.
- A psychiatrist is consulted only on need basis. There is no provision for regular visits by any mental health professional from outside the institute.
- There is no provision for round the clock psychological aid to manage any crises which often arise. The staff members manage such situations intuitively.
- Distraction and punishment techniques are used to prevent children from engaging in problem behaviours, and staff members deny using corporal punishment.
- Sex education classes are held intermittently by the psychologist. There is no structured life skills education programme.
- None of the other staff members have any training in issues related to mental health.
- There is little, if any, scope for the children to modify their surroundings, and monotony in the premises is evident.

(iii) Mental Health Condition and Mental Health Needs of Caregivers

- Caregivers report having exhaustion and feeling burdened by work.
- The single clinical psychologist has to deal with the combined strength of the two homes.
- No psychological crises have been reported among the caregivers, but there were occasional instances of frustration and aggression on the part of the care takers.
- Delay in receiving salaries has often been reported which adds to the frustration of the care givers.
- Care givers lack the necessary skills to tackle mental health issues in the children and in themselves, and there has been no provision for training or capacity building in this regard.

Recommendations

- The number of bathroom and toilets in the home is inadequate and need to be increased.
- Suggestions of the children's committee should be taken into account in meal planning.

- Regular health check-ups for every child should be conducted during the period of stay. A qualified doctor should be appointed (regular or part time basis) for regular health care of the children.
- Currently a nearby Govt. hospital (tertiary care) is contacted on need basis for every ailment. A formal tie up needs to be initiated with a nearby medical care center so that urgent medical attention may be provided if needed.
- Health records need to be maintained properly.
- Better measures need to be put in place to prevent the spread of communicable diseases, such as provision for isolation of infected children, prevention of mosquito breeding, regular health check-up, educating children about diseases and their prevention, etc.
- Some children in the home are below 6 years of age. Their immunization status needs to be assessed and appropriate immunization should be provided to them.
- Educational assessment should be conducted for every child at the time of admission.
- Structured life-skills education and sex-education classes should be conducted regularly.
- A tutor should be provided to the children for further help in studies.
- There is a need to provide more vocational training opportunities to the children.
- Outdoor games facilities are inadequate and better facilities and equipment should be provided to the children.
- Activities such as music, dance, yoga, etc. should be introduced in the home. Group activities should be encouraged.
- Competitions and outings should be held regularly and children should be encouraged to take part.
- Currently, the psychological management of the children has been outsourced to an NGO (Humana) which has provided one clinical psychologist for two homes (Sanskar Ashram for Boys and Sanskar Ashram for Girls). The clinical psychologist is overburdened and there is need to appoint separate clinical psychologists for both the homes.
- Provisions should be made for regular visits of a psychiatrist to the home.
- At the time of the visit, one child was found to be suffering from psychosis and one from depression. Appropriate management for the same needs to be undertaken.
- Staff members should be sensitized to identify and address psychological problems of children. Regular training of the staff members should be ensured in issues related to children's mental health.
- Caregivers' issues need to be addressed, such as exhaustion, burnout, etc. Mechanism should be put in place in which caregivers can discuss their own issues with mental health professionals.

INSPECTION REPORT ON GLOBAL FAMILY CHARITABLE TRUST, VISITED ON 14.07.2015

Global Family Charitable Trust is a Children's Home (for girls) located at E-6/81, Ratiya Marg, Sangam Vihar, New Delhi, vide Registration No. DWCD/CW/CH/52/2014 under Section 34 of J.J. Act, 2000 and Rule 70 of Delhi J.J. Rules, 2009 by the Department of Women and Child Development, Government of NCT of Delhi for a period from 08.01.2014 to 07.01.2017. The sanctioned strength of the home is 28. Currently 14 children were living in the home.

Further classification of children category-wise are as follows:

- Children having both parents - 7
- Children having single parents - 4
- Children having no parents - 3

The duration of stay of the children in the home is as under:

0-2 Months	5
2-4 Months	5
4-6 Months	1
6-12 Months	3
More than 1 year	0
Total	14

I. Physical infrastructure, Clothing and Bedding

Rule 40 of Delhi J.J. Rules, 2009 deals with the norms for building or accommodation for an institution. Rule 41 of Delhi J.J. Rules, 2009 deals with the norms for clothing and bedding.

Observations

- The home has been operating in a building in a residential locality.
- There are no open spaces in the building.
- There are 4 dormitories and segregation has been done on the basis of age.
- Separate beds have been provided for all the children.
- The hall on the lower ground floor is used for multiple purposes including class room, recreation room and library. Tables and chairs have been provided in this hall.
- Lighting and ventilation facilities are adequate.

- There is no playground and children use the terrace for games. Grills have been put around the terrace to prevent any accidents. Children seldom go outside the home. There are no outdoor game facilities.
- Fans and coolers have been provided.
- Adequate numbers of clothing and linen are provided to the children, which are maintained by the caretakers.
- Separate storage space (cupboard) has been provided to all children.

II. Personal hygiene and environmental sanitation

Rule 42 of Delhi J.J. Rules, 2009 deals with the norms for sanitation and hygiene. This includes right of sufficiently treated water, proper drainage system, and annual pest control and sunning of bedding and clothing.

Observations

- There are 6 toilets for a sanctioned strength of 28 Children, which is adequate. Toilets were clean.
- Sunning of bedding is done once in a week.
- Adequate arrangement for disposal of garbage exists.
- Sufficient space for washing utensils is available.
- Overall cleanliness of the home was adequate.
- Drainage system is adequate.
- Adequate provisions are given to the children for menstrual hygiene.

III. Food

Rule 44 of Delhi J.J. Rules, 2009 deals with the norms for Nutrition and Diet Scale. The main components of this rule deals with four meals in a day, nutritional value of meals which are provided to juveniles, diet scale, and special meals.

Observations

- A dietician has been consulted in meal planning for the children. Intermittently, suggestions from the children's committee are taken into account to modify the menu.
- Children are provided with sweets, cakes, non-vegetarian food, Chinese food etc. on festivals and special occasions.
- There is no provision for special diets for sick children.
- Children are healthy and provided with adequate nutritional diet.
- Storage of food proper and no pests were noted.
- Quality of food and drinking water is checked regularly by the welfare officer.

IV. Medical care

Rule 45 of Delhi J.J. Rules, 2009 deals with the norms of Medical Care. This rule majorly deals with maintenance of medical records of each juvenile, medical check-ups and treatment of children, training of staff in handling first aid, sufficient medical equipment etc.

Observations:

- There is no tie-up with any local health center.
- There is no sick room in the home but a first aid kit has been provided.
- The staff members are not trained in giving first-aid. In case of any emergency, children are taken to a nearby private clinic using public transport.
- There is no facility for a nurse during night hours.
- On admission into the home every child undergoes a medical check-up (including height, weight, general physical examination) by a Gynecologist who visits the home every week.
- Weekly to fortnightly health check-ups are conducted for all the children.
- As only children above the age of 6 years are taken into the home, no mandatory immunization is conducted.
- Health records have been adequately maintained.
- No measures to prevent outbreak of contagious diseases are taken.
- None of the children are suffering from any major health problems.

V. Education

Rule 47 of Delhi J.J. Rules, 2009 deals with the norms of Education. This rule provides every institution shall provide education to all juveniles or children according to the age and ability, both inside the institution or outside, as per the requirement. That there shall be a range of educational opportunities including mainstream inclusive schools, bridge school, open schooling, non formal education and learning and input from special educators where needed.

Observations

- None of the children have been enrolled in any formal school. The reason that has been provided for lack of schooling is the short duration of stay in the home, even though 3 of the children have been living there for more than 6 months.
- All the children are being provided unstructured non-formal education within the premises by a trained educator.
- The hall on the lower ground floor triples up as the class room, library and recreation room.
- None of the children undergo any educational assessment.
- No vocational training is being provided either inside or outside the home.
- Exposure to the outside world is inadequate (2-3 times per year).

VI. Recreation

Rule 49 of Delhi J.J. Rules, 2009 deals with the norms of recreation facilities. This Rule provides that guided recreation shall be made available to all juveniles or children.

Observations

- There is no playground. Terrace is used for games.
- There is no provision for outdoor games. Indoor games such as carrom board, ludo and chess have been provided.
- Children are taken outside only infrequently.
- There is a television with cable connection.
- The closed environment with little scope for outings provides a feeling of captivity.

VII. Restoration measures

- In the past 3 years, 155 children have been restored to their families.
- The process is mediated by CWC.
- Verification of the family is done by the CWC and the staff members of the home.
- Escort arrangements for inter-state repatriation are provided by the 3rd battalion of Delhi Police or some NGOs.
- The institute maintains records of the restored children, including receipts from their respective families.
- Children who reach the age of 18 years are transferred to aftercare organization, restored to their families, or repatriated to their native state/place.

VIII. Mental Health

Rule 46 of Delhi J.J. Rules, 2009 deals with the norms of Mental Health. This rule provides for maintenance of mental health record of every child by the institution and provision of both milieu based interventions and individual therapy for every child. The environment in an institution shall be enabling and free from abuse. Every institution shall have the services of trained counsellors or collaboration with external agencies associated with mental health. A mental health care plan shall be developed for every child and integrated into the individual care plan.

Observations:

(i) Mental Health Condition and Mental Health Needs of Children

- Most of the children have been rescued from child labour or have suffered sexual or physical abuse in their families or outside.
- Adjustment problems are reported frequently after intake.

- Crying, stubbornness, aggression etc., are often noted in the first few weeks of admission. But gradually, the problems subside after a rapport is established with the staff members and peers.
- Children are not assessed for any scholastic difficulties or intellectual problems.
- There were no reports of psychoactive substance use among the current inmates.
- Staff members report having children with self injurious behaviours in the past, but not currently.
- All the children were involved in playing, were eating well and appeared to be well adjusted with their peers.

Information from Individual Children’s Questionnaire

- Since there were only 14 children in the institute, all were interviewed individually. The distribution of age and gender among them was as follows:

Age	Females
6-12 years	4
13-16 years	10

- 2 of the children had family history of mental problems, but the nature of problems was unknown.
- Two of the interviewees were less than 10 years of age, hence information regarding them was collected only from their immediate care taker and welfare officer. While, for the rest information was collected both from the interviewee and there care taker.

Developmental Psychopathology Check List for Children

Check list Domains	Number of Children Scoring Above Cut-off
Developmental History	0
Developmental Problems	0
Hyperkinesis	2
Conduct	0
Learning Difficulties	1
Emotional Difficulties	0
OCD	0
Somatic Problems	0
Psychosis	0

M.I.N.I. Kid

Psychiatric Diagnosis	Number of Children Diagnosed with Psychiatric Disorder
Major Depressive Disorder	0
Suicidality	0
Dysthymia	0
Manic Episode	0

Panic Disorder	0
Agoraphobia	0
Separation Anxiety Disorder	0
Social Phobia	0
Specific Phobia	0
OCD	0
PTSD	0
Alcohol Dependence/Abuse	0
Substance Dependence/Abuse (Non-Alcohol)	0
Tic Disorder	0
ADHD	0
Conduct Disorder	0
Oppositional Defiant Disorder	0
Psychotic Disorder	0
Anorexia Nervosa	0
Bulimia Nervosa	0
Generalized Anxiety Disorder	0
Adjustment Disorder	0
Pervasive Developmental Disorder	0

(ii) Mental Health Services

- None of the children underwent a mental health check-up and no mental health care plan has been formulated for them.
- The home does not have a mental health care unit.
- There is no tie up with any mental health centre.
- The home has a counsellor (who has a diploma in counselling) who visits on a weekly basis.
- None of the other staff members have received any training in mental health issues.
- No mental health professional (psychiatrist, psychologist, mental health nurse) from outside, visits the home.
- Staff members try to handle children's issues such as adjustment problems and peer-rivalry by intuitive methods.
- The institute is ill-equipped to deal with children from traumatic backgrounds.
- Time out and distraction techniques are used for the management of children with problem behaviours, and corporal punishment is refrained from.
- There are no programmes for life skills education.
- Sex-education is intermittently provided by the welfare officer and house mother.

(iii) Mental Health Condition and Mental Health Needs of Caregivers

- Caregivers have not reported exhaustion, anxiety, guilt or aggression.
- They share a good rapport with the children.
- No psychological issues have been reported among the caregivers.

Recommendations

- Medical care facilities in the home are inadequate. A sick room should be provided in the home. A full-time nurse should be appointed in the home.
- A tie up should be made with local health center.
- All staff members should be trained to provide first-aid.
- Adequate measures should be taken to prevent the outbreak of infectious diseases, including mosquito prevention, provision for isolation of infected children, health education for all children, etc.
- Arrangements should be made to transport children safely to health care facilities in case of an emergency.
- None of the children have been enrolled in regular schools. The institute management cites high turn-over of children being the reason for this, but 3 of the children have been staying in the home for more than 6 months and they should be enrolled in school at the earliest.
- Educational assessment should also be conducted for all the children.
- Non-formal education needs to be structured and regular.
- Vocational training opportunities should be provided either inside or outside the home.
- The children rarely ever have exposure to the outside world. The closed environment, absence of open spaces or playgrounds gives a feeling of captivity. The children are not allowed to go outside to play. This needs to be taken care of. Either the housing location should be changed or children should be taken to nearby playground/park daily for recreational activities.
- Adequate arrangements should be made for outdoor games, which is currently lacking.
- Mental health care facilities are grossly neglected and totally non-existent. Arrangements need to be made for mental health check-up of every child at the time of admission. Mental health care plan should be formulated for every child.
- A clinical psychologist should be appointed, who should make daily visits to the institute. Currently, a counselor visits only once per week.
- A tie up should be developed with a local mental health center. Provisions should be made for a psychiatrist to visit the home regularly.
- Sex-education and life-skills education need to be imparted regularly in a structured manner. Group activities should be encouraged.
- Staff members do not have adequate sensitization to mental health needs of the children, and are ill-equipped to handle children from traumatic backgrounds, such as sexual or physical abuse, which frequently present to the institute. This should be taken care of. Staff members should be trained in identifying and managing psychological and emotional problems of the children and to manage psychological crisis.

**INSPECTION REPORT ON SOPAN SOS CHILDREN'S VILLAGES OF INDIA,
VISITED ON 15.07.2015**

Sopan SOS Children's Villages of India is a Children Home located at 347 Mandakini Enclave, Alkananda, New Delhi-110019 registered vide Registration No. F.No.61/Sopan/DD(L)/DWCD/2014/35970-974 under Section 34 of J.J. Act, 2000 and Rule 70 of Delhi J.J. Rules, 2009 by the Department of Women and Child Development, Government of NCT of Delhi for a period from 1.07.2014 to 30.06.2017. The sanctioned strength of the home is 25. Currently 16 children were living in the home. The age wise disaggregation is as under:-

- O-6 years	-11
- 7-14 years	-5
- 15-18 years	-0
- Above 18 years	-0
<hr/>	
Total	- 16

Further classification of children category-wise are as follows:

- Children having both parents - 0
- Children having single parents - 0
- Children having no parents -16

The duration of the children in the home is as under:

0-2 Months	0
2-4 Months	7
4-6 Months	0
6-12 Months	2
1-2 years	3
2-3 years	3
3-4 years	1
4-5 years	0
More than 5 years	0
Total	16

I. Physical infrastructure, Clothing and Bedding

Rule 40 of Delhi J.J. Rules, 2009 deals with the norms for building or accommodation for an institution. While, Rule 41 of Delhi J.J. Rules, 2009 deals with the norms for clothing and bedding.

Observations

- The home has been operating in a duplex flat in a residential society.
- Shortage of overall space, but cleanliness is maintained.
- Bunk beds with mattresses are being used for children, which are well maintained. But young children are made to share beds.
- Lobby is used as reading room, recreation room and dining room.
- Tables and chairs, compatible in size for young children, have been provided.
- Lighting and ventilation facilities are adequate.
- Fans and coolers have been provided.
- Adequate numbers of clothing and linen are provided to the children, which are maintained by the caretakers.
- Storage space (cupboard) is common for all children.

II. Personal hygiene and environmental sanitation

Rule 42 of Delhi J.J. Rules, 2009 deals with the norms for sanitation and hygiene. This includes right of sufficiently treated water, proper drainage system, and annual pest control and sunning of bedding and clothing.

Observations

- There are two toilets for a sanctioned strength of 25 Children, which is not in compliance with provided ratio of 1:7 in the Delhi J.J. rules, 2009.
- Toilets were clean.
- Sunning of bedding and clothing's is done once a week and are in compliance with rule 41 of Delhi J.J. Rules, 2009.
- Adequate arrangement for disposal of garbage exists.
- Sufficient space for washing utensils is available.
- Washing machine is used for washing of clothes, which is operated by the caretakers.
- Overall cleanliness of the home was adequate

III. Food

Rule 44 of Delhi J.J. Rules, 2009 deals with the norms for Nutrition and Diet Scale. The main components of this rule deals with four meals in a day, nutritional value of meals which are provided to juveniles, diet scale, and special meals.

Observations

- The meal menu has been prepared by the social worker (MSW) of the home, but no nutrition expert has been consulted.
- Milk is provided twice daily.
- Seasonal fruits are served once a week.
- Children are provided with sweets, cake etc. on festivals and special occasions such as birthdays.
- Sick children are provided with boiled eggs regularly, and any other special diet advised by doctor such as khichdi.
- Children are healthy and provided with adequate nutritional diet.
- The kitchen area was clean and storage of food was proper.
- There were no visible pests inside the kitchen or home.

IV. Medical care

Rule 45 of Delhi J.J. Rules, 2009 deals with the norms of Medical Care. This rule majorly deals with maintenance of medical records of each juvenile, medical check-ups and treatment of children, training of staff in handling first aid, sufficient medical equipment etc.

Observations:

- The institution has a tie up with which local private clinic.
- There is no sick room in the home.
- On admission into the home every child undergoes a medical check-up by M.B.B.S. doctor.
- The components of medical examination includes:
 - Height;
 - Weight;
 - Immunization record.
- Health records have not been maintained adequately.
- There is no provision for regular health check-ups during the period of stay at the home. Doctor is consulted only if a child is sick.
- Age appropriate immunization is provided by the same doctor.
- First aid kit is properly maintained, but the staff is not trained appropriately in first-aid.
- There is no ambulance, stock of medicines or full-time nurse.
- No measures to prevent outbreak of contagious diseases has been made. There was an outbreak of chicken pox in the home 1 month prior to the visit, in which several children became infected.

V. Education

Rule 47 of Delhi J.J. Rules, 2009 deals with the norms of Education. This rule provides every institution shall provide education to all juveniles or children according to the age and ability, both inside the institution or outside, as per the requirement. That there shall be a range of educational opportunities including mainstream inclusive schools, bridge school, open schooling, non formal education and learning and input from special educators where needed.

Observations

- There are no provisions for formal or non-formal education within the institute.
- There is no library in the institute.
- 11 (out of 16) children have been enrolled in primary classes in Don Bosco School, Alakananda. New Delhi.
- Educational Assessment of children is not done.
- There are no provisions for tuition classes.

VI. Recreation

Rule 49 of Delhi J.J. Rules, 2009 deals with the norms of recreation facilities. This Rule provides that guided recreation shall be made available to all juveniles or children.

Observations

- There is a playground in the residential locality in which the home is situated. Caretakers bring the children to this playground twice in a week.
- No other facilities for outdoor games are present.
- Indoor games such as carom, blocks, puzzles and stuffed toys are provided to children.
- There is a television with cable connection for the children, which they are allowed to watch for fixed timings.

VII. Restoration measures

- The institute is primarily meant to be an adoption home. So far 8 children have been given for adoption to Indian and International parents.
- Only 2 children have been restored to their families of origin in a CWC mediated process, and the families were verified by DCPU.

VIII. Mental Health

Rule 46 of Delhi J.J. Rules, 2009 deals with the norms of Mental Health. This rule provides for maintenance of mental health record of every child by the institution and provision of both milieu based interventions and individual therapy for every child. The environment in an institution shall be enabling and free from abuse. Every

institution shall have the services of trained counsellors or collaboration with external agencies associated with mental health. A mental health care plan shall be developed for every child and integrated into the individual care plan.

Observations:

(i) Mental Health Condition and Mental Health Needs of Children

- Most of the children were abandoned, whose parents could not be traced out. As such information about their childhood history could not be traced either by the staff of the institution or the visiting team, because of their young age and inability to elaborate or recall their experiences.
- Some of the children have shown adjustment problems early on after admission to the institute, including crying, refusing food and play, easily frightened, etc., which in the staff’s experience resolve within 1-2 weeks and all the children have been able to adjust well.
- There were no overt problematic behaviours or emotional issues reported by the staff.
- All the children were involved in playing with toys, were eating well and were well adjusted with their peers.

Information from Individual Children’s Questionnaire

- Since there were only 7 children (out of 16) who were above the age of 6 years, they all were considered for interview.
- None of them was more than 10 years of age, hence information was collected from their care takers and social worker.
- The distribution of age and gender among them was as follows:

Age	Males	Females
0-5 years	5	4
6-9 years	4	3
More than 9 years	0	0

- None of the children had known family history of mental problems.

Developmental Psychopathology Check List for Children

Check list Domains	Number of Children Scoring Above Cut-off
Developmental History	0
Developmental Problems	0
Hyperkinesis	0
Conduct	0
Learning Difficulties	0
Emotional Difficulties	0
OCD	0
Somatic Problems	0
Psychosis	0

M.I.N.I. Kid

Psychiatric Diagnosis	Number of Children Diagnosed with Psychiatric Disorder
Major Depressive Disorder	0
Suicidality	0
Dysthymia	0
Manic Episode	0
Panic Disorder	0
Agoraphobia	0
Separation Anxiety Disorder	0
Social Phobia	0
Specific Phobia	0
OCD	0
PTSD	0
Alcohol Dependence/Abuse	0
Substance Dependence/Abuse (Non-Alcohol)	0
Tic Disorder	0
ADHD	0
Conduct Disorder	0
Oppositional Defiant Disorder	0
Psychotic Disorder	0
Anorexia Nervosa	0
Bulimia Nervosa	0
Generalized Anxiety Disorder	0
Adjustment Disorder	0
Pervasive Developmental Disorder	0

(ii) Mental Health Services

- None of the children underwent a mental health check-up and no mental health care plan has been formulated for them.
- The home does not have a mental health care unit.
- There is no mental health professional (psychiatrist, psychologist, mental health nurse, counsellor or educator) from outside, visiting the home on a regular basis.
- None of the staff has any training in psychological first aid or sensitization to the mental health needs of the children.
- Staff members try to handle children's issues such as adjustment problems and peer-rivalry by intuitive methods. Time out and distraction techniques are used for management of children with problem behaviours. Staff members vehemently deny using corporal punishment.
- There are no programs for life skills education for the children.

(iii) Mental Health Condition and Mental Health Needs of Caregivers

- Caregivers report having exhaustion and burnouts but deny having anxiety, guilt or aggression associated with that.

- Two full time caretakers have to live within the home, away from their families.
- They are able to create a nurturing environment for the children.
- No psychological crises have been reported among the caregivers.

Recommendations

- A nutrition expert should be consulted in planning meals for the children.
- Health check-ups should be conducted for every child regularly, not just on need basis.
- Health records should be maintained properly.
- All the staff members should be trained in providing first-aid, especially those who spend maximum time with the children.
- There should be a provision for a nurse, either inside or outside the home, during the night hours, to manage any emergencies which may arise. Arrangements should be made for transporting children to health care facilities in case of such an emergency.
- Better measures need to be in place to prevent the outbreak of infectious diseases, including provision for isolation of infected children, educating the children and staff about diseases and their prevention, etc.
- Educational assessment of the children should be conducted at the time of admission.
- Books should be provided to the children.
- Non-formal education should be started in the institute.
- Better provisions should be made for outdoor games. Games like football, bat-ball, skipping rope, etc. should be provided.
- Mental health care facilities are lacking in the home. Arrangements should be made for every child to undergo a mental health check-up and a mental health care plan should be formulated for all the children. A psychologist should be appointed to regularly visit the home to carry out these tasks.
- Staff members should be sensitized to children's mental health issues. They should be trained to identify and manage psychological and emotional problems of the children.
- Sex-education and life-skills education should also be imparted in an age-appropriate manner. Group activities should be encouraged.
- Caregivers should also have access to mental health care.

INSPECTION REPORT ON APNA GHAR, VISITED ON 08.08.2015

Apna Ghar is a Children's Home (for boys) located near Railway Track Supply Depot, Mansarovar Park (adjacent Mansarovar Park Metro Station), New Delhi vide Registration No. DWCD/CW/CH/2009/58 under Section 34 of J.J. Act, 2000 by the Department of Women and Child Development, Government of NCT of Delhi for a period from 09.09.2010 to 08.09.2012. License has not been renewed for 3 years. The sanctioned strength of the home is 25. Currently 13 children were living in the home.

Further classification of children category-wise are as follows:

- Children having both parents - 3
- Children having single parents - 1
- Children having no parents - 9

The duration of the children in the home is as under:

0-2 Months	3
2-4 Months	0
4-6 Months	0
6-12 Months	2
1-2 years	3
2-3 years	1
3-4 years	2
4-5 years	2
More than 5 years	0
Total	13

I. Physical infrastructure, Clothing and Bedding

Rule 40 of Delhi J.J. Rules, 2009 deals with the norms for building or accommodation for an institution. Rule 41 of Delhi J.J. Rules, 2009 deals with the norms for clothing and bedding.

Observations

- The home has been operating in a marshy land, in a locality with abundance of homeless people and slum-dwellers.
- Overall space provided is ample.
- There are two dormitories and segregation has been done on the basis of age.
- Separate beds have been provided for all the children.

- There is a separate library which is not currently in use (it has a separate entry and needed persistent monitoring by the staff members as some children escaped while in library due to its proximity to a scalable wall).
- There is one classroom with provision for desks.
- There is an open space with a shed where children from nearby slums or homeless children who are not currently a part of the home, come to attend classes held by the staff members.
- Lighting and ventilation facilities are adequate.
- Playground was ill-kempt with overgrowth of grass. Snakes are often found in the playground.
- Fans and coolers have been provided.
- Adequate numbers of clothing and linen are provided to the children, which are maintained by the caretakers.
- Storage space (cupboard) is common for all children

II. Personal hygiene and environmental sanitation

Rule 42 of Delhi J.J. Rules, 2009 deals with the norms for sanitation and hygiene. This includes right of sufficiently treated water, proper drainage system, and annual pest control and sunning of bedding and clothing.

Observations

- There are 8 toilets for a sanctioned strength of 25 Children, which is adequate.
- Toilets were clean.
- Sunning of bedding is done once in a month or two.
- Adequate arrangement for disposal of garbage exists.
- Sufficient space for washing utensils is available.
- Overall cleanliness of the home was adequate.
- There is a problem of water logging in the playground and kitchen area during the rainy season.

III. Food

Rule 44 of Delhi J.J. Rules, 2009 deals with the norms for Nutrition and Diet Scale. The main components of this rule deals with four meals in a day, nutritional value of meals which are provided to juveniles, diet scale, and special meals.

Observations

- The meal menu has been prepared by the Medical Social Worker (MSW) of the home, in consultation with a pediatrician who regularly visits the home.

- Intermittently, suggestions by the children's committee on the menu are taken into account.
- Children are provided with sweets, cakes etc. on festivals and special occasions.
- Sick children are provided with boiled eggs regularly, and any other special diet advised by doctor such as khichdi.
- Children are healthy and provided with adequate nutritional diet.
- The food prepared for children is the same as that for the all the staff members, including the project manager.
- Storage of food grains was improper and rodents were seen roaming around the kitchen and storage area.

IV. Medical care

Rule 45 of Delhi J.J. Rules, 2009 deals with the norms of Medical Care. This rule majorly deals with maintenance of medical records of each juvenile, medical check-ups and treatment of children, training of staff in handling first aid, sufficient medical equipment etc.

Observations:

- The institution has a tie up with which local private clinic.
- There is a sick room in the home with a first aid kit and some stock of medicines.
- On admission into the home every child undergoes a medical check-up by M.B.B.S. doctor, and the health check-ups are repeated on a weekly to fortnightly basis by the same doctor.
- A pediatrician also visits the home on a monthly basis.
- Health records have been adequately maintained.
- As the home is for children above 6 years of age, mandatory immunization is not done.
- There is no ambulance. The staff members use local public transport in case of any emergency.
- There is no nurse available during the night hours, but all the staff members reside within the institute premises and attend to emergencies if any.
- The project manager and the counsellor have been trained in first-aid.
- No measures to prevent outbreak of contagious diseases are taken.

V. Education

Rule 47 of Delhi J.J. Rules, 2009 deals with the norms of Education. This rule provides every institution shall provide education to all juveniles or children according to the age and ability, both inside the institution or outside, as per the requirement. That there shall be a range of educational opportunities including mainstream inclusive schools, bridge school, open schooling, non formal education and learning and input from special educators where needed.

Observations

- The institute provides non-formal education to the children living within the institute as well as children living in nearby slums and street children.
- There is a part-time educator who attends the home on voluntary basis.
- The library is not currently in use due to reasons stated above, but books are provided to the children.
- 8 children are attending regular classes at a nearby public school (Guru Vashishtha Public School), while 2 intellectually disabled children are attending a special school (Aanchal Charitable Trust). 3 recent entrants to the home have not yet been enrolled in school.
- Educational Assessment of children is not done. Admission is done in age-appropriate classes as per the Right to Education.
- There are no provisions for tuition classes.

VI. Recreation

Rule 49 of Delhi J.J. Rules, 2009 deals with the norms of recreation facilities. This Rule provides that guided recreation shall be made available to all juveniles or children.

Observations

- There is a playground within the institute premises, but is ill-kempt. Snakes have been frequently seen in the playground, but no cases of snake-bites have been reported so far.
- Outdoor games provided for children are football, cricket and swings.
- Indoor games such as carrom board, ludo and chess have also been provided.
- There is a television with cable connection for the children, which they are allowed to watch for fixed timings.

VII. Restoration measures

- In the past 3 years, 285 children have been restored to their families.
- The process is mediated by CWC.
- Verification of the family is done by the CWC and the staff members of the home.
- Escort arrangements are provided by the institute.
- The institute maintains records of the restored children, including receipts from their respective families.
- Children who reach the age of 12 years are transferred to another home (mediated by the CWC) for older children, or restored to their families.

VIII. Mental Health

Rule 46 of Delhi J.J. Rules, 2009 deals with the norms of Mental Health. This rule provides for maintenance of mental health record of every child by the institution and provision of both milieu based interventions and individual therapy for every child. The environment in an institution shall be enabling and free from abuse. Every institution shall have the services of trained counsellors or collaboration with external agencies associated with mental health. A mental health care plan shall be developed for every child and integrated into the individual care plan.

Observations:

(i) Mental Health Condition and Mental Health Needs of Children

- Most of the children are missing children, street children or children from economically poor backgrounds.
- Being very young, most of the children cannot elaborate the kind of trauma or hardships they have suffered. Details about the backgrounds of children are available only if their families could be traced.
- Some of the children have shown adjustment problems early on after admission to the institute, including crying, refusing food and play, easily frightened, etc., which in the staff's experience resolve within 1-2 weeks and all the children have been able to adjust well.
- Emotional problems are also frequent among the children.
- The institute frequently houses children who have been substance users. Among the current inmates of the home, one child used chewable tobacco in the past, and has been able to quit for few months, since he has been admitted in the home, without formal treatment.
- The institute currently houses 2 children with intellectual disability, who have been enrolled in a school for special children.
- No self-injurious or overtly aggressive behaviour was reported among the children.
- All the children were involved in playing with toys, were eating well and appeared to be well adjusted with their peers.

Information from Individual Children's Questionnaire

- Individual interview was conducted for 12 out of 13 children who were above 6 years of age. The distribution of age and gender in the home was as follows:

Age	Males
0-5 years	1
6-12 years	12
More than 12 years	0

- None of them had family history of medical or psychiatric problems.
- Self report was collected from those who were more than 10 years of age and were able to answer for themselves. Caregiver reports were collected for all children above 6 years of age.

Developmental Psychopathology Check List for Children

Check list Domains	Number of Children Scoring Above Cut-off
Developmental History	0
Developmental Problems	0
Hyperkinesis	1
Conduct	0
Learning Difficulties	5
Emotional Difficulties	0
OCD	0
Somatic Problems	0
Psychosis	0

M.I.N.I. Kid

Psychiatric Diagnosis	Number of Children Diagnosed with Psychiatric Disorder
Major Depressive Disorder	0
Suicidality	0
Dysthymia	0
Manic Episode	0
Panic Disorder	0
Agoraphobia	0
Separation Anxiety Disorder	0
Social Phobia	0
Specific Phobia	0
OCD	0
PTSD	0
Alcohol Dependence/Abuse	0
Substance Dependence/Abuse (Non-Alcohol)	0
Tic Disorder	0
ADHD	0
Conduct Disorder	0
Oppositional Defiant Disorder	0
Psychotic Disorder	0
Anorexia Nervosa	0
Bulimia Nervosa	0
Generalized Anxiety Disorder	0
Adjustment Disorder	0
Pervasive Developmental Disorder	0

(ii) Mental Health Services

- None of the children underwent a mental health check-up and no mental health care plan has been formulated for them.
- The home does not have a mental health care unit.
- There is no tie up with any mental health centre.
- The home has employed a full-time counsellor with insufficient qualifications for the post (Graduation in Hindi honours).
- None of the staff members have received any training in mental health issues.
- There is no mental health professional (psychiatrist, psychologist, mental health nurse) from outside, visiting the home on a regular basis.
- Staff members try to handle children's issues such as adjustment problems and peer-rivalry by intuitive methods.
- Time out and distraction techniques are used for management of children with problem behaviours. Staff members denies using any form of corporal punishment.
- There are no programs for life skills education or sex education for the children.

(iii) Mental Health Condition and Mental Health Needs of Caregivers

- Caregivers report having exhaustion but deny having anxiety, guilt or aggression.
- Most of the staff members reside within the home along with the children, and have been able to form a trusting relationship with them.
- They have been able to create a nurturing environment for the children.
- No psychological crises have been reported among the caregivers.

Recommendations

- Grass has been overgrowing in the playgrounds, which needs to be trimmed regularly, considering that snakes frequent that area.
- There is a problem of water-logging in rainy season which needs to be addressed. Better drainage system is required.
- Pest control has not been done. Rats frequent the kitchen and food storage. This needs to be addressed. Staff members need to be educated about the ills of having pests near food.
- Provisions should be made for medical emergencies especially during the night time. A nurse should be made available either inside or outside the institute to tackle such situations. Arrangements should be made to transport the children safely to health care facilities in such situations.
- Measures to prevent the outbreak of infectious diseases are highly inadequate. Arrangements should be made to prevent mosquito breeding, prevent mosquito bites,

pest control, isolation of infected children, educating staff and children about diseases and their prevention, hand wash education, etc.

- Educational assessment for every child should be conducted at the time of admission to the home. Even though non-formal education is being imparted in the home, it needs to be more structured. It is currently dependent only upon a voluntary part-time educator. Provisions should be made to appoint an educator who should visit the home regularly.
- Bridge classes should also be started.
- Mental health care facilities in the home are inadequate. All the children should undergo a mental health check-up by a qualified mental health professional at the time of admission and a mental health care plan should be formulated for all of them. Substance use should be assessed for carefully at the time of mental health assessment as high frequency of substance use has been reported in the adjoining community.
- A clinical psychologist should be appointed to visit the home regularly and undertake these tasks and provide adequate psychological management of children's psychological and emotional problems.
- A formal tie-up should be made with a local mental health care centre. IHBAS which is near the institute, is a suitable candidate.
- Staff members should be sensitized towards children's mental health needs and issues. They should be trained to identify and manage psychological and emotional problems of the children.
- Sex-education and life-skills education should also be imparted in an age-appropriate manner. Group activities should be encouraged.
- Caregivers should also have access to mental health care facilities.

INSPECTION REPORT ON KILKARI RAINBOW HOME FOR GIRLS, VISITED ON 10.08.2015

Kilkari Rainbow home for Girls is a children's home located at Govt. Girls Senior Secondary School, Sultan Singh Building, Kashmiri Gate, New Delhi registered vide Registration No. Kilkari/JD(L)/DWCD/2014/37510-514 under Section 34 of J.J. Act, 2000 and Rule 70 of Delhi J.J. Rules, 2009 by the Department of Women and Child Development, Government of NCT of Delhi for a period from 1.07.2014 to 30.06.2017. Currently 122 children were living in the home. The age wise disaggregation is as under:-

- 0-6 years	-4
- 7-12 years	-56
- 13-16 years	-42
- Above 16 years	-20
<hr/>	
Total	- 122

Further categorization of children can be as follows:

- Children having both parents - 32
- Children having single parents - 37
- Children having no parents -43
- Children whose Parents/Guardians are yet to be traced -10

The duration of stay of the children in the home is as under:

0-12 Months	66
1-2 years	15
2-3 years	1
3-4 years	3
4-5 years	13
More than 5 years	24
Total	122

I. Physical infrastructure, Clothing and Bedding

Rule 40 of Delhi J.J. Rules, 2009 deals with the norms for building or accommodation for an institution. While, Rule 41 of Delhi J.J. Rules, 2009 deals with the norms for clothing and bedding.

Observations

- The home has been operating in Sultan Singh building complex, within which also located are a National Cadet Corps (NCC) school and a Govt. Girls Senior Secondary School.
- There is shortage of overall space.
- The institute accommodates 122 children against the estimated sanctioned strength of 100 children (No exact figures were available for sanctioned strength).
- Beds have not been provided, and only mattresses are being used by the children.
- There are no chairs or tables in classrooms. Small reading stools have been provided on which children keep their books while sitting on the floor.
- Dormitories are overcrowded.
- Ventilation is inadequate, with humidity and dampness in dormitories.
- Adequate numbers of clothing and linen are provided to the children as per the J.J. act.
- Separate lockers for storage are provided to all children.
- There is no sick room. Office is used for this purpose if need arises.
- Staff members have complained of inability to expand the infrastructure due to interference by NCC and School.

II. Personal hygiene and environmental sanitation

Rule 42 of Delhi J.J. Rules, 2009 deals with the norms for sanitation and hygiene. This includes right of sufficiently treated water, proper drainage system, and annual pest control and sunning of bedding and clothing.

Observations

- There are only 4 toilets and 3 bathrooms for 122 children which is grossly inadequate and not in keeping with the provided ratio of 1:7 in the Delhi J.J. rules, 2009.
- Sunning of bedding and clothing's is done once in a fortnight.
- Adequate arrangement for disposal of garbage exists.
- Sufficient space for washing utensils is available.
- Clothes are hand washed by caretakers or the older children.
- Drainage is poor. Water logging is frequent on the ground floor, both indoors and outdoors.
- There is a problem of pest infestation (rats).

III. Food

Rule 44 of Delhi J.J. Rules, 2009 deals with the norms for Nutrition and Diet Scale. The main components of this rule deals with four meals in a day, nutritional value of meals which are provided to juveniles, diet scale, and special meals.

Observations

- The meal menu has been prepared in consultation of the Children's Committee of the home, but no nutrition expert has been consulted.
- Children are provided with sweets, non-veg etc. on festivals and special occasions.
- Sick children are provided with any special diet advised by doctor such as khichdi or eggs.
- Children are healthy and provided with adequate nutritional diet.
- The kitchen area was clean and storage of food was proper.

IV. Medical care

Rule 45 of Delhi J.J. Rules, 2009 deals with the norms of Medical Care. This rule majorly deals with maintenance of medical records of each juvenile, medical check-ups and treatment of children, training of staff in handling first aid, sufficient medical equipment etc.

Observations:

- There is no sick room in the home. Office space is used for this purpose if any need arises.
- On admission into the home every child undergoes a medical check-up by a home manager who is not qualified to do this.
- The components of medical examination includes:
 - Height;
 - Weight;
 - General History.
- Monthly Health Checkups for all the children are done by a part-time MBBS doctor who visits the home every month.
- The institution has a tie up with Aruna Asaf Ali Hospital, Lok Narayan Jai Prakash (LNJP) Hospital and a local Govt. Dispensary.
- 3 children in the home are currently suffering from Tuberculosis and undergoing treatment from LNJP hospital. All children of the home underwent mandatory testing for tuberculosis 2 months back.
- The institute is planning to start testing for HIV in the upcoming 2-3 months.
- Intermittently, health check-up and health education camps (such as TB camp, Dental care camp, etc.) have been organized in collaboration with various agencies.
- Health records have been maintained adequately.
- Age appropriate immunization is provided through collaboration with Max hospital.

- First aid kit is properly maintained, but staff members are not trained appropriately in first-aid.
- There is no ambulance, stock of medicines or full-time nurse.
- No measures to prevent outbreak of contagious diseases.
- There are multiple places inside the home and in the adjoining vicinity which may breed mosquitoes.

V. Education

Rule 47 of Delhi J.J. Rules, 2009 deals with the norms of Education. This rule provides every institution shall provide education to all juveniles or children according to the age and ability, both inside the institution or outside, as per the requirement. That there shall be a range of educational opportunities including mainstream inclusive schools, bridge school, open schooling, non formal education and learning and input from special educators where needed.

Observations

- The institute is providing structured bridge education courses to children who have not been educated age appropriately, prior to getting them enrolled into nearby government schools.
- Currently, 96 out of 122 children are attending regular schools while the rest are attending bridge courses.
- The institute has a library with adequate provision for books. The library has 6 computers used for training of all the children once every week in individual sessions by a qualified teacher.
- Educational Assessment of every child is done within a week of admission by the teachers, and is presided over by an advisory board.
- There are no provisions for tuition classes.
- Sex education and life skill classes are held regularly by trained teachers, following a module developed by an NGO. The content includes sessions on good touch & bad touch, menstrual hygiene, family planning measures, safe sex, career counselling, problem solving skills, dealing with the society, etc.
- 4 children have currently been enrolled in vocational training courses (Computer course, tailoring, embroidery) in a certified institute near the home.

VI. Recreation

Rule 49 of Delhi J.J. Rules, 2009 deals with the norms of recreation facilities. This Rule provides that guided recreation shall be made available to all juveniles or children.

Observations

- There is a playground in the premises which is not adequately maintained. Children can use it only for fixed hours as the Govt. Girls Senior Secondary School authorities do not allow them to use it during school hours.
- An adjacent playground which has swings, is not provided to the children as the premises has been locked by NCC.
- One set of bat-ball, a badminton set and few volley balls have been provided, but there are no nets.
- Indoor games such as carom, ludo, puzzles and stuffed toys are provided to children.
- There is a television with cable connection for the children, which they are allowed to watch for fixed timings.

VII. Restoration measures

- In past 3 years, 206 children have been restored to their families. Norms laid down by the CWC are followed in the process of restoration.
- Verification of the families is done through CWC, while escort arrangements are made by the institute.
- Receipt/Record of each restoration is maintained by the institute.

VIII. Mental Health

Rule 46 of Delhi J.J. Rules, 2009 deals with the norms of Mental Health. This rule provides for maintenance of mental health record of every child by the institution and provision of both milieu based interventions and individual therapy for every child. The environment in an institution shall be enabling and free from abuse. Every institution shall have the services of trained counsellors or collaboration with external agencies associated with mental health. A mental health care plan shall be developed for every child and integrated into the individual care plan.

Observations:

(i) Mental Health Condition and Mental Health Needs of Children

- Most of the children are street children, involved in begging or homeless. Many have faced significant trauma (sexual abuse, physical abuse, separation from parents, death of parents, etc.) early in life.
- Many children have shown adjustment problems early on after admission to the institute, including crying, refusing food, fighting with peers, not cooperating with staff members, etc. Usually, such problems resolve within 1-2 weeks except in some cases where problems, especially, peer rivalry continues.
- Some children have failed to form attachment with the staff members or peers, and prefer to remain isolated.
- Older children have often bullied the younger ones. Aggressive and self-injurious behaviours have often been reported in the home.

- Scarcity of provisions such as inadequate number of toilets and bathrooms, toys, etc., is further accentuating such rivalries.
- Even during the visit, some children were repeatedly coming to the social workers with complaints of bullying and aggression by the peers.
- There were two diagnosed cases of mental retardation with behavioural problems, and one diagnosed case of Psychosis, all undergoing treatment at either VIMHANS or IHBAS.

Information from Individual Children’s Questionnaire

- 30 children were randomly selected for interview out of the total strength in the institute. The distribution of age and gender among them was as follows:

Age	Female
6-9 years	5
10-12 years	13
13-16 years	12

- Out of these 30 children, 2 were suffering from Tuberculosis, 1 each was suffering from asthma and epilepsy, 1 was a known case of ADHD, while 4 others had intellectual disability.
- One child each had a family history of psychiatric illness and substance abuse, the nature of which was not known.
- Self reports were collected for 21 out of the 30 selected children who were 10 years of age or more and were able to provide information adequately. Information from care givers was collected for all 30 children.

Developmental Psychopathology Check List for Children

Check list Domains	Number of Children Scoring Above Cut-off
Developmental History	0
Developmental Problems	0
Hyperkinesis	4
Conduct	1
Learning Difficulties	3
Emotional Difficulties	0
OCD	0
Somatic Problems	0
Psychosis	0

Psychiatric Diagnosis	Number of Children Diagnosed with Psychiatric Disorder
Major Depressive Disorder	0
Suicidality	0
Dysthymia	0
Manic Episode	0
Panic Disorder	0
Agoraphobia	0
Separation Anxiety Disorder	0
Social Phobia	0
Specific Phobia	0
OCD	0
PTSD	0
Alcohol Dependence/Abuse	0
Substance Dependence/Abuse (Non-Alcohol)	0
Tic Disorder	0
ADHD	1
Conduct Disorder	1
Oppositional Defiant Disorder	0
Psychotic Disorder	0
Anorexia Nervosa	0
Bulimia Nervosa	0
Generalized Anxiety Disorder	0
Adjustment Disorder	0
Pervasive Developmental Disorder	0

(ii) Mental Health Services

- A mental health check-up is conducted for the children only on need basis whenever some problem is suspected by the staff. The check up is conducted by qualified psychiatrists from VIMHANS and IHBAS with whom the home has an informal tie-up.
- There is no existent mental health care plan for any of the children.
- The medical records fall short of including mental health records, except for the prescriptions given by psychiatrists.
- The home has a mental health care unit, with a separate room for counselling and one counsellor and two life skills educators who provide services from 9:00 am to 5:00 pm on weekdays.
- There is no provision for round the clock psychological aid to manage any crises which often arise. The staff members manage such situations intuitively.
- *Vipasna* meditation and yoga classes are being held on a daily basis for all children by a volunteer teacher from outside.
- Sex education classes are held regularly for all the children.
- There is no mental health professional (psychiatrist, psychologist, mental health nurse) from outside, visiting the home on a regular basis.

- Only three staff members (counsellor and life-skills teachers) have some training in psychological first aid, and only some of the staff members have been sensitized to the psychological needs of the children.
- Time out and distraction techniques are used for management of children with problem behaviours, and staff members deny using corporal punishment.
- There is little, if any, scope for the children to modify their surroundings, and monotony is the rule rather than exception.

(iii) Mental Health Condition and Mental Health Needs of Caregivers

- There are only 4 house mothers for 122 children.
- Caregivers report having exhaustion and are frequently overwhelmed by the burden of work.
- It has been difficult for the caregivers to create a nurturing environment in inadequate conditions.
- No psychological crises have been reported among the caregivers.

Recommendations

- There is an ongoing conflict of the institute management with a NCC school and a Govt. Girls Senior Secondary School, which are located in the same premises (Sultan Singh building complex). The institute authorities have alleged that any attempt at expanding or improving the infrastructure is met with significant resistance from these establishments. This issue needs to be addressed urgently. Intervention from higher authorities is required to settle down the dispute, as this issue has significant bearing on human rights, physical and mental health of the children.
- One of the playgrounds in the building premises is available to children only in restricted timings as the Govt. Girls Senior Secondary School do not allow them inside it during school hours. The other playground which has swings, has been allegedly locked down by NCC school management for reasons not completely clear, due to which children are not allowed inside it. This conflict also needs to be resolved.
- The home is overcrowded, which needs to be addressed urgently. Overcrowding is rendering most of the amenities inadequate.
- The building structure is full of damp places, which need to be repaired.
- Ventilation is inadequate. There is humidity and suffocation inside the home. Adequate ventilation should be arranged for.
- The number of toilets and bathrooms is highly inadequate to cater to the strength of the home (4 toilets and 3 bathrooms for 122 children). This needs to be addressed urgently. Such inadequacy is leading to lapses in hygiene and friction among the children.

- There is problem of water-logging both inside and outside the home. Due to this mosquito breeding is rampant. This needs to be addressed urgently. Drainage system should be appropriated.
- Pest control needs to be undertaken which is currently not being done. There is problem of mice infestation in the home including the kitchen area.
- A nutrition expert should be consulted in preparing meal menu.
- Medical check-up of every child should be conducted by a qualified health professional. Currently, this is being done by the staff members of the home who do not have appropriate know how to conduct medical examinations.
- All the staff members should be trained in providing first-aid.
- Provisions should be made for a nurse to be available during the night hours. Arrangements should also be made to transport children safely to health care facilities in case of any emergency.
- Measures to prevent the outbreak of infectious diseases are highly inadequate. Arrangements should be made to prevent mosquito breeding, prevent mosquito bites, pest control, isolation of infected children, educating staff and children about diseases and their prevention, hand wash education, etc.
- Tutors should be made available to help the children in studies.
- Opportunities for vocational training need to be expanded and children need to be encouraged to take part in them (currently only 4 children are attending such classes).
- Apart from the issue of playground as mentioned above, the outdoor game facilities are inadequate in number and need to be expanded.
- All the children should undergo a mental health check-up by a qualified mental health professional at the time of admission and a mental health care plan should be formulated for all of them. Currently, this is being done only on need basis.
- A clinical psychologist should be appointed who should visit the home regularly and should undertake the above mentioned tasks.
- Arrangements should also be made for a psychiatrist to visit the home regularly.
- Proper mental health records for every child should be maintained.
- Staff members should be sensitized to children's mental health issues. They should be trained to identify and manage psychological and emotional problems of the children.
- Caregivers are overburdened (4 house mothers for 122 children). More posts should be created for caregiver appointment. Issues of exhaustion and burnout among the caregivers should be addressed. Care givers should also have access to mental health facilities.

INSPECTION REPORT ON ASHRAN, HOPE FOUNDATION, VISITED ON 12.08.2015

Ashran, Hope Foundation is an Adoption Home located at A-46, New Multan Nagar, Surya Enclave (Near Pashchim Vihar East Metro Station), New Delhi, vide Registration No. DWCD/CW/CH/46/2014 under Section 34 of J.J. Act, 2000 and Rule 70 of Delhi J.J. Rules, 2009 by the Department of Women and Child Development, Government of NCT of Delhi for a period from 01.05.2014 to 30.04.2017. The sanctioned strength of the home is 25. Currently 17 children were living in the home.

Further classification of children category-wise are as follows:

- Children having both parents - 0
- Children having single parents - 2
- Children having no parents or – 15 parents yet to be traced

The duration of stay of the children in the home is as under:

Time Duration of stay	Girls	Boys
0-2 Months	0	0
2-4 Months	0	2
4-6 Months	4	0
6-12 Months	1	2
1-2 years	1	3
2-3 years	2	1
3-4 years	0	0
4-5 years	0	0
More than 5 years	1	0
Total	9	8

I. Physical infrastructure, Clothing and Bedding

Rule 40 of Delhi J.J. Rules, 2009 deals with the norms for building or accommodation for an institution. Rule 41 of Delhi J.J. Rules, 2009 deals with the norms for clothing and bedding.

Observations

- The home has been operating in a building in a posh residential locality.
- There are 3 dormitories and segregation has been done on the basis of age and gender. One dormitory is used for very young children and those who cannot take care of their

toileting needs by themselves. 2 other dormitories are used for older boys and girls separately.

- Separate cots with mattresses have been provided for all the children. Beds for young children have railings to prevent any falls.
- There are 2 class rooms and one recreation room. Tables and chairs have been provided in each.
- Lighting and ventilation facilities are adequate. Air conditioners and coolers have been provided.
- Grills have been put around the terrace to prevent any accidents.
- Ample numbers of clothing and linen are provided to the children, which are maintained by the caretakers.
- Separate storage space (cupboard) has been provided to all children.
- The structure of the bathrooms and toilets is child friendly, taking care of size compatibility.
- Walls have been painted with bright colours with cartoons drawn all over. The beddings and curtains also bear cartoon figures, and various colours have been used. Overall environment of the home begets cheerfulness among children and prevents monotony.
- There is a cradle with an alarm system outside the home with the purpose to allow those who are abandoning a child to do so in a safe place. The staff members collect the abandoned child from outside whenever the alarm rings.

II. Personal hygiene and environmental sanitation

Rule 42 of Delhi J.J. Rules, 2009 deals with the norms for sanitation and hygiene. This includes right of sufficiently treated water, proper drainage system, and annual pest control and sunning of bedding and clothing.

Observations

- There are 8 toilets for a sanctioned strength of 25 Children, which is adequate. Toilets were clean.
- Sunning of bedding is done daily for children who bed wet and weekly for other children.
- Adequate arrangement for disposal of garbage exists.
- Sufficient space for washing utensils is available.
- Washing machines are used for clothes. These are operated by the caretakers.
- Drainage system is adequate.
- A small garden has been maintained outside the home.
- Overall cleanliness of the home was adequate.

III. Food

Rule 44 of Delhi J.J. Rules, 2009 deals with the norms for Nutrition and Diet Scale. The main components of this rule deals with four meals in a day, nutritional value of meals which are provided to juveniles, diet scale, and special meals.

Observations

- A nutritionist has been consulted in meal planning for the children.
- Children are provided with sweets, cakes, Chinese food, pizza, burger etc. on festivals and special occasions.
- Special diets are provided for sick children on doctor's advice.
- Children are healthy and provided with adequate nutritional diet.
- Storage of food was proper and no pests were noted.
- Quality of food and drinking water is checked regularly by the Program Manager and Social Workers.

IV. Medical care

Rule 45 of Delhi J.J. Rules, 2009 deals with the norms of Medical Care. This rule majorly deals with maintenance of medical records of each juvenile, medical check-ups and treatment of children, training of staff in handling first aid, sufficient medical equipment etc.

Observations:

- The institution has a tie-up with Action Balaji Hospital, Navjeevan Hospital and Maharaja Agrasen Hospital.
- There is one sick room in the home. A first aid kit has been provided with adequate equipments. There is also a radiant warmer and a phototherapy machine which are seldom used.
- Most of the staff members are trained in giving first-aid.
- There is an ambulance at service round the clock.
- A nurse is also available in the premises during night hours.
- On admission into the home every child undergoes a medical check-up (including height, weight, general physical examination and blood investigations including screening for HIV) by a pediatrician who visits the home every week.
- Weekly health check-ups are conducted for all the children.
- Mandatory immunization is provided to all children till the age of 6 years as advised by the pediatrician. Immunization records have been maintained for all children.
- Health records have been adequately maintained.
- One of the children in the home has cerebral palsy with mental retardation. Another child came with severe malnourishment and has Global developmental delay. One child is suffering from Sturge Weber Syndrome.

V. Education

Rule 47 of Delhi J.J. Rules, 2009 deals with the norms of Education. This rule provides every institution shall provide education to all juveniles or children according to the age and ability, both inside the institution or outside, as per the requirement. That there shall be a range of educational opportunities including mainstream inclusive schools, bridge school, open schooling, non formal education and learning and input from special educators where needed.

Observations

- 10 children have been enrolled in a nearby public school. While 3 are attending a school for special children. Other 4 are below the age of 4 years and have not been enrolled in school.
- All the children are being provided non-formal education within the premises by a trained educator. Sex-education classes (esp. Good touch-Bad touch) are conducted by the same educator regularly.
- There is one classroom within the premises with provision for books, chairs and tables.
- Educational assessment of every child is conducted by a clinical psychologist at the time of admission.
- Children are admitted to age-appropriate classes in school as per the Right to Education.
- Children are young and as such no vocational training is being provided.

VI. Recreation

Rule 49 of Delhi J.J. Rules, 2009 deals with the norms of recreation facilities. This Rule provides that guided recreation shall be made available to all juveniles or children.

Observations

- There is no playground in the home, but there is a park with swings within the residential locality, which the children use. Caretakers accompany the children to the park daily for fixed hours.
- Both outdoor games and indoor games facilities have been provided.
- There is a television with cable connection.
- There is a music system in the home which is used in dance sessions for children daily in the evening.
- Children are taken on sightseeing trips or picnics 4 times a year.
- Child friendly colour schemes and drawings throughout the home is a step towards preventing monotony.

VII. Restoration measures

- In the past 3 years, 19 children have been restored to their families while another 19 have been given for adoption.
- The process is mediated by CWC.
- Verification of the family is done by the CWC and the staff members of the home.
- The institute maintains records of the restored and adopted children, including receipts from their respective families.
- Children who reach the age of 12 years are transferred to a home for older children.

VIII. Mental Health

Rule 46 of Delhi J.J. Rules, 2009 deals with the norms of Mental Health. This rule provides for maintenance of mental health record of every child by the institution and provision of both milieu based interventions and individual therapy for every child. The environment in an institution shall be enabling and free from abuse. Every institution shall have the services of trained counsellors or collaboration with external agencies associated with mental health. A mental health care plan shall be developed for every child and integrated into the individual care plan.

Observations:

(i) Mental Health Condition and Mental Health Needs of Children

- Most of the children of the home are missing or abandoned children. Two of them are living in the home due to incarceration or incapacitation of their parents. Being very young none of them are able to elaborate the trauma or hardships that they have suffered.
- Adjustment problems are reported frequently after intake in the first few weeks
- Frustration and irritability has been reported in children who have been living for long durations in the home and have not yet been adopted. Staff members report that such children start feeling that they are unwanted and nobody likes them.
- Crying, stubbornness, aggression etc., are the most commonly noted behavioural problems.
- One child has been diagnosed with autism with behavioural problems and is currently receiving pharmacotherapy for the same. Another child has severe malnourishment with Global Developmental Delay with possible intellectual disability. One child has cerebral palsy with Mental Retardation and disability in speech and movement. There is also a child suffering from Sturge Weber Syndrome with Mental Retardation.
- There were no reports of psychoactive substance use among the children.
- No overtly violent or self-injurious behaviours were reported.
- All the children were involved in playing, were eating well and appeared to be well adjusted with their peers.

Information from Individual Children's Questionnaire

- There were only 17 children in the institute. The distribution of age and gender among them was as follows:

Age	Male	Female
<6 years	3	5
6-10 years	5	4

- Interviews were conducted for only 9 children who were at least 6 years of age.
- None of them had known family history of medical or psychiatric illness.
- Since all the interviewees were very young, information was collected from their immediate care taker and welfare officer.

Developmental Psychopathology Check List for Children

Check list Domains	Number of Children Scoring Above Cut-off
Developmental History	0
Developmental Problems	0
Hyperkinesis	2
Conduct	1
Learning Difficulties	2
Emotional Difficulties	0
OCD	0
Somatic Problems	0
Psychosis	0

M.I.N.I. Kid

Psychiatric Diagnosis	Number of Children Diagnosed with Psychiatric Disorder
Major Depressive Disorder	0
Suicidality	0
Dysthymia	0
Manic Episode	0
Panic Disorder	0
Agoraphobia	0
Separation Anxiety Disorder	0
Social Phobia	0
Specific Phobia	0
OCD	0
PTSD	0
Alcohol Dependence/Abuse	0
Substance Dependence/Abuse (Non-Alcohol)	0
Tic Disorder	0
ADHD	2
Conduct Disorder	0
Oppositional Defiant Disorder	0
Psychotic Disorder	0
Anorexia Nervosa	0

Bulimia Nervosa	0
Generalized Anxiety Disorder	0
Adjustment Disorder	0
Pervasive Developmental Disorder	0

(ii) Mental Health Services

- The institute has a tie up with a clinical psychologist who does a psychological assessment of every child at the time of admission. The psychologist is situated around 40-45 km away from the home and staff members have to take the children to her.
- The home does not have a mental health care unit.
- No psychiatrist, mental health nurse or counsellor visits the home.
- None of the other staff members have received any training in mental health related issues.
- Staff members try to handle children’s issues such as adjustment problems and peer-rivalry by intuitive methods.
- The institute is ill-equipped to deal with children from traumatic backgrounds.
- Time out and distraction techniques are used for management of children with problem behaviours, and corporal punishment is refrained from.
- There are no programmes for life skills education.
- Sex-education is intermittently provided by the educator in the home.

(iii) Mental Health Condition and Mental Health Needs of Caregivers

- Caregivers have not reported exhaustion, anxiety, guilt or aggression.
- They share a good rapport with the children.
- No psychological crises have been reported among the caregivers, but there is no system in place to deal with any such issues.

Recommendations

- Bridge classes should be started for children who are lagging behind in education, prior to getting them admitted to age-appropriate classes.
- Arrangements should be made for a clinical psychologist to visit the home regularly. Currently, staff members take the children individually to a clinical psychologist who is located 45 km away from the home. Efforts should be made to contact someone who is located more proximally.
- Staff members are sensitized to children’s mental health issues but are not trained to manage them. Regular training should be provided to them to identify and manage psychological and emotional problems of the children, especially crisis management and to deal with children from traumatic backgrounds.
- Sex-education and life-skills education need to be imparted regularly in a structured manner.
- Caregivers should also have access to mental health services.

INSPECTION REPORT ON PHULWARI CHILDREN HOME FOR BOYS I AND ASHIANA CHILDREN HOME FOR BOYS II, VISITED ON 13.08.2015

Phulwari Children Home for Boys I and Ashiana Children Home for Boys II are two children homes located within the same Government complex in Alipur (opposite police station), Delhi- 110036, run by the WCD. The sanctioned strengths of the homes are 200 and 100 respectively. The homes have been divided on the basis of age of the children. Phulwari houses children aged 12-18 years, while Ashiana houses those aged 6-12 years. Currently 94 children were residing in Phulwari while 33 were residing in Ashiana.

Further classification of children category-wise are as follows:

	Phulwari (CHB I)	Ashiana (CHB II)
- Children having both parents	0	0
- Children having single parents	35	4
- Children having no parents	29	2
- Children whose parents are yet to be traced	30	27

I. Physical infrastructure, Clothing and Bedding

Rule 40 of Delhi J.J. Rules, 2009 deals with the norms for building or accommodation for an institution. Rule 41 of Delhi J.J. Rules, 2009 deals with the norms for clothing and bedding.

Observations

- The homes have been operating in a Government complex just outside the township of Alipur.
- Overall space provided is ample.
- There are 8 dormitories in Phulwari and 4 in Ashiana. Segregation has been done on the basis of age.
- Separate beds with mattresses have been provided for all the children.
- There is a separate library in each of the homes with provision for books.
- There are 2 classrooms in Phulwari but none in Ashiana.
- Lighting and ventilation facilities are adequate.
- There were separate playgrounds in each of the homes, but grass had overgrown. Snakes have been found sometimes in the playground.
- Fans and coolers have been provided.

- Adequate numbers of clothing and linen are provided to the children, which are maintained by the caretakers for younger children, while the older ones maintain them themselves.
- Storage spaces (cupboards/racks) are common for all children, but sections have been divided within the cupboards/racks for each child.
- Timely whitewashing is done in the house and the structure was maintained well.

II. Personal hygiene and environmental sanitation

Rule 42 of Delhi J.J. Rules, 2009 deals with the norms for sanitation and hygiene. This includes right of sufficiently treated water, proper drainage system, and annual pest control and sunning of bedding and clothing.

Observations

- There are 40 toilets for a sanctioned strength of 200 in Phulwari, while 28 toilets for a sanctioned strength of 100 in Ashiana, which is adequate as per the ratio 1:7 provided by the Delhi J.J. Rules, 2009.
- Toilets were clean.
- Sunning of bedding is done once in a week or two.
- Adequate arrangement for disposal of garbage exists.
- Sufficient space for washing utensils is available.
- Overall cleanliness of the home was adequate.

III. Food

Rule 44 of Delhi J.J. Rules, 2009 deals with the norms for Nutrition and Diet Scale. The main components of this rule deals with four meals in a day, nutritional value of meals which are provided to juveniles, diet scale, and special meals.

Observations

- The meal menu has been prepared in accordance with the prescribed diet scale by the social worker (MSW) of the home, in consultation with a doctor who regularly visits the home.
- Children do not have much say in the preparing the menu.
- There was no menu displayed in Phulwari, while it was displayed in Ashiana.
- There are large dining halls in both the homes with adequate seating arrangement for all children.
- Children are provided with sweets, cakes etc. on festivals and special occasions.
- Sick children are provided with special diets as advised by doctor.
- Children are healthy and provided with adequate nutritional diet.

- The quality of food is regularly checked by the welfare officers.
- Kitchen area was clean and no pests were noticed.

IV. Medical care

Rule 45 of Delhi J.J. Rules, 2009 deals with the norms of Medical Care. This rule majorly deals with maintenance of medical records of each juvenile, medical check-ups and treatment of children, training of staff in handling first aid, sufficient medical equipment etc.

Observations:

- There is a common Medical Care Unit (MCU) for both the homes and the after care home, situated within the same complex between the homes.
- First-aid kit and resuscitation equipments (including Ambu bag and injectibles used for resuscitation) have been maintained and periodically checked.
- There are 2 staff nurses and a nurse is available during the night hours.
- The institute has a tie up with two local hospitals- Satyawadi Raja Harishchandra Hospital and Babu Jagjiwan Ram Hospital.
- On admission into the home every child undergoes a medical check-up by a part-time M.B.B.S. doctor, and the health check-ups are repeated every month or two for all children.
- Health records have been adequately maintained.
- As the home is for children above 6 years of age, mandatory immunization is not done.
- There is no ambulance. The staff members use local public transport in case of any emergency.
- A first-aid workshop was conducted for all the staff members 1 year back.
- Measures to prevent outbreak of contagious diseases include mosquito prevention (mosquito repellents, mosquito nets) and regular hygiene measures. But there is no scope for isolation of infected cases if any.
- Few months back there was an outbreak of mumps in Ashiana in which several children got infected.
- One child in Phulwari is currently suffering from Tuberculosis and is under treatment, and there are several cases of Seizure disorder in both the homes and are receiving regular medicines.

V. Education

Rule 47 of Delhi J.J. Rules, 2009 deals with the norms of Education. This rule provides every institution shall provide education to all juveniles or children according to the age and ability, both inside the institution or outside, as per the requirement. That there shall be a range of educational opportunities including

mainstream inclusive schools, bridge school, open schooling, non formal education and learning and input from special educators where needed.

Observations

- No structured education facilities currently exist in the home.
- Some classes are taken by the welfare officers occasionally. The process of recruitment of teachers for non-formal education is currently under way and interviews were being conducted.
- 39 children out of 94 in Phulwari home have been enrolled in nearby regular Government schools. 35 children have been brought to the home less than a month back and haven't been receiving any education. Others are attending vocational training courses (Computer course, Welding, plumbing, Hair cutting) for which trainers have been deputed.
- 29 children out of 33 in Ashiana home have been enrolled in nearby regular Government schools. 4 children have joined the home within the last one month and haven't been receiving any education. There are no vocational training courses in Ashiana as the children are young.
- Educational Assessment of children is not done. Admission is done in age-appropriate classes as per the Right to Education.
- There are no provisions for tuition or private coaching classes.
- Sex education classes are held intermittently by the Psychologist and Welfare Officers. The sessions cover good touch-bad touch, HIV and STIs, safe sex, contraception etc.

VI. Recreation

Rule 49 of Delhi J.J. Rules, 2009 deals with the norms of recreation facilities. This Rule provides that guided recreation shall be made available to all juveniles or children.

Observations

- There is a playground each within the premises of both the homes, but grass had overgrown. Snakes have been found sometimes in the playground.
- Outdoor (football, cricket and swings) and indoor (carrom board, ludo and chess) games facilities have been provided in both the homes.
- There is a television with cable connection for the children in each of the homes.
- There is daily provision of yoga training in the morning.
- Cultural programs are held regularly on each major festival.
- Children are taken out for picnics 2-3 times per year.

VII. Restoration measures

- In the past 3 years, 587 children have been restored to their families from Phulwari home, while 136 have been restored from Ashiana home.
- The process is mediated by CWC.
- Verification of the family is done by the CWC and the staff members make spot visits of the family home.
- Escort arrangements are provided by the institute in case of interstate repatriation.
- The institute maintains records of the restored children, including receipts from their respective families.
- Children who reach the age of 12 years in Ashiana are transferred to Phulwari or some other home (mediated by the CWC) for older children, or restored to their families.
- Children who reach the age of 18 years in Phulwari are restored to their families, sent to after care organizations or trained in vocation to support themselves.

VIII. Mental Health

Rule 46 of Delhi J.J. Rules, 2009 deals with the norms of Mental Health. This rule provides for maintenance of mental health record of every child by the institution and provision of both milieu based interventions and individual therapy for every child. The environment in an institution shall be enabling and free from abuse. Every institution shall have the services of trained counsellors or collaboration with external agencies associated with mental health. A mental health care plan shall be developed for every child and integrated into the individual care plan.

Observations:

(i) Mental Health Condition and Mental Health Needs of Children

- Most of the children are missing children, street children, orphans or children from economically poor backgrounds.
- Children have narrated their plights to the staff members, such as being forced into child labour, victims of physical abuse by employers or family members, getting into substance abuse, broken families, etc.
- Some of the children have shown adjustment problems early on after admission to the institute, including crying, easily frightened, stubbornness, disobedience, oppositional behaviour, etc., which usually resolve as rapport builds up with staff members and colleagues.
- Emotional problems are also frequent among the children.
- Some children have indulged in bullying younger ones. But no overt physical violence has been reported.
- There have been few instances of self-harm by inflicting cuts on their arms, which was noticed by the counsellor as scars. But no overt suicidal attempt was reported.
- At times staff members have reported of children threatening them to lodge false complaints if their demands are not fulfilled, but this has been infrequent.

- Staff members have reported that children frequently show dislike for the disciplined and structured life within the institute, and this has been a major reason for escapes from both the homes (24 from Phulwari and 4 from Ashiana in last 3 years).
- Many children among the older age groups, have been exposed to using substances, especially tobacco.
- Among the current residents of the home, 5 children have been subjected to counselling for substance use (tobacco and cannabis).
- Currently, 6 children from Phulwari and 2 from Ashiana are suffering from at least one diagnosed mental illness (psychosis, depression, anxiety, nocturnal enuresis), and each one is receiving appropriate pharmacotherapy for them.
- Moreover, 8 children from Phulwari and 1 from Ashiana have mild-moderate mental retardation.
- At the time of the visit, children were seen playing and having food. Overall they seemed well adjusted.

Information from Individual Children's Questionnaire

- 30 children were randomly selected for interview out of the total strength in the 2 homes. The distribution of age and gender among them was as follows:

Age	Males
6-9 years	2
10-12 years	15
13-16 years	13

- Out of these 30 children, 2 were suffering from unspecified medical problem, 1 each was suffering from nocturnal enuresis and epilepsy, 1 had amputation of an upper limb, 2 were known cases of learning disorder, while 4 others had intellectual disability. Also 1 child had history of multiple substance use.
- None of the children had a known family history of psychiatric illness or medical problems.
- Self reports were collected for 19 out of the 30 selected children who were 10 years of age or more and were able to provide information adequately. Information from care givers was collected for all 30 children.

Developmental Psychopathology Check List for Children

Check list Domains	Number of Children Scoring Above Cut-off
Developmental History	0
Developmental Problems	0
Hyperkinesis	0
Conduct	0
Learning Difficulties	6
Emotional Difficulties	0
OCD	0
Somatic Problems	0
Psychosis	0

M.I.N.I. Kid

Psychiatric Diagnosis	Number of Children Diagnosed with Psychiatric Disorder
Major Depressive Disorder	0
Suicidality	0
Dysthymia	0
Manic Episode	0
Panic Disorder	0
Agoraphobia	0
Separation Anxiety Disorder	0
Social Phobia	0
Specific Phobia	0
OCD	0
PTSD	0
Alcohol Dependence/Abuse	0
Substance Dependence/Abuse (Non-Alcohol)	0
Tic Disorder	0
ADHD	0
Conduct Disorder	0
Oppositional Defiant Disorder	0
Psychotic Disorder	0
Anorexia Nervosa	0
Bulimia Nervosa	0
Generalized Anxiety Disorder	0
Adjustment Disorder	0
Pervasive Developmental Disorder	0

(ii) Mental Health Services

- None of the children underwent a mental health check-up and no mental health care plan has been formulated for them.
- Both the homes have a mental health care unit with a separate room for counselling.
- There is a common clinical psychologist for both the homes who caters to the two homes in two halves (pre-lunch and post-lunch).
- There is no tie up with any mental health centre.
- A psychiatrist visits the home on a weekly to fortnightly basis only for curative purposes for cases which are referred to him by the staff members or the clinical psychologist.
- None of the staff members have received any training in mental health issues.
- Staff members try to handle children's issues such as adjustment problems and peer-rivalry by intuitive methods.
- Time out and diversion are used to prevent children from problem behaviours, and corporal punishment is refrained from.
- There are no programs for life skills education or sex education for the children.
- There is no provision for special school or special educator for intellectually disabled children.

- There is no structured format for addressing grievance. There is one superintendent for both the homes who is difficult to approach for the children as was for the visiting team.

(iii) Mental Health Condition and Mental Health Needs of Caregivers

- Caregivers report having exhaustion but deny having anxiety, guilt or aggression.
- Some members of the staff reside within the home along with the children, and have been able to form a trusting relationship with them.
- They have been able to create a friendly environment for the children.
- No psychological crises have been reported among the caregivers.
- There is no programme for capacity building or training of the staff members to address children's and their own mental health issues.

Recommendations

- Classrooms should be constructed or provided from the existing rooms in Ashiana, which currently doesn't have any classrooms.
- Grass has been overgrowing in the playgrounds, which needs to be trimmed regularly, considering that snakes frequent that area.
- Menu was not displayed in Phulwari, which should be done. None of the staff members, other than the cook, was aware what was being served to the children.
- Suggestions of the children's committee should be taken into account while preparing the menu.
- Provision for an ambulance should be made within the premises, as the home is located remotely and public transport is infrequent in the area.
- Regular training of the staff in first aid should be done.
- Provisions should be made for isolation of infected children in case of contagious diseases. Few months back there was an outbreak of mumps in the institute.
- Educational assessment for every child should be conducted at the time of admission.
- Bridge classes should be provided to children who are lagging behind in classes, prior to getting them enrolled in age-appropriate classes.
- Tutors should be arranged to help the children in studies.
- Structured life-skills education classes need to be organized regularly.
- Activities such as music and dance need to be regularized and children Bridge classes should be provided to children who are lagging behind in classes, prior to getting them enrolled in age-appropriate classes.
- Structured life-skills education classes need to be organized regularly.
- Competitions in sports and arts should be organized regularly.
- None of the children underwent a mental health check-up and no mental health care plan has been formulated for them. This should be ensured for all the children.

- There is a common clinical psychologist for both the homes who caters to the two homes in two halves (pre-lunch and post-lunch). In order to provide better mental health facilities to the children, separate clinical psychologists should be employed for both homes to reduce the burden from a single person.
- A tie up should be made with a mental health care facility. Currently none exists.
- Staff members should be sensitized to children's mental health issues. They should be trained to identify and manage psychological and emotional problems of the children.
- Sex-education and life-skills education need to be imparted regularly in a structured manner.
- Mechanisms should be in place for addressing the grievances of the children. The superintendent of the home is difficult to approach for such purposes and there is no way that children can communicate their problems to higher authorities except through their caregivers or welfare officers. One suggestion from the inspection team is to appoint separate superintendents for the two homes, so that some free time is left with the superintendent to address children's issues.
- Caregivers should also have access to mental health care services.

INSPECTION REPORT ON DON BOSCO ASHALAYAM, VISITED ON 19.08.2015

Don Bosco Ashalayam is a children's home (for boys) located at GovtWZ-1211, KH No. 32/17/18, Plot No. 3, Ashram Gali, Palam Village, Dwarka Sector-7, New Delhi- 110045 registered vide Registration No. Don Bosco/DD(L)/DWCD/2013/3828-831 under Section 34 of J.J. Act, 2000 and Rule 70 of Delhi J.J. Rules, 2009 by the Department of Women and Child Development, Government of NCT of Delhi for a period from 01.01.2014 to 31.12.2016. The sanctioned strength of the home is 120. Currently 89 children (as on 09/07/2015) were living in the home. The age wise disaggregation is as under:-

- 0-6 years	9
- 7-14 years	56
- 15-18 years	24
- Above 18 years	0
<hr/>	
Total	89

Further classification of children category-wise are as follows:

- Children having both parents - 23
- Children having single parents - 49
- Children having no parents - 17

The duration of stay of the children in the home is as under:

Time duration of stay	Number of children
0-2 Months	24
2-4 Months	10
4-6 Months	12
6-12 Months	4
1-2 years	12
2-3 years	8
3-4 years	9
4-5 years	0
More than 5 years	10
Total	89

I. Physical infrastructure, Clothing and Bedding

Rule 40 of Delhi J.J. Rules, 2009 deals with the norms for building or accommodation for an institution. Rule 41 of Delhi J.J. Rules, 2009 deals with the norms for clothing and bedding.

Observations

- The home has been operating in a building in a residential locality.
- Overall space is adequate.
- Beds with mattresses have been provided for all the children.
- There is one classroom cum study room which is used by children on shift basis.
- There is a library with adequate provision of books.
- Ventilation is inadequate. There was smell from toilets all over the corridors.
- Adequate numbers of clothing and linen are provided to the children at regular intervals as per the J.J. act. A stock of donated clothes has been kept at the home which is seldom used due to size incompatibility.
- Separate lockers for storage are provided to all children.
- There is one sick room with 2 beds.
- Generators are used for power backup only during evening and night hours.

II. Personal hygiene and environmental sanitation

Rule 42 of Delhi J.J. Rules, 2009 deals with the norms for sanitation and hygiene. This includes right of sufficiently treated water, proper drainage system, and annual pest control and sunning of bedding and clothing.

Observations

- There are 15 toilets for a sanctioned strength of 120 children which is marginally inadequate, not in keeping with the provided ratio of 1:7 in the Delhi J.J. rules, 2009.
- Toilets were unclean and offensive smell was present in the corridors.
- There was a big single bathroom for each dormitory with multiple washing spaces. Children have to use it together which leaves no space for privacy while bathing.
- Sunning of bedding and clothing's is done every week.
- Adequate arrangement for disposal of garbage exists.
- Sufficient space for washing utensils is available.
- Clothes are hand washed by caretakers for younger children or by the older children themselves.
- Drainage system is adequate. Water logging was found in the vicinity of the home outside the premises.
- No pests were seen during the visit.

III. Food

Rule 44 of Delhi J.J. Rules, 2009 deals with the norms for Nutrition and Diet Scale. The main components of this rule deals with four meals in a day, nutritional value of meals which are provided to juveniles, diet scale, and special meals.

Observations

- The meal menu has been prepared by the welfare officer and program manager in accordance with the prescribed diet scale but no nutrition expert has been consulted.
- Children are provided with sweets, non-vegetarian food etc. on festivals and special occasions.
- Sick children are provided with special diet as advised by doctor.
- Children are healthy and provided with adequate nutritional diet.
- The kitchen area was clean and storage of food was proper.

IV. Medical care

Rule 45 of Delhi J.J. Rules, 2009 deals with the norms of Medical Care. This rule majorly deals with maintenance of medical records of each juvenile, medical check-ups and treatment of children, training of staff in handling first aid, sufficient medical equipment etc.

Observations:

- There is one sick room with 2 beds.
- On admission into the home every child undergoes a medical check-up by paramedical staff.
- The components of medical examination includes:
 - Height;
 - Weight;
 - General History.
- Monthly Health Checkups for all the children are done by a part-time MBBS doctor who visits the home every week.
- The institution has a tie up with PHC Palam, Bhagat Chandra Hospital and Sanjay Hospital. A 4-wheeler vehicle of the institute is used to transport children to these hospitals in case of any emergency.
- A nurse is available in the home during the night hours.
- Two children in the home have suffered from Tuberculosis and one from Leprosy. They have received adequate treatment from the above mentioned hospitals.
- Health records have been maintained adequately.
- The children below 6 years of age have received immunization as advised by doctor.
- First aid kit is properly maintained, and most of the staff members have been trained in first-aid.
- Measures taken to prevent outbreak of contagious diseases are inadequate.
- There are multiple places in the adjoining vicinity which may breed mosquitoes.

V. Education

Rule 47 of Delhi J.J. Rules, 2009 deals with the norms of Education. This rule provides every institution shall provide education to all juveniles or children according to the age and ability, both inside the institution or outside, as per the requirement. That there shall be a range of educational opportunities including mainstream inclusive schools, bridge school, open schooling, non formal education and learning and input from special educators where needed.

Observations

- There is no formal schooling within the institute. 63 children have been enrolled in nearby public or Government schools in age appropriate classes. Others are attending non-formal classes held by an educator within the home premises.
- One child has completed schooling and is attending training at a call centre for future vocation.
- There is one classroom cum study room which is used by children on shift basis. Desks and chairs have been provided in it.
- The institute has a library with adequate provision for books.
- There is a computer room where training is currently being provided to 25 children who have shown interest.
- There are no other vocational training courses inside or outside the home.
- Educational Assessment of every child is done at the time of admission by the teacher, and is presided over by the home in-charge.
- Tuition classes are provided to all the children who require them.
- Sex education classes are held occasionally by the counsellor, but not in a structured manner.

VI. Recreation

Rule 49 of Delhi J.J. Rules, 2009 deals with the norms of recreation facilities. This Rule provides that guided recreation shall be made available to all juveniles or children.

Observations

- There is a small playground in the in the premises with facilities for basketball.
- Other outdoor game facilities that have been provided are badminton, football and cricket, which the children use in a nearby MCD park. Children are accompanied by a staff member to this park on a daily basis.
- Indoor games have also been provided.
- There is a LCD television with cable connection for the children, which they are allowed to watch for fixed timings. Movies are also screened intermittently

- There is a large hall with a concrete stage and music system, which is used for multiple purposes such as assemblies, cultural programs, recreation etc.
- 2-3 times in a year, children are taken for outings/picnics.

VII. Restoration measures

- In the last 1 year, 147 children have been restored to their families. Norms laid down by the CWC are followed in the process of restoration.
- Verification of the families is done through ChildLine network, through police or as directed by CWC.
- In case of interstate repatriation, escort arrangements are provided by the institute.
- Receipt/Record of each restoration is maintained by the institute.

VIII. Mental Health

Rule 46 of Delhi J.J. Rules, 2009 deals with the norms of Mental Health. This rule provides for maintenance of mental health record of every child by the institution and provision of both milieu based interventions and individual therapy for every child. The environment in an institution shall be enabling and free from abuse. Every institution shall have the services of trained counsellors or collaboration with external agencies associated with mental health. A mental health care plan shall be developed for every child and integrated into the individual care plan.

Observations:

(i) Mental Health Condition and Mental Health Needs of Children

- Most of the children are orphans, rescued from child labour or have poor, unemployed parents who cannot take care of them.
- Many children have shown adjustment related issues which are most prominent in the early part of their stay in the home. Most of them tend to get adjusted with the passage of time. Young children resort to crying, refusing food or play, etc, while the older ones show stubbornness, disobedience, aggression etc. Staff members are able to develop a rapport in most of the cases to overcome these problems.
- Some children have failed to form attachment with the staff members or peers, and prefer to remain isolated. These are younger children who are frequently bullied by the older ones.
- There is problem of bullying by peers within the home felt by the inspection team by interaction with the children and the counsellor. Though, no cases of overt violence have been reported.
- Some of the children have tried to harm themselves as was evident from multiple cut marks on arms noticed by the staff members. Though no suicidal attempts were reported.
- One child has mild intellectual disability (IQ=64) and has not been faring well in school, but has not received any specific intervention for the same. Another child (aged 12 years) has nocturnal enuresis, but has not received any treatment. Another child had history of sexual abuse.

Information from Individual Children's Questionnaire

- 31 children were randomly selected for interview out of the total strength in the institute. The distribution of age and gender among them was as follows:

Age	Male
6-12 years	23
13-16 years	8

- None of them had known family history of medical or psychiatric illness.
- 14 out of the 31 selected children were more than 10 years of age and were able to provide information regarding them. Information from care givers was collected for all 31 children.

Developmental Psychopathology Check List for Children

Check list Domains	Number of Children Scoring Above Cut-off
Developmental History	0
Developmental Problems	0
Hyperkinesis	2
Conduct	2
Learning Difficulties	5
Emotional Difficulties	0
OCD	0
Somatic Problems	0
Psychosis	0

M.I.N.I. Kid

Psychiatric Diagnosis	Number of Children Diagnosed with Psychiatric Disorder
Major Depressive Disorder	0
Suicidality	0
Dysthymia	0
Manic Episode	0
Panic Disorder	0
Agoraphobia	0
Separation Anxiety Disorder	0
Social Phobia	0
Specific Phobia	0
OCD	0
PTSD	0
Alcohol Dependence/Abuse	0
Substance Dependence/Abuse (Non-Alcohol)	0
Tic Disorder	0

ADHD	0
Conduct Disorder	0
Oppositional Defiant Disorder	0
Psychotic Disorder	0
Anorexia Nervosa	0
Bulimia Nervosa	0
Generalized Anxiety Disorder	0
Adjustment Disorder	0
Pervasive Developmental Disorder	0

(ii) Mental Health Services

- The institute has a single counsellor (with a degree of diploma in counselling) who does not have clinical experience. A separate room for counselling has been provided.
- There is no tie up with any mental health centre; neither do mental health professionals (psychiatrist, psychologist or mental health nurse) visit the home.
- Mental health check-up of every child is done at the time of admission by the counsellor and the record is maintained in a pre-formed format. But, there is no mental health plan for any of the children.
- Subsequent check-up is conducted only on need basis. No regular review of the records is being done.
- Individual counselling sessions are held for the children whenever the staff members suspect some problems or the children themselves report to the counsellor with some grievances.
- Children are encouraged to talk to the counsellor whenever they feel the need to talk about their problems. They are also free to contact the superintendent with their problems. A grievance box has been installed but children seldom post their problems in it despite encouragement by the counsellor.
- Corporal punishment has been used only infrequently to discipline the children.
- Staff members have not received any training regarding mental health issues. There is lack of sensitization among the staff members which has led to stigmatization of children with psychological problems at times.
- Unstructured sex education classes have been held occasionally.
- Time out, diversion and strict suggestion are used to prevent children from problem behaviours, and staff members deny using corporal punishment.
- There is little, if any, scope for the children to modify their surroundings and express their choices.

(iii) Mental Health Condition and Mental Health Needs of Caregivers

- Caregivers report of having exhaustion and by the burden of work.
- No psychological crises have been reported among the caregivers.
- No training or capacity building of the staff members has been carried out to address the mental health concerns of the children.

Recommendations

- Proper ventilation should be ensured. At the time of the visit, the corridors were reeking with smell emanating from the toilets.
- Regular cleanliness should be ensured, especially in the toilets.
- The number of toilets should be increased.
- Water-logging in the vicinity of the home should be taken care of as they are potential places for mosquito breeding.
- A nutrition expert should be consulted while preparing the meal plan for children.
- Suggestions of the children's committee should be considered while preparing the menu.
- Better measures need to be in place to prevent the outbreak of infectious diseases such as, prevention of mosquito breeding and mosquito bites, provision for isolation of children suffering from contagious diseases, educating staff members and children about diseases and their prevention, better hygiene, education regarding regular hand-washing, etc.
- Many children have not been enrolled in formal school. This should be addressed urgently.
- Bridge classes should be provided to children who are lagging behind in classes, prior to getting them enrolled in age-appropriate classes.
- Structured life-skills and sex education classes need to be organized regularly.
- Activities such as music and dance need to be regularized and children Bridge classes should be provided to children who are lagging behind in classes, prior to getting them enrolled in age-appropriate classes.
- Opportunities for vocational training need to be expanded.
- A clinical psychologist should be appointed to visit the home regularly. The institute has a single counsellor (with a degree of diploma in counselling) who does not have clinical experience.
- A mental health plan should be formulated for every child at the time of admission. Currently, this is not being done at all.
- Staff members should be sensitized to children's mental health issues. They should be trained to identify and manage psychological and emotional problems of the children.
- Caregivers should also have access to mental health care services.

INSPECTION REPORT ON SPECIAL HOME FOR BOYS II, VISITED ON 21.08.2015

Special Home for Boys II located at 1, Magazine Road, Majnu ka Tilla, New Delhi-110054, run by the Department of Women and Child Development, Government of NCT of Delhi. The complex houses three compounds namely, Special Home for Boys (for juveniles who have been convicted), Observation home for Boys Annexe (for under trial juveniles) and Place of Safety (for juveniles who turned more than 18 years during trial period). The total sanctioned strength of the home is 50. Currently 37 inmates have been enrolled, out of which 3 have been transferred to SPYM for the treatment of substance use, while the remaining 34 are residing there.

Age wise category distribution of children are as follows:

- Below 16 years of age- 0
- 16-18 years of age- 19
- More than 18 years of age- 18

I. Physical infrastructure, Clothing and Bedding

Rule 40 of Delhi J.J. Rules, 2009 deals with the norms for building or accommodation for an institution. Rule 41 of Delhi J.J. Rules, 2009 deals with the norms for clothing and bedding.

Observations

- The home has been operating in a Government complex, away from residential locations.
- Overall space provided is ample.
- There are no criteria for segregation of dormitories. Those who have been accused or convicted of heinous crimes have been housed together with those who have been accused or convicted of petty crimes. Each dormitory houses 4-5 inmates on an average.
- Separate mattresses have been provided for all the inmates. There are no cots/beds.
- A classroom is currently under construction.
- Ample open space has been provided in each of the compounds which the inmates use for various activities such as playing, exercising, walking etc. inmates have free access to this space throughout the day.
- There is a common playground besides this space, where volleyball net has been installed.

- The compounds are surrounded by around 20 feet high walls with barbed wires.
- Apart from the institute security (which is outsourced), personnel from the 1st battalion of Delhi Police has been deployed outside the gates of the compounds.
- Lighting and ventilation facilities are adequate.
- Fans and coolers have been provided.
- Adequate numbers of clothing and linen are provided to the inmates, which are maintained by them.
- Storage space (cupboard) has been provided for all inmates.

II. Personal hygiene and environmental sanitation

Rule 42 of Delhi J.J. Rules, 2009 deals with the norms for sanitation and hygiene. This includes right of sufficiently treated water, proper drainage system, and annual pest control and sunning of bedding and clothing.

Observations

- The number of toilets is in keeping with the ratio of 1:7 provided by the Delhi J.J. Rules, 2009.
- Toilets were clean. Cleanliness staff (sweeper) has been outsourced. Apart from them, the inmates also take part in maintaining the cleanliness.
- Sunning of beddings is done once in a week.
- Adequate arrangement for disposal of garbage exists.
- Sufficient space for washing clothes and utensils is available.
- Overall cleanliness of the home was adequate.
- There was a clogged drain in the “Place of Safety”, which was leading to water-logging.

III. Food

Rule 44 of Delhi J.J. Rules, 2009 deals with the norms for Nutrition and Diet Scale. The main components of this rule deals with four meals in a day, nutritional value of meals which are provided to juveniles, diet scale, and special meals.

Observations

- The meal menu has been prepared by the social worker (MSW) of the home, in consultation with a doctor, in accordance with the prescribed diet scale.
- Intermittently, suggestions by the children’s committee on the menu are taken into account.
- Inmates are provided with sweets etc. on festivals.
- Inmates who fall sick are provided with special diet as advised by doctor.
- Inmates were healthy and provided with adequate nutritional diet.

- Storage of food grains was proper. There were no visible pests in the storage area and kitchen.
- The quality of food and drinking water is regularly checked by the superintendent and welfare officers.

IV. Medical care

Rule 45 of Delhi J.J. Rules, 2009 deals with the norms of Medical Care. This rule majorly deals with maintenance of medical records of each juvenile, medical check-ups and treatment of children, training of staff in handling first aid, sufficient medical equipment etc.

Observations:

- The institution has a tie up with 2 Government hospitals namely, Balak Ram Hospital and Hindu Rao Hospital.
- There is a common sick room in the home with a first aid kit. There are 2 staff nurses of whom, one is on duty during the night hours.
- On admission into the home every child undergoes a medical check-up by M.B.B.S. doctor, who visits the home 2-3 times per week.
- Apart from this, a mobile health van of the Delhi Government visits the complex twice a week.
- As such, regular health check up for each inmate is conducted at least 2-3 times per week.
- Health records have been adequately maintained.
- There is a 4-wheeler vehicle on duty in the complex, which is used to transport inmates to court as well as to hospital in case of emergency or specialist referral.
- Most of the staff has been trained in first-aid.
- Measures to prevent outbreak of contagious diseases are taken such as prevention of mosquitoes (nets, repellents), boiling of clothes with antiseptic solution. There is no space for isolation of infected persons.
- Currently, several inmates are suffering from fungal skin infection and scabies. There are no other major health concerns.
- Minor injuries are common among the inmates due to frequent infighting.

V. Education

Rule 47 of Delhi J.J. Rules, 2009 deals with the norms of Education. This rule provides every institution shall provide education to all juveniles or children according to the age and ability, both inside the institution or outside, as per the requirement. That there shall be a range of educational opportunities including mainstream inclusive schools, bridge school, open schooling, non formal education and learning and input from special educators where needed.

Observations

- The institute used to provide non-formal education to all the inmates through an NGO. But this program has been discontinued for past 1-2 months due to non-availability of teachers.
- There is a classroom under construction in the home.
- 2 of the inmates (who have shown interest) have been enrolled in correspondence courses through IGNOU.
- Apart from this, there is no other provision for formal education inside or outside the home.
- Private tuitions have been arranged in the past for the inmates if they have asked for them. Currently, none of the inmates have placed a demand in this regard.
- Sex education classes are held regularly by the counsellor of the institute. The content of the classes includes relationship issues, assertive behavior, gender sensitization, information about menstruation, safe sex practices and condom promotion, and information about HIV/AIDS and other STIs.
- There is no provision for Educational Assessment of the inmates.
- Story books, children's magazines, newspaper and employment news are provided regularly to all the inmates.
- There is no existing provision for any vocational training. Previously computer was installed for computer classes, which were reportedly broken by the inmates during fighting. Currently, 3 proposals have been sent by the institute authorities to Department of Training and Technical Education, Vidya Jyoti Association (NGO) and North Delhi Power Limited (under TATA industries) for starting vocational training in the institute.

VI. Recreation

Rule 49 of Delhi J.J. Rules, 2009 deals with the norms of recreation facilities. This Rule provides that guided recreation shall be made available to all juveniles or children.

Observations

- There is an open space within each compound as well as a common playground with volleyball net. The playground was well kempt.
- Outdoor games facilities provided are volleyball, cricket. Along with this, kabaddi and physical training sessions are also conducted daily in the morning by one of the staff members.
- Indoor games such as carrom board, ludo and chess have also been provided.
- There is a television with cable connection for the inmates in each of the complexes, to which they have access at all times.
- Newspapers, magazines and books are provided as mentioned previously.

- There is no provision for exposure to outside world as the inmates are under trial or convicted.

VII. Restoration measures

- There is no provision of restoration of inmates as this is an observation home for under trial or convicted juveniles.
- There is no involvement of CWC.
- Inmates are released from the home only on court orders.

VIII. Mental Health

Rule 46 of Delhi J.J. Rules, 2009 deals with the norms of Mental Health. This rule provides for maintenance of mental health record of every child by the institution and provision of both milieu based interventions and individual therapy for every child. The environment in an institution shall be enabling and free from abuse. Every institution shall have the services of trained counsellors or collaboration with external agencies associated with mental health. A mental health care plan shall be developed for every child and integrated into the individual care plan.

Observations:

(i) Mental Health Condition and Mental Health Needs of Children

- All the inmates have been accused or convicted of criminal activities. Most of them are from economically poor sections, illiterate families, broken or homeless families.
- Most of the inmates have commonly engaged in antisocial activities, including thefts, vandalism, fights, substance use, etc. Many have also been convicted for heinous crimes. Also, some have been members of organized gang activities.
- Most of the inmates of the home have been transferred from either some other observation home or from the jail. They have had past exposure to such institutes and as such do not show adjustment difficulties in staff members' experience.
- Many of them have been repeat offenders and have landed up in observation homes more than once.
- Infighting among the inmates has been relatively common which have led to minor injuries.
- Substance use has been prevalent among the inmates, tobacco (chewed or smoked) being used by everyone.
- Some of the inmates have also indulged in using cannabis, inhalants and opioids. Currently 3 of them are receiving treatment for substance use in SPYM.
- None of the current inmates had any diagnosed psychiatric illness.
- One of the inmates has frequently reported of headache. He has been referred to IHBAS and is currently under evaluation.
- There have been minor self harm attempts among the inmates, including cutting arm/forearm, banging fist or head on wall, threatening to jump from height, etc. Most of them have been to threaten the staff members into accepting their demands, such as for tobacco, for outing etc.

- At the time of the visit, the inmates were playing among each other or watching TV. No untoward activity was noticed during the visit.

(ii) Mental Health Services

- The home has employed a full-time counsellor (with a degree of post-graduation in Psychology, with additional clinical experience of 10 months at IHBAS).
- There is no separate counselling room. The sick room is used for this purpose.
- There is a tie up with Expression India (NGO), which intermittently provides inputs to the staff members in managing the inmates.
- In order to establish a rapport with the inmates, the counsellor or welfare officer starts with an empathetic conversation at the time of entry into the home. They allow the juveniles to communicate freely and ask offer them any articles or belongings they need.
- A brief mental health check-up is conducted by the counsellor at the time of admission. But there is no provision for individual mental health care plan.
- None of the other staff members have received any formal training in mental health issues. The institute is ill-equipped to handle crisis situations such as violence and self-harm.
- There is no mental health professional (psychiatrist, clinical psychologist, mental health nurse) from outside, visiting the home on a regular basis.
- A psychiatrist is consulted only on need basis, mostly on court's direction. For this purpose, inmates are taken to IHBAS.
- The institute has a tie up with Society for Promotion of Youth Masses (SPYM), which is an NGO working in the area of drugs and HIV/AIDS among juveniles. Any cases requiring inpatient treatment for substance use are sent to this organization.
- Staff members and counsellor try to inculcate and preach good habits among the inmates. There is no provision for punishments in the home.
- The counsellor holds regular group session on life skills including family orientation, focussing on strengths and weaknesses, career orientation, anger management and bullying.
- Details about sex education have been provided in a previous section.

(iii) Mental Health Condition and Mental Health Needs of Caregivers

- Caregivers report having exhaustion but deny having anxiety, guilt or aggression.
- No psychological crises have been reported among the caregivers.
- Staff members have been able to develop a trusting relationship with the inmates, barring occasional incidents of threats/bullying of the staff members by the inmates.
- Stigma against the inmates (mostly associated with the crime) has been noticed among the lower staff members, who are not adequately sensitized to the situation.
- There is no programme for training or capacity building of the staff members to handle juveniles in conflict with law or to deal with the mental health needs of the inmates or their own.

Recommendations

- Few drains have been clogged time to time. Unclogging and necessary repair work should be done.
- Better measures are required to prevent the outbreak of infectious diseases. Provisions should be made for isolation of inmates who have contagious diseases. Inmates and staff members should be educated about disease spread and prevention.
- Hygiene among the inmates was inadequate and needs to be reinforced. Many of the inmates avoid bathing for several days which has led to a number of skin infections.
- Active treatment and prevention of scabies should be undertaken.
- Educational assessment of all juveniles should be conducted at the time of admission to the home.
- Non-formal education needs to be urgently re-introduced in the home. It has been discontinued for few months due to logistic issues. Every inmate should be regularly encouraged to take up educational courses from open schools. Currently only two of them have done so. If anyone opts so, the required material should be arranged without delays.
- More impetus should be provided to the ongoing proposals for vocational training courses. The absence of education and vocational training is defeating the purpose of a correctional facility.
- The mental health checkup at the time of admission should give more attention to screening for substance use. An individual mental health care plan should be developed for every inmate. Arrangements should be made for a psychiatrist to visit the facility regularly.
- The staff members should be trained to identify and address psychological issues of the inmates, especially crisis situations like violence, self-harm, etc.

**INSPECTION REPORT ON UDAYAN GHAR FOR BOYS HOME-II, VISITED ON
21.10.2015**

Udayan Ghar for Boys Home-II located at 48-A, Pocket-1, Mayur Vihar Phase-1, Delhi - 110091 registered vide Registration No. F. No. DWCD/CW/CH/28/2014 run by the NGO Udayan Care under Section 34 of J.J. Act, 2000 and Rule 70 of Delhi J.J. Rules, 2009 by the Department of Women and Child Development, Government of NCT of Delhi for a period from 20.02.2013 to 14.02.2016. The sanctioned strength of the home is 12. Currently 12 children were living in the home. The age wise disaggregation is as under:-

- 0-6 years	-0
- 7-12 years	-2
- 13-16 years	-8
- Above 16 years	-2
<hr/>	
Total	- 12

Further category-wise distribution of children are as follows:

- Children having both parents - 0
- Children having single parents - 0
- Children having no parents -10
- Whose parents are incapacitated - 2

The duration of the children in the home is as under:

0-2 Months	0
2-4 Months	0
4-6 Months	0
6-12 Months	1
1-2 years	0
2-3 years	0
3-4 years	0
4-5 years	3
More than 5 years	8
Total	12

I. Physical infrastructure, Clothing and Bedding

Rule 40 of Delhi J.J. Rules, 2009 deals with the norms for building or accommodation for an institution. While, Rule 41 of Delhi J.J. Rules, 2009 deals with the norms for clothing and bedding.

Observations

- The home has been operating in a DDA duplex flat in a residential society.
- Shortage of overall space, but cleanliness is maintained.
- Bunk beds with mattresses are being used for children, which are well maintained.
- Lobby is used as reading room, recreation room and dining room.
- Tables and chairs, compatible in size for children, have been provided.
- Lighting and ventilation facilities are adequate.
- Fans and coolers have been provided.
- Adequate numbers of clothing and linen are provided to the children, which are maintained by the caretakers.
- Storage space (cupboard) is common for all children

II. Personal hygiene and environmental sanitation

Rule 42 of Delhi J.J. Rules, 2009 deals with the norms for sanitation and hygiene. This includes right of sufficiently treated water, proper drainage system, and annual pest control and sunning of bedding and clothing.

Observations

- There are two toilets for a sanctioned strength of 12 Children, which is adequate in compliance with provided ratio of 1:7 in the Delhi J.J. rules, 2009.
- Toilets were clean.
- Sunning of bedding and clothing's is done once a week and are in compliance with rule 41 of Delhi J.J. Rules, 2009.
- Adequate arrangement for disposal of garbage exists.
- Sufficient space for washing utensils is available.
- Washing machine is used for washing of clothes, which is operated by the caretakers.
- Overall cleanliness of the home was adequate

III. Food

Rule 44 of Delhi J.J. Rules, 2009 deals with the norms for Nutrition and Diet Scale. The main components of this rule deals with four meals in a day, nutritional value of meals which are provided to juveniles, diet scale, and special meals.

Observations

- The meal menu has been prepared by the supervisor of the home, but no nutrition expert has been consulted.
- Milk is provided twice daily.
- Seasonal fruits are served once a week.
- Children are provided with sweets, cake etc. on festivals and special occasions such as birthdays.
- Sick children are provided with boiled eggs regularly, and any other special diet advised by doctor such as khichdi.
- Children are healthy and provided with adequate nutritional diet.
- The kitchen area was clean and storage of food was proper.
- There were no visible pests inside the kitchen or home.

IV. Medical care

Rule 45 of Delhi J.J. Rules, 2009 deals with the norms of Medical Care. This rule majorly deals with maintenance of medical records of each juvenile, medical check-ups and treatment of children, training of staff in handling first aid, sufficient medical equipment etc.

Observations:

- The institution has a tie up with which local private clinic.
- There is no sick room in the home.
- On admission into the home every child undergoes a medical check-up by M.B.B.S doctor.
- The components of medical examination includes:
 - Height;
 - Weight;
 - Immunization record.
- Health records have been maintained adequately.
- There is provision for regular health check-ups during the period of stay at the home.
- Age appropriate immunization is provided by the same doctor.
- First aid kit is properly maintained, but the staff is not trained appropriately in first-aid.
- There is no ambulance, stock of medicines or full-time nurse.

V. Education

Rule 47 of Delhi J.J. Rules, 2009 deals with the norms of Education. This rule provides every institution shall provide education to all juveniles or children

according to the age and ability, both inside the institution or outside, as per the requirement. That there shall be a range of educational opportunities including mainstream inclusive schools, bridge school, open schooling, non formal education and learning and input from special educators where needed.

Observations

- 11 children were taking formal education (Primary, secondary and higher classes), going to private school outside of campus.
- There is no library in the institute.
- 11 (out of 12) children have been enrolled in secondary and higher classes in private School, Genesis Global School, Global International School, Mata Bhagwanti Chadha niketan, Banyan Tree School, Preet Public School, Universal Public School, and R.S. Public School which has located to near the home.
- Educational Assessment of children is done in the institute.
- There are provisions for tuition classes currently on regular basis at the institute; there were two private tutors who currently teaches different subjects at home.

VI. Recreation

Rule 49 of Delhi J.J. Rules, 2009 deals with the norms of recreation facilities. This Rule provides that guided recreation shall be made available to all juveniles or children.

Observations

- There is a playground in the residential locality in which the home is situated. Caretakers bring the children to this playground every day in a week.
- No other facilities for outdoor games are present.
- Indoor games such as carom, blocks, puzzles and stuffed toys are provided to children.
- There is a television with cable connection for the children, which they are allowed to watch for fixed timings.
- Computer facilities with internet connections are available. It is used only for educational purposes.

VII. Restoration measures

- The institute is primarily meant to be a restoration home. No children have been restoration in last 1 year.
- Direction and cooperation of CWC and Childline are sought for the restoration of the child if his parents are found.

VIII. Mental Health

Rule 46 of Delhi J.J. Rules, 2009 deals with the norms of Mental Health. This rule provides for maintenance of mental health record of every child by the institution and provision of both milieu based interventions and individual therapy for every child. The environment in an institution shall be enabling and free from abuse. Every institution shall have the services of trained counsellors or collaboration with external agencies associated with mental health. A mental health care plan shall be developed for every child and integrated into the individual care plan.

Observations:

(iv) Mental Health Condition and Mental Health Needs of Children

- Most of the children were abandoned, whose parents could not be traced out. As such information about their childhood history could not be traced either by the staff of the institution or the visiting team, because of their very young age and inability to elaborate or recall their experiences.
- Some of the children have shown adjustment problems early on after admission to the institute, including crying, refusing food and play, easily frightened, etc., which in the staff's experience resolve within weeks and all the children have been able to adjust well.
- There were four diagnosed cases of mental retardation with behavioural problems, all undergoing treatment at either Chacha Nehru hospital
- There were no overt problematic behaviours or emotional issues reported by the staff.
- All the children were involved in playing with toys, were eating well and were well adjusted with their peers.

Information from Individual Children's Questionnaire

- There were only 12 children in the institute. The distribution of age and gender among them was as follows:

Age	Males	Females
0-5 years	0	0
6-9 years	0	0
More than 9 years	12	0

- None of the children had known family history of mental problems.

Developmental Psychopathology Check List for Children

Check list Domains	Number of Children Scoring Above Cut-off
Developmental History	0
Developmental Problems	0

Hyperkinesia	0
Conduct	0
Learning Difficulties	0
Emotional Difficulties	0
OCD	0
Somatic Problems	0
Psychosis	0

M.I.N.I. Kid

Psychiatric Diagnosis	Number of Children Diagnosed with Psychiatric Disorder
Major Depressive Disorder	0
Suicidality	0
Dysthymia	0
Manic Episode	0
Panic Disorder	0
Agoraphobia	0
Separation Anxiety Disorder	0
Social Phobia	0
Specific Phobia	0
OCD	0
PTSD	0
Alcohol Dependence/Abuse	0
Substance Dependence/Abuse (Non-Alcohol)	0
Tic Disorder	0
ADHD	0
Conduct Disorder	0
Oppositional Defiant Disorder	0
Psychotic Disorder	0
Anorexia Nervosa	0
Bulimia Nervosa	0
Generalized Anxiety Disorder	0
Adjustment Disorder	0
Pervasive Developmental Disorder	0

(v) Mental Health Services

- Four of the children underwent a mental health check-up and no mental health care plan has been formulated for them.
- The home does not have a mental health care unit.
- There is no mental health professional (psychiatrist, psychologist, mental health nurse, counsellor or educator) from outside, visiting the home on call or need basis.
- None of the staff has any training in psychological first aid or sensitization to the mental health needs of the children.

- Staff members try to handle children's issues such as adjustment problems and peer-rivalry by intuitive methods. Time out and diversion are used to prevent children from problem behaviours, and staff members vehemently deny using corporal punishment.

(vi) Mental Health Condition and Mental Health Needs of Caregivers

- Caregivers report having exhaustion and burnouts but deny having anxiety, guilt or aggression associated with that.
- Two full time caretakers have to live within the home, away from their families.
- They are able to create a nurturing environment for the children.
- No psychological crises have been reported among the caregivers.

Recommendations

- A nutrition expert should be consulted in planning meals for the children.
- Health check-ups should be conducted for every child regularly, not just on need basis.
- All the staff members should be trained in providing first-aid, especially those who spend maximum time with the children.
- There should be a provision for a nurse, either inside or outside the home, during the night hours, to manage any emergencies which may arise. Arrangements should be made for transporting children to health care facilities in case of such an emergency.
- Better measures need to be in place to prevent the outbreak of infectious diseases, including provision for isolation of infected children, educating the children and staff about diseases and their prevention, etc.
- Educational assessment of the children should be conducted at the time of admission.
- Books should be provided to the children.
- Non-formal education should be started in the institute.
- Better provisions should be made for outdoor games. Games like football, bat-ball, skipping rope, etc. should be provided.
- Mental health care facilities are lacking in the home. Arrangements should be made for every child to undergo a mental health check-up and a mental health care plan should be formulated for all the children. A psychologist should be appointed to regularly visit the home to carry out these tasks.
- Staff members should be sensitized to children's mental health issues. They should be trained to identify and manage psychological and emotional problems of the children.
- Sex-education and life-skills education should also be imparted in an age-appropriate manner. Group activities should be encouraged.
- Caregivers should also have access to mental health care.

INSPECTION REPORT ON AASHRAY, VISITED ON 28.10.2015

Aashray, for Girls, located at, C/o Ramola Bhar Charitable Trust, 5/13, Village Madan Pur, Dabas, Adjacent Farm House, Karala, Mundka Road Delhi, registered vide Registration No. F. No. DWCD/CW/CH/36/2015 run by the NGO Ramola Bhar Charitable Trust under Section 34 of J.J. Act, 2000 and Rule 70 of Delhi J.J. Rules, 2009 by the Department of Women and Child Development, Government of NCT of Delhi for a period from 21.06.2015 to 21.06.2018. The sanctioned strength of the home is 30. Currently 15 children were living in the home. The age wise disaggregation is as under:-

- 0-6 years	-0
- 7-12 years	-3
- 13-16 years	-5
- Above 16 years	-7
<hr/>	
Total	- 15

Further category-wise distribution of children are as follows:

- Children having both parents - 3
- Children having single parents - 4
- Children having no parents -8
- Whose parents are incapacitated - 0

The duration of the children in the home is as under:

0-2 Months	0
2-4 Months	0
4-6 Months	0
6-12 Months	2
1-2 years	1
2-3 years	0
3-4 years	0
4-5 years	1
More than 5 years	11
Total	15

I. Physical infrastructure, Clothing and Bedding

Rule 40 of Delhi J.J. Rules, 2009 deals with the norms for building or accommodation for an institution. Rule 41 of Delhi J.J. Rules, 2009 deals with the norms for clothing and bedding.

Observations

- The home has been operating in a NGO charitable trust complex in a residential locality.
- Overall space is adequate.
- Beds with mattresses have been provided for all the children.
- There is a library with adequate provision of books.
- Separate lockers for storage are provided to all children.
- There is one sick room with 2 beds.
- Generators are used for power backup only during evening and night hours.
- Greenery has been maintained around the home.
- There is a common playground for all the girls.
- There are 6 dormitories. Beds have been provided to all children.
- There are two classrooms which have adequate seating arrangement and are well decorated.
- Ventilation is adequate. Fans and coolers have been provided.
- Adequate numbers of clothing and linen are provided to the children.
- Separate storage space has been provided to all children.
- There is one sick room.
- Overall, the home is well maintained.

II. Personal hygiene and environmental sanitation

Rule 42 of Delhi J.J. Rules, 2009 deals with the norms for sanitation and hygiene. This includes right of sufficiently treated water, proper drainage system, and annual pest control and sunning of bedding and clothing.

Observations

- There are 7 toilets for 15 children which is adequate and keeping with the provided ratio of 1:7 in the Delhi J.J. rules, 2009.
- Toilets were clean.
- Sunning of bedding and clothing's is done every week.
- Adequate arrangement for disposal of garbage exists.
- Sufficient space for washing utensils is available.
- Clothes are hand washed by caretakers for younger children or by the older children themselves.
- Drainage system is adequate. Water logging was found in the vicinity of the home outside the premises.
- Drainage system is adequate.
- Cleanliness within the premises was adequate.
- There are potential areas of mosquito breeding around the complex.

- Girls are provided adequate number of sanitary pads for menstrual hygiene as per their requirement.

III. Food

Rule 44 of Delhi J.J. Rules, 2009 deals with the norms for Nutrition and Diet Scale. The main components of this rule deals with four meals in a day, nutritional value of meals which are provided to juveniles, diet scale, and special meals.

Observations

- The meal menu has been prepared by the superintendent in accordance with the prescribed diet scale but no nutrition expert has been consulted.
- Intermittently, suggestions by the children's committee on the menu are taken into account.
- Children are provided with sweets, non-vegetarian food etc. on festivals and special occasions.
- Sick children are provided with special diet as advised by doctor.
- The kitchen area was clean and storage of food was proper.
- All children were healthy and provided with adequate nutritional diet.
- There is a separate kitchen and a dining hall with seating arrangement.

IV. Medical care

Rule 45 of Delhi J.J. Rules, 2009 deals with the norms of Medical Care. This rule majorly deals with maintenance of medical records of each juvenile, medical check-ups and treatment of children, training of staff in handling first aid, sufficient medical equipment etc.

Observations:

- There is one sick room with 2 beds.
- On admission into the home every child undergoes a medical check-up by medical staff.
- The components of medical examination includes:
 - Height;
 - Weight;
 - General History.
- Monthly Health Checkups for all the children are done by a part-time MBBS and MD doctor who visits the home every week. (general physician and gynecologist)
- The institution has a tie up with local Hospital. A 4-wheeler vehicle of the institute is used to transport children to these hospitals in case of any emergency.
- A nurse is available in the home during the night hours.

- One child in the home have suffered from Tuberculosis and two from Skin problem. They have received adequate treatment from the above mentioned hospitals.
- Health records have been maintained adequately.
- First aid kit is properly maintained
- Measures taken to prevent outbreak of contagious diseases are inadequate.

V. Education

Rule 47 of Delhi J.J. Rules, 2009 deals with the norms of Education. This rule provides every institution shall provide education to all juveniles or children according to the age and ability, both inside the institution or outside, as per the requirement. That there shall be a range of educational opportunities including mainstream inclusive schools, bridge school, open schooling, non formal education and learning and input from special educators where needed.

Observations

- There is formal schooling within the institute. 10 children have been enrolled in nearby public or Government schools in age appropriate classes. Others are attending non-formal classes held by an educator within the home premises.
- There is one classroom cum study room which is used by children. Desks and chairs have been provided in it.
- The institute has a library with adequate provision for books.
- There is a computer room where training is currently being provided to all children who have shown interest.
- There are 3 vocational training courses inside the home.
- Educational Assessment of every child is done at the time of admission by the teacher, and is presided over by the home in-charge.
- Tuition classes are provided to all the children who require them.
- Sex education classes are held occasionally by the counsellor, but not in a structured manner.

VI. Recreation

Rule 49 of Delhi J.J. Rules, 2009 deals with the norms of recreation facilities. This Rule provides that guided recreation shall be made available to all juveniles or children.

Observations

- There is a small playground in the in the premises with facilities for basketball and Karate.
- Other outdoor game facilities that have been provided are badminton, football and cricket in the same playground.
- Indoor games have also been provided.

- There is a LCD television with cable connection for the children, which they are allowed to watch for fixed timings. Movies are also screened intermittently
- There is a large hall with a concrete stage and music system, which is used for multiple purposes such as assemblies, cultural programmes, recreation etc.
- 2-3 times in a year, children are taken for outings/picnics.
- Cultural programmes are held within the institute around 4-5 times per year on all major festivals.
- Drawing competition is held 3-4 times per year.

VII. Restoration measures

- In the last 1 year, 32 children have been restored to their families. Norms laid down by the CWC are followed in the process of restoration.
- Verification of the families is done through Childline network, through police or as directed by CWC.
- In case of interstate repatriation, escort arrangements are provided by the institute.
- Receipt/Record of each restoration is maintained by the institute.

VIII. Mental Health

Rule 46 of Delhi J.J. Rules, 2009 deals with the norms of Mental Health. This rule provides for maintenance of mental health record of every child by the institution and provision of both milieu based interventions and individual therapy for every child. The environment in an institution shall be enabling and free from abuse. Every institution shall have the services of trained counsellors or collaboration with external agencies associated with mental health. A mental health care plan shall be developed for every child and integrated into the individual care plan.

Observations:

(iv) Mental Health Condition and Mental Health Needs of Children

- Many children have shown adjustment related issues which are most prominent in the early part of their stay in the home. Most of them tend to get adjusted with the passage of time. Young children resort to crying, refusing food or play, etc, Staff members are able to develop a rapport in most of the cases to overcome these problems.
- Some children have failed to form attachment with the staff members or peers, and prefer to remain isolated. These are younger children who are frequently bullied by the older ones.
- There is problem of bullying by peers within the home felt by the inspection team by interaction with the children and the counsellor. Though, no cases of overt violence have been reported.

Information from Individual Children's Questionnaire

- 8 children were selected for interview out of the total strength in the institute. The distribution of age and gender among them was as follows:

Age	Female
6-12 years	3
13-16 years	5

- None of them had known family history of medical or psychiatric illness.
- 8 out of the 15 selected children were more than 6 years of age and were able to provide information regarding them. Information from care givers was collected for all 15 children.
- When the study team member interacting with children for psychological evaluation purpose the head of the institute were not allow to write down the name of the children.

Developmental Psychopathology Check List for Children

Check list Domains	Number of Children Scoring Above Cut-off
Developmental History	0
Developmental Problems	0
Hyperkinesis	0
Conduct	0
Learning Difficulties	0
Emotional Difficulties	0
OCD	0
Somatic Problems	0
Psychosis	0

M.I.N.I. Kid

Psychiatric Diagnosis	Number of Children Diagnosed with Psychiatric Disorder
Major Depressive Disorder	0
Suicidality	0
Dysthymia	0
Manic Episode	0
Panic Disorder	0
Agoraphobia	0
Separation Anxiety Disorder	0
Social Phobia	0
Specific Phobia	0
OCD	0
PTSD	0
Alcohol Dependence/Abuse	0

Substance Dependence/Abuse (Non-Alcohol)	0
Tic Disorder	0
ADHD	0
Conduct Disorder	0
Oppositional Defiant Disorder	0
Psychotic Disorder	0
Anorexia Nervosa	0
Bulimia Nervosa	0
Generalized Anxiety Disorder	0
Adjustment Disorder	0
Pervasive Developmental Disorder	0

(v) Mental Health Services

- The institute has a single counsellor (Diploma in Counselling) who does not have clinical experience. A separate room for counselling has been provided.
- There is no tie up with any mental health centre; neither do mental health professionals (psychiatrist, psychologist or mental health nurse) visit the home.
- Mental health check-up of every child is done at the time of admission by the counsellor and the record is maintained in a pre-formed format. But, there is no mental health plan for any of the children.
- Subsequent check-up is conducted only on need basis. No regular review of the records is being done.
- Individual counselling sessions are held for the children whenever the staff members suspect some problems or the children themselves report to the counsellor with some grievances.
- Children are encouraged to talk to the counsellor whenever they feel the need to talk about their problems. They are also free to contact the superintendent with their problems.
- Staff members have not received any training regarding mental health issues. There is lack of sensitization among the staff members which has led to stigmatization of children with psychological problems at times.
- Unstructured sex education classes have been held occasionally.
- Time out, diversion and strict suggestion are used to prevent children from problem behaviours.
- There is little, if any, scope for the children to modify their surroundings and express their choices.

(vi) Mental Health Condition and Mental Health Needs of Caregivers

- Caregivers report of having exhaustion and by the burden of work.
- No psychological crises have been reported among the caregivers.
- No training or capacity building of the staff members has been carried out to address the mental health concerns of the children.

Recommendations

- All staff members should be trained to provide first-aid.
- A nutrition expert should be consulted while preparing the meal plan for children.
- Better measures need to be in place to prevent the outbreak of infectious diseases such as, prevention of mosquito breeding and mosquito bites, provision for isolation of children suffering from contagious diseases, educating staff members and children about diseases and their prevention, better hygiene, education regarding regular hand-washing, etc.
- Structured life-skills and sex education classes need to be organized regularly.
- A clinical psychologist should be appointed to visit the home regularly. The institute has a single counsellor (with a degree of diploma in counselling) who does not have clinical experience.
- A mental health plan should be formulated for every child at the time of admission. Currently, this is not being done at all.
- A children suggestion box in the home should be maintained at an appropriate place in the home.
- Staff members should be sensitized to children's mental health issues. They should be trained to identify and manage psychological and emotional problems of the children.
- Caregivers should also have access to mental health care services.
- Mental health check-up should be conducted for every child at the time of admission into the home and subsequently adequate mental health records and mental health care plan should be maintained for every child. Currently, this is being done only on need basis.
- A tie up should be developed with a local mental health centre. Provisions should be made for a psychiatrist to visit the home regularly.

**INSPECTION REPORT ON THE NAZ FOUNDATION INDIA TRUST, VISITED ON
06.11.2015 TO 07.11.2015**

The Naz Foundation India Trust located at A-86, East of Kailash Delhi -65 registered vide Registration No. F. 61(7)/2004-05/license/ADI/(Naz)/pt.file 29645-649 run by the NGO Naz Foundation under Section 34 of J.J. Act, 2000 and Rule 70 of Delhi J.J. Rules, 2009 by the Department of Women and Child Development, Government of NCT of Delhi for a period from 03.02.2014 to 02.02.2017. The sanctioned strength of the home is 30. Currently 26 children (10 Boys and 16 Girls) were living in the home. The age wise disaggregation is as under:-

	Boys	Girls
- 0-6 years	0	0
- 7-12 years	2	3
- 13-16 years	3	7
- Above 16 years	5	6
<hr/>		
Total	- 26	

Further category-wise distribution of children are as follows:

- Children having both parents - 0
- Children having single parents - 0
- Children having no parents -26
- Whose parents are incapacitated - 0

The duration of the children in the home is as under:

Time Duration of stay	Girls	Boys
0-2 Months	0	0
2-4 Months	0	0
4-6 Months	0	0
6-12 Months	0	0
1-2 years	0	0
2-3 years	0	0
3-4 years	3	0
4-5 years	0	0
More than 5 years	13	10
Total	16	10

I. Physical infrastructure, Clothing and Bedding

Rule 40 of Delhi J.J. Rules, 2009 deals with the norms for building or accommodation for an institution. Rule 41 of Delhi J.J. Rules, 2009 deals with the norms for clothing and bedding.

Observations

- The home has been operating in a private building in a residential society.
- Overall space was adequate, and cleanliness is maintained.
- Out of two dormitories, one for girls and one for boys were used in which beds with mattresses were available for children.
- There was combined dining hall. Recreation hall was used for study room, yoga class, cultural programs, art and craft, music classes, in which TV was available for all children.
- Lighting and ventilation facilities are adequate.
- Fans and coolers have been provided.
- Adequate numbers of clothing and linen are provided to the children, which are maintained by the caretakers.
- Storage space is available for all children staying in one dormitory.

II. Personal hygiene and environmental sanitation

Rule 42 of Delhi J.J. Rules, 2009 deals with the norms for sanitation and hygiene. This includes right of sufficiently treated water, proper drainage system, and annual pest control and sunning of bedding and clothing.

Observations

- There are 10 toilets for 26 inmates which are keeping with the ratio of 1:7 provided by the Delhi J.J. Rules, 2009.
- Toilets were clean inside dormitories. There are 2 sweepers. Cleanliness in the entire home is maintained on a daily basis.
- Sunning of beddings is done once in a fortnight.
- Adequate arrangement for disposal of garbage exists.
- Sufficient space for washing clothes and utensils is available.
- Overall cleanliness of the home was adequate.
- Washing machines are used for clothes. These are operated by the caretakers.
- Drainage system is adequate.
- Girls are provided with adequate number of sanitary pads for menstrual hygiene as per their requirements.

III. Food

Rule 44 of Delhi J.J. Rules, 2009 deals with the norms for Nutrition and Diet Scale. The main components of this rule deals with four meals in a day, nutritional value of meals which are provided to juveniles, diet scale, and special meals.

Observations

- The meal menu has been prepared in keeping with the prescribed diet scale by the coordinator, but no nutritionist or dietician has been consulted.
- Suggestions by the children's committee are intermittently taken into account on changes in the meal menu.
- Children are provided with sweets, chole-bhature, etc. on festivals and special occasions.
- Sick children are provided with special diet as advised by doctor.
- Children are provided with adequate nutritional diet.
- There is one kitchen and one dining hall with seating arrangement.
- The kitchen area was clean and storage of food was proper. There were no visible pests in the kitchen area.
- The structure of the bathrooms and toilets is child friendly, taking care of size compatibility.
- Walls have been painted with bright colors with cartoons drawn all over. The beddings and curtains also bear cartoon figures, and various colors have been used. Overall environment of the home begets cheerfulness among children and prevents monotony.

IV. Medical care

Rule 45 of Delhi J.J. Rules, 2009 deals with the norms of Medical Care. This rule majorly deals with maintenance of medical records of each juvenile, medical check-ups and treatment of children, training of staff in handling first aid, sufficient medical equipment etc.

Observations:

- There is 1 sick room in the home which is also used by the counsellor. There is first aid kit and 1 bed in the sick room.
- Health check-up is done for every child at the time of admission by a part time M.B.B.S. doctor who visits two days in a week in home.
- There is one staff nurse during the day time but none in the night hours.
- There is no ambulance. In case of emergencies, children are taken to local hospital in public transport.
- Regular health check-ups are conducted on regular basis.
- The institution has a tie up with AIIMS and Safdarjung Hospital.

- All children in the home are currently suffering from HIV and two children have intellectual disability.
- Health records have been maintained appropriately.
- Measures taken to prevent the spread of contagious diseases are adequate.

V. Education

Rule 47 of Delhi J.J. Rules, 2009 deals with the norms of Education. This rule provides every institution shall provide education to all juveniles or children according to the age and ability, both inside the institution or outside, as per the requirement. That there shall be a range of educational opportunities including mainstream inclusive schools, bridge school, open schooling, non formal education and learning and input from special educators where needed.

Observations

- There is no provision for formal education inside the institute.
- All 26 children have been enrolled in a nearby regular Government school (5 in primary and 20 in secondary and 1 in higher).
- There is one classroom cum library within the home. Some books have been provided to the children.
- There is no provision for Educational Assessment.
- There is no provision for non formal education or bridge classes.
- There is one educator in the home. House mother and counselor sometimes provide some non-structured education to the children.
- No vocational training courses are available inside the institute.
- Few children are attending art and craft classes.

VI. Recreation

Rule 49 of Delhi J.J. Rules, 2009 deals with the norms of recreation facilities. This Rule provides that guided recreation shall be made available to all juveniles or children.

Observations

- There is no playground in the home.
- Indoor games facilities provided include carom, ludo, chess and skipping rope.
- There is provision for yoga or music.
- Cultural programs are held within the institute around 4 times per year on major festivals.
- Children are taken for picnics outside the institute once per year.
- TV with cable has been provided to the children.

VII. Restoration measures

- 2 children have been restored to their families in the last 1 year.
- Norms laid down by the CWC are followed in the process of restoration.
- Verification of the families is not done as all children have been admitted with consent from their respective families.
- Receipt/Record of each restoration is maintained by the institute.

VIII. Mental Health

Rule 46 of Delhi J.J. Rules, 2009 deals with the norms of Mental Health. This rule provides for maintenance of mental health record of every child by the institution and provision of both milieu based interventions and individual therapy for every child. The environment in an institution shall be enabling and free from abuse. Every institution shall have the services of trained counsellors or collaboration with external agencies associated with mental health. A mental health care plan shall be developed for every child and integrated into the individual care plan.

Observations:

(iv) Mental Health Condition and Mental Health Needs of Children

- Many children were abandoned, whose parents could not be traced out. As such information about their childhood history could not be traced either by the staff of the institution or the visiting team, because of their very young age and inability to elaborate or recall their experiences.
- Many children have shown adjustment problems early on after admission to the institute due to separation from parents, including crying, refusing food, fighting with peers, not cooperating with staff members, etc. These problems gradually tend to resolve with time.
- Some children have emotional problems and others have poor school performance and difficulties in understanding what is being taught.
- No overtly aggressive or self injurious behaviours have been reported.

Information from Individual Children's Questionnaire

- 18 children were selected for interview out of the total strength of the home. The distribution of age and gender among them was as follows:

Age	Males	Female
7- 12years	2	3
13-16 years	6	7

- One child had Major Depressive disorder, while two had intellectual disability.
- None of the children had a known family history of psychiatric illness.

- Self reports were collected for 18 out of the 26 selected children who were 10 years of age or more and were able to provide information adequately. Information from care givers was collected for all 26 children.

Developmental Psychopathology Check List for Children

Check list Domains	Number of Children Scoring Above Cut-off
Developmental History	0
Developmental Problems	0
Hyperkinesis	0
Conduct	0
Learning Difficulties	0
Emotional Difficulties	0
OCD	0
Somatic Problems	0
Psychosis	0

M.I.N.I. Kid

Psychiatric Diagnosis	Number of Children Diagnosed with Psychiatric Disorder
Major Depressive Disorder	1
Suicidality	0
Dysthymia	0
Manic Episode	0
Panic Disorder	0
Agoraphobia	0
Separation Anxiety Disorder	0
Social Phobia	0
Specific Phobia	0
OCD	0
PTSD	0
Alcohol Dependence/Abuse	0
Substance Dependence/Abuse (Non-Alcohol)	0
Tic Disorder	0
ADHD	0
Conduct Disorder	0
Oppositional Defiant Disorder	0
Psychotic Disorder	0
Anorexia Nervosa	0
Bulimia Nervosa	0
Generalized Anxiety Disorder	0
Adjustment Disorder	0
Pervasive Developmental Disorder	0

(v) Mental Health Services

- There is 1 counsellor who provides services to all the children in all the homes. Counsellors are qualified as M.A. or M.Sc. Psychology.
- A mental health check-up is conducted for all the children at the time of admission by these counsellors. But, no individual mental health care plan is formulated.
- There is no separate room for counselling. The sick room is used for counselling.
- A psychiatrist is consulted only on need basis. Children are sent to AIIMS for this purpose.
- There is no provision for regular visits by any mental health professional from outside the institute.
- There is no provision for round the clock psychological aid to manage any crises which often arise. The staff members manage such situations intuitively.
- Time out and distraction techniques are used for management of children with problem behaviours, and staff members deny using corporal punishment.
- There is no provision for sex education or life skills education programme.
- None of the staff members, other than counsellors, have received any training in mental health related issues.

(vi) Mental Health Condition and Mental Health Needs of Caregivers

- Caregivers have reported exhaustion at times but no significant problems encountered.
- No psychological crises have been reported among the caregivers, but there were occasional instances of frustration and aggression on the part of the care takers.
- Care givers lack the necessary skills to tackle mental health issues in the children, and there has been no provision for training or capacity building in this regard.

Recommendations

- A separate counselling room needs to be provided.
- A nutritionist or dietician needs to be consulted at least once to formulate a diet plan.
- A medical care unit needs to be established.
- Round the clock medical help needs to be provided. A 4-wheeler vehicle must be arranged to be used as an ambulance in cases of emergency.
- Non-formal education, bridge education, sex education and life skills education needs to be started in a structured manner.
- Group activities among the children need to be encouraged.
- Structured classes for extra-curricular activities need to be started,
- Counsellors must focus on the trauma and stigma that the children have faced and are likely to face. Achieving self-efficacy needs to be promoted. Vocational training courses would be of help in this regard which are completely absent currently.
- Responsibilities of the counsellors should be clearly divided and the number should be increased.

- Arrangements need to be made for regular visit by a psychiatrist or clinical psychologist.
- Staff members should be trained in issues related to children's mental health, in identification of psychological problems in children, management of psychological crises and dealing with stigmatized individuals.
- The institute should also make efforts to provide psychosocial help and support to the families of these children, to whom the children are ultimately going to be restored.
- A children's suggestion box in the home should be maintained at an appropriate place in the home.
- Driver should also be employed for such emergencies as home has vehicle, but no driver outsourced.

Separate Summary Report for Observation Homes

Report on Observation Homes

(Based on NCPDR supported study on Gap Analysis in Mental Health Care Services in Child Care Institutions: Delhi State)

Magnitude of Problem

- Total number of juveniles assessed in 3 observation homes= 35 (boys=30; girls=5)
- Number of juveniles having behavioural problems (DPCL)= 26/35 (74.29%)
 - Boys= 24/30 (80%)
 - Girls= 2/5 (40%)
- Number of juveniles having diagnosable psychiatric disorder= 19/35 (54.29%)
 - Boys= 19/30 (63.33%)
 - Girls= 0/5 (0%)
- Major behavioural problems- Hyperkinesis, Learning difficulty, Conduct problems
- Major psychiatric diagnosis- Conduct Disorder

The above mentioned data is based on two observations homes of Delhi as one observation home did not have children less than 16 years of age group and the age criteria for assessment was 6 to 16 years in study. The prevalence data seems to be much higher as compared to general population. One of the studies (S, Srinath et al 2005) conducted in Bangalore, India where in urban area Hyperkinesis, 16/438 (3.7%), slum area 6/481 (1.2%), and rural area 3/659 (0.5%), total 25/1578 (1.6%) and Conduct disorder in urban area 2/438 (0.5%), slum area 0/481(0.0) and rural area 1/659 (0.2%) total 3/1578 (0.2%).

Recommendations for observation homes

General

Better sanitation measures are required. Juveniles must be actively engaged in maintaining sanitation and must be educated about the need for hygiene and illnesses which may occur due to the lack of hygiene. Many juveniles have been avoiding taking bath, and resultantly suffering from dermatological conditions. They should be encouraged for their own and their surrounding's cleanliness.

Education

Education facilities in all observation homes were grossly inadequate. These need to be revamped with immediate effect. Education gives a new direction to life. Not providing education to juveniles in conflict with law defeats the purpose of the observation home. Juveniles should be actively encouraged to take up learning.

Non-formal classes should be arranged for within the premises of the observation homes.

Similarly, formal education should also be provided within the premises. If this cannot be arranged for then at least, juveniles must be encouraged to take up educational courses from open schools or universities, and relevant material should be provided to them.

A proper educational assessment of each juvenile should be conducted at the time of entry into the home and appropriate bridge classes should be provided.

Books and newspapers should be provided in adequate numbers.

Vocational training should be emphasized upon. Focus must be on making the juveniles self-reliant to earn their living through lawful means once they go out of the observation home.

Life-skills education needs to be regularized to enable the juveniles to make appropriate life choices including career, relations, etc. This may also enable them to deal better in social context.

Sex-education education should be provided in a regularized manner. This is more important in juveniles in conflict with law, as many of them have come from traumatic backgrounds, or may have had or are likely to have high risk sexual exposure.

Recreation

Most of the juveniles are currently spending majority of their time in watching TV. More of physical activities need to be introduced into their daily schedule. Physical training needs to be started in a structured way.

Activities such as Yoga/Meditation may prove beneficial for the juveniles.

Competitions involving sports, cultural activities, arts, etc. need to be organized regularly and the juveniles need to be encouraged to take part, in order to direct their energy to more constructive means.

Mental Health

Appropriately trained mental health professionals need to be engaged in all the homes. Adequate number of counselors and clinical psychologists need to be employed.

Knowledge about psychotherapies (both individual and group) among the mental health professionals need to be increased

Provision needs to be made for regular contact of all juveniles with a psychiatrist. Currently this is being done only on need basis. This may be done through a tie up with a psychiatric institution.

Mental health check-ups and record keeping are not adequately conducted in most of the homes, and mental health plans are rarely made. Appropriate effort needs to go in this direction for all juveniles. Incorporation of a standardized mental health module may be a done.

All juveniles need to be carefully assessed for substance use (esp. tobacco, inhalants, alcohol, cannabis and opioids) at the time of entry into the home as well as subsequently during the stay. Substance use is a rampant problem among juveniles from traumatic backgrounds and juveniles in conflict with law.

All staff members need to be sensitized to the possible psychiatric problems faced by juveniles, and trained in recognizing them.

All staff members should be trained to handle crisis situations such as self harm and violence which are commonly seen in this population.

Staff members need to be equipped to better handle the stigma associated with the felonies committed by the juveniles.

There have been many instances of staff members being bullied by the juveniles. Staff members need to be trained to handle such situations.

Attention needs to be given to mental health needs of caregivers as well. Psychological help should be readily available to all caregivers as they often face stressful situations in dealing with juveniles in conflict with law.

Psychological interventions should continue for the juveniles even after discharge from the observation home to equip them to handle better the transition to the mainstream society.

Family members of the juveniles should also be engaged in counseling sessions to equip them to handle the stigma associated with their ward's felony, to handle the stress associated with their ward being in judicial custody and of legal proceedings, and to enable them to shape their ward's future better after discharge.

Medical Facilities

Many juveniles are suffering from dermatological conditions such as Tinea, Scabies, etc. due to lack of proper hygiene and close proximity in which they live. These need to be appropriately treated, and adequate preventive measures need to be taken.

Provisions for adequate care and isolation of infectious cases should be made.

Awareness about all communicable diseases must be raised among the juveniles and caregivers, including HIV/AIDS. Provisions for HIV counseling and testing should also be made available.

Pediatrician/ General Physician visit must be arranged for in all the homes at least once per week

Emergency medical services (including vehicle/ambulance, night time nurse, stock of first-aid/medicines) need to be upgraded in all homes.

Additional Responses

*(based on Discussion with NCPCR in
meeting held on 9th March, 2016)*

Additional Responses to discussion with NCPCR

In the meeting held at the NCPCR, dated 9th March, 2016, the research team presented a summary of the project report in presence of Ms Stuti Kacker, the Chairperson of the NCPCR. A detailed discussion of various issues related to the project was held with various dignitaries. The efforts of the research team led by Prof. Rajesh Sagar, were lauded by the esteemed Chairperson. It was suggested that the project be considered one of a kind and be treated as a prototype to be replicated in other states of India. However, more details were sought with regard to few points.. In the following section, the summary of responses are discussed.

Additional Responses

1. Details of contacting of all CCIs in Delhi and collection of information through prescribed proforma as well as other resources

Response

Information gathering about the various CCIs in Delhi was initially done from the DWCD and through website resources. But most of the contacts which could be collected were outdated. From the outset of the research project, there was resistance from various CCIs to provide information without a valid permission letter from concerned authorities. It was further decided in a meeting of the research team with the NCPCR, dated 20th May, 2015, attended by Mr. Nanda, Mr. Oli and Ms. Shaista Khan, that information would be collected only for the CCIs in which a visit would be made by the research team. With reference to letter F.No.NCPCR/Psy-socio/RFD 2014-15/33856, dated 27th May, 2015, a list of 24 CCIs was provided by the NCPCR to the research team to carry out the data collection with the prescribed proforma. During the process of contacting these institutes, it was found that two of these are no longer functioning:

- a. Bal Sadan (boys), Timarpur, Delhi-54
- b. Bhartiya Adim Jati Sevak Sangh, Children home for boys, Pandav Nagar, Delhi

Out of the remaining 22 homes (18 children homes and 4 observation homes) from the list, 20 (17 children homes and 3 observation homes) were randomly selected for the study. Visits were made to these 20 homes by the research team after prior intimation and permission from the institute authorities. Rules as laid down by the institute authorities were strictly followed by the research team. A semi-structured proforma, developed through the review and focused group discussions with mental health experts as a part of the research project, was used to collect data about the individual homes. 30 children (or all children in case total strength was less than 30) in the age group of 6-16 years were selected and assessed using Developmental Psychopathology Checklist (DPCL) and Mini International Neuropsychiatric Interview for kids (MINI-Kid) by a qualified clinical psychologist. The results for individual homes have been provided elsewhere (see findings and recommendations for individual homes). The following is the updated database for these selected homes:

Children Homes run by Government

1. Sanskar Ashram, Children's Home for girls
Dilshad Garden, Opposite GTB Hospital
Delhi-93
Ph: 011-22585557
Email: sagdgn@gmail.com
Superintendent: Dipika Mamgain

2. Sanskar Ashram, Children's Home for boys
Dilshad Garden, Opposite GTB Hospital
Delhi-93
Ph: 011-22116698
Email: sanskarashramforboys@gmail.com
Superintendent: Ram Vir Singh (mob-9311601570)
3. Sukhanchal school and home for mentally retarded children
Asha Kiran Complex, Avantika
Sector 1, Rohini, New Delhi
Ph: 011-27510307, 011-27522760
Email: ashakiran89@gmail.com
Superintendents: Suresh Kumar (mob- 9871493481)
Rachna Bhardwaj (mob- 9013270158)
4. Phulwari, BalGreh-I and Ashiana, Children Home for Boys-II
Alipur, opposite police station
Delhi-36
Ph: 011-27202291, 27202348, 27202339
Email: ashiyanachb2@gmail.com, phulwarichb@gmail.com
Superintendent: Praveen Kumar (mob- 9868440432)
5. Ujjwal and Uday, Children Home for Boys- I & II
Kasturba Niketan Complex
Lajpat Nagar-II
New Delhi-24
Ph: 011-29813688
Superintendent: Alia Saeed (mob- 9818131206)
6. Bal Niketan, Girls & Boys- I
Home for Healthy Children of Leprosy affected persons,
NirmalChhaya Complex
Jail Road, Delhi-64
Ph: 011-28520653
Email: achwomen@gmail.com
Superintendent: D. Nandini (mob- 9811610872)

Children Homes run by NGOs

7. Udayan Care, UdayanGhar-II
48-A, Poket-1, Mayur Vihar phase-I,
Delhi (East)
Ph: 011-43082647
Email: udayanghar@udayancare.org
In-Charge: Lalit Kumar (mob- 9015918981)

8. Don Bosco Ashalayam
WC-1211, KH. No. 32/1718 Pht no.3, Ashram Gali,
Palam Village, Dwaraka, Sector-7, South –West New Delhi-45
Ph: 011-25080094
Email: dbasha.org@gmail.com
Website: www.donboscoashalayamdelhi.org
Superintendent: Swanoop Dev Chaudhary (mob-8376815313)

9. Sopan SOS children Village of India
347, Mandakni Enclave, Alaknanda
New Delhi-19
Ph: 011-26272444
Email: sos_udayan@rediffmail.com
Website: www.soscvindia.org
Director: Vijay Raina (mob-981084881)

10. Kilkari Rainbow home for girls
Govt. Girls Senior Secondary School
Sultan Singh Building, Kashmiri Gate
New Delhi
Ph: 9911152797
Email: kilkarihome@gmail.com, mahenazkhn@gmail.com
Superintendent: Mahenaz Khan (mob-9999714340)

11. Aashray,
C/o Ramola Bhar Charitable trust, 5/13, Village Madanpur Dabas,
Adjacent farm house, Karala, Mundka road west
New Delhi
Ph: 011-65578290
Email: stepglobalmovement@gmail.com
Website: www.stepindia.in
Superintendent: Jyotam Baghel (mob-8505891717)

12. Children of Mother Earth,
Apna Ghar, near railway track supply depot
Mansarovar Park metro station
New Delhi
Ph: 011-64606067
Email: birukbh@gmail.com
Project manager: Birendra Bhardwaj (mob-8750608379)

13. Manav Mandir Mission Trust
Kh-57, Ring Road, opp. Sarai Kale Khan bus stand

Behind Indian Oil petrol pump
Delhi-13
Ph: 9868990088
Website: www.manavmandir.info
In-charge: Sadhwi Samta Sri (mob-9999609878)

14. Bal Sahayog Children Home
Cannaught Circus, opp. L Block
New Delhi-01
Ph: 011-23411995
Website: www.balsahayog.org.in
Superintendent: Ram A Mishra (mob-9999079748)
15. Global Family Charitable trust
E-6/81 H, Ratiya Marg
New Delhi
Ph: 8585979419
Email: marshall.samson@gmail.com
Website: www.globalfamilycarenetwork.com
Superintendent: Vincent Bernard (mob-9650855088)
16. Ashran Orphanage (hope foundation)
A-46, New Multan Nagar, Surya Enclave
New Delhi-56
Ph: 011-25291848
Email: hope_foundation@hopeww.org
Website: www.hopefoundation.org.in
Superintendent: Jolly Geevarghese (mob-)
17. Naz Foundation India trust
(Home for Children with HIV Positive)
A-86, East of Kailash
New Delhi-65
Ph: 011-41325042,2691
Email: naz@nazindia.org
Website: www.nazindia.org
Coordinator: Shashi Barti (mob- 9312060189)

Observation Homes

18. Place of Safety, Special home for boys-II and Observation home for boys
Annexe
Magazine Road, Majanu Ka Tilla
Delhi-54
Ph: 011-23810802

Email: placeofsafety22@gmail.com
Superintendent: Kuldeep Singh (mob- 9015346703)

19. Prayas observation home for boys-I
Behind Ambedkar Stadium, Delhi gate
Delhi-02
Ph: 011-23318003
Email: mohdaarif2010@gmail.com, pohbdelhigate@gmail.com
Superintendent: Mohd. Aarif (mob- 8882296486)

20. Observation home for Girls
Nirmal Chhaya complex, Jail road
New Delhi-06
Ph: 011-28524939, 28520599
Email: poojavrda55@yahoo.com
Superintendent: Inderpreet Pathak (mob- 9968987281)

2. Details of Collection of records of the children pertaining to individual care plan and mental health status of the children in 20 CCIs

Response

A sample of individual care plans of 10 children in each of the homes for the past 3 years was randomly assessed. With reference to letter F-61(59)/AD-I/DWCD/2008-09/Part file/Vol-III/7986-18011, dated 5th August, 2015, from the DWCD, Govt, of NCT of Delhi, strict confidentiality of the information pertaining to individual children/juvenile was maintained. The data was assessed on site to estimate the overall formation, maintenance and implementation of individual care plans and record keeping of the same. The mental health condition of the children of individual home was also assessed through the instruments as mentioned previously (results presented elsewhere in the report).

As found in the assessment, in most of the institutes, individual care plans were made at the entry of the children into the home, but rarely ever a follow up of the same was recorded. Moreover, the plans did not include any methodical approaches as to what needed to be done for the child or what were the strengths and weaknesses of the child. Rather, the plan only included an intake assessment mostly limited to the condition in which the child was brought into the home, child's family (if they could be traced), gross physical health of the child and a medical examination on entry. Follow ups, if any, recorded only the illnesses which the child suffered during the course of stay and the treatment provided.

Most of the homes included a mental health assessment of the child at intake, within the individual care plan, but it was poorly detailed and did not follow any scheme of mental health examination. No plans were made for any of the children regarding their mental health. Only in institutes where a child had a grossly identifiable mental illness, was there a follow up record of the mental health care plan, otherwise it was absent. Even in that case, only the

psychiatrist prescription was recorded. Rarely was there a mention of the type of therapies provided, the traumatic issues faced by the child or the difficulties which the child was having within the home.

To summarize, there were only entry records and no plans per se.

3. Details with regard to the presence or absence of counselors in CCIs, their requirement process, qualifications experiences, roles and responsibilities

Response

Status of Mental Health Professionals in Child Care Institutions:

No.	Center name	Professional qualification with	Local mental health hospital tie-up
1.	CHILDREN HOME FOR BOYS I &II (UJJAWAL &UDAY) KASTURBA NIKETAN COMPLEX, LAJPAT NAGAR; VISITED ON 18.06.2015 & 19.06.2015	One counsellor (outsourced and part time)	Manas foundation, IHBAS
2.	MANAV MANDIR MISSION TRUST, KH-57, SARAI KALE KHAN, VISITED ON 22.06.2015 & 23.06.2015	One clinical psychologist (part time)	Nil
3.	CHILDREN HOME BAL SAHYOG, CONNAUGHT CIRCUS, OPPOSITE L-BLOCK MARKET; VISITED ON 24.06.2015 & 25.06.2015	One Clinical Psychologist (part time)	IHBAS, LHMC
4.	PRAYAS OBSERVATION HOME FOR BOYS I, VISITED ON 26.06.2015	One social worker cum counsellor – MSW	Nil
5.	OBSERVATION HOME FOR GIRLS, NIRMAL CHAYA	4 counsellors for whole Nirmal Chhaya complex –MA psychology	Manas foundation, IHBAS

	COMPLEX, JAIL ROAD, HARINAGAR; VISITED ON 27.06.2015	One psychiatrist and one clinical psychologist (both part time and outsourced)	
6.	BAL NIKETAN, HOME FOR HEALTHY CHILDREN (MALE AND FEMALE) OF LEPROSY AFFECTED PERSONS, VISITED ON 29.06.2015	4 counsellors for whole Nirmal Chhaya Complex –MA psychology	Manas foundation , IHBAS
7.	ASHA KIRAN COMPLEX, VISITED ON 07.07.2015	One psychologist – MA sociology (underqualified) One part time psychiatrist	Baba Sahib Ambedker Hospital
8.	SANSKAR ASHRAM, CHILDREN'S HOME FOR BOYS, VISITED ON 09.07.2015	One counsellor – MA Psychology	Nil
9.	SANSKAR ASHRAM, CHILDREN'S HOME FOR GIRLS, VISITED ON 10.07.2015	One counsellor and one clinical psychologist share with boys home	Nil
10.	GLOBAL FAMILY CHARITABLE TRUST, VISITED ON 14.07.2015	One Counsellor (part time)- Diploma in Counselling	Nil
11.	SOPAN SOS CHILDREN'S VILLAGES OF INDIA, VISITED ON 15.07.2015	Nil	Nil
12.	APNA GHAR, VISITED ON 08.08.2015	One Counsellor – graduation Hindi	Nil
13.	KILKARI RAINBOW HOME FOR GIRLS, VISITED ON 10.08.2015	One counsellor- MSW	VIMHANS
14.	ASHRAN, HOPE FOUNDATION, VISITED ON 12.08.2015	Nil (outsourced)	Dr. Sanjeeta- clinical psychologist (Pushpanjali nursing home, East Delhi)
15.	PHULWARI CHILDREN HOME	One counsellor shared for both homes- MSW	Nil

	FOR BOYS I AND ASHIANA CHILDREN HOME FOR BOYS II, VISITED ON 13.08.2015		
16.	DON BOSCO ASHALAYAM, VISITED ON 19.08.2015	One counsellor (underqualified)	Nil
17.	SPECIAL HOME FOR BOYS II, VISITED ON 21.08.2015	One counsellor – MA Psychology	Expression India
18.	UDAYAN GHAR FOR BOYS HOME-II, VISITED ON 21.10.2015	No counsellor Psychiatrist – Part time	IHBAS, Chacha Nehru hospital
19.	AASHRAY, VISITED ON 28.10.2015	Two counsellors- Phd, MSW,MS	Shanti Nursing Home Hospital
20.	NAZ FOUNDATION INDIA TRUST, VISITED ON 06.11.2015 TO 07.11.2015	One counsellor- M.A psychology	AIIMS, VIMHAS

Role of counsellors has not been clearly defined in most of the homes. The general perception is that of “having to talk to the children”. Most of the counsellors share other responsibilities of the homes, such as management, record keeping, etc. None of them is following any structured method of going about with their duties. Many are under-qualified and do not have sufficient knowledge of mental health aspects of children.

Role of psychologists is relatively more clearly defined. They engage in assessment of children for any emotional or behavioural problems. But most of them do so only upon referral by the caregivers or other staff members. Mostly, children are being assessed only at the time of entry. Therapies are not regularly conducted.

Psychiatrists are mostly contacted only on need basis, when felt by the staff members, counsellors or psychologists. There is no role of psychiatrists other than prescribing medicines.

There is no provision of peer counsellors in all the homes. Most of them were not even aware of the concept.

4. Comparison of CCIs with reference to with counselors and without counselors

Response.

Comparison of homes with full time and qualified mental health professionals (A) against homes with no/under-qualified/part time mental health professionals (B)

A. Children Homes with full time and qualified mental health professionals

- Total number of children assessed in 7 children homes= 178
- Number of children having behavioural problems (DPCL) = 26/178 (14.61%)
- Number of children having psychiatric disorder (MINI Kid) = 5/178 (2.81%)

B. Children Homes with no/under-qualified/part time mental health professionals (excluding home dedicated to mentally retarded children)

- Total number of children assessed in 9 children homes= 171
- Number of children having behavioural problems (DPCL) = 34/171 (19.88%)
- Number of children having psychiatric disorder (MINI Kid) = 2/171 (1.17%)

Rates of behavioural problems and psychiatric disorders in the two categories of homes were marginally different. One potential source of bias in this comparison is that homes with full time and qualified mental health professionals may be more likely to notice and report behavioural problems in children, as they are more likely to identify such problems.

5. Details of strategies for after care of children, role of peer counselors and schemes for rehabilitation

Response.

Aftercare and Schemes for Rehabilitation:

Among the children homes run by Government, many were actively engaged in finding about the whereabouts of the families of the abandoned or missing children, with the help of CWC. The rehabilitative processes for those whose families could not be traced were:

- Transfer to another age-appropriate institution after the child exceeds the age-limit of that particular institution
- Transfer to an adult care institution if the child cannot be self reliant, for a variety of reasons, after he or she exceeds the age limit
- Transfer to home town after child becomes an adult
- Rarely, assisting the child in being finding a vocation after reaching adulthood
- Vocational training in most homes is absent or insufficient
- There was no scope of engagement of the family in any rehabilitative process, if at all traced
- There was no provision for foster-care programs

Among the children homes run by NGOs, tracing of the families was left upon the CWC with little inputs from the institution. Rest of the processes were similar to the homes run by government.

Among the adoption homes, there was no rehabilitative process other than adoption.

In the home dedicated to mentally retarded children, vocational training was being stressed upon with many courses running within the premises of the institute. But, since most of the children needed continued assistance, rarely anyone is able to take up independent vocations. Some children were also taking part in the Paralympics. Unless the families were traced out, most of the children were transferred to adult unit of the same institution after crossing the age limit.

Among the observation homes, there was no provision for rehabilitation after release from the home.

6. Expected outcomes

Response.

Though most of the expected outcomes have been covered in the detailed report and the comprehensive guidelines (following section), some of the ones which may not be very clear have been elaborated here.

The following are based upon interaction with the children and staff members of the CCIs

Factors responsible for mental illness amongst the children in CCIs:

- Childhood trauma
 - Physical abuse
 - Sexual abuse
 - Broken families
 - Abandonment
 - Child labour
- Poverty, homelessness
- Lack of intellectually stimulating environment and opportunities
- Lack of supervision and love
- Poor coping skills
- Substance use
- Genetic inheritance

Factors influencing outpatient mental health service use by children in CCIs:

- Knowledge of mental health problems among caregivers
- Identification of mental health problems among children
- Severity of mental health problems
- Availability and frequency of contact with mental health experts
- Stigma

Need for mental health care is significantly large as indicated by the magnitude of burden (refer to earlier sections of the report). Availability of such services is scant, and as a result overburdened in some institutes. In many institutes, implementation of services is lacking despite availability, mostly because of lack of knowledge about mental health issues. As a result, the existing gap in mental health services for children in CCIs is significantly large.

7. Mental health statistics of children homes as compared to observation homes (not in the query letter provided by the NCPCR, but asked during the meeting with the NCPCR chairperson on 9th March, 2016)

Response

Magnitude of the Problem (mental health statistics of children homes and observation homes):

Children Homes

- Total number of children assessed in 17 children homes= 379
- Number of children having behavioural problems (DPCL) = 90/379 (23.75%)
- Number of children having psychiatric disorder (MINI Kid) = 7/379 (1.85%)

- Major behavioural problems- Hyperkinesis, Learning difficulty, Conduct problems
- Major psychiatric diagnosis- ADHD

Out of the 17 children homes, one home was dedicated to children with mental retardation which may lead to some bias in above statistics. So, upon excluding children from that home from the calculations:

- Total number of children assessed in 16 children homes= 349
- Number of children having behavioural problems (DPCL) = 60/349 (17.19%)
- Number of children having psychiatric disorder (MINI Kid) = 7/349 (2.01%)
- Major behavioural problems- Hyperkinesis, Learning difficulty, Conduct problems
- Major psychiatric diagnosis- ADHD

Observation Homes

- Total number of juveniles assessed in 2 observation homes= 35 (boys=30; girls=5)
- Number of juveniles having behavioural problems (DPCL)= 26/35 (74.29%)
- Number of juveniles having diagnosable psychiatric disorder= 19/35 (54.29%)
- Major behavioural problems- Hyperkinesis, Learning difficulty, Conduct problems
- Major psychiatric diagnosis- Conduct Disorder

This data is based on 2 out of 3 observation homes visited by the team, as one of the homes did not have any juveniles in the age range of 6-16 years (the age range in which the two instruments used can be reliably applied).

It is important to note that the numbers of diagnosed psychiatric illness may be limited by the fact that there was a one time assessment only and also due to stigma of psychiatric illness, persons would not have given accurate response.

Overall Recommendations

Recommendations for children homes

General

Better sanitation measures are required. The importance of hygiene must be regularly highlighted for children as well as caregivers. Health talks should include this topic regularly, with due emphasis on hand washing, prevention of mosquito breeding, food and water hygiene, etc. Staff dedicated to sanitation must be employed. Superintendents and welfare officers should play an active role in supervising sanitation activities. Girls should be provided with appropriate information and provisions for menstrual hygiene regularly.

Education

Education facilities in some of the homes were grossly inadequate. These need to be revamped with immediate effect. Education gives a new direction to life. Not providing appropriate education is a hindrance for the children to become self-sufficient individuals. Children should be actively encouraged to take up learning.

Non-formal classes are currently being held in most of the homes regularly but the content of these need to be standardized. There need to be some guidelines for the educators as to what all topics need to be touched upon in non-formal classes. Discussions among the children should be encouraged in such classes, which is currently not being done.

Some of the children in a few homes have not been enrolled in a regular school for various reasons. This should be urgently resolved. Homes must be provided with some guidelines such as a deadline for a child to be enrolled in a school after being admitted to the institution. Schooling should be made compulsory for every child in keeping with his or her capacities.

A proper educational assessment of each child should be conducted at the time of entry into the home. Standardized assessment methods need to be developed for easy and accurate assessment of a child's existing educational background. Accordingly, appropriate bridge classes should be provided to the children to cover the deficits in their education so that they can be enrolled in age-appropriate classes as per Right to Education. Currently none of the homes are conducting bridge classes in an organized manner.

Books and newspapers should be provided in adequate numbers. In most homes, the provisions were lesser in quantity compared to the number of children each home was catering to.

Vocational training should be emphasized upon. Focus must be on making the children self-reliant to earn their living once they step out of the children home as adults. Currently, vocational training is being offered in a well-structured manner only in one home. Some are outsourcing this to nearby institutions, but nowhere are the children being actively encouraged to take part in these classes.

Provisions should also be made to expose children to computers and internet, and provide training if any child desires so. In the current age of technology, no child should be left behind for the want of facilities which are otherwise easily available universally.

Life-skills education needs to be regularized to enable the children to make appropriate life choices including career, relations, etc. This may also enable them to deal better in social context.

Sex-education should be provided in a regularized manner. This is more important in institutionalized children as many of them have post traumatic experiences, and have faced abandonment, broken families, homelessness, etc., all of which have put them at risk for high risk sexual exposure.

Recreation

More physical activities need to be introduced into the daily schedule of the children. Physical training should be introduced in a structured way in all institutions. PET or sports instructor should be appointed wherever possible, or this task should be handled by one of the existing staff members of the home.

Activities such as Yoga/Meditation may prove beneficial for the children. Teachers may be engaged for the same.

Children should receive training in activities such as music, dance, drama and arts as per their interests, through trained teachers. They should be encouraged to take up such activities.

Competitions involving sports, cultural activities, arts, etc. need to be organized regularly and the children need to be encouraged to take part.

Mental Health

Mental health is currently a neglected area in Child Care Institutions. Appropriately trained mental health professionals need to be engaged in all the homes. Adequate number of counsellors and clinical psychologists need to be employed.

Dedicated rooms for counselling should be provided to the mental health professionals.

Knowledge about psychotherapies (both individual and group) among the mental health professionals need to be increased

Provision needs to be made for regular contact of all children with a psychiatrist. Currently this is being done only on need basis. This may be done through a tie up with a psychiatric institution.

Mental health check-ups and record keeping are not adequately conducted in most of the homes, and mental health plans are rarely made. Appropriate effort needs to go in this direction for all children. Incorporation of a standardized mental health module may be a done.

All children need to be carefully assessed for substance use (esp. tobacco, inhalants, alcohol, cannabis and opioids) at the time of entry into the home as well as subsequently during the stay. Substance use is a rampant problem among children from traumatic backgrounds.

All staff members need to be sensitized to the possible psychiatric problems faced by children, and should be trained in recognizing them. Regular workshops need to be conducted for the same.

All staff members should be trained to handle crisis situations such as self harm and violence.

There have been many instances of older children bullying the younger children. Staff members need to be trained to handle such situations. Children should be sensitized to the ills of bullying. A harmonious environment and healthy relationships among the children should be encouraged. This may be achieved through regular group activities which are supervised by a caregiver.

Attention needs to be given to mental health needs of caregivers as well. Psychological help should be readily available to all caregivers as they often face stressful situations in dealing children.

Psychological interventions should continue for the juveniles even after discharge from the children home to equip them to handle better the transition to the mainstream society.

Family members of the children should also be engaged in counselling sessions to enable them to shape their ward's future better after discharge and to handle their own problems.

Medical Facilities

Many children are suffering from dermatological conditions due to lack of proper hygiene and close proximity in which they live. These need to be appropriately treated, and adequate preventive measures need to be taken.

Provisions for adequate care and isolation of infectious cases should be made.

Awareness about all communicable diseases must be raised among the juveniles and caregivers, including HIV/AIDS. Provisions for HIV counselling and testing should also be made available.

Paediatrician/ General Physician visit must be arranged for in all the homes at least once per week

Emergency medical services (including vehicle/ambulance, night time nurse, stock of first-aid/medicines) need to be upgraded in all homes.

Recommendations for observation homes

General

Better sanitation measures are required. Juveniles must be actively engaged in maintaining sanitation and must be educated about the need for hygiene and illnesses which may occur due to the lack of hygiene. Many juveniles have been avoiding taking bath, and resultantly suffering from dermatological conditions. They should be encouraged for their own and their surrounding's cleanliness.

Education

Education facilities in all observation homes were grossly inadequate. These need to be revamped with immediate effect. Education gives a new direction to life. Not providing education to juveniles in conflict with law defeats the purpose of the observation home. Juveniles should be actively encouraged to take up learning.

Non-formal classes should be arranged for within the premises of the observation homes.

Similarly, formal education should also be provided within the premises. If this cannot be arranged for then at least, juveniles must be encouraged to take up educational courses from open schools or universities, and relevant material should be provided to them.

A proper educational assessment of each juvenile should be conducted at the time of entry into the home and appropriate bridge classes should be provided.

Books and newspapers should be provided in adequate numbers.

Vocational training should be emphasized upon. Focus must be on making the juveniles self-reliant to earn their living through lawful means once they go out of the observation home.

Life-skills education needs to be regularized to enable the juveniles to make appropriate life choices including career, relations, etc. This may also enable them to deal better in social context.

Sex-education should be provided in a regularized manner. This is more important in juveniles in conflict with law, as many of them have come from traumatic backgrounds, or may have had or are likely to have high risk sexual exposure.

Recreation

Most of the juveniles are currently spending majority of their time in watching TV. More of physical activities need to be introduced into their daily schedule. Physical training needs to be started in a structured way.

Activities such as Yoga/Meditation may prove beneficial for the juveniles.

Competitions involving sports, cultural activities, arts, etc. need to be organized regularly and the juveniles need to be encouraged to take part, in order to direct their energy to more constructive means.

Mental Health

Appropriately trained mental health professionals need to be engaged in all the homes. Adequate number of counsellors and clinical psychologists need to be employed.

Knowledge about psychotherapies (both individual and group) among the mental health professionals need to be increased

Provision needs to be made for regular contact of all juveniles with a psychiatrist/psychologist. Currently this is being done only on need basis. This may be done through a tie up with a psychiatric institution.

Mental health check-ups and record keeping are not adequately conducted in most of the homes, and mental health plans are rarely made. Appropriate effort needs to go in this direction for all juveniles. Incorporation of a standardized mental health module may be a done.

All juveniles need to be carefully assessed for substance use (esp. tobacco, inhalants, alcohol, cannabis and opioids) at the time of entry into the home as well as subsequently during the stay. Substance use is a rampant problem among juveniles from traumatic backgrounds and juveniles in conflict with law.

All staff members need to be sensitized to the possible psychiatric problems faced by juveniles, and trained in recognizing them. Regular workshops need to be conducted for the same.

All staff members should be trained to handle crisis situations such as self harm and violence which are commonly seen in this population.

Staff members need to be equipped to better handle the stigma associated with the felonies committed by the juveniles.

There have been many instances of staff members being bullied by the juveniles. Staff members need to be trained to handle such situations.

Attention needs to be given to mental health needs of caregivers as well. Psychological help should be readily available to all caregivers as they often face stressful situations in dealing with juveniles in conflict with law.

Psychological interventions should continue for the juveniles even after discharge from the observation home to equip them to handle better the transition to the mainstream society.

Family members of the juveniles should also be engaged in counselling sessions to equip them to handle the stigma associated with their ward's felony, to handle the stress associated with their ward being in judicial custody and of legal proceedings, and to enable them to shape their ward's future better after discharge.

Medical Facilities

Many juveniles are suffering from dermatological conditions such as Tinea, Scabies, etc. due to lack of proper hygiene and close proximity in which they live. These need to appropriately treated, and adequate preventive measures need to be taken.

Provisions for adequate care and isolation of infectious cases should be made.

Awareness about all communicable diseases must be raised among the juveniles and caregivers, including HIV/AIDS. Provisions for HIV counselling and testing should also be made available.

Paediatrician/ General Physician visit must be arranged for in all the homes at least once per week

Emergency medical services (including vehicle/ambulance, night time nurse, stock of first-aid/medicines) need to be upgraded in all homes.

Appendix

Appendix 1: Semi Structured Proforma

The Semi structured Format of mental health needs and facilities available in Children Homes/Observation Homes (Developed through review and Focussed Group Discussion (FGD))

Date of Visit:-

A1.	Institutional details/General information:		
(a)	Name of the Home:		
(b)	Contact Details:	Name of Superintendent/In-charge:	
		His/her Mobile no.	
		Complete visiting address of the Home:-	
		Phone no. of the Institution	
		Fax:	
		Email:-	
		Website:-	
(c)	Type of Home (Please tick one): (Whether for Girls/Boys/Transgender)		Children's Home/ Observation Homes (please specify):
(d)	Run by	State Government	Name of the Department:
		NGO	Name of the NGO/Trust:
(e)	Registration / Recognition under J.J. Act(Section 34(3) & 34(2)/41(4), under Rule 69(2))	Sec. 34(3) of JJA & Rule 69(2) & 70 of JJR	Lr. No.:
			Date:
			Validity Period:
		Sec. 34(2) & Rule 71 of JJR	Lr. No.:
			Date:
			Validity Period:
		Sec. 41(4) of JJA	Lr. No.:
			Date:
			Validity Period:
(f)	Supported By	MWCD, GOI	
		State Govt.	
		Others (Please specify)	
(g)	Number of Children	Sanctioned Strength	
		Present strength	0-6 yrs.:
			7-12 yrs.:
			13-16 yrs.:

Department of Psychiatry, AIIMS, New Delhi

(h)	Age break-up of Children	Age	Number of Children		Total
			Girls	Boys	
		0-6 years			
		7-12 years			
		13-16 years			
		Above 16 years			
(i)	No. of children (category- wise)	Having both parents			
		Having single parent			
		Having no parent or Whose parents/guardians are yet to be traced			
		Surrendered Trialed child			
		Whose parents/guardians are unable/incapacitated to take care			
		Having both parents but to be restored			
		Substance abused			
		Working children			
		Begging children			
		Homeless child			
		Trafficked children			
		Sexually abused in the family			
		Sexually abused in work place			
		Sexually abused in the Institution			
		Sexually abused in school			
		Rescued from brothels / private places			
		Any other			
(j)	With Special Needs	HIV +			
		Disability in seeing			
		Disability in hearing			
		Disability in speech			
		Disability in movement			
		Mental retardation			
		Mental illness			
		Autism			
Any other					
(k)	Stay of Children in the Home	Duration	Number of Children		Total
			Girls	Boys	

Department of Psychiatry, AIIMS, New Delhi

		0-2 Months					
		2-4 Months					
		4-6 Months					
		6-12 Months					
		1-2 Years					
		2-3 Years					
		3-4 Years					
		4-5 Years					
		More than 5 Years					
(l)	No of children and reasons for staying in Home in case of children having families:						
(m)	1. No of children Juvenile in conflict with law staying in this Home (If so, details)						
	If yes, whether they are segregated from CNCP.						
	If segregated, the extent of segregation (only dormitory or otherwise).						
	2. No of children in need of care and protection						
(n)	Escape/running away of children						
1.	How many children have run away during last 03 years?						
	From the Home:						
	From the School:						
2.	What are the main reasons of escape?				If Yes, then no of children		
	Physical abuse		Yes/No				
	Sexual abuse		Yes/No				
	Missing home		Yes/No				
	Discipline		Yes/No				
	No outing/ freedom		Yes/No				
	Punishment		Yes/No				
	Instigation/Inducement		Yes/No				
	Bad/ insufficient food		Yes/No				
(o)	Death of children during last 3 years:						
Sl.No.	Name of the child	Sex	DOB/Age	Date of admission	Date of death	Place (Home/Hospital)	Cause Death? Mental illness directly or indirectly? Details regarding history of physical or psychiatry illness, hospitalization precluding to death

Department of Psychiatry, AIIMS, New Delhi

(p)	Sources of children system of admission in the Home and mandatory reporting to concerned authorities thereof? (intake process-JJB/CWC/any others)
(q)	The Process of production of children from the Home before the CWC and problems confronted, if any?

(r)	Children's Committee/grievance addressal cell in CCI		
(i)	Whether children's committee has been set up? Yes/No (if yes, the date when it was set up)		
(ii)	If yes, who are its members and how are they appointed?		
(iii)	S.No	Name	Designation
	I.		
	II.		
	III.		
	Any addition		
(iv)	Whether there is a Children's Committee for each of the three age group?		
	Age Group 7-12 years		Yes / No
	Details of Members		
	S.No	Name	Designation
	I.		
	II.		
	III.		
	Any addition		
	Age Group 13-15 years		Yes / No
	S.No	Name	Designation
	I.		
	II.		
	III.		

Department of Psychiatry, AIIMS, New Delhi

	Any addition					
	Age Group 16-18 years		Yes / No			
	S.No	Name	Designation			
	I.					
	II.					
	III.					
	Any addition					
(v)	How often does the children's committee meet?					
(vi)	Whether the Minutes of the children's Committee have been maintained? YES/No If yes, for which period					
(vii)	Whether comments of the Management Committee are available on the Minutes of the Meeting of the Children's Committee?					
(viii)	On what issues is the Children's Committee deliberating?					
I.	Improvement of the condition of the institution					
II.	Reviewing the standards of care being followed					
III.	Preparing daily routine and diet scale					
IV.	Developing educational, vocational and recreational plans					
V.	Supporting each other in managing crisis					
VI.	Reporting abuse and exploitation by peers and caregivers and record & system of reporting					
VII.	Creative expression of their views through wall papers or newsletters or painting or music or theatre					
A2. 1. Infrastructure (Materialistic needs)						
(a)	Accommodation for Children and institutional Infrastructure (Yes/No)		Number	Size (Sq. ft.)	Capacity /Required Strength	Actual Strength
		Dormitories (Sep for different age group= yes/no)				
		Classrooms				
		Sick room/ First Aid Room				
		Kitchen				
		Dining Hall				
		Store				
		Recreation room				
		Library				
		Bathrooms				
		Toilets/Latrines				
		Office Rooms				
		Counselling & Guidance room				
		Workshop				

Department of Psychiatry, AIIMS, New Delhi

		Residence for Superintendent				
		Play Ground				
		Outdoor game facilities				
		Indoor game facilities				
(b)	What criteria are used for grouping in dormitories (Please tick the appropriate one)	By Age	By Gender		Other (please specify)	
(c)	Whitewashing is done (right to descent living)?	Frequency		Last time it was done (Give Detail)		
<p>Observations regarding the infrastructure - condition/maintenance, including: flooring, roof, windows, window panes, fans, lights, curtains, ventilation, heating and cooling arrangements, drinking water, toilets, bathing, kitchen, fire extinguishers, first aid kit, age appropriate & disable friendly infrastructure, availability and accessibility of books in the library, spraying with insecticide/pesticide, mosquito repellants, Separate or single room Vs Common dormitories:-</p>						
A.2.2. Minimum standards of care: Routine						
(a)	Is there a daily routine for children lodged in the home and whether it is followed			Yes/No (If yes, please provide a copy of the daily routine for at least a week)		
(b)	Whether daily routine is displayed in the Dormitories and Notice Board and observed or not?			Yes/No		
Observations on the basis of interaction with children:						
A.2.3. Food / Meals /Diet/Nutritions						
(a)	Whether the meals are planned in consultation with nutrition experts, in accordance with the prescribed diet scale Yes / No					
(b)	The timings and menu of each meal for the current week in the following table:-					
	Days/ Timings	Breakfast	Lunch	Evening snacks	Dinner	
	Monday					

Department of Psychiatry, AIIMS, New Delhi

	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
(c)	Whether children are provided with special food on festivals, etc.? Yes / No If yes, Please provide detail of the special food provided?				
	Occasion	Food			
(d)	Whether special diet is provided to sick/special health children, as per advice of Doctor/ Nutrition Expert? Provision of Cooling water or not? Whether there is any quality check?				
(e)	Quality check up of storage food and drinking water done or not?				
(f)	By whom is the meal checked?				
(g)	If prescribed Nutrition & Diet scale is not followed, reasons thereof?				
	Observations on the basis of interaction with children:				
A.2.4. Clothes /Bedding and other personal requirements: (Adequate and Uniform clothing/personal belongings provision or not = Yes / No)					
(a)	Item	Number	Frequency	Remarks	
	Summer clothing				
	Winter clothing				

Department of Psychiatry, AIIMS, New Delhi

	School uniform			
	Mattress			
	Bed sheet			
	Durry			
	Blanket			
	Pillow			
	Pillow covers			
	Woollen blankets			
	Mosquito Net			
	Towels			
	Sleepers			
	Sports shoes			
	Schools shoes			
	Socks			
	Under garments			
	School Bag & Stationary			
	Handkerchiefs			
	Tooth Paste & Brush			
	Soap			
	Washing soap			
	Shampoo			
	Oil			
	Comb			
(b)	Whether any other article is provided to children?	Study		
		Table		
		Chair		
		Cot		
		Almirah/personal storage space		
		Any Other		
(c)	Whether clothes/bedding is maintained by the children? Yes / No If No, In case of small children, who is maintaining these articles?			
(b)	Are girls invariably provided with provision during the monthly cycle? Yes/No If yes then: (Menstrual Hygiene maintained or not?) What are they provided? (please tick the appropriate one)			
	Sanitary pads			
	Clothes			
	Both (Sanitary pads and cloths)			
A.2.5.	Whether sanitation and hygiene is maintained in the home through following facilities?			
(a)	Sufficient treated and filtered drinking water			Yes/No
	Clean containers for storing drinking water			Yes/No
	Sufficient water for bathing and washing clothes, maintenance & cleanliness of the premises			Yes/No

Department of Psychiatry, AIIMS, New Delhi

	Proper drainage system					Yes/No
	Arrangement for disposal of garbage and availability of covered Dustbins?					Yes/No
	Protection from mosquitoes					Yes/No
	Sufficient number of latrines/ toilets (at least one latrine for seven children) and whether they are well ventilated?					Yes/No
	Sufficient number of bathrooms (at least one bathroom for ten children) and whether they are well ventilated?					Yes/No
	Sufficient space for washing clothes/utensils					Yes/No
	Clean and fly-proof kitchen					Yes/No
(b)	Mention frequency of the following:- (Please tick <input type="checkbox"/> the appropriate Box)	Daily	Weekly	Fortnightly	Once a month	More than a month
	Sunning of bedding and clothing					
	Maintenance of cleanliness in the medical centre					
	Maintenance of cleanliness in the kitchen					
	Maintenance of cleanliness in the toilets					
A.2.6. Education						
(a)	Are any of the educational facilities available within the institution? (Please tick <input type="checkbox"/> all that are applicable)					
	Formal school on premises	Play-school	Yes/No	No. of Children:		
		Pre-school	Yes/No	No. of Children:		
		Primary	Yes/No	No. of Children:		
		Secondary	Yes/No	No. of Children:		
		Higher	Yes/No	No. of Children:		
	Non-formal classes		Yes/No	No. of Children:		
	Private coaching		Yes/No	No. of Children:		
	No schooling facilities		Yes/No	No. of Children:		
(b)	Are the present education facilities in the institution adequate? Yes/No If no, then what are the additional facilities required?					
(c)	How many children go to school outside the premises of the institution?					
	Class/Standard	No of Children	School run by (Govt. / Pvt.)	Distance of School	Mode of travel for children	
	Play-school					
	Pre-school					
	Primary					
	Secondary					
	Higher					

Department of Psychiatry, AIIMS, New Delhi

	Open School System				
	Bridge course (non-residential)				
	Non-formal classes				
	Any other (please specify)				
	Total				
(d)	No. of children:	attending regular school?			
		not Receiving education?			
(e)	Whether the educational assessment of every child is done on admission into the Home? if so, who does it?				
(f)	Details regarding Sex education				
(g)	Numbers and qualification of educator (Male / Female Ratio)				
(h)	School facilities adequacy to check				
7.	What are the recreation facilities available for children in the institution?				
		Yes/No	Number	Frequency- daily/ per week/ monthly/ yearly	
	Sports (Swings, playgrounds)	Indoor			
		outdoor			
	Yoga/ Gymn				
	Music				
	Cultural programme	In house			
		External			
	Debates				
	Competitions				
	Library (News paper/ Magazines)				
	Exposure to outside world				
	Television	With cable			
		Without cable			

Department of Psychiatry, AIIMS, New Delhi

	Radio					
	Any other (please specify)					
8.	Vocational Training:					
(a)	Does the Home provide vocational training to children within or outside? If so:					Yes/No
	Type of Vocation		Number of Children			Within the Home
		Boys	Age range	Girls	Age range	
	Computer/ Internet facilities					
	Typing					
	Carpentry					
	Fittery					
	Auto rickshaw/ Motor/Cycle					
	Bicycle repair					
	Mobile Repairing					
	Textile printing					
	Tailoring					
	Electrical trade					
	Printing					
	Soap making					
	Candle making					
	Light engineering					
	Any other (please specify)					
(b)	If no such facility is provided by the home, specify the reasons for not offering vocational training to children?					
	(a) Lack of space					
	(b) Lack of equipments					
	(c) Lack of manpower					
	(d) Lack of funds					
	(e) Any other (please specify)					

A.2.9. Staff Facilities Available								
Sl. No	Sanctioned strength	Actual strength	Staff	Education qualification	Salary per month	No:- working in one shift	On Regular, Contract or outsourcing?	Whether given any other/additional Charge?
(a)			Superintendent / Project Manager /Officer In-Charge					
(b)			Counselor/ Clinical psychologist					
(c)			Case worker/ Probation Officer/Welfare Officer					
(d)			House Mother/ House Father					
(e)			Care Taker / Ayas					
(f)			Vocational Instructor					
(g)			Educator/ (voluntary / Part Time)					
(h)			Doctor (Part Time)/ psychiatrist visit					
(i)			Paramedical Staff (Pharmacist/ Nursing Staff)					
(j)			Store-keeper cum Accountant					
(k)			Driver					
(l)			Cook					
(m)			Helper					
(n)			Sweeper					

Department of Psychiatry, AIIMS, New Delhi

(o)			Art and craft cum Music Teacher					
(p)			Gardner					
(q)			Security					
(r)			House Keeping					
(s)			PT Instructor cum Yoga Teacher					
(t)			LDC/UDC					
			Total					
Training								
(i)								
(ii)								
(iii)								
(iv)								

A.2. 10 Health conditions of children and medical facilities available	
(a)	Major health problems / concerns of children?
	Tuberculosis
	Skin
	Sexually transmitted disease
	HIV OI (Opportunistic infections due to HIV for eg: TB)
	Others (please specify)
(b)	Whether every child on admission into the Home undergoes a health checkup? if so, by whom?
(c)	Whether children up to 6 years of age have mandatory immunizations ?(wherever applicable)
(d)	Whether every child has a health card and his checkups are recorded therein?
(e)	Whether files of medical record are maintained: Do they contain all relevant physical data, including height, weight and immunization record:
(f)	Does the Home have a medical care unit? Yes / No. If yes, the details about the doctors, nurse, beds / sick beds, equipments, etc. may be mentioned:
(g)	Does the home has the following facilities:

	First aid kit In-house ambulance Stock of medicines	Yes / No.	Provide details, if any	
	<ul style="list-style-type: none"> • Regular health check up facility • ART provisions for HIV +ve children • Any other, (provide details) 		Any other (Please specify)	
(h)	The Institution has a tie up with which Local Health Centre:			
(i)	Is there any outside doctor visiting the Home on a regular basis? If yes, is such doctor MBBS or a specialist?		Yes/No	
(j)	Does such doctor attend to the children only for curative purposes?		Yes/No	
(k)	Does such doctor also give advice to take preventive steps?		Yes/No	
(l)	Whether a nurse is available in the home, during night hours?		Yes/No	
(m)	Whether medicines are administered to the child by a staff member? Or Is it left to the child himself?		Yes/No Yes/No	
(n)	Whether children are prescribed and/or administered medicines without doctor's advice?		Yes/No	
(o)	Are all staff trained in giving First Aid?		Yes/No	
(p)	Whether measures for preventing out-break of contagious/infectious diseases are taken?		YES/No	
(q)	Is there any regular screening done for communicable or non-communicable disease?		Yes/No	
(r)	Are HIV tests conducted for children after identifying Risk factors in this group of children? If yes, then:		Yes/No	
	Are the children informed about the test before it is conducted?		Yes/No	
	Is pre-counselling and post-counselling of the children conducted?		Yes/No	
	What follow up actions are taken in case of a child found with HIV +?		Yes/No	
A.2.11.	Assessment of the infrastructure/facilities/standards of care - Materialistic needs in the Home from the perspective of the children (on the basis of interaction with them)?			

A.2.12.	Opportunities to express their opinions, practice their religion, function in their native language and participate in social activities in the community are available or not?
----------------	--

Department of Psychiatry, AIIMS, New Delhi

A3.1. Generalized Mental Health facilities available in CCI		
a.	Whether a mental health care plan is developed for every juvenile or child? Yes/No	
b.	Whether every child on admission into the Home undergoes a Mental health checkup? if so, by whom?	
c.	Whether files of psychological well being are maintained or not? Yes/No	
d.	Does the Home have a mental health care unit? Yes/No If yes, the details about the doctors/staff trained to tackle psychiatric emergencies/crisis, nurses, beds, equipments, etc. may be mentioned:	
e.	Does the home has the following facilities:	
	Psychological First aid kit to deal psychological crisis & personnel In-house ambulance Stock of medicines	Yes/No Provide details of Psychological Aid , if any: Providing practical care and support, Assessing needs and concerns, Comforting child and helping child to feel calm, Protecting child, self and other children from any further harm
	Regular mental health check up facility	Yes/No
f.	The Institution has a tie up with which Local mental Health Centre:	
g.	Is there any outside psychiatrist/ clinical child psychologist/ educator/ counselor visiting the Home on a regular basis? If yes, is such mental health professional trained to counter metal health issues in CCI?	Yes/No
h.	Does such mental health professional attend to the children only for treatment purposes?	Yes/No
i.	Does such mental health professional also give advice to take preventive steps/ positive mental health?	Yes/No
j.	Whether a nurse is available in the home, during night hours trained to deal mental health issues?	Yes/No
k.	Whether psychotropics available if so, are administered to the child by a staff member with regular monotoring?	Yes/No
l.	Whether children are prescribed and/or administered medicines without Psychiatrist advice?	Yes/No
m.	Are all staff trained in giving psychological First Aid?	Yes/No
n.	Are facilities for telephone services, grievance addressal cells are available in the premises of CCI?	Yes/No
o.	Is there any provision of Privacy for children for emotional and sexual needs?	Yes/No

Department of Psychiatry, AIIMS, New Delhi

p.	<p>Is there is a structured programme for life skill education. Yes/No. If yes, by whom (Qualification)</p> <p><i>Life skills domains : Financial skills, communication skills, social skills, travelling, Job hunting, Assertiveness training, Problem solving skills (Coping and stress management)</i></p>
<p>A3.2 Mental health conditions of child before coming to CCI</p>	
<p><i>Past mental health history/traumatic experiences/stressor/Socio demographic profile/clinical profile before coming to CCI:</i></p>	
<p><i>Important theme to ask:</i> Poor, unemployed and illiterate parents /school drop outs/spent time working as unskilled labour/roaming around with friends, watching TV for long hours with little or no exposure to any intellectually stimulating activity/ insufficient space at home, spending nights outside the home on footpaths, roads, or adjacent public places; lacking supervision, love, and care, Loss of contact with family & Relatives/Exceptional and undeniable traumatic experiences - death of one or both parents, abandonment, and displacement due to conflicts or natural disasters. Children removed from parents in their best interest, to protect them from an abusive and exploitative domestic environment, daily life made of violence and neglect</p>	
<p>A3.3. Mental health conditions of child in CCI on evaluation/assessment with children::</p>	
<p>a. <i>Themes/ Items to ask:</i> Lack of <i>individualised care</i> and <i>strict regimentation</i> leads to lowering of psychological wellbeing, cognitive skills, coping capacity, and emotional resilience. <i>Serious detachment issues</i> in older children, <i>Stigmatisation, isolation and de-socialisation, Career orientation, sexual education, drug abuse, bullying, opportunity of enhancing their creativity and diversifying their experiences.</i> Residential facilities develop a highly repetitive <i>schedule: the menu</i> is the same every week, as well as the programmes; the colours of the bed sheets, curtains and any other furniture is the same for all the children; the activities are also all the same, leaving little space for the child's choices, desires and taste. The living space should be safe and comfortable, but children should have the possibility of investing in it, changing it, personalising it. Right balance between children's rights and safety. Child-friendly and child rights sensitive environment.</p>	
<p>A3.4. Mental health conditions/needs of children to be addressed by caregiver in CCI</p>	
<p>a. Discovering and Caring for the Child in Every Case: Every child is unique and need to accept them as they are. It is important to handle the issues with the child's participation. It is essential to learn the <i>skill of gaining trust</i> of children in difficult situations to help them. Focus on the strengths of the children and help them recognize what they can do, instead of pointing out their incapacities</p> <p>Every child is different- <i>Newly joining children</i>, especially the younger ones, in these institutions are frightened, confused, they feel insecure and find difficulties in adjusting within the institutions. <i>Rescued child labourers and rescued girls</i> from prostitution usually come from extremely poor families. In such a situation, they shall be immediately told about the process of repatriation, availability of other livelihood options, such as foster care, in their respective districts. <i>Children in conflict with the law</i> feel guilty, anxious, stigmatised, disturbed and threatened and frightened about the future. Such children need repeated counselling sessions to overcome the situation and pull themselves together for their rehabilitation. Their parents also need a continuous support till the children are properly repatriated. <i>Runaway, street children, orphans</i> have usually experienced gross negligence and exploitation by loved ones as well as strangers. Such children many a times find it difficult to trust others and may take longer to live a confined, planned routine life and maintain discipline in the institution.</p>	

Department of Psychiatry, AIIMS, New Delhi

b. Attachment issues: A child can also develop *insecure attachment* when caregivers are generally unavailable or they are rejecting him/ her. Possible consequences of insecure attachment are: Poor self-esteem and self-regulation; Aggressive/rejecting and/or withdrawn/ isolating relations with peers; Low frustration tolerance; Less positive affect; Lags in cognitive, developmental and academic competence; Increase in behavioural symptomatology (anxiety and depression. *Disorganised attachment* is a pathology (when Protective shield is broken), which leads to difficulties in emotional regulation and social function. Abuse and neglect, parental psychopathology, parents who are too young, drug addicts or never available, might easily be causes for the development of disorganised attachment. Institutionalised children easily face disorganised attachment, putting immense stress on their caregivers. They need attachment based therapies and caregivers who can provide safety and consistency.

c. Building Ego-Resiliency = Psychological resilience is defined as an individual's ability to properly adapt to stress and adversity. Stress and adversity can come in the shape of family or relationship problems, health problems, or workplace and financial stressors, among others. Children are born with an innate protective shield, which protects them from ordinary frustrations in life. However, some major traumas in a child's life can break the stimulus barrier and rupture her protective mechanisms. The role of caregivers is to recognize the negative feelings without condemning or superimposing their values on the children caregivers have to make children self-confident and sure about their ideas and thoughts. The child has to learn how to control his/her emotion and to diversify within them. Ego resiliency is not restricted to the ability of the child to help oneself, but also the capacity to seek help.

d. Dealing with Trauma: sexual abuse and exploitation, but children who have been traumatised by unacceptable conditions of labour, early marriages, physical violence, involvement in crimes or neglect by the loved ones.
Many caretakers do not understand that in traumatized children specific behaviours, such as truancy, running away, violence, bullying, poor performance in school or substance abuse, are linked to previous painful experiences and have to be read as cries for help

e. To make informed choices: Care giver to help the children in making informed choices. Nothing should be done for the children without their permission, even sitting nearby them or talking to them. If a good level of trust is reached, as mentioned before, privacy and confidentiality of all children and their families need to be respected at all times. Importance of local language.

f. Group Processes: It was emphasized how the groups provide essential purpose of providing support system in a crisis situation. The group process helped the caregivers to come out of their problems ranging from mental stress to developing friendly relations with their children.

A3.5. Mental health conditions/needs/skill of caregiver in CCI Working with Children:

a. Mental health conditions/needs: The challenges and limitations experienced by the caregivers. *Caregivers experience frequent burnouts, which make them vulnerable to the overpowering emotions of anxiety, aggression and guilt. Only when caregivers are mentally balanced and feel cared for, can they create a nurturing environment for children in their care. Communication is an effective tool which can help the caregivers to establish constructive relationship with the children and gain their trust.*

b. Care giver key skills to be addressed/check: Normalizing trust, Validation, Participation with children

c. To deal psychological crisis: A crisis occurs when a stressful life event overwhelms an individual's ability to cope effectively in the face of a perceived challenge or threat

Department of Psychiatry, AIIMS, New Delhi

A3.6. Major psychological problems/concerns of children to be addressed? The most frequent disorders which affect children in institutions to see (DPCL, MINI kid to apply):

- Emotional problems
- Behavioural problems
- Scholastic performance related problems
- Adjustment related issues
- Relationship issues with peers, teachers and others
- Psychiatric problems
 - Somatic disorders (eating disorders, skin lesions, respiratory disorders, digestive disorders, sphincter disorders)
 - Attachment disorders (unable to attach or permanent fusion attachment);
 - Behavioural and thinking disorders (mood disorders, delinquency, impulsivity, inhibition, violence, failures in learning);
 - Self-injury (cuts, burns, bites – prostitution, drug addiction, homelessness), suicide;
 - Other Psychiatric disorders (anorexia, anxiety neurosis and traumatic childhood psychoses)

A 3.7. Records and Registers pertaining to mental health

(a)	Maintenance of case files of each child	
(i)	Whether initial reports of interaction with the child are on record?	Yes/No
(ii)	Whether individual care plan of the child is on record?	Yes/No
(iii)	How frequently is the care plan reviewed?	Yes/No
(iv)	Whether quarterly progress report of the child are on record?	Yes/No
(v)	Whether the medical record of the child is there?	Yes/No
(vi)	How frequently is the medical record updated?	Yes/No
(vii)	Whether the medial record consist of both physical and mental health ?	Yes/No
(b)	Whether the registers are maintained and updated properly?	Yes/No
(i)	Admission and discharge register	Yes/No
(iii)	Medical File or Medical Report	Yes/No
(iv)	Mental Health assessment Register/ Review	Yes/No
(v)	Log book for staff Trained and sensitized in mental health	Yes/No
(vi)	Meeting book with mental health professionals	Yes/No
(vii)	Nutrition diet register	Yes/No

A 3. 8. Interface with the family members/relatives? Parental meeting

(a)	Visitation on which days?	
(b)	Timings of visitation?	
(c)	Visitation by whom (parents/guardian/friends)?	
(d)	Are phone calls allowed?	Yes/No
	If yes duration & frequency?	

A3.9. Number of Children subjected to substance abused and De-addiction treatment/re-rehabilitation services available/linked for children who are substance abused

No. of Children treated
No. of children undergoing treatment If yes, from where?
Counselling facilities available(in house / from outside)/record keeping / Periodicity/follow-up / review

Department of Psychiatry, AIIMS, New Delhi

A.3.10 community participation for mental health needs			
(a)		Frequency of visit	Follow up of advice/observation
	Social Workers		
	Lawyers		
	Counsellors / mental health professionals		
	(psychologists/ psychiatrists)		
	NGOs		
	Other Professionals		
A.3.11 System of restoration of children from the Home and follow up			
I.	No. of children restored from the Home during last 1 year		
II.	Linkage with CWC and Child line for the purpose		
III.	Process followed for home verification of the children before restoration		
IV.	Escort arrangement for inter-state repatriation of children from Home		
V.	Whether the Home gets the receipt in the case of every child from his or her parent/guardian with identity proof for the record?		
VI.	Any other aspect?		
VII.	Number of children given in adoption so far:		
VIII.	Number of children given in Foster Care so far:		
IX.	Number of children benefiting from Sponsorship programme		
X.	Type of Sponsorship	Medical	
XI.		Nutritional	
XII.		Educational	
XIII.		Other needs (please specify)	
	Number of children in the Home reaching the age of 18 years, (in last 3 years) What happened to these children?		
		Yes/No	Number
I.	Sent to aftercare organization		
II.	Continued living in home (If yes, then till when)		
III.	Restored to their families		
IV.	Repatriated to their native State/place		

Department of Psychiatry, AIIMS, New Delhi

V.	Trained in vocation			
VI.	Provided financial support to start a business			
VII.	Due to marriage			
VIII.	Others (if any)			
A.3.12 Training and capacity building of Staff focused on mental health needs of children in CCI:				
(a)	Name of staff	Designation	Training(s) attended – induction/refresher/orientation (when)	Organized/conducted by
	Caregiver			
	Others involved with caregivers			
	Mental health experts			
	Expert for children with special needs			
(b)	Further training needs of the staff:			

DECLARATION

I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief. In the event of any information found incorrect, I will be responsible for unintended consequences there after summarily.

Signature of Institution Authority

Counter Signature of
Interviewer/Mental Health Expert

Department of Psychiatry, AIIMS, New Delhi

Appendix 2: Letter from NCPCR to DWCD (along with list of individual CCI's



National Commission for Protection of Child Rights
5th Floor, Chandernagore Building, 36, Janpath, New Delhi-110 001
(Phone: 011-23478200, Fax No. (011-23724026/23731584)
Website: www.ncpcr.gov.in, Email: registrar.ncpcr@nic.in

F. No. NCPCR/Psy-socio/RFD 2014-15

33856

Dated 27th May, 2015

The Director
Department of Women and Child Development
Government of NCT of Delhi
1, Canning Lane, Kasturba Gandhi Marg,
New Delhi-110001
dirwcd.delhi@nic.in

Subject: Study on Gap Analysis in Mental Health Care Services in Child Care Institutions (CCIs) functioning in Delhi-reg.

Sir,

The National Commission for Protection of Child Rights (NCPCR), a statutory body constituted by the Govt. of India under Commissions for Protection of Child Rights (CPCR) Act, 2005 (No. 4 of 2006), is conducting a research study on 'Gap analysis in mental health care services in Child Care Institutions (CCIs) of Delhi' in collaboration with All India Institute of Medical Sciences (AIIMS), New Delhi.

The main objective of this study is to identify and evaluate the gaps in existing mental health care services for children in Child Care Institutions (CCIs) (Children Homes and Observation Homes) in Delhi. For this purpose 20 CCIs (17 Children Homes (Govt./NGO run) and 3 Observation homes) have been selected by the Commission (list enclosed). Research team of AIIMS consisting of Dr. Rajeev Ranjan, Research Officer and Mr. Mohit Kumar, Clinical Psychologist shall interact with children and staff of these CCIs. Research team will select 30 children from each of these CCIs to interview and examine children individually, to assess their mental health condition and their psychosocial needs.


You are requested to kindly give necessary instructions to superintendent and staff of these homes to provide full cooperation to the research team.

Yours sincerely


(Raman K. Gaur)
Registrar

Enclosure: as above

✓ Copy to: Dr. Rajesh Sagar, Professor, AIIMS, New Delhi
for information and further follow up.


(A.K. Nanda)

List of CCIs shortlisted for the study on Gap Analysis in Mental Health Care Services in Child Care Institutions (CCIs)-Delhi State

A Children Homes run by Government

Sl. No.	Name of the CCI & Address	Boys	Girls	Boys/Girls/both
1	Phulwari Children Home for boys I , Ashiana Children Home for Boys-II, Alipur, Delhi, North West Tel: 27202339/27202291 (North West)	Yes		
2	Ujjawal Children Home for boys- I , Uday Children Home for boys- II, Lajpat Nagar , South Delhi, Tel:29813688 (South)	Yes		
3	Sukhanchal School and Home for Mentally Retarded Girls, Vikasini Home for Mentally retarded children, Asha Kiran Complex, Awantika, Delhi. Tel: 27522760 (North)	-		Yes
4	Bal Sadan (Boys) Timarpur, Delhi-54. Tel:23813347 (North)	Yes	-	
5	Home for Healthy Children (Male & Female) of Leprosy Affected Person, Nirmal Chhaya Complex Jail Road, New Delhi Tel: 28520599 (West)	-	-	Yes
6	Sanskar Ashram for Girls, Dilshad Garden, Opp. G.T.B. Hospital, Delhi-32. Tel:22133765 (East)	-	Yes	
7	Sanskar Ashram for (Boys I &II) Dilshad Garden, Opp. G.T.B. Hospital, Delhi-32 Tel:22116698 /22585557/22133765 (East)	Yes	-	

B Children Homes run by NGOs

S. No.	Name of the CCI & Address	Boys	Girls	Boys/Girls/both
8	Bhartiya Adim jati Sewak saugh, Children Home for Boys Pandav Nagar, Delhi, Tel:23532003, Mob. 9871291007 (East)	Yes	-	-
9	Udayan Care, Udayan Ghar - II, Home- VIII, 18/B upper, Ground Floor, Pratap Nagar, Mayur Vihar, New Delhi- (East)	-	-	Yes
10	Don Bosco Ashalayam, old Najafgarh Road, Palam Gaon, New Delhi-110045 Tel:25080094 (South West)	Yes	-	-
11	SOPAN C/o SOS Children Villages of India, 347, Mandakini Enclave, Alaknanda, New Delhi. Ph. 24357299 (South)	-	-	Yes
12	Samya, Centre of Equity of Studies, Kilkari, Rainbow Home for girls, Kashmiri Gate, Chabiganj, Delhi, Tel:23589305/23584164 (North)	-	Yes	-
13	Aashray, C/o Ramola Bhar Charitable Trust, 5/13, Village Madan Pur, Dabas, Adjacent Farm House, Karala, Mundka Road. (West)	-	-	Yes
14	Children of Mother Earth, Apna Ghar, Mal Godam North Railway Shahdra, New Delhi. Tel:27521628 (North)	-	Yes	-
15	Manav Mandir Mission Trust, Jain Ashram Roop Vihar, Opp. Sarai Kale Khan, Bus Stand, New Delhi (South)	Yes	-	-
16	Bal Sahayog, Cannaught Circus, Opp. L Block, New Delhi - 110001. Tel:23411995 (New Delhi)	-	Yes	-

17	Global Family Charitable Trust (NGO), E-6/81 H, Ratia Marg, New Delhi. Tel: 46013875, 9999473032 (South)	-	Yes	-
----	---	---	-----	---

Additional Homes as back up

1	Ashran Orphanage (Hope Foundation) , A-46, New Multan Nagar, Surya enclave, Delhi- 56 Ph. 25291672, Tel: 25291848 (North West)	-	-	Yes
2	The New Generation Trust , E-35, Saket, New Delhi-17 at B-5/207, Safdarjund Enclave, New Delhi. -110029 (South)	Yes	-	-
3	Naz Foundation, India Trust, (Home for children with HIV Positive) A - 86, East of Kailash, New Delhi -65. Tel: 26910499 (South)	-	-	Yes

C Observation Homes

S. No.	Name of the CCI & Address	Boys	Girls	Boys/Girls both
1	Adharshila Observation Home for Boys -II , Sewa Kutir Complex, Kingsway Camp, Delhi. 27658327 (North West)	Yes	-	-
2	Special Home for Boys -II , 1, Magazine Road, Delhi Tel:27658327 (North West)	Yes	-	-
3	Observation Home for Boys -I , Prayas Behind Ambedkar Stadium Delhi Gate. New Delhi Tel:23318003 (North)	Yes	-	-
4	Observation Home for Girls, Nirmal Chhaya complex , Jail Road, New Delhi. Tel: 28520599/28520348 (West)	-	Yes	-

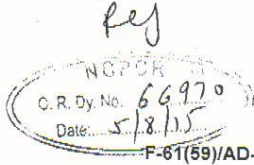
Appendix 3: Permission Letter from DWCD to Individual CCI's

FROM : NCPCR NEW DELHI

FAX NO. : 01123724026

5 Aug. 2015 5:33PM P1

Attention : Dr. Rajesh Sagar, Professor
ADMS



DEPARTMENT OF WOMEN & CHILD DEVELOPMENT
GOVERNMENT OF NCT. OF DELHI,
1 -A, CANNING LANE, K.G. MARG: NEW DELHI
(CHILD PROTECTION UNIT)

F-61(59)/AD-I/DWCD/2008-09/Part file/Vol-III

17986 - 18011

Dated:

05 AUG 2015

To

Mr. Raman K. Gaur,
Registrar, NCPCR,
5th Floor, Chanderlok Building,
36, Janpath, New Delhi

Sub :- Permission for Study on Gap Analysis in/Mental Health Care Services in
Child Care Institutions (CCIs) functioning in Delhi.

Sir,

This is with reference to your letter dated 27.05.2015 regarding "Research Study on Gap analysis in mental health care services in Child Care Institutions (CCIs) of Delhi" with All India Institute of Medical Science (AIIMS) New Delhi to identify and evaluate the gaps in existing Mental Health Care Services for children in Child Care Institutions, Children Homes and Observation Homes in Delhi.

In this regard you have selected 20 CCIs (17 Children Homes, Govt./NGO Home and 3 Observation homes) where the Research Team of AIIMS shall interact with children and staff of these CCIs. The permission hereby granted to the following Research Team:-

1. Dr. Rajesh Sagar (Professor)
2. Dr. Bichitra Nanda Patra (Assistant Professor)
3. Research Officer
4. Psychologist /Social Worker

In this regard, I am directed to convey permission of the Competent Authority i.e. Director, Department of Women & Child Development, GNCTD for aforesaid data collection with the following conditions:-

- P
1. The visit should be made with the prior permission/intimation of the Superintendent and should be in presence of the officers not below the rank of Welfare Officers
 2. Entry pass will be issued by the Superintendent /Manager concerned.
 3. The choice of 30 children will be left to the discretion of Superintendent / Counselor /Welfare Officer.
 4. The teams of AIIMS will maintain regular contact with Counselor /Superintendent of the Institution at every stage.
 5. The norms of the Institution will be followed.
 6. The confidentiality and dignity of the inmates will be maintained.
 7. No photography / videography will be allowed.
 8. The information gathered shall be used for study purpose only and recommendation/report should be shared with the Department.
 9. Report/Data will not be shared with Media, etc.

D:\M4 14-15\Permission

10. Provision of the Juvenile Justice (Care & Protection of Children) Act, 2000 and Delhi Juvenile Justice (Care & Protection of Children) Rule, 2009 should be followed.

By endorsing a copy of this letter to the Superintendents/Incharge of both Govt. and NGO, they are requested to extend full cooperation with Research Team. The Superintendent shall issue entry pass to the Research Team.


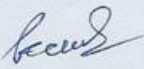
Please Note that Bhartiya Adim Jati Sewak Sangh, Children Home for Boys and Bal Sadan (Boys) has been closed down by the Department .

Sh-
Dy. Director (CPU/ICPS)

F-61(59)/AD-I/DWCD/2008-09/Part file/Vol-III 17986-18011 Dated: 05 AUG 2015
Copy to :-

1. PA to Director, Department of Women and Child Development 1, Canning Lane, K.G. Marg, New Delhi.
2. The Deputy Director, (Handicap Welfare), Department of Social Welfare, GLNS Complex, Delhi Gate, New Delhi
3. Dr. Rajesh Sagar, Professor, AIIMS, Ansari Nagar, New Delhi
4. The Superintendent, Sukhanchal School and Vikasini Home, Asha Kiran Complex, Avantika, Delhi
5. The Superintendent, CHB I&II, Alipur, Delhi
6. The Superintendent, CHB-I & II, Kastruba Niketan, Lajpat Nagar – II, New Delhi
7. The Superintendent, Bal Niketan & Balika Greh, Nirmal Chhaya Complex, Jail Road, New Delhi.
8. The Superintendent, Sanskar Ashram for Girls, Dilshad Garden, Opposite GTB Hospital, Delhi
9. The Superintendent, Sanskar Ashram for Boys, Dilshad Garden, Opposite GTB Hospital, Delhi
10. The Superintendent, Prayas Observation Home for Boys – I, Delhi Gate, New Delhi
11. The Superintendent, OHB – II, Sewa Kutir Complex, Kingsway Camp, Delhi.
12. The Superintendent, OHG, Nirmal Chhaya Complex, Jail Road, New Delhi
13. The Superintendent, Special Home for Boys, 1, Magazine Road, Majnu ka Tila, Delhi
14. The Incharge, Udayan Care, Udayan Ghar – II, Home VIII, 18/B, Upper Ground Floor, Pratap Nagar, Mayur Vihar, New Delhi
15. The Incharge, Don Bosco ashalayam, Old Najafgarh Road, Palam Gaon, New Delhi – 110045
16. The Incharge, SOPAN, C/o SOS Children Villages of India, 347, Mandakani Enclave, Alakhanda, New Delhi.
17. The Incharge Samya, Centre of Equity of Studies, Kilkari Rainbow Home for Girl, Kashmiri Gate, Chabiganj, Delhi
18. The Incharge, Aashray, C/o Ramola Bhar Charitable Trust, 5/13, Village Madan Pur Dabas, Adjacent Farm House, Karala, Mundka Road, Delhi
19. The Incharge, Children of Mother Earth, Apna Ghar, Mal Godam North Railway Shahdra, New Delhi
20. The Incharge, Manav Mandir Mission Trust, Jain Ashram Roop Viah, Sarai Kale Kahn, Bus Stand, New Delhi.

Appendix 4: Ethical approval from Institute Ethics Committee (IEC), AIIMS, New Delhi

 <p>एन सी आई आई एन सी आई आई</p>	<p>INSTITUTE ETHICS COMMITTEE ALL INDIA INSTITUTE OF MEDICAL SCIENCES Room No 102, 1st Floor Old O.T. Block, ANSARI NAGAR, NEW DELHI 110029 Tel.No.4579 (Internal), 26594579 (Direct)</p>
<p><u>Chairman</u></p> <p>Dr. T.P. Singh, Basic Scientist</p> <p><u>Members:</u></p> <p>Dr. A.K. Aggarwal, Clinician</p> <p>Dr. Rama V. Baru Social Scientist</p> <p>Dr. D.R. Saini, Principal, Lay Person</p> <p>Sh. Rajan Khosla, Legal Person</p> <p>Dr. Sunesh Kumar Clinician</p> <p>Dr. Ramanjit Sihota Clinician</p> <p>Dr. Peush Sahni, Clinician</p> <p>Dr. S.K. Kabra Clinician</p> <p>Dr. Nikhil Tandon Clinician</p> <p>Dr. S.K. Maulik, Basic Scientist</p> <p>Dr. R.M. Pandey Biostatistician</p> <p>Dr. V.K. Bansal Clinician</p> <p>Dr. Sameer Bakshi Clinician</p> <p><u>Member Secretary:</u></p> <p>Dr. Pramod Kumar Garg Clinician</p>	<p style="text-align: right;">Date: 17.04.2015</p> <p>Dr. Rajesh Sagar, Professor, Department of Psychiatry, AIIMS, New Delhi-110029.</p> <p>Ref. No.: IEC/NP-91/13.03.2015, RP-26/2015 Sub: "Study on Gaps Analysis in Mental Health Care Services in Child Care institutions"</p> <p>Dear Dr. Sagar,</p> <p>This is with reference to your letter dated 08.04.2015 regarding your above mentioned project, clarifying the queries raised by the Ethics Committee on 13.03.2015. The clarifications have been reviewed and documents are "Approved from ethical angle prospectively w.e.f.10th April 2015"</p> <p>The study is valid for the entire period of the conduct of study according to this protocol under the responsibility of Dr. Rajesh Sagar, Principal Investigator. It is confirmed that the Ethics Committee of AIIMS is composed of and functions as per ICH GCP and other applications regulatory guidelines.</p> <ul style="list-style-type: none">• No significant changes to the research protocol should be made and implemented without prior consent of the IEC and any charges/derivations from the protocol which increase the risk for the subjects should be submitted to the IEC and approved prior to implementation.• IEC should be informed about all SAE's occurring in the study.• The study progress report should be made available for the IEC review on every 6 months.• It is hereby confirmed that neither you nor any of the study team members have participated in the voting/decision making procedures of the committee. <p>With best regards, Your sincerely,</p> <p style="text-align: center;"> (Dr. Pramod Garg) Member Secretary Ethics Committee</p>