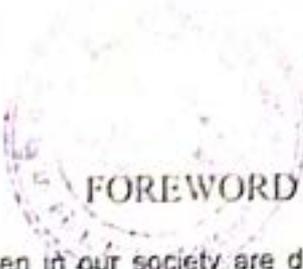


STUDY ON THE COUNSELING SERVICES IN CHILD CARE INSTITUTIONS OF MEGHALAYA



**NATIONAL INSTITUTE OF
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Regional Centre, Guwahati



FOREWORD

A large number of children in our society are deprived of familial care due to various reasons like abandonment, neglect, poverty, disease, disability, conflict, disasters and discrimination etc. To ensure the survival and protection of these children Government of India has undertaken different measures including a centrally sponsored scheme Integrated Child Protection Scheme (ICPS) which provides for Institutional and non- Institutional programmes for ensuring optimum care, and other support services for the children. Although Institutionalisation of children is recommended only as a last resort yet, a very large number of such children have to accommodate in Child Care Institutions (CCIs). The children residing in the CCI's often show signs of behavioural problem like lying, stealing, aggressiveness and depression and various psychological and emotional problems as the life of these children is very stressful due to violence and other situations faced at their homes. Hence, Counselling constitutes one of the essential services for dealing with such problems of children in difficult circumstances. Counselling help them in restoration of their mental health and also to enable them to cope with their personal problems for reintegration into the mainstream society. Therefore, strengthening the Counselling services in the Child Care Institutions is importance for the children.

The Guwahati Regional Centre of NIPCCD undertook this study to know the quality of counselling services in Child Care Institutions of Meghalaya. The study helped in bringing out the status of counselling services, the gaps and various issues relating to counselling services in CCIs and also suggests measures for strengthening the counselling services in the Child Care Institutions. I am sure the findings of the study would help in improving quality of counselling services in CCIs.

The study would have been just impossible without the support of the officials of Department of Social Welfare, Government of Meghalaya and Nodal Officer, ICPS and District Child Protection Officers, Superintendents, Counsellors, Case Workers, and other staff members of the Child Care Institutions and the children in these Institutions. I would like to express my sincere appreciation and gratitude to all of them for enabling us to complete the study.

I congratulate NIPCCD, Regional Centre, Guwahati for undertaking and completion of the study and thank Dr. D. K. Saikia Regional Director, for guidance to the Project team. I also thank Mrs. Leena Kumari, Assistant Director and Project in- charge, NIPCCD, RCG for successfully completing the study. I appreciate and thank Miss Kasturi Datta, Project Assistant for her contribution to the study.

M. A. Imam
Director
NIPCCD

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Abbreviations

I.	AIDS	Acquired Immune Deficiency Syndrome
II.	CCI (s)	Child Care Institution (s)
III.	CWC:	Child Welfare Committee
IV.	DCPO	District Child Protection Officer
V.	DCPU	District Child Protection Unit
VI.	Govt.:	Government
VII.	GoI	Government Of India
VIII.	HIV	Human Immune deficiency Virus
IX.	ICPS	Integrated Child Protection Scheme
X.	JJ Act	Juvenile Justice Act
XI.	MIS	Management Information System
XII.	MWCD	Ministry of Women and Child Development
XIII.	NCPCR	The National Commission for Protection of Child Rights
XIV.	NGO	Non-Government Organization
XV.	NHRC	National Human Rights Commission
XVI.	NCRB	National Crime Record Bureau
XVII.	UNICEF	The United Nations Children's Fund
XVIII.	UN Convention	United Nation Convention
XIX.	OHB	Observation Home Boys

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EXECUTIVE SUMMARY

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India has the largest number of children in the world. Children are the most vulnerable sections of our society. They can easily be discriminated, violated and abused. India's constitution, legislation and policy offer extensive safeguards to the human rights of children. Despite all the safety net, in reality, millions of children in the country live under difficult circumstances. They are deprived of basic requirements of living in a family set up and land up in the most vulnerable situations. Thus, it is the prime responsibility of all concerned to ensure that proper foundations is laid in the early stages of children's life, so that their potential is properly bounded for the growth and development of the nation.

In order to address the issues of child survival and protection Ministry of Women and Child Development, Govt. of India introduced a centrally sponsored scheme Integrated Child Protection Scheme (ICPS) for the children who are in need of care and protection and children in conflict as defined under the JJ Act. One of the main objective of the scheme is to strengthen child protection at family and community level, create and promote preventive measures to protect children from situations of vulnerability, risk and abuse. In order to reach out to all children, in particular to those in difficult circumstances, the scheme provide few services through Child Care Institutions like children home, shelter home, observation home, special home, after care home and open shelters and also non Institutional programme under the Juvenile Justice system.

The children residing in these child care institutions are victims of exploitation, discrimination, violence, abuse are the most vulnerable group who are in utmost need of counselling. These children are often found to show signs of behavioural problem like lying, stealing, aggressiveness and depression. Considering this need, Juvenile Justice (Care and Protection) Act 2000 stipulated that there should be a counsellor in each child care institutions. The Counsellor can play a vital role in helping these children in restoration of their mental health and also to enable them to cope with their personal problems, modify their behaviour and outlook and also in their reintegration into the mainstream society. Therefore, strengthening the counselling services in the child care Institutions is of prime importance for the physical and mental wellbeing of the children.

However, it has been observed that many CCIs are functioning without a qualified counsellor for reasons ranging from unavailability of trained professional in the remote districts, inability to appoint a counsellor due to financial and other constrains. In some institutions, under qualified counsellors are appointed who do not have the basic knowledge

and skill of counselling, while a few CCIs do not give due importance to counselling. In this background it becomes imperative to assess the status of counselling services in the homes to understand the over-all quality of care in these institutions.

Objectives

The objectives of the study were to:

- ❖ To understand the availability of counseling services and also to assess the quality of these services in the Child Care Institutions (CCIs);
- ❖ to identify the needs, concerns and factors affecting the quality of counseling service in the institutions;
- ❖ to understand the competencies and capabilities of counselors in terms of their knowledge, skill and attitude;
- ❖ to draw attention of the government and NGOs to the importance of strengthening counseling services in CCIs and
- ❖ to identify gaps in providing counseling service in CCIs and suggest measures for quality improvement

Methodology

The present study covered six selected districts out of 11 districts in Meghalaya as all the districts do not have child care institutions. A purposive random sampling method was used for the selection of the districts. The state has 60 Child Care Institutions recognized and registered under the Juvenile Justice Act, .Out of this, 9 (nine) CCIs are run by the state government and 51 CCIs are run by Non-Government Organizations. The study was conducted covering a total of 21 CCIs (9 CCIs run by Government and 12 CCIs run by NGOs) from different districts of Meghalaya State.

The targeted number of all respondents in the study was 21 except DCPO. But, in some of the CCI's the posts of different respondents were lying vacant as no appointment charge officials. On the other hand, a Focus Group Discussion (FGD) was also held with the children in the age group of 13-18 years. It should be mentioned here that, for this discussion there is no fixed number of respondents. Data was collected according to the availability of children in the CCI's.

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The targeted number of all respondents in the study was 21 except DCPO. But, in some of the CCI's the posts of different respondents were lying vacant as no appointment was made. Therefore, in such circumstances the information was gathered from the in-charge officials. On the other hand, a Focus Group Discussion (FGD) was also held with the children in the age group of 13-18 years. It should be mentioned here that, for this discussion there is no fixed number of respondents. Data was collected according to the availability of children in the CCI's.

Respondents

Total Number

• District Child Protection Officer	06
• Superintendent	21
• Counsellor	21
• Case Worker/Child welfare Officer	21
• Doctor/Paramedical Staff	21
• House Father/ House Mother	21
• Educator/Yoga Teacher	21
• Children(13-18 age group) for FGD	-

Tools of Data Collection

Data for the study were collected by using different method- Interview, Observation, Focus Group Discussion and Check list, facilitator's guide. In order to ensure systematic collection of data a number of tools were used. Interview schedule were the main tools through which data were collected from different categories of respondents by interviewing. For this purpose ten different interview schedules for ten (10) different categories of respondents were developed. Besides, observation schedules for understanding of the overall functioning of the homes and focused Group Discussion schedule for the age group of 13-18 years children were also prepared. The secondary data were gathered from the official records and registers at the homes.

The data was further analysed by using appropriate statistical method. The data obtained was tabulated using Excel work sheet for its analysis and with an intention to optimally utilize the valuable empirical information of the present study. A simple statistical measure such as percentage (%), average was used. An attempt was also made to present the data graphically using bar diagrams, histograms, cones, pie, line etc.

Findings of the Study

Manpower

Manpower plays an important role for any institutions as it facilitate the works and provide services to the people in appropriate manner. With regard to the availability of different categories of manpower in CCIs, the present study revealed that among all the staffs of CCIs, especially the posts of Case Worker (05), Educators (05), Paramedical Staff (05) etc., were found to be vacant. Attempt has also been made to find out the availability of

the Counsellors in the CCIs of the selected districts. It was found that the posts of Counselors in three of the selected homes were vacant and these homes were from two districts i.e, East Garo hills and West Khasi hills. These Child Care Institutions were run by NGOs. Though, in CCIs the counseling service was given by the Superintendents and Counselor of the DCPO office but, it was not a regular kind of activity. So, unavailability of the manpower somehow affecting the overall functioning of the Institutions, including the counselling services.

Training Status

Training provides a prime opportunity to expand the knowledge and skills of the functionaries of any of the institutions. Lack of training of functionaries is also one of the key factors which can adversely affect the quality of services. As the present study focused on the counseling services of CCIs, therefore efforts were made to know the training status of the functionaries. It was found that some of the staffs of both Govt. and NGO run homes were found to be untrained and the number was high in NGO run homes. Among all functionaries, it was found that 30% of the Counsellors were untrained. Moreover, the other 70% had only undergone orientation training on different issues like child protection, various Acts related to children etc. It has also come into notice that these Counsellors did not receive any specific training on counselling skills, methods, techniques. Concerning this most of the Superintendents said that due to this, the Counsellors were facing problem in discharging their duties and therefore urged that regular skill development training programmes should be organized for them to enhance their knowledge and skills in counseling. However, the present situation created a gap in providing quality counseling services in the Institutions.

Educational and Professional Qualification

JJ Act says that the counselors should be a Post Graduate Degree holder preferably in Psychology. With regard to the educational qualification of the counsellors, it was found that most of the Counsellors were post graduated with a few graduates. Whereas, in terms of their professional qualification it was found that little more than half (65%) of them have done professionally qualified and therefore, they were facing problem in conducting counselling sessions. This was also affecting the quality of counseling services in the Institutions.

Time Devoted for the Counseling Sessions

Ginott (2001) states that effective counselling is often hindered by the unavailability of time especially when the Counsellor has too many children to cope with as he/she needs to know their individual problems. It was also found in the present study that in some homes children were residing in large number and therefore it was difficult for the Counsellors to devote the required time in one counselling session. This also affected the quality of the counselling services.

Competencies and Capabilities of the Counsellors

Since one of the objectives of the present study was to understand the competencies and capabilities of the Counsellors, effort was made to elicit views of the Superintendents about knowledge and skills of counselling of counselors of selected CCIs. The data showed that majority (81%) of the Superintendents were of the view that the Counsellors of their Homes had adequate knowledge and skills in counselling. However, while interviewing the Counsellors it was noticed that the Counsellors were not able to give proper responses regarding the techniques, skills, methods of counseling mentioned in the interview schedule.

The study also aspired to understand the types (Individual, Group Counseling, Both) of counselling used by the Counsellors during the counseling sessions. It was found that majority (85%) of them were aware and used Group and Individual counselling in their sessions. However, 15 per cent Counsellors followed only Individual Counseling method in their sessions. Whereas, it is desirable that all the counselors, also follow group counseling because group counseling provides an opportunity to children to share experiences, learn perspectives, and experiment with new behaviours in a safe and supportive environment.

Development of Schedules

There are various factors which a counselor should consider while providing counseling services to children which include understanding child's problem so that bonding develops between the child and counselor: open listening; exploring of problem; insight and awareness and tactful handling of sensitive issues etc. Accordingly, a schedule must be develop and followed by the counselors for each case. The present study also attempts to know the development of schedules by Counsellors before beginning the counseling session. It was found that 85 per cent of the Counsellors did not develop any schedule. The reason was that they had a lack of knowledge on development of schedules. This somehow was also affecting the overall process of counseling.

Techniques of Counselling used by Counsellors

Other researches show that Counsellors should be trained and well acquainted with the skills and techniques of counselling to deal with the individualized problems of the children. When Counsellors are confronted with children, they need to be skilled in certain specific treatment approaches for various cases. The data of the present study showed that among the different techniques, Counsellors used mainly anger management (50%), relaxation training (45%) and play/music/art/dance therapy (40%) as they were not acquainted with the other techniques. Inadequate knowledge on the techniques of counseling may as well create a gap in providing effective counselling services. This can also be considered as a factor which was affecting the services in the Homes. Use of all techniques according to different cases may give a better result in counselling.

Steps and Methods of Counselling

In the context of the present study it was also attempted to understand whether the Counsellors were following the proper steps of counselling or not. Regarding this it can be known that all Counsellors mainly follow the steps of developing rapport and listening. Other steps like maintaining a progress follow up and attending skills were only followed by some of the Counsellors. However, it was found that the steps followed by them were not in a sequential order. This showed that the Counsellors had inadequate knowledge on steps of counseling. Thus, it is a matter of concern which needs to be focused. It was also found that Counsellors were not very much acquainted with the proper Counselling methods. They mainly focused on three methods (Giving direction 52.90%, Paying Attention 23.50%, Preparing of behaviour chart 11.70%) of counselling. The other methods like Time out, Ignoring, Rewarding were followed by none of the Counsellors of Government run as well as NGO run Homes. Not having proper knowledge of the Counselors on different methods of Counselling is also affecting the quality of the counselling services in the Institutions.

Maintenance of Case File and Going through SIR

As per the available data, in nine selected Government run CCIs, more than 80% of the Counsellors maintained case files of children. Whereas, in 12 visited NGO run homes only 30% of the Counsellors were involved in it. Thus, this shows that the Counsellors of the Government run Homes were more capable in terms of knowledge and skills than the NGO run CCIs. The findings also shows that none of the Counsellors of the NGO run homes go through the SIR of children before beginning the counselling sessions. Whereas, in

Government run Homes, this procedure was followed but that too, merely by 29.40 per cent of the Counselors.

Focus Group Discussion

From the Focus Group Discussion with the children from 13-18 years, it could be highlighted that there should be regular counselling sessions with the children by a trained Counselor as children need counselling and guidance every day for their studies, for daily life management etc.

Registration of Child Care Institutions under J.J. Act

JJ Act says that all Institutions and organisations running Institutional or Non-Institutional care services for children in need of care and protection, whether run by the Government or Voluntary Organization, shall get themselves registered under sub-section (3) of section 34 of the JJ Act, 2015. Whereas, the findings of the present study showed that many of the NGO run missionary CCIs though registered under JJ act were running as hostels and not functioning as per the guidelines of the Act. Children residing in these homes were also paying an amount of Rs.1000 for their stay.

General Observation

- It was observed that children under five years were also admitted in some Institutions but no special care taker was appointed for them in any of these CCIs. Even facilities like cradles, play materials etc. for stimulation of the children were not found.
- In some of the visited NGO run homes, incidences of overcrowding was observed. It was also observed that hygiene and sanitation in terms of toilets, bathrooms, maintenance of cleanliness of the dormitories, availability of mosquito nets were found to be inadequate.
- In almost all the visited CCIs there was no provision of cooking gas. So they made the food using wood and fuel. Cooking food in mud stove was difficult in rainy season for the functionaries. Cooking in firewood is also in a way polluting the environment of the CCIs and was affecting the health of the children.

- It was also noticed that 76 per cent of the homes had adequate space in the dormitory and in 24 per cent homes there were inadequate space. Whereas, it is desirable that all dormitories should have adequate cots and space as per the number of the inmates.
- It was also observed that in 71 per cent of the CCIs have essential furniture in the dormitories like shoe rack, book rack, wooden almirah and cupboards etc. were available.
- It was observed that majority (14) of the CCI's have outdoor space for the children to play and seven of them do not have any outdoor space. Similarly indoor space was also not found to be adequate in most of the CCIs.
- In most of the homes it was also observed accommodation of children was not arranged according to the age.
- In majority of the CCIs it was observed that there was no proper garbage disposal system.
- In some homes, it was also observed that the surroundings were not clean. Water logging was found everywhere which was very dangerous for the mosquitoes to breed and cause malaria. It was also found that in CCIs of Garo hills, the children mostly suffered from malaria.
- Some of the children had emotional and behavioural problems like aggressiveness, tendency to run away, quarreling, depression etc.
- Another finding regarding the availability of counseling rooms in CCIs was that out of 21 visited CCIs 17 CCIs have separate counselling rooms for providing counselling to the children. However, most of the counseling rooms were small in size; there were no adequate windows and also no proper space for performing play therapies with children.
- It was observed that most of the visited institutions do not have any vocational training facility for the children, neither they are tied up with local NGO's and ITI's. Whereas, in few of the homes vocational facility like computer operation, tailoring, gardening, knitting and candle making etc. were provided to children.

- There was lack of specific services for children with special needs.
- The regular health checkup of children was also not conducted in most of the CCIs. It was done only when need arises.
- In most of the CCIs it was found that the Home Authority did not involve children in planning their meals as well as in preparation of daily routine including studies, entertainment, sports etc.
- Majority of the CCIs Home Management Committee was not yet formed.
- In most of the visited CCIs Outdoor facilities like football, basketball, badminton and Indoor games like ludo, chess, chinese checkers were made available for the children. Apart from these, other recreational facilities like singing, dancing, television etc. are also provided to the children of the homes. It also helping in dealing with the various issues related to counseling.

Major Suggestion and Recommendations

Based on the findings of the present study in the fore going Paragraphs the following suggestions and recommendations are made.

1. All NGO run Institutions registered under JJ Act should follow the Rules and Guidelines of the Act with adequate staff and proper basic facilities.
2. All the vacant posts of the staff of the Child Care Institutions should be filled as early as possible for providing all essential services to the children in a healthier manner.
3. Training is a very important and necessary aspect for all functionaries in performing their role and job responsibility. Since, it was found that some of the staffs including Counsellors (30%) were untrained so, it is suggested that the State Government should provide for in-service training to all untrained officials with the help of NIPCCD and other recognized Institutes of social work or expert bodies specialized in child related issues.

4. It has come to the light that 35 per cent of the Counsellors were not professionally qualified. Therefore, it is suggested that personnel with specific qualification in Counselling and having some experience in working with children should be appointed for the posts of Counsellors or some kind of professional course should be arranged for the appointed counselor.
5. To devote the required time in each counselling session, it is suggested that the numbers of children and number of staff is proportionate in the CCIs. So that, Counsellor is able to attend and assist individual child with maximum attention for effective counseling.
6. It is desirable that the Counsellors of all CCIs give importance and use both Individual and Group Counselling methods because using these methods by the Counsellors provides an opportunity to the children to share experiences, learn perspectives in a safe and supportive environment. As it seen from the data of the study 85 per cent of the Counsellors were not aware of developing of schedules, training should be provided by the concerned authority to the Counsellors on development of schedules before beginning the counselling sessions.
7. It is essential for all Counsellors that they should know all the techniques and methods of counselling to counsel and guide the children in any difficulties. As the findings revealed that the Counsellors were not acquainted very well with all the techniques and methods of counseling therefore, it is suggested that in-depth training specifically on methods and techniques of counseling should be provided to the Counsellors. It will further also help them in following the proper steps of counselling in a systematic order.
8. To perform therapies like Play/music/Art/Dance therapy, it is suggested that proper hands-on training and tools should be provided to all the CCIs by the concerned department.
9. There is a need for preparing and maintaining case file as well the SIR of the children by the Child Care Institutions registered under JJ Act.
10. Home Management Committee was not yet formed in most of the visited CCIs. According to JJ Act every institution shall constitute a Home Management

Committee for the management of the institution and monitoring the progress of every juvenile and child as per rule 55 of the JJ Act Rules, 2007. Therefore, it is suggested that every institution shall constitute a Home Management Committee.

11. In order to prepare children/juveniles for economic independence when they are discharged from the Institutions as young adults, it shall be the responsibility of every Institution to provide employable vocational training to children when they complete their schooling or drop out of school.
12. Institutions set up under the Juvenile Justice Act should be located in an appropriate child friendly environment in natural surroundings with adequate open space for children to engage in outdoor activities.
13. Every Institutions should be well connected by various modes of transportation and be within the vicinity of schools and technical and other vocational training institutes.

CHAPTER -1
INTRODUCTION

CHAPTER -I

INTRODUCTION

Children constitute principal assets of any country. The wealth of a nation is not so much in its of economical and natural resources but it lies more decidedly in the kind and quality of the wealth of its children and youth. Children's development is as important as the development of material resources. The best way to develop national human resources is to take care of children. The wellbeing of children has been a concern and an integral



Children in CCI of Meghalaya

part of the country's developmental planning since 1951. As they are the creators and shapers of a nation's tomorrow so this makes it imperative that we accord the highest priority to their mental and moral well-being.

India has the highest number of children in the world. The total population of India as recorded by Census 2011 is 1.2 Billion. The current population of India in 2016 is 1.34 billion. Approximately 41% of the nation's population is below the age of 18 years (according to ministry of Home Affairs) Government of India. The country has a very high rate of neo-natal deaths (around 35%) in the world. It also accounts for around 40 percent of child malnutrition in the developing world. A large number of children who are considered very vulnerable like orphans, abandoned, destitute children, missing or run-away children, street children, children of sex workers, abused, tortured and exploited children, children indulging in substance abuse, children affected by HIV/AIDS, children affected by natural calamities, emergencies and manmade disasters, children with disabilities and children suffering from terminal/incurable diseases etc. are categorized as Children in Need of Care and Protection (CNCP). Some

children falls under the category of Children in Conflict with Law (CCL) and these are the children who indulge in some kinds of activities which are against the law and considered to be illegal. Both these category of children face many problems and difficulties in the society that not only jeopardise their survival and development but also violates their other rights. Such problems give rise to many harmful consequences. Such children suffer from neglect, exploitation, often trafficked, abused, subjected to violence, sexual assault, sexual exploitation, abduction, kidnapping etc. These problems of children are also recognized as global problem and therefore initiatives has also been taken globally to protect these children and their rights. In this context mention may be made of the United Nations Convention on the Rights of the Child (UNCRC) which was adopted by the UN General Assembly in 1989, and was also ratified by the Gol in 1992 for protection of the rights of our children.

The problems encountered by CNCP and CCL adversely affect their overall development and wellbeing. As mentioned earlier they do not only face protection related problems but also suffer from mental health problems like depression, trauma, post traumatic disorders etc. and it becomes difficult for them to lead their life as a normal human being. Keeping in mind the vulnerability of these children the Government of India has introduced many programmes like National Child Labour Project, programmes for street children etc. for their protection and safeguard. Government has also enacted many legislations like Child Labour Prohibition and Regulation Act, 1986; Immoral Traffic Prevention Act, 1986; Protection of Children from Sexual Offences Act (POCSO), 2012 and most importantly Juvenile Justice (Care and Protection of Children Act), 2015 to safeguard and mitigate the sufferings of these children in distress.

The JJ Act specially provides to strengthen provisions for both children in need of care and protection and children in conflict with law by catering to their basic needs through proper care, protection, development, treatment, social re-integration, by adopting a child-friendly approach in the best interest of children. The Act provides for non-institutional care such as sponsorship and foster care, adoption and Institutional care to take care of the needs of the children for their rehabilitation.

1.1 Introduction to ICPS

The Ministry of Women and Child Development, Gol is implementing a Centrally Sponsored Scheme, the Integrated Child Protection Scheme (ICPS) to support the services envisaged under the JJ Act for children. According to the Scheme, Child Protection is about keeping children safe from a risk or perceived risk to their lives or childhood. It is about

recognizing that children are vulnerable and hence reducing their vulnerability by protecting them from harm and harmful situations. It has significantly contributed to the realization of Government/State responsibility for creating a system that will efficiently and effectively protect children based on the cardinal principles of "protection of child rights" and "best interest of the child".

Two major components covered under ICPS scheme are Non-institutional care and Institutional care. Non institutional care provides for the rehabilitation and reintegration of children through services like sponsorship, foster care, adoption, after care and cradle baby scheme. These services are provided to develop preventive, supportive, community-based, family-oriented outreach programmes for the Children in Need of Care and Protection (CNCP), to provide necessary counselling support to families "at risk" in order to prevent abandonment and institutionalisation of the child due to social and economic circumstance, to arrange for substitute family care when the child's own family of birth cannot look after him due to compelling circumstances and crisis. It also works towards de-institutionalising the child and rehabilitate him in his own biological family or a substitute adoptive or foster family.

Although, it is universally accepted that even the best institution cannot substitute for the nurturing care that a family can give to a child, yet if due to some circumstances, appropriate alternative care for some children cannot be arranged then institutionalization may be the only immediate option. However, even when children are placed in institution they need to be provided with all appropriate environment for their holistic development.

To provide shelter and residential care services for vulnerable children, various kinds of institutions have been set up under the Juvenile Justice Act for Children and ICPS. They are:-

i) Shelter Homes

The children who are without parental care, run away children, migrant children, and child substance abusers etc. require residential care for a temporary period. The Juvenile Justice (Care and Protection of Children) Act empowers State Governments to recognize reputed and competent voluntary organizations, to cater to the needs of such children. The State Government shall provide financial assistance to set up and administer Shelter Homes for such children. These homes shall offer day and night shelter facilities to the children in need of support services for a temporary period, while efforts are made to rehabilitate them.

ii) Children's Homes

A large number of children in need of care and protection who enter the juvenile justice system through the Child Welfare Committees (CWCs) are in need of residential care and protection during the pendency of any inquiry and subsequently for their long term care, treatment, education, training, development and rehabilitation. The Juvenile Justice (Care and Protection of Children) Act empowers the State Government either by itself or in collaboration with voluntary organizations to set up Children's Homes in every district or group of districts for the reception and residential care of such children. These homes shall serve as a home away from home and provide comprehensive child care facilities to children for ensuring their all-round development. They shall work towards enhancing the capabilities and skills of children and work with their families with the view of facilitating their reintegration and rehabilitation into mainstream society.

iii) Observation Homes

Children in conflict with law who enter the juvenile justice system through the Juvenile Justice Boards (JJBs) are in need of adequate residential care and protection during the pendency of any inquiry regarding them under the Juvenile Justice (Care and Protection of Children) Act. The Act empowers the State Governments to establish and maintain either by itself or under an agreement with voluntary organizations, observation homes in every district or group of districts for their temporary reception. In order to facilitate and expedite setting up of Observation Homes in every district or group of districts, the scheme shall provide financial support to the State Governments and Union Territory Administrations.

iv) Special Homes

Children in conflict with the law committed by the Juvenile Justice Boards (JJBs) for long term rehabilitation and protection require institutional services. The State Governments are empowered to establish and maintain either by itself or under an agreement with voluntary organisations, special homes in every district or group of districts for the reception and rehabilitation of juveniles in conflict with law. In order to facilitate and expedite setting up of Special Homes in every district or group of districts, the scheme shall provide financial support to the State Governments and Union Territory Administrations.

1.2 Problems encountered by children in difficult circumstances in Institutions

Children in difficult circumstances who live in these institutions may show some of the following problems:

- Lack of individual attention, individualization, one-to-one caring and interaction makes it difficult for a child to feel secure and bonded to one caregiver.
- When a child is cared for by changing staff, the child is unable to form an attachment with any one person. This leads to a lot of emotional isolation and insecurity in the child.
- Excessive routinisation and regimentation does not take into account individual needs of the child and hence the child either becomes very reticent and submissive or may react by becoming defiant and rebellious.
- Inability to form lasting, meaningful relationships. The child finds it difficult to trust people in authority or even peers when he has had too many negative experiences.
- Due to the psychological, emotional and nutritional deprivation these children may also show poor academic performance, and other behavioral problems.
- The "Institutionalised Child" also sometimes show very low self-esteem. Some children may develop a poor self-worth, which may reflect later in interpersonal relationship problems.

Thus, only placing the children who are in need of Care and Protection in residential care is not enough. They also have to be given, besides other interventions, therapeutic services like 'Counselling' to cope up with their emotional, psychological and behavioural problems and also to overcome from the past and post traumatic disorders. Counselling is a process that is designed to help an individual solve some of his/her problems or assist the individual in planning the future (Zindi & Makotore, 2000). It is a process that occurs when two persons interact with an objective to explore the difficulties and problems of the other person and find solutions to enhance the quality of his or her life. Counselling has to be the most integral, intangible component of all the institutional services. The counselling services gives the institutionalised children support when their own coping mechanisms fail to function effectively. Counselling helps children to reconnect to his/her environment and also reintegrate them to the mainstream society.

A study conducted by Twari (2007) has thrown light on the importance of counseling. The study was conducted on the runaway boys brought to an Observation Home which was

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meant for the temporary stay of the street boys from all over Delhi. After circumstances at home forced these children to escape, they are caught upon yet another world of exploitation, hunger violence and abuse. Street children suffer from physical and sexual abuse. Poor educational opportunities and bitter reality of their lives kills any hope of a better future. To escape the depression of their lives, many of them take drugs or even try to commit suicide. Thus, the study revealed that timely intervention in form of safe environment and also providing counseling to channelize their energy into positive direction is the most important rehabilitative step. It is therefore, amply clear that counseling services in a Child Care Institutions is essential and need to be qualitatively assessed to suggest measures of improvement for effective implementation.

In the recent time, counseling services to people in distress has received attention from the experts, child rights activist, child care institutions, government and also NGOs involved in care of children in difficult circumstances. While counseling is considered vital for all affected, its importance is most significant for children. Children who are victims of exploitation, discrimination, violence, abuse are the most vulnerable group who are in utmost need of counseling. Besides, another group of children who are in conflict with law also need counseling for support and reformation. Under the Juvenile Justice System in India there is provision of keeping both these groups of children in the Child Care Institutions (CCIs). These CCIs are required to provide counseling services to these children to enable them to come out from the trauma and lead a normal life. As mentioned earlier, Children in the Child Care Institutions are also considered to be most vulnerable due to the difficult circumstances they have faced. These children are often found to show signs of behavioural problem like lying, stealing, aggressiveness and depression. In the present study, similar behavioural problems were found in children of the selected institutions. Considering this need, Juvenile Justice (Care and Protection) Act stipulated that there should be a counselor in each child care institutions. Counselors can play a vital role in helping these children in restoration of their mental health and also to enable them to cope with their personal problems, modify their behavior and outlook and also in their reintegration into the mainstream society.

In India, each year, thousands of children enter the juvenile justice system for diverse reasons ranging from committing various acts of offences as per the laws of the land. Though institutionalization is stated to be the last resort for a child in difficult circumstances, a considerable percentage of these children who enter the system ultimately fritter away their childhoods in government or non-government run child care institutions. Therefore,

strengthening the counseling services in the child care institutions is of prime importance for the physical and mental well-being of the children.

However, it has been observed that many CCIs are functioning without a qualified counselor for reasons ranging from unavailability of trained professional in the remote districts to inability to appoint a counselor due to financial and other constrains. In some institutions, under qualified counselors are appointed who do not have the basic knowledge and skill of counselling, while a few CCIs do not give due importance to counselling. There is possibility that these counselors may do more harm than good to the children. Thus, the children are deprived of their basic support system in the institutions. In this background it becomes imperative to assess the status of counselling services in the homes to understand the over-all quality of care in these institutions.

As a whole it can be said that there is need to assess the counseling services provided to the children who are in need of Care and Protection and are in conflict with law. There are several studies on overall functioning of Child Care Institutions. However, studies based on the assessment of counseling services are found to be in a limited number. Therefore, focusing on Counselling services, the present study entitled "Study on Counselling Services in the Child Care Institutions of Meghalaya" was undertaken on 21 CCIs of Meghalaya keeping in view the large number of CCI's in the state in comparison to the states.

1.3 Review of literature

There are very few studies conducted so far on the Counselling services of Child Care Institutions particularly in India. However, review of some of the important studies conducted in India and abroad is summarized below:

A study conducted by NIPCCD, Regional Centre Guwahati on Status of Child Care Institution in North Eastern Region (2013) found that some of the children had emotional and behavioural problem like lying, stealing, aggressiveness, depression etc. The home functionaries were not conceptually clear about the kinds of the children of different categories would require. Most of the staff were untrained and they do not have clarity of their roles and responsibilities. Majority of the institutions were under staffed and the post of the counsellors were vacant. The study recommended that Counselling services should be provided by the counsellor to the children to modify the behaviour of inmates having emotional, behavioural and learning problems.

Another study conducted by Tiwari *et al.* (2007) reflected on the importance of counseling. The study was conducted on the runaway boys brought to an Observation Home which was meant for the temporary stay of the street boys of 6-16 years old from all over Delhi. Street children suffer from physical and sexual abuse. Poor educational opportunities and bitter reality of their lives kills any hope of a better future. To escape the depression of their lives, many of them take drugs or even try to commit suicide. Timely intervention in form of safe environment and also providing counseling to channelize their energy into positive direction is the most important rehabilitative step is one of the major finding of the study. Thus, it is amply clear that counseling services in a Child Care Institutions are essential and need to be qualitatively assessed to suggest measures of improvement for effective implementation of the ICPS programme.

Another study conducted by NIPCCD, New Delhi (2014) on Assessment of Provision of Guidance and Counselling services in Child Care Institutions showed the marked difference in children after being counseled. The major differences in child behavior after post-counseling included expressing thoughts, ideas and apprehensions as reported by 85.7% counselors, followed by behavioural changes like positive attitude and disciplined behavior of children, confident and able to take right decision. Children were in a better position to give detailed information about their family members and also got agree for restoration. A few (14.3%) counselors reported that children became more oriented towards future after being counselled. It was also observed by the counselors that children become more involved in education and recreational activities after counseling, which was seen in terms of better participation in group activities, better performance in formal classes at school and more oriented towards learning.

The need of the above study was based on that Counselling services for children in CCI's assume importance as the service provides a gateway to children to express themselves, enable them to gain self-confidence, assess own strengths and limitations and gain a generic enhancement of capacity to cope better with challenges. But the outcome of the study revealed that problems like lack of effective communication skills between children and counsellors, non-co-operative attitude of the children, lack of privacy, non-sensitization of staff members about counseling hindrances the counselling services.

Another study was conducted by Hunshal, Saraswati C. and Gaonkar, V. *et al.* (2008) on Adjustment of institutionalized children. The results of the study revealed that majority of the institutional children had unsatisfactory adjustment indicating more problems in social.

emotional and educational areas; because of behaviour problems and lack of adjustment it was likely to drag them towards anti-social behaviour. It was recommended that the Department of Social Welfare should pay attention to these problems of children and providing special training through guidance and counseling services in the institutions by the counsellors.

A study on Impact of sexual Abuse on personality Disposition of Girl Children was conducted by Deb and Mukherjee *et al.* (2006). Under the study data was collected from a group of 120 sexually abused girl children 120 non- sexually abused girl children. Out of total 120 sexually abused girl children covered in the study, about 58.3% perceived counseling to be beneficial while the remaining 41.7% perceived it not to be facilitative. However, it was also found in the study that Counselling improved self-concept of sexually abused children and reduced their level of anxiety to some extent.

Chandra Shekara, T. S. Poornima, B. K. and Manjunatha, P. S. *et al.*(2001) NIPCCD, Bangalore conducted a Study on Child Care Institutions in Karnataka, Bangalore. The study found that child care institutions run by the Government or private bodies have been playing an important role in providing services to children who are deprived of a natural family. The objectives were to study the functioning of child care institutions with reference to infrastructure, their procedures, rules and regulations concerning admission and discharge of children; understand the views and experiences of child inmates; and offer suggestions for enhancing the quality of functioning of child care institutions. Findings revealed that among others, Counselling and therapeutic services were lacking in Government institutions. It was found that the training of staff on issues concerned with administration of child care institutions was not a priority.

A Study of psychosocial and health aspects of inmates in Juvenile homes, Mysore conducted by Azeez, Mudassir *et al.* (1998) to study the psychological factors of the juveniles prior to their admission, to assess their health status, self-esteem, adjustment problems etc. revealed that most of the juveniles (70%) were in the 12-16 years age group and were from large nuclear families. More than 90% of the parents were illiterate and were from low socioeconomic class. 58% of the inmates came from broken homes. The study recommended that parents should be counselled regarding positive approach in disciplining their children and size of the family should be small so that parents could give child-centred care to their children. Rehabilitation should be more meaningful and suited to modern day trades and skills. Preventive and corrective measures within the available resources were suggested to solve the social problem of delinquency.

Thus, the above study reviews has thrown light to the fact that there are very few studies on Counselling services in the Child Care Institutions and that too in India and North East Region of Indian context. Therefore, there is need for exploring the issue of counseling in CCIs through some appropriate studies.

CHAPTER -2
DESIGN OF THE STUDY

CHAPTER -2

DESIGN OF THE STUDY

2.1 Universe

The study was carried out in Meghalaya. According to the Indian Population Census 2011, Meghalaya has a total population of 2,966,889. Though Meghalaya is not a very populous state, it has 60 child care institutions registered under the Juvenile Justice (Care and Protection) Act, 2000, out of which, 9 are run by the government and 51 are run by the non-government organizations. The number of children residing in these institutions presently is about 2000 (according to the Quarterly monitoring report submitted by SCPS to the State Government till September, 2016).

2.2 Need of the study

Many studies conducted by different institutions/organisations revealed that children living in CCIs manifest different emotional and behavioural problems. These children face various kinds of violence before they were brought into the institutions and also different emotional and behavioural problems are observed in them. Thus, therapeutic services in the form of counselling are provided to these children to overcome from such circumstances. So, there is a need to assess the quality of counselling services available in these Child Care Institutions. On the other hand, there is very limited study conducted on the Counselling services of CCIs and as such no study was conducted in context of Meghalaya. Thus, keeping in view the number of CCIs in the state of Meghalaya and the importance of quality counseling services, the present study had been undertaken.

2.3 Objectives:

The study was carried out with the following objectives:

- i. To understand the availability of counseling services and also to assess the quality of these services in the Child Care Institutions (CCIs);
- ii. to identify the needs, concerns and factors affecting the quality of counseling service in the institutions;
- iii. to understand the competencies and capabilities of counselors in terms of their knowledge, skill and attitude;

- iv. to draw attention of the government and NGOs to the importance of strengthening counseling services in CCIs and
- v. to identify gaps in providing counseling service in CCIs and suggest measures for quality improvement.

2.4 Sampling:

The study covered 6 selected districts out of 11 districts of the state of Meghalaya. Purposive random sampling method was used for the selection of the districts. The state has 60 Child Care Institutions recognized and registered under the Juvenile Justice Act. Out of these, nine CCIs are run by the state government and 51 CCIs are run by Non-Government Organizations. The nine Government run CCIs are located in three districts namely, East Khasi Hills, Jaintia Hills and West Garo Hills. The study covered all these nine CCIs run by the government in three districts.

On the other hand, out of the 51 CCIs run by the non-government organizations, the study covered two CCIs each from six selected districts out of the total 11 districts of Meghalaya. Thus, the study covered 12 CCIs run by NGOs. Five districts with fewer and with recently established CCIs were not covered in the study. The selection of the CCIs run by NGOs was done by using purposive random sampling method to include all categories of institutions by using criteria like year of establishment, nature of institutions, whether for boys or girls etc.

It is also to be mentioned here that before data collection it was informed by the DCPO of Jaintia Hills that two selected NGO run CCIs had surrendered from JJ Act and therefore instead of those CCIs, two other NGO run CCIs which are registered under JJ Act were selected additionally from East Khasi hills district to fulfill the sample of 12 NGO run CCIs of the study. Hence, the study covered a total of 21 CCIs (Nine CCIs run by Government and 12 CCIs run by NGOs).

The detail of the sampling procedure is shown in the Table 2.1 given below:

Sl. No.	Name of the District	No of Govt. run CCIs	No of NGOs run CCIs
1.	East Khasi Hill	5 Govt. Run CCIs	4 NGO Run CCIs
2.	West Garo Hills	2 Govt. Run CCIs	2 NGO Run CCIs
3.	East Garo Hills	-	2 NGO Run CCIs
4.	North Garo Hills	-	2 NGO Run CCIs
5.	West Khasi Hills	-	2 NGO Run CCIs
6.	Jaintia Hills	2 Govt. Run CCIs	-

2.4.1 Respondents

Information's were collected from a targeted respondent group of individuals in each of the Government run (Nine) and NGO run (12) selected Child Care Institutions. The targeted number of respondents and the actual number of respondents interviewed are presented below in Table 2.2. The table also shows the vacant positions of the CCIs and the In-charge performing duties against these vacant posts

Table 2.2: Category and Number of Respondents

Sl. No.	Respondents	Targeted Number of respondents	Actual Number of Respondent taken	Vacant Post	Total Respondents	In-charge against the vacant post
1	District Child Protection Officer	06	06	-	06	-
2	Superintendent	21	19	02	21	House father In-charge
3	Counsellor	21	17	04	20	In two (02) CCIs Superintendent (i/c), in one CCI. DCPU's counsellor weekly counsel the children and one (01) post is vacant.
4	Case Worker/Child Welfare Officer	21	16	05	21	Counsellors of the CCIs were working as In- charge
5	Doctor/Paramedical Staff	21	16	05	17	Only in one (01) CCI Superintendent was in-charge and the remaining four (04) were vacant
6	House Father/ House. Mother	21	19	02	21	Superintendents of the CCIs were In- charge
7	Educator/Yoga Teacher	21	16	05	16	
8	Children (13-18 age group) for FGD	--	--	--	--	

As shown in the table 2.3.1the targeted number of respondents in each category was 21 except DCPO. Where as in some CCIs the posts of different functionaries were lying vacant. The superintendents of the CCIs informed that the appointment procedure against the vacant posts is going on. Therefore, in such situations, mostly superintendents, counselors and house

father/mothers of the child care institutions were working as in-charge and discharging the multifarious duties of other respondents.

On the other hand, they expressed that though they are performing the dual charge duties but they have their own responsibilities and other assignments, so it becomes difficult for them to contribute the required time as much as needed. They suggested that, it is necessary to fulfill the vacant post of the functionaries as early as possible of the Child Care Institutions for smooth functioning of the work and provide improved services to the children.

As a part of the study a Focus Group Discussion (FGD) was also held with the children in the age group of 13-18 years. However, for this discussion there was no fixed number of children. The number of children taking part in FGD varied according to the availability of children in the CCIs.

2.4.2 Research Tools

The methods adopted in the study for data collection were mainly interview, focus group discussion and observation. Accordingly interview schedules, facilitators guide and check list were prepared and used. The secondary data were gathered from the official records and registers at the Homes. The data were further analyzed by using appropriate statistical method.

For collecting the data from the respondents (DCPO of the concerned districts and Superintendent, Counsellor, Case worker/Child welfare officer, Doctor/paramedical staff, Educator/yoga teacher/physical trainer and House Father/ Mother of CCIs) Interview Schedules were used.

The Schedules focused on the following areas which are given below:

Category	Method of Data Collection	Instrument used/Tools
DCPO	Interview Method	Interview schedule

Focus area:

- Profile of the respondent including training status.
- Role and responsibilities of the respondent.
- DCPO's attitude towards importance of counseling in the CCI.

- Respondent view on role of counseling in the process of rehabilitation.
- Appointment of counselors in all CCIs of the district.
- Issues regarding counselling services in the CCIs.
- Steps taken at district level to enhance the quality of counseling services at CCIs.
- Suggest measures for improving counseling services.
- Problem faced in carrying out duties

Category	Method of Data Collection	Instrument used/Tools
Superintendent	Interview Method	Interview schedule

Focus area:

- Profile of the respondent including training status
- Role and responsibilities of the respondent
- Services provided to children in the institutions
- Children attending formal school and vocational training
- Categories of children received in the institutions, their background and reason for coming to the CCI
- The emotional, social and behavioural problems of children in the CCI
- Rehabilitation and restoration of children
- Superintendent's attitude towards importance of counseling in the CCI.
- Does he/she give counseling to children
- Involvement and role in the process on counseling.
- Problem faced in carrying out duties

Category	Method of Data Collection	Instrument used/Tools
Counsellor	Interview Method	Interview Schedule

Focus area:

- Profile of the respondent including professional qualification and training status
- Role and responsibilities of the respondent
- Counsellor's perception about the importance of counseling in the CCI.
- Duration of time spent in the institution
- Duration of time spent with each child
- Frequency of counseling sessions per child.
- Emotional problems faced by children

- Psychological problems faced by children
- Behavioural problem of the children
- Situations in which counseling is required
- Children response to counseling sessions
- Interventions for children with special needs
- Methods and types of counseling service provided in the institution
- Activities and measures taken to solve their problem
- Counselling provided to parents/guardians
- Attitude of other functionaries towards counselling
- Involvement and support of other functionaries in the process of counselling
- General attitude of the children
- Problem faced in carrying out Counselling service

Category	Method of Data Collection	Instrument used/Tools
Case Worker/Child Welfare Officer	Interview Method	Interview Schedule

Focus area:

- Profile of the respondent including training status
- Role and responsibilities of the respondent
- No. of Social Investigation report prepared (Form iv and xiii)
- No. of Individual care plan prepared (Form xxi)
- Follow up and home visits
- Does he/she gives counseling to children
- Case Worker's attitude about the importance of counseling
- Involvement and role in the process of counselling
- Behaviour change observed in children after counseling
- Problem faced in carrying out duties.

Category	Method of Data Collection	Instrument used/Tools
Doctor/Paramedical staff	Interview Method	Interview Schedule

Focus area:

- Profile of the respondent including training status
- Role and responsibilities of the respondent
- Duration of time spent in the home
- Common health problems in children in the home
- Intervention for Children with special needs

- *Intervention for Children with drug and substance abuse*
- *Is counseling apart of his/hor treatment in children*
- *Doctor's attitude about the importance of counseling*
- *Involvement and role in the process of counselling*
- *Children referred for counselling*
- *Problem faced in carrying out duties*

Category	Method of Data Collection	Instrument used/Tools
Educator/Yoga teacher/Physical trainer	Interview Method	Interview Schedule

Focus area:

- *Profile of the respondent including training status*
- *Role and responsibilities of the respondent*
- *Support to children with learning problem*
- *Behavioural problem of children*
- *Does he/she give counseling to children*
- *Educator's attitude about the importance of counseling*
- *Involvement and role in the process of counselling*
- *Children referred for counseling*
- *Problem faced in carrying out duties*

Category	Method of Data Collection	Instrument used/Tools
House Mother/Father	Interview Method	Interview Schedule

Focus area:

- *Profile of the respondent including training status*
- *Role and responsibilities of the respondent*
- *Daily routine of children in the institution*
- *Behavioural problem of children*
- *Measures taken to discipline children*
- *Does he/she give counseling to children*
- *House Mother/ Father's attitude about the importance of counseling*
- *Involvement and role in the process of counseling*

- *Children referred for counseling*
- *Behavior change observed after counselling*
- *Problem faced in carrying out duties*

For conducting Focus Group Discussion with the children from 13-18 years, Facilitators Guide was used. The focused areas used are given below:

Category	Method of Data Collection	Instrument used/Tools
Children between 13 –18 years	Focus Group Discussion	Facilitators Guide

Focus area:

- *Problem faced by children in the home*
- *Physical and emotional needs of children*
- *Attitude of children towards staff and overall environment in the home*
- *Children's attitude about the importance of counselling*
- *Childrens' level of satisfaction with the counseling service*
- *Children's overall adjustment level in the home*

Apart from these observation schedules were also developed and used to understand the overall functioning of the homes. The schedule focused on the following areas which are given below:

Category	Method of Data Collection	Instrument used/Tools
Institution	Observation	Observation Check List

Focus area:

- *Infrastructure available.*
- *Some aspects relating to children and the overall environment in the institution*

2.4.3 Pre-testing of tools

Tools prepared for the study were initially pre tested in different CCIs of Guwahati. Modifications and changes required were incorporated in the schedule before finalization.

2.4.4 Collection of Data

The study was conducted covering six districts of Meghalaya viz. East Khasi Hills, West Garo hills, North Garo hills, East Garo hills, West Khasi hills, Jaintia hill. The Directorate of Social Welfare, ICPS Shillong and the DCPOs of the respective districts were informed through letters about the research study and data collection programme, in order to obtain their maximum cooperation. For any research study the most important and critical period is data collection phase as a wide range of problems generally emerge in, such as transportation, lodging, climatic conditions and the availability of respondents etc. The research team had faced a few of these problems as well, nonetheless, excellent support and cooperation from the state department and districts was received that helped in collection of data in stipulated time. All the respondents were interviewed on one to one basis for the data collection of the study.

2.5 Limitations of the study

- The study was confined to six districts of the state out of the eleven districts. The remaining five districts with fewer and recently established CCIs were not covered in the study. Therefore, the sample of the study was confined to only 21 CCIs.
- Since counseling is held between the child and the counsellor in a separate room without the presence of anyone else therefore, counseling process could not be observed directly in the Homes and constituted a methodological limitation.

2.6 Quality Assurance

Several measures were taken to generate and collect reliable and good quality data. The design of the study and the tools were planned in consultation with faculty members of NIPCCD, Regional Center Guwahati.

The Project Assistant recruited for data collection work was also given detailed orientation by concerned faculty members about purpose and objectives of the study, research design, interview techniques, research tools with emphasis on filling them using appropriate coding frame. The Project In charge from NIPCCD also visited CCIs of some selected districts for collection of data of the study along with the Project Assistant.

2.4.4 Collection of Data

The study was conducted covering six districts of Meghalaya viz. East Khasi Hills, West Garo hills, North Garo hills, East Garo hills, West Khasi hills, Jaintia hill. The Directorate of Social Welfare, ICPS Shillong and the DCPOs of the respective districts were informed through letters about the research study and data collection programme, in order to obtain their maximum cooperation. For any research study the most important and critical period is data collection phase as a wide range of problems generally emerge in, such as transportation, lodging, climatic conditions and the availability of respondents etc. The research team had faced a few of these problems as well, nonetheless, excellent support and cooperation from the state department and districts was received that helped in collection of data in stipulated time. All the respondents were interviewed on one to one basis for the data collection of the study.

2.5 Limitations of the study

- The study was confined to six districts of the state out of the eleven districts. The remaining five districts with fewer and recently established CCIs were not covered in the study. Therefore, the sample of the study was confined to only 21 CCIs.
- Since counseling is held between the child and the counsellor in a separate room without the presence of anyone else therefore, counseling process could not be observed directly in the Homes and constituted a methodological limitation.

2.6 Quality Assurance

Several measures were taken to generate and collect reliable and good quality data. The design of the study and the tools were planned in consultation with faculty members of NIPCCD, Regional Center Guwahati.

The Project Assistant recruited for data collection work was also given detailed orientation by concerned faculty members about purpose and objectives of the study, research design, interview techniques, research tools with emphasis on filling them using appropriate coding frame. The Project In charge from NIPCCD also visited CCIs of some selected districts for collection of data of the study along with the Project Assistant.

2.7 Data Analysis and Summarisation of Data

The data obtained was tabulated using Excel Work sheet for its analysis and with an intention to optimally utilize the valuable empirical data in the present study. The data entry was done by Project Assistant under supervision of Project In-charge. Simple statistical measures such as percentage, average, etc. were used and an attempt was also made to present the data in tabular form and also graphically using bar diagrams, histograms, cones, pie, line etc.

2.8 Presentation of Report

The report of the study is presented in following chapters:

Chapter 1: Introduction and Review of Literature: As usual, in this chapter, the topic has been introduced along with the reviews of different studies.

Chapter 2: Methodology of the present study: The chapter discusses the need, objectives of the study and detailed methodologies adopted to carry out the study. Along with this, Techniques of data collection, manpower deployment, data quality and data analysis etc. have been described in this chapter in detail.

Chapter 3: Profile of the respondents: The chapter discusses the profile of the respondents which the DCPOs, functionaries and the children of CCIs.

Chapter 4: Counseling services in selected CCIs of Meghalaya: This chapter highlights the counseling services focusing on the availability of counselling services in CCIs. Competencies and capabilities of counsellors, Assessment of quality of counselling services and attitude of other staffs towards counselling services.

Chapter 5: Summary and Conclusion: This chapter summarizes the findings of the study and contains the broad conclusion and recommendation of the study.

CHAPTER -3

PROFILE OF THE RESPONDENTS: FUNCTIONARIES & CHILDREN OF CCIs

CHAPTER – 3

PROFILE OF THE RESPONDENTS: FUNCTIONARIES & CHILDREN OF CCIs

3.1 Profile of the functionaries

An attempt has been made in this chapter to assess the overall profile of respondents/functionaries in terms of their sex, age, job responsibilities etc. The chapter also presents data relating to children in the institutions- intake capacity of the homes, categories of children residing in the homes, their problems, etc.

3.1.1 Age and Sex of the Respondents

To know the age group and sex of the different functionaries of the selected CCIs, the information was collected and it is presented below in Table 3.1.

Table 3.1: Distribution of respondents according to their sex and age

Respondents	Sex		Age				Total
	Male	Female	25-35	36-46	47-57	More than 57	
DCPO	02	04	06	-	-	-	06
Superintendent	03	18	10	04	04	03	21
Counsellor	01	19	12	05	03	-	20
Case worker	02	14	13	01	-	-	16
Educator/yoga teacher	00	16	10	04	02	-	16
House mother/father	06	15	13	01	05	02	21
Doctor/Paramedical staff	02	15	11	03	02	01	17

The above table reflects that all DCPO's of six selected districts were in the age group of 25-35. In regard to other respondents like Superintendent, Counsellor, Case worker, House

father/mother and Paramedical staff it was found that majority of them were of the young age group of 25-35 and few of them were also found to be in the older age group i.e; more than 57. The table also reveals that, there was high proportion of female functionaries as compared to males.

3.1.2 Education Status of the Respondents

Education plays a vital role in effective discharge of responsibilities by the functionaries. As per the schematic pattern of ICPS, preferably Post Graduates in Social Work and Psychology have to be selected as District Child Protection Officers, Superintendents, Case workers and Counsellors. Apart from them Educators should be a trained Graduate and Paramedical staffs should have GNM degree. Whereas, in terms of House mothers/fathers no such educational criteria has been mentioned. Thus, studying educational background of the functionaries receives much significance, especially when they are expected to carry out multidimensional tasks, related to Child Care Institutions. Data in this regard are presented in Table 3.2.

Table-3.2: Education Status of the respondents

Respondents	Under Matric	Matric	Higher Secondary	Graduation	Post-Graduation	Total
DCPO	-	-	-	-	06 (100)	06
Superintendent	01 (05.20)	-	-	05 (26.30)	15 (71.40)	21
Counsellor	-	-	-	02 (11.80)	18 (90.00)	20
Case worker	-	-	-	05 (33.30)	16 (76.10)	21
Educator/yoga teacher	-	-	-	14 (87.50)	02 (18.10)	16
House mother/father	01 (05.20)	03 (15.70)	03 (15.70)	05 (26.30)	09 (42.80)	21
Doctor/Paramedical staff	-	01 (06.60)	06 (40.00)	10 (58.80)	-	17

(Figures in parenthesis indicates percentage)

Table 3.2 depicts the educational qualification of the respondents. It is evident from the table that all of the DCPOs were Post graduates. Of the Superintendents, 71.40 per cent were Post Graduates and 26.30 per cent were graduates. The post graduates have done

their Post-Graduation in Social Work. Majority (90%) of the counsellors were Post Graduates. Besides, most of the Educators (87.50%) were graduates. In terms of Paramedical staff, 58.80 per cent were Graduates and had done their Diploma in GNM (General Nursing and Midwifery). Regarding House Mother/Fathers 42.80 per cent were Post graduates, 26.30 per cent were Graduates and 15.70 per cent were also Matriculates and Higher Secondary pass.

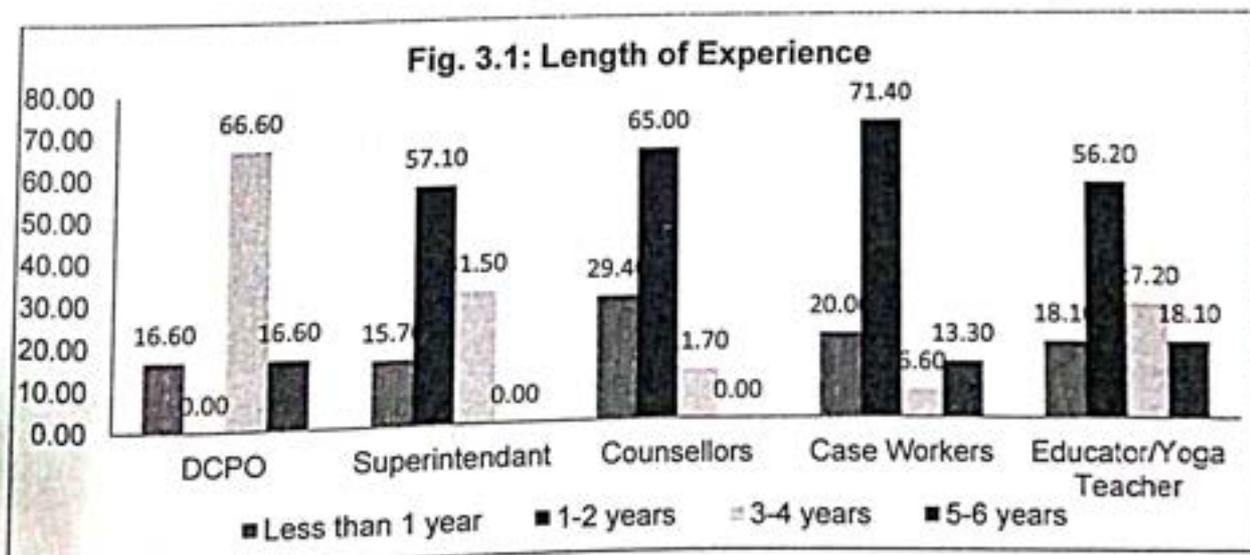
3.1.3 Work experience of the Respondents

Work experience helps in gaining many skills, experience and potential to work effectively. Performing various job responsibilities in a comprehensive, coherent and time effective manner depends to a considerable extent upon the working experience of the respondents. Table 3.3 provides the detail of working experience of the respondents.

Table-3.3: Length of working experience

Respondents	Length of experience				Total
	Less than 1 years	1-2 years	3-4 years	5-6 years	
DCPO	01(16.60)	-	04 (66.60)	01 (16.60)	06
Superintendent	03 (15.70)	12 (57.10)	06 (31.50)	-	21
Counsellors	05 (29.40)	13 (65.00)	02 (11.70)	-	20
Case workers	03 (20.00)	15 (71.40)	01 (06.60)	02 (13.30)	21
Educator/Yoga teacher	02 (18.10)	09 (56.20)	03 (27.20)	02 (18.10)	16

(Figures in parenthesis indicates percentage)



their Post-Graduation in Social Work. Majority (90%) of the counsellors were Post Graduates. Besides, most of the Educators (87.50%) were graduates. In terms of Paramedical staff, 58.80 per cent were Graduates and had done their Diploma in GNM (General Nursing and Midwifery). Regarding House Mother/Fathers 42.80 per cent were Post graduates, 26.30 per cent were Graduates and 15.70 per cent were also Matriculates and Higher Secondary pass.

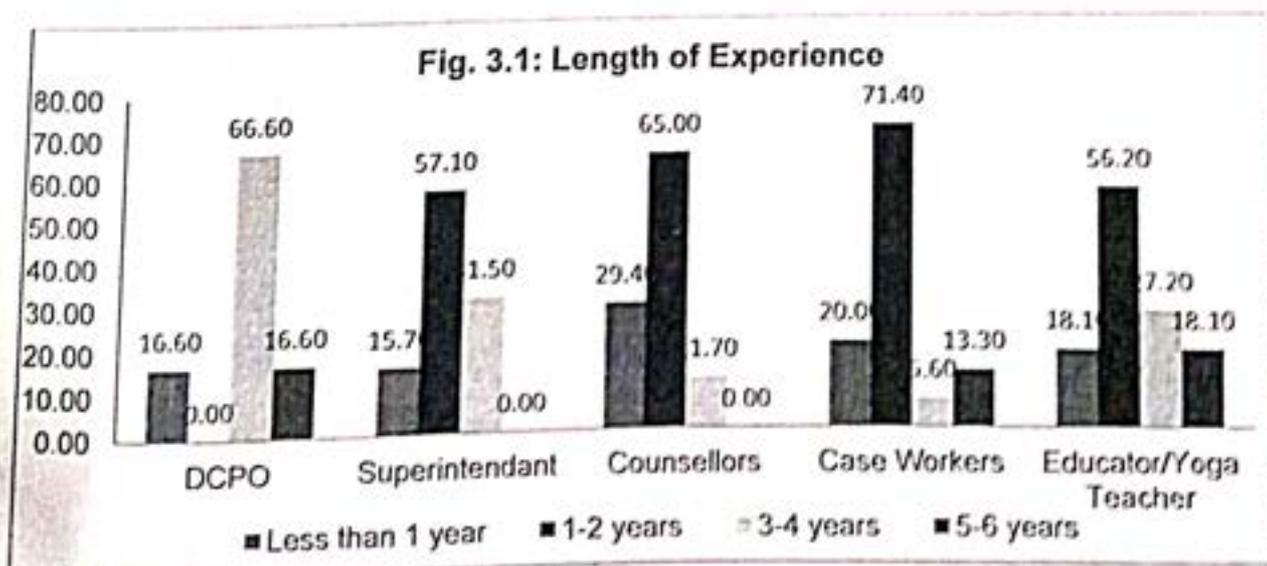
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Table-3.3: Length of working experience

Respondents	Length of experience				Total
	Less than 1 years	1-2 years	3-4 years	5-6 years	
DCPO	01 (16.60)	-	04 (66.60)	01 (16.60)	06
Superintendent	03 (15.70)	12 (57.10)	06 (31.50)	-	21
Counsellors	05 (29.40)	13 (65.00)	02 (11.70)	-	20
Case workers	03 (20.00)	15 (71.40)	01 (06.60)	02 (13.30)	21
Educator/Yoga teacher	02 (18.10)	09 (56.20)	03 (27.20)	02 (18.10)	16

(Figures in parenthesis indicates percentage)



The table and the graph depict the length of working experience of the respondents. It shows that majority (66.60%) of DCPO had working experience from 3-4 years. Only 57.10 per cent of the Superintendents had working experience from 1-2 years and 31.50 per cent had experience from 3-4 years. Furthermore, it is evident from the table that most of the Counsellors (65.00%) had experience from 1-2 years. Even 60 per cent of the Case Workers had working experience form 1-2 years and 20 per cent had less than one year experience. In case of Educators, 56.20 per cent had 1-2 year experience and 27.20 per cent had 3-4 year of experience. The probable reasons for not having long experience is as the data shows that majority of the respondents were of the young age group. Hence, they were less experienced. The another possible reason may be that all the posts of the functionaries of CCIs are contractual. The personals were not always well paid and further the job prospect is also not very bright as a result the people frequently leave the job.

3.1.4 Training status of the Respondents

Training is the process of enhancing the skills, capabilities and knowledge of any individual for doing a particular job. It is crucial for Institutional development and success. Considering the nature of work entrusted under the Juvenile Act to the staff caring for children in the institutions, it is necessary that such staff who are recruited should be trained, in keeping with their statutory responsibilities and specific job requirements. According to the Central Model Rule, 2007 90 (1) of JJ Act, the State Government or the Officer-in Charge shall provide for training of personnel of each category of staff, according to their roles and responsibilities.

Table 3.4: Distribution of respondents according to training received

Respondents	Yes	No	Total number of respondents
DCPO	06 (100)	-	06
Superintendent	17 (80.90)	04 (20.00)	21
Counsellor	14(70.00)	06 (30.00)	20
Case Workers	15 (71.40)	06 (28.50)	21
House Mothers/ Fathers	07 (34.00)	14 (66.60)	21
Paramedical staff	05 (30.00)	12 (70.50)	17

(Figures in parenthesis indicates percentage)

A perusal of the data as presented in Table 3.4 shows that all the DCPOs and 80.90 per cent of the Superintendents were found to be trained in different issues like child

protection, JJ Act, POCSO Act, Child Rights, Management of Children Homes and other awareness Programmes. The data also shows the training status of the Counsellor and Case Workers where it was found that 70 per cent and 71.40 per cent respectively had received training on the similar issues. The other respondents like House Mother/House Father (66.60%) and Paramedical staff (70.50%) were mostly found untrained and the numbers of untrained personnel were high in NGO run CCIs as compared to Government run homes.

3.2 Job Responsibilities of the Respondents

3.2.1 District Child Protection Officers

The DCPOs are the head of District Child Protection Unit and they are responsible for taking care of the overall functioning of CCIs of their respective Districts.

Table- 3.5: Responsibilities of DCPO with regard to CCI

(Multiple Response) (N=6)

Duties performed	Number
To co-ordinate with voluntary organization, hospitals and other authorities at the district level	06 (100)
To conduct trainings and depute different functionaries of CCI's for training	04 (66.60)
Occasional counselling for some specific cases	02 (33.30)
Head the Home Management Committee of every institution in the district	01 (16.60)
Go for regular visits to CCI's	05 (83.30)

(Figures in parenthesis indicates percentage)

The above table shows the job responsibilities of DCPOs with regard to CCIs. It shows that all of them were mainly involved in co-ordinating with voluntary organisations, hospitals and other authorities at the District level. Then, 83 per cent DCPOs went for regular visits to CCIs. Besides, 66.60 per cent of DCPOs were also involved in conducting trainings and deputed different functionaries of CCIs for training. Also 33.30 per cent even have done occasional counselling for specific cases. However, only one (16.60%) DCPO was found to be the Head of Home Management committee.

3.2.2 Superintendents

The Juvenile Justice (Care and Protection of Children) Rules, 2007 say that the Superintendents shall have the primary responsibility of maintaining the institution and shall stay within the premises to be readily available to the children. The general duties and functions of superintendents shall include compliance with provisions of the Juvenile Justice Act and the Rules and orders made there under; providing homely atmosphere of love, affection, care, development and welfare of children. Maintaining minimum standards of care in the homes; security measures and periodical inspection; supervision and monitoring of children's discipline and wellbeing are also some of the duties of Superintendents.

Table -3.6 Duties performed by Superintendents

(Multiple Response) (N=21)

Duties performed	Number
Overall monitoring of functioning of CCI	21 (100)
Ensure security and safety measures for children	10 (52.60)
Supervision of the staff at the CCI	11 (57.80)
To act as guardian of the children	14 (73.60)
Planning implementation and coordination of activities	08 (42.10)
Observe and follow up of daily routine of the CCI	05 (26.30)
Maintenance of records and registers of the CCI	08 (42.10)
Filing of monthly report of children	02 (10.50)
Allocation of duties to personnel	06 (31.50)
Undertake action for rehabilitation and repatriation of children	08 (42.10)
Counselling children	03 (15.70)
Supervision of counselling services	07(36.80)

(Figures in parenthesis indicates percentage)

The data was collected from 21 superintendents. However, out of these 21 superintendents in two NGOs run CCIs the House Father were working as an in-charge as the superintendents were on leave.

Table 3.6 gives an idea about the multifarious tasks/duties performed by Superintendents at Child Care Institutions. Based on the Superintendents responses it was noted that all of them were involved in duties of overall monitoring of the functioning of CCIs. A large section (73.60%) also acts as guardian of the children. Then, 57.80 per cent

engaged themselves in supervision of staffs at CCIs. Again, more than half of the Superintendents (52.60%) made efforts to ensure security and safety for children. Moreover, 42.10 per cent of superintendents also perform planning, implementation and coordination of activities, maintenance of records and registers in CCIs and taking action for rehabilitation and repatriation of children. Some of them also engrossed themselves in supervision of counselling services (36.80%), allocation of duties to personnel (31.50%) and observe and follow up of daily routine of the CCIs (26.30%). A few (10.50%) even had to fill up monthly report of children in homes.

3.2.3 Counsellor

Though, there are no specific guidelines on the job responsibilities of the counsellors of CCIs yet, they have to perform several duties assigned by the competent authority of the homes over and above counselling.

Table 3.7: Duties performed by Counsellors

(Multiple Response) (N=20)

Duties performed	Number
Only Gounselling	08 (40.00)
Counselling and miscellaneous duties	09 (45.00)
Counselling and working as a case worker/Child welfare officer	01 (05.00)
Counselling and working as a social worker	01 (05.00)
Looking after matters relating to education of children	05 (25.00)
Looking after the day-to-day affairs of the children	04 (20.00)
Any other duties assigned by the competent authority	02 (10.00)

(Figures in parenthesis indicates percentage)

It can be seen from the data that information were collected from 20 counsellors. It may be mentioned here that from these 20, four (04) posts of counsellors were found vacant. In two CCIs the superintendents were executing the duties of the counsellor and counsel the children when need arises. At the same time, in one CCI this duty was performed by the counsellor of DCPU office. However, in respect of one vacant post of the counsellor in NGO run CCI the superintendent of the home revealed that as the CCI is running as a hostel they have not appointed any counsellor.

The above table depicts the duties performed by the Counsellors in the CCIs. It shows that majority (45.00%) of the Counsellors were engaged in counseling and other miscellaneous duties. Little less than half (40 %) of them revealed that they were engaged only in Counseling. There were some who performed duties like looking after matters relating to education (25 %), looking after day-to-day affairs of children (20 %) etc., besides counseling.

3.2.4 Case Workers

The Juvenile Justice Act has outlined various duties for the Case Workers/Child Welfare Officers which includes making social investigation report of the child through personal interview and from the family, social agencies and other sources, clarifying problems of the child and dealing with their institutional difficulties. Participating in the orientation, monitoring, education, vocational and rehabilitation programmes are also some of the major duties of the Case Workers.

Table 3.8 Duties performed by Case Workers

(Multiple Response) (N=21)

Duties performed	Number
Counseling of children	09 (42.80)
Preparing Social Investigation Report	07 (33.30)
Preparing Individual Care Plan	11 (52.30)
Work relating to rehabilitation/restoration of children	07 (33.30)
Regular home visits and follow up	12 (57.10)
Looking after matters relating to education of children	04 (19.00)
Looking after the day-to-day affairs of the children	03 (14.20)
Other duties assigned by the competent authority	04 (19.00)

(Figures in parenthesis indicates percentage)

It can be seen from table that information were collected from 21 respondents. However, from these Educators were appointed in 16 CCIs and in remaining five the Counsellors of those Homes were discharging the duties of Case workers.

Data as presented in Table 3.8 shows that the Case Workers involve themselves in almost all the above mentioned duties. 57.10 per cent and 52.30 per cent of the Case Workers perform the duties of regular home visit and preparing individual care plan for

children respectively. 42.80 per cent of them were involved in counselling the children. However, duties related to preparing SIR and work relating to rehabilitation of children was not found to be performed by the Case Workers of NGO run homes and in Govt. run homes only 33.30 per cent were following this duty. Moreover, they also perform other miscellaneous duties like looking after matters relating to education of children (19 %), other duties assigned by the competent authority (19 %) and looking after the day-to-day affairs of the children (14.20%).

3.2.5 Educators

Educators are assigned with several duties like helping the school going children in their studies; preparing individual education plan for each child and also other matters concerning to their education. The nature of duties performed by the educators is presented in the below table.

Table 3.9: Duties performed by Educators

(Multiple Response) (N=16)

Duties performed	Number
Looking after matters relating to education of children	10 (62.50)
Organizing recreational/sports/fitness/extra-curricular activities for children	02 (12.50)
Spiritual training of children	01 (06.20)
Counselling of children	04 (25.00)
Any other duties assigned by the competent authority	03 (18.70)

(Figures in parenthesis indicates percentage)

The data was collected only from 16 educators as in five CCIs the educators were not appointed. To some extent the duties of educators were performed by the superintendents or the House mothers/fathers of the CCIs. They expressed that in case of any difficulties related to their studies the children approach either the Superintendents or the House fathers/mothers for guidance.

The Table 3.9 indicates the multifarious duties and responsibilities of Educators within the homes. Nearly 62.50 per cent said that they looked after matters relating to education of children like helping the school going children in their studies; preparing individual education plan for each child etc. Twenty five per cent of the Educators also said that they involved themselves in counselling the children. Apart from these some said that they also perform

other duties assigned by the competent authority (16.70%), organize recreational/extra-curricular activities for children (12.50%) etc. 6.20 per cent even did spiritual training of children.

3.2.6 House Mothers/Fathers

According to The Juvenile Justice (Care and Protection of Children) Rules, 2007 the functions and duties of housemothers/fathers are- handling child with love and affection; taking proper care and welfare of child; maintaining discipline among children; maintenance, sanitation and hygiene, implementing daily routine in an effective manner and ensuring children's involvement; looking after the security and safety arrangements of the homes.

Table 3.10: Duties performed by House mothers/fathers

(Multiple Response) (N=21)

Duties performed	Number
Day to day care of children	21 (100)
Ensure security and safety measures for children	11 (52.30)
To act as immediate guardian of children	10 (47.60)
Observance and follow up of daily routine of CCI	08 (38.00)
Maintenance of some records and registers	04 (19.00)
Counselling children	05 (23.80)

(Figures in parenthesis indicates percentage)

As mentioned earlier out of 21 visited CCIs, housemothers/fathers were appointed in 19 Homes. In two CCIs the Superintendents were discharging the duties of these functionaries.

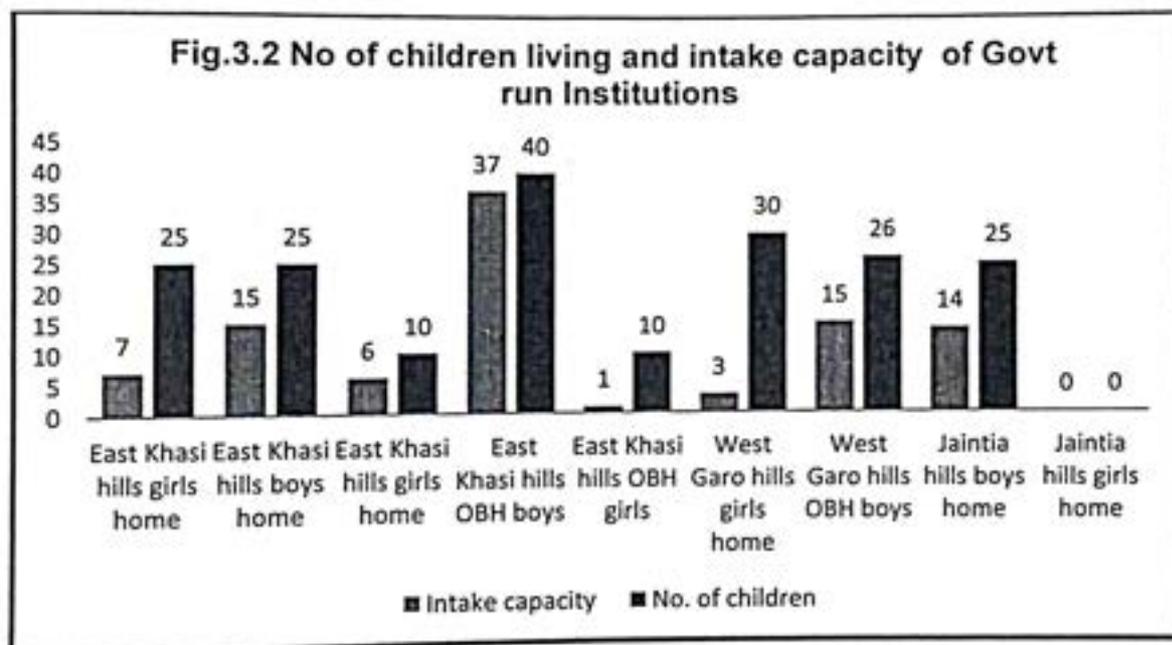
It is obvious from the Table 3.10, all House mothers/ fathers of both Govt. and NGO run homes involve themselves in day to day care of the children followed by 52.30 per cent respondents who said that they ensure security and safety measures for the children. 47.60 per cent and 38 per cent respondents revealed that they act as immediate guardian of the children and did follow up of daily routine of CCIs respectively. Some of them i.e., 23.80 per cent said that they involved themselves in counselling of children.

3.3 Profile of Children of the Institutions

The study also made efforts to know the profile of children living in the Institutions, intake capacity and age group children, etc. during the visit. Thus, these information were collected from the Superintendents of the homes which are summarized below:

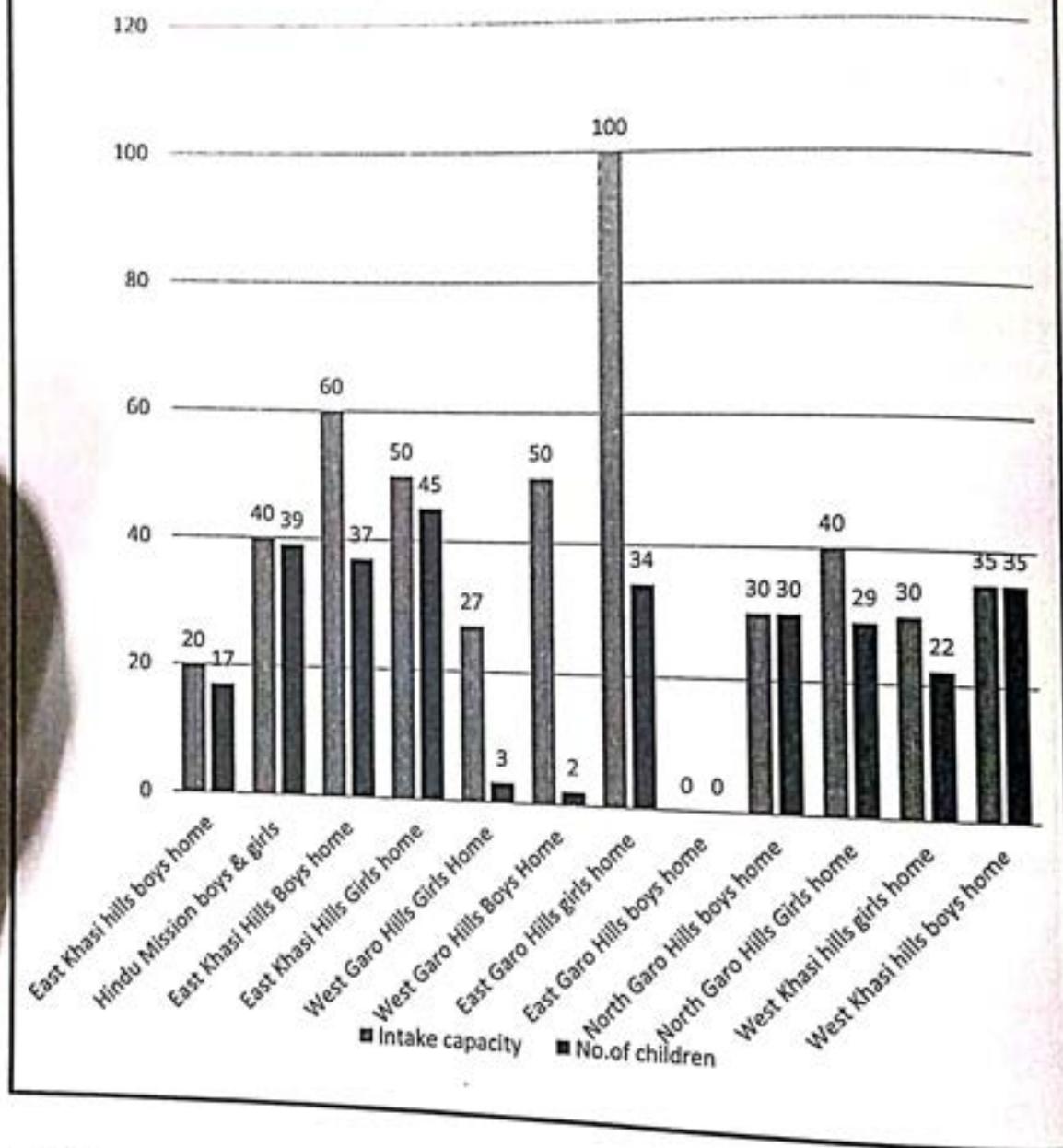
3.3.1 Number of children on the day of visit and intake capacity of the Homes

It seen from the graph that in all the selected Govt. run CCI's the number of children was found to be within the intake capacity of the Homes. In some CCI's, children were found to be in less number. As informed by the Superintendents, the reason behind lesser number of children was mainly that children residing in the homes were repatriated to their families and some of them went to their relative's house as their schools were closed due to summer vacations. In one home of the Jaintia hills, due to unavailability of the staff members data were not found.



On the other hand Figure 3.3 shows that in all the selected NGO run CCI's the number of children was within the intake capacity of the Homes. However, in some homes the number of children was found to be more as the NGO run missionary homes though registered under JJ Act were running as girls/boys hostels. These children were not economically sound and they also pay a lumpsum amount of Rs.1000/- for residing and availing the basic facilities (food, shelter, education) of the homes. In East Garo hills also data from one NGO run home were not found due to unavailability of the staff members.

Fig 3.3 No of children living and intake capacity of Non Govt run Institutions



3.3.2 Age group of Children:

As informed by the Superintendents of the Homes majority of children were found to be in the age group of 12-16 years. In some of the CCIs under five years children were also admitted as per the instruction of Child Welfare Committee since there were no other special homes for these age group children as informed by the superintendents. But for them there were no proper facilities (such as toys, games, stimulation activities etc.) and no care givers were appointed to take proper care of them in the homes.

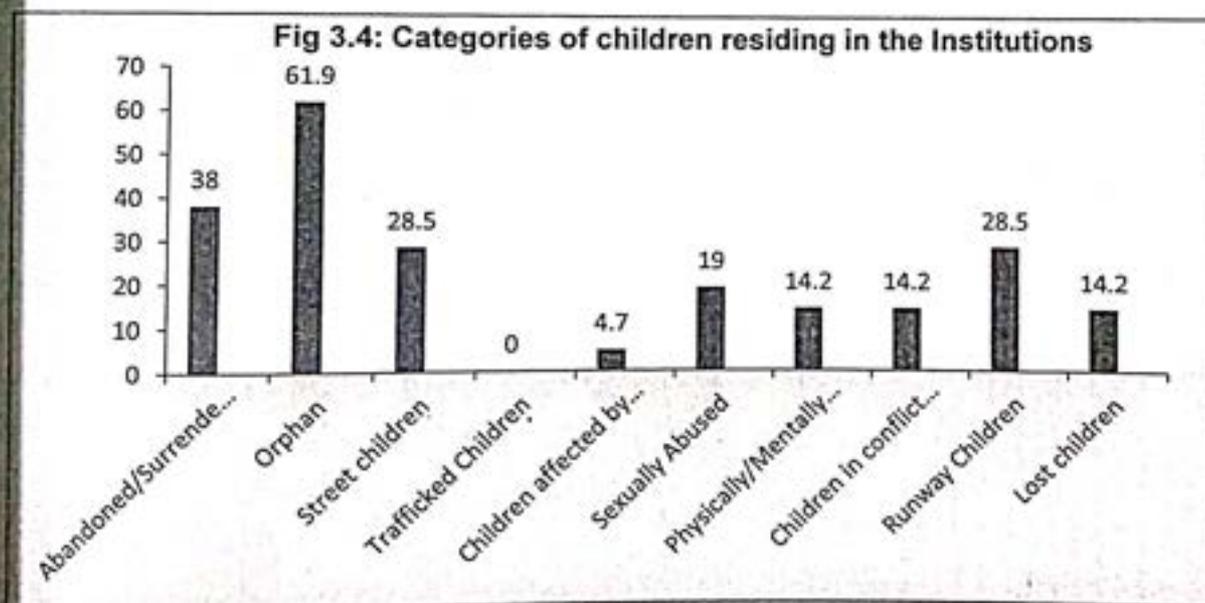
3.3.3 Categories of Children residing in the Institutions

Attempt has been made to find out the categories of children sheltered in the CCIs of Meghalaya. The different category of children is presented in Table 3.11.

Table- 3.11: Categories of children residing in the selected Institutions

(Multiple Response) (N=21)

Categories of Children	Number of Homes
Abandoned/Surrendered	08(38.00)
Orphan	13 (61.90)
Street children	06 (28.50)
Trafficked Children	00 (00.00)
Children affected by HIV/ AIDS	01(04.70)
Sexually Abused	04 (19.00)
Physically/Mentally Challenged	03 (14.20)
Children in conflict with law	03 (14.20)
Runway Children	06 (28.50)
Lost children	03 (14.02)



The table and figure shows that out of 21 visited Homes Orphan children were mainly residing in majority of the Institutions 70 per cent Superintendents followed by Abandoned/ Surrendered children thirty eight per cent. Apart from these, the inmate children also included street children and runaway children in large number (28.50% each). Sexually abused (19 %) children and other categories mentioned in the table were also found but in

less number of homes. However, trafficked survivor children were not found in any of the CCIs.

3.3.4 Behavioural/ Emotional problems of Children

The Institutionalized children are at increased risk for developing emotional and behavioural problems because of several reasons like death of parent's, separation from the parents and caregivers etc. makes children vulnerable to behavioural and emotional problems.

Many research studies projected that Institutionalized children exhibits lack of sympathy, seek behaviour in negative way, exhibit poor self-confidence, show discriminate affection towards adult, are prone to non-compliance and are more aggressive than children living in non-Institutional care. The children in Institution care who are exposed to neglect and abuse have many problems internalizing (anxiety, depression) and externalizing (aggression, impulsivity) behaviour and emotional problems. Keeping this in view, the study intended to understand the behavioural and emotional problems prevalent among children at selected CCIs of Meghalaya. Therefore, two functionaries who are supposed to provide more attention to children and spend maximum time by staying with them at CCIs were interviewed to understand the behavioural and emotional problems prevailing among the CCI children.

Table 3.12: Behavioural/ Emotional problems encountered by Children – Views of Superintendents and House Father/Mother

(Multiple Response) N-21

Behavioural problems of Children	Superintendent	House Mother/ Father
Quarrelling	16 (76.10)	13 (61.90)
Use of slang language	02 (09.50)	02 (09.50)
Tendency to disobey rules	11 (52.30)	10 (47.60)
Aggressiveness	10 (47.60)	03 (14.20)
Problem in mixing up with children	02 (09.50)	01 (04.70)
Depression	09 (42.80)	07 (33.30)
Low self esteem	09 (42.80)	01 (04.70)
Bullying	08 (38.00)	03 (14.20)
Tendency to run away	08 (38.00)	06 (28.50)
Tendency to self-harm	10 (47.60)	08 (38.00)

(Figures in parenthesis indicates percentage)

The above Table 3.12 depicting the behavioural and emotional problems encountered by children as reported by Superintendents and House Father/ Mother at CCIs shows that

large majority of children (76.10 per cent according to Superintendents and about 61.90 per cent according to the House Father/Mother) indulge in quarrelling. This could be because children are deprived of opportunities to develop stable and continuous attachment relationship due to the limited amount and poor quality of contact with their caregivers or may be because of poor recreational and social facilities that help the children to ventilate their energy. Further, 52.30% per cent Superintendents and 10 (47.60%) House Father/Mother stated that children have tendency to disobey rules. Children also exhibit aggressive behaviours because they do not have social skills (encouraging them to express their feelings). Institutional Children who exhibit aggression are consequently rejected by the peers leading them to isolation. An equal per cent i.e. 47.60 per cent Superintendents reported aggression and tendency to self-harm among children of CCIs. Again, aggression and tendency to self-harm was reported by 14.20 per cent & 38 per cent of House Father/Mother respectively. Many environmental factors can contribute to aggression like overcrowding place an Institution, children who are handled harshly in consistently and with little consideration may built up anger from lack of love and nurturing. Depression is an internalizing behaviour and it could be because children at CCIs are unable to develop relationships, attachments and are rejected by peers/ caregivers. This also leads to low self-esteem among children. Likewise 42.80 per cent superintendents also reported depression and low self-stem as two emotional problems encountered among children in CCIs. Further, children show tendency to run away mainly to gain attention of others or express feeling of insecurity in the environment of the CCI. Thirty eight per cent Superintendents and (28.50%), House Father/ Mother reported of tendency to run away as the behavioural and emotional problems by children at CCIs. The problem of mixing up with other children and use of slang language is minimum with only 9.50 per cent of Superintendents and House Father/ Mother reporting it. This could be because the Institutionalized children may have difficulty in forming meaningful relationship that it seen more among adolescents. With the above finding it could be concluded that the Children at CCIs have recurrent problems in developing appropriate interpersonal relationships therefore, consistent counselling sessions are mandatory for children staying in CCIs. In absence of these services in future children would display higher rate of personality disorders.

3.4 Summing up

Institutional care for children can be regarded as a form of alternative care that is provided in an organised manner, while keeping in mind the best interests and protection of the child. It is therefore imperative that this alternative care should respond to the physical, psychological, emotional, social, moral, ethical and spiritual needs of children in an age

appropriate manner. Furthermore, these Institutions should be managed and supervised by trained and motivated staff.

- ❖ In line with the objective of the study, in the present chapter attempts were made to know the Profile of the respondents, job responsibilities and profile of the children residing in the selected Government run as well as NGO run Homes of Meghalaya. Data showed that in visited Institutions majority of the functionaries were in young age group of 25-35 years and the proportions of female functionaries were high in the homes as compared to males.
- ❖ With regard to education qualification of the functionaries most of them were Graduates and Post graduates in their respective subjects. Regarding working experience more than 80 per cent of functionaries of the selected CCIs were trained in different issues. However, the numbers of trained personnel were high in Government run homes. It may be mentioned here that Government run homes generally follow the prescribed qualification norms and take initiative for the training of the staff in a regular/obligatory manner. In NGO run Homes training of the staff depends of the views/attitude of the management. Sometime the scope of training is limited as because of shortage man power.
- ❖ The Juvenile Justice Act has outlined various duties for the functionaries/ staff of the Homes. It was seen that in Child Care Institutions multifarious tasks/duties were performed by functionaries. Among these different job responsibilities the Case Workers were responsible for preparing the SIR of the children. But, finding of the study showed that none of the Case Workers of the NGO run homes were preparing the SIR of children. On the other hand, in Government run CCIs only 33.30 per cent of the Case Workers were performing this duty. The reason for not preparing SIR may be due to lack of knowledge or not receiving any kind of training regarding preparation of SIR.
- ❖ The categories of children residing in selected Government run homes were mostly Orphan (61.90%) and (38.00%) Abandoned/ Surrendered children respectively whereas in NGO run homes majority of children belongs to poor family.
- ❖ The common behavioural/ emotional problems found among children were quarrelling as reported by Superintendents and House Mothers/Fathers. Apart from these problems, like tendency to disobey CCI rules, depression, tendency to run away and self-harm were also present in children's behaviour.

CHAPTER – 4

**COUNSELING SERVICES IN SELECTED CHILD CARE
INSTITUTIONS OF MEGHALAYA**

CHAPTER – 4

COUNSELING SERVICES IN SELECTED CHILD CARE INSTITUTIONS OF MEGHALAYA

In the context of the objectives of the study, the present chapter attempts to understand the availability of counselling services in CCIs and assess the quality of these services; competencies and capabilities of Counsellors in terms of their skills, knowledge and attitude. Efforts were also made to identify the need, concern and factors affecting the quality of these services in the Institutions. The details of the findings are presented below.

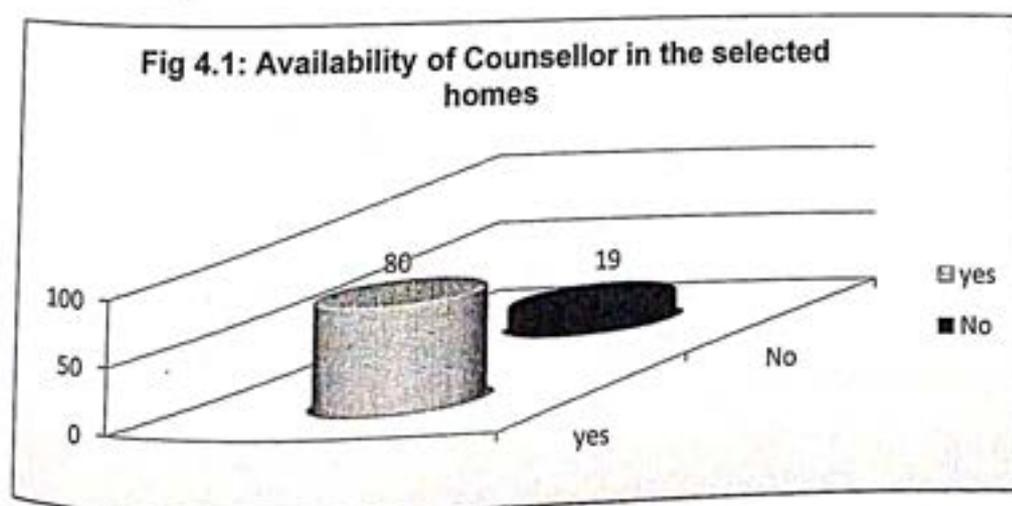
4.1 Counselling services in CCIs

4.1.1 Availability of Counsellor in the selected Districts.

To find out the availability of counselling services in the selected CCIs, the DCPOs were interviewed whether Counsellors were appointed in all the homes of their respective districts. Sixty six per cent DCPOs informed that all the CCIs in their districts had Counsellors appointed. However, in some CCIs (33.30%) they did not have Counsellors and therefore they instructed the Homes to appointment the Counsellors as early as possible. The Counsellors of DCPU office were instructed to provide the counselling services in these CCIs, until the completion of the appointment procedure of the Homes.

4.1.2 Availability of Counsellor in the CCIs

Figure 4.1 presents the views of 21 Superintendents regarding the availability of Counsellors in the selected children homes.



Majority of the Superintendents (80%) informed that they have Counsellors in their respective homes. On the other hand, in two CCIs the superintendents were themselves discharging the duties. Of the two remaining in one CCI the post was vacant and in the other the counselling services were rendered by the counsellor of the DCPU office.

4.1.3 Staff responsible for counselling

Counselling is an essential service in any CCIs and it may be required anytime as per the need of the children. In child care Institutions, besides the counsellors the other staff members were also responsible for counselling of children. The data pertaining to this information is shown in Table 4.1.

Table 4.1: Staff responsible for counselling other than Counsellors

Staffs responsible for counselling	(Multiple Responses) (N=21)
	Number of responses
Case workers	10 (47.60)
Superintendent himself/herself	15 (71.00)
House mother/father	06 (28.50)

(Figures in parenthesis indicates percentage)

According to the above table, 71 per cent of the Superintendents revealed that besides the Counsellors, they themselves gave counselling to the children whenever required as in most of the CCIs the Superintendents stayed in the same premises of the home. Little less than half (47.60%) Superintendents revealed that even the Case Workers counsel the children. Few (28.50%) of them said that sometimes when need arises the House Mothers/Fathers also gives counselling and guidance to the children.

4.1.4 Counselling provided to parents/guardians

Counselling is essential both for the children residing in the Homes as well as their parents / guardians, if available, as it helps in bridging gaps and makes a better understanding among children and their parents/guardian. It also helps in the reintegration process of the children back to their families. To find out the respondent counsellors were asked whether counselling is also provided to parents/guardians. The responses of the counsellors are presented in the Table 4.2.

Table 4.2: Counselling to parents/guardians

(N=20)	
Counselling provided	Number of respondents
Yes	17 (80.00)
No	03 (14.20)

(Figures in parenthesis indicates percentage)

It is evident from the above table that majority i.e, 80.00 per cent of the Counsellors provide counselling to parents whenever required. On the other hand 14.20 per cent of the Counsellors informed that they do not provide counselling to the parents. The reason behind this as expressed by them was some of the parents live in far flung areas from the CCIs and so they were unable to come and secondly, some parents do not show any interest to attend the counselling sessions.

4.2 Competencies and Capabilities of Counsellors

4.2.1 Knowledge and Skills of Counsellors

Counsellors must be armed with sufficient knowledge and skills of counselling. They should possess the skill to understand the child and deal with their problems. The Table 4.3 presents the views of the Superintendents regarding knowledge and skills of the Counsellors.

Table 4.3: View of Superintendents regarding knowledge and skills of Counsellors

(N=21)	
View of superintendents	No. of respondents
Counsellors possess Knowledge & skills	17 (84.90)
Counsellors do not possess Knowledge & skills	03 (14.20)

(Figures in parenthesis indicates percentage)

It shows that almost all (84.90%) of the Superintendents were of the view that the Counsellors of their Homes had adequate knowledge and skills in counselling and they were satisfied with their services. However, most of the Superintendents urged that to further enhance the skills of the Counsellors regular skill development training programmes on

counselling should be organised for them by the state departments as well as other concerned organisations.

4.2.2 Attitude of Counsellors

As per one of the objective of the study, attempts were made to know the attitude of Counsellors. All the counsellors (100%) gave affirmative responses regarding counselling as essential service for children. The Counsellors were of the view that counselling services are important for children because with the help of counselling techniques, various emotional or behavioural problems along with psychological problems of the children can be solved. Some were of the opinion that counselling helps in developing mental health among children, enable them to overcome behavioural disorders. It also helps in reducing errant behaviour among children and empowers them to face the crises in their lives.

4.2.3 Types of Counselling

Every Counsellor should equip with different types of counselling, so that they can conduct a need based counselling sessions with children and help them to overcome their problems.

Table - 4.4: Types/Methods used by Counsellors during counselling
(Multiple Responses) (N=20)

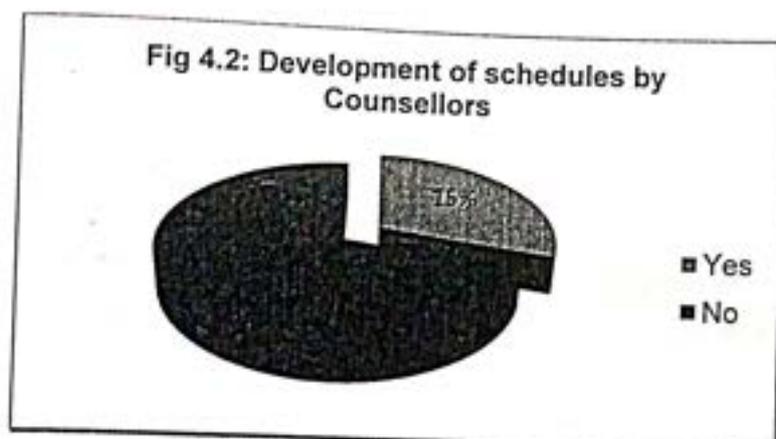
Type of Counselling	Number of responses
Only Group counselling	-
Only Individual counselling	03 (15.00)
Both	17 (85.00)

(Figures in parenthesis indicates percentage)

The Table 4.4 shows the types of counselling followed by the Counsellors while providing counselling to the children. Majority (85%) of the Counsellors follow group and individual counselling as they were of the view that both are essential. Sometime children require individual counselling as it provide them conducive atmosphere to express their views and problems whereas, group counselling also provides children with the opportunities to learn from other children. On the other hand, the Counsellors of three (15%) homes used only individual counselling.

4.2.4 Development of Schedules

Counselling is a process which has to be carried out through certain steps. In the beginning of a counselling session the Counsellors needs to develop a schedule to find out and understand the child's problem. Accordingly, necessary therapeutic services are provided. This is an important step to be followed in the process of counselling. Data in this regard is presented in Figure 4.2.



It is evident from the graph that majority i.e.85 per cent of the Counsellors of both Government and NGO run homes did not develop any schedule. These were developed only by 15 per cent of the Counsellors.

4.2.5 Different Techniques of counselling

Counsellors should be well acquainted with all the techniques of counselling to help the children come out of their difficulties. To assess the knowledge and skills of the Counsellors regarding techniques of counselling the information was gathered and presented below in Table 4.5.

Table - 4.5: Different techniques of counselling used by Counsellors

Techniques	(Multiple Responses) N=20	
	Number of responses	
Problem solving	0	
Thought management	0	
Positive Self-talk	0	
Anger management	10	(50.00)
Daily Scheduling	0	
Building self-esteem	0	
Relaxation training	09	(45.00)
Imagery work	0	
Play/music/Art/Dance therapy	08	(40.00)

(Figures in parenthesis indicates percentage)

It is evident from the above table that 50 per cent of the Counsellors used the anger management technique while counselling the children. This technique is used to make them realize, control and convert their anger in a positive way. Another technique used by 45 per cent of the Counsellors is relaxation training. This technique is used to make children relax; attain a state of increased calmness; or otherwise reduce levels of pain, anxiety, stress or anger. As children most often show such problems it is very important to bring them to normalcy. Forty per cent also used the Play/music/art/dance therapy as they think that it is highly effective for helping children to play out what they may find difficult to put into words. It equips children with adaptive behaviours and better coping mechanisms for everyday life.

4.2.6 Different Approaches for counselling

It is needless to mention that there is a range of counselling approaches for a Counsellor to choose because one approach may work better than another for a specific child. This is because of the client's personal preferences, cultural beliefs, or because a particular theoretical model has been proven more effective in treating a specific disorder.

Table- 4.6: Different approaches used for counselling the children
(Multiple Responses) N=20

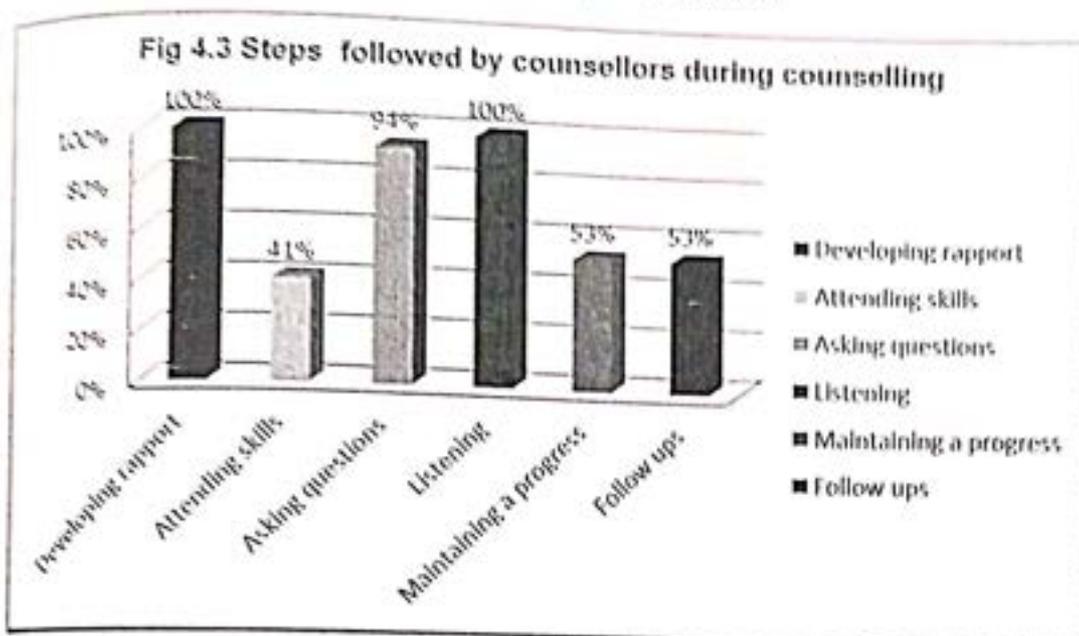
Approaches	Number of respondents
Psychodynamic approach	02 (10.00)
Client centered counselling	07 (35.00)
Behavioural approach	05 (25.00)
Cognitive Behavioural Therapy	00 (00.00)

(Figures in parenthesis indicates percentage)

It is evident from the Table 4.6 that 35 per cent of Counsellors used Client centred approach. According to them it helps the children to know about their strength and weaknesses. It is one of the counselling approach that requires the client to take an active role in his or her treatment with the Counsellors being non directive and supportive. Therefore, this method is widely used by the Counsellors. 25 per cent of them used the behavioural approach which modifies the unwanted behaviour of the children to good practice. Only ten per cent of the Counsellors used the psychodynamic approach of counselling while working with the children.

4.2.7 Steps of counselling used by Counsellors

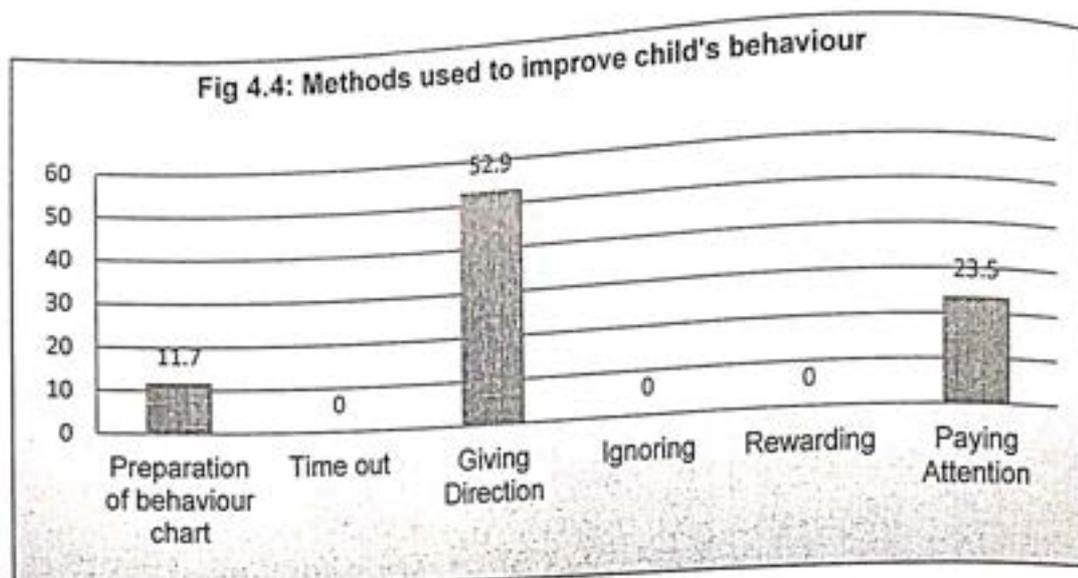
Counselling is a process which has to be followed in a structured way. There are certain steps that must be followed to attain quality outcome.



It is obvious from the Figure 4.3 that the steps mentioned in the graph were followed by some of the Counsellors. It shows that all the Counsellors followed the steps of developing rapport and listening. Ninety four per cent followed the step of asking questions. The other steps like maintaining a progress and follow up were only followed by 53 per cent Counsellors. However, attending skills was used by only 41 per cent of the Counsellors. Further, during discussion with the Counsellors it was learnt that they were following these steps but not in its correct sequential order.

4.2.8 Methods used to improve child's behaviour

Certain methods such as Preparation of behaviour chart, Giving Direction, Time out etc. are very beneficial to improve a child's behaviour. But it could be known that the Counsellors used only some of these methods. Figure 4.4 depicts the extent of use of these methods.



It reveals that little more than half (52.90%) of the Counsellors used the method of giving direction and 23.50 per cent of them pay attention to improve child's behaviour. Only 11.70 per cent of them said that they used to prepare a behaviour chart for the behavioural modification of children. However, some methods like Time out, Ignoring and Rewarding were not at all utilized by Counsellors of any of the Government as well as NGO run Homes.

4.2.9 Maintaining Case file

Maintaining case file of every child is an integral and important duty of Counsellors of Children homes and every Counsellor should be acquainted with this skill. Case files of children are used to maintain a chronological record of interactions, observations and actions relating to a particular child. Improper maintenance of case files can result in poor decision-making and adverse outcomes. In the present study it was found that in more than 80 per cent of the homes, run by government case files of children were maintained by the Counsellors. Whereas, in visited NGO run homes only 30 per cent of the Counsellors were following this procedure.

4.2.10 Going through SIR

Social Investigation Report (SIR) is prepared by Case Workers through personal interview with the family, social agencies and other sources which include the social background of the child and their current situation. It includes the history of the child's family, inter-personal relations among his/her family members, relations with peers etc. It is important for the Counsellors to go through the SIR of the child before carrying forward any counselling sessions with them. Whereas, the data in this regard revealed that only 29.40

per cent Counsellors go through the Social Investigation Report of a child before beginning the counselling process and they are all from Govt. run homes.

4.3 Assessment of quality of counselling services

4.3.1 Difference observed in children before and after counselling

To assess the quality of the counselling services provided by the Counsellors, the views of the Superintendents, Case workers and House Mothers/Fathers were collected regarding the difference observed in children before and after counselling. The same are presented below in Table 4.7.

**Table 4.7: Difference observed in children before and after counselling
Views of Respondents**

Response	(Multiple Responses)		
	Superintendent	Case workers	House mother/father
Difference observed	21 (100)	21(100)	18 (85.70)
No difference observed	00 (00.00)	00 (00.00)	03 (14.20)

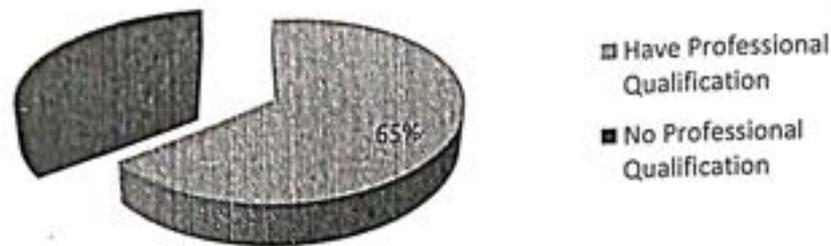
(Figures in parenthesis indicates percentage)

It is evident from the table that all the Superintendents and Case Workers mentioned that they saw positive difference in children after counselling. Majority (85.70%) of the House Mothers/Fathers also were of the same opinion. They said that children after counselling became more disciplined and could adjust themselves with others. In cases of aggressiveness, anger outburst, etc. counselling helped the children to become tranquil and calm gradually. It also motivated the children and increased their self-esteem. Counselling also helped in behavioural modification of those children with unwanted behaviours.

4.1.2 Professional Qualification of the Counsellors

As per Rule 46(6), of "The Juvenile Justice Act Rules 2007", every Institution shall have the services of trained and qualified Counsellors or collaboration with external agencies such as Child Guidance Centres or similar Government and Non-Governmental agencies, for specialized and regular individual therapy for juvenile or child in Institutions.

Fig 4.5 Professional qualification of the Counsellors in counselling



As discussed earlier in Table no 3.2 of Chapter-3, the Counsellors were either Graduates or Post-Graduates. However, attempt has been also made to find out their professional qualification in counselling. It was found 65 per cent of them have obtained their professional qualification in Counselling. On the other hand, 35 per cent were not professionally qualified

4.3.3 Time devoted by Counsellors.

A Counsellor has to work individually with each child to help them gain a meaningful perspective of his/ her strengths and weaknesses. For this purpose, it is necessary for every Counsellor to devote the required time with children in each counselling session.

Table 4.8: Time devoted by Counsellors for one counselling session

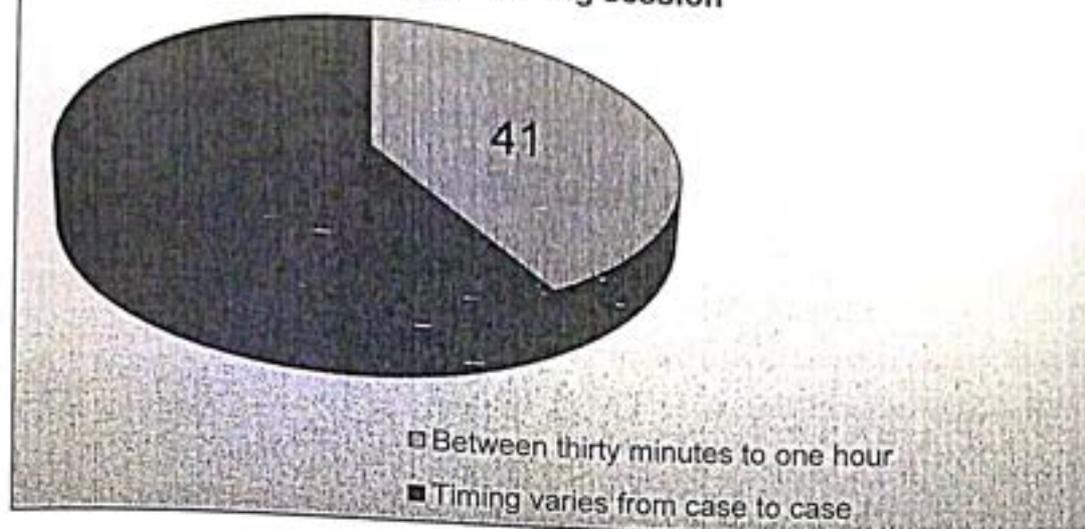
(Multiple Responses)

(N=20)

Time devoted	Number of responses
Between thirty minutes to one hour	07 (41.00)
Timing varies from case to case	10 (59.00)
Usually more time is required in the latter sessions	00 (00.00)
No limit	00 (00.00)

(Figures in parenthesis indicates percentage)

Fig. 4.6: Time devoted by Counsellors for one counselling session



From the above table it is seen that according to 59 per cent of the Counsellors time required for one counselling session varies from case to case. Whereas, 41 per cent of them informed that they devote thirty minutes to one hour for one counselling session.

Further, while discussion most of the Counsellors expressed that counselling is a long process and requires more time to be conducted in a sequential manner but due to large number of children in the homes it was difficult for them to devote the sufficient time needed in one counselling session.

4.3.4 Views of Children regarding counseling based on FGD

A focus group is an organised discussion – though structured in a flexible way. It provides the opportunity for all the respondents to participate and to give their opinions. In the present study Focus group discussions was conducted with the children of 13-18 years to collect their views regarding the counselling services of the selected Government and NGO run Child Care Institutions. There was no targeted sample for FGD and discussion was held with children according to their availability in the homes.

The children expressed that they sometimes enjoy the counselling sessions of the Counsellors and they feel better after talking with them. During the discussion, the children expressed that sometime they could not find the right solution to their problems. It was found that in one of the NGO run CCI (boys home) of East Khasi Hills the children said that the Superintendent of the Home did not allow the older boys to go for the counselling sessions as in the view of the superintendent the counsellor was a lady and of young age. According to them the superintendent fears that these older boys would develop some relationship with

the counsellor. It was also found during discussion with the children that in some Homes the Counsellors did not interact with them regularly. They only interact when need arises whereas, it is desirable that the Counsellors should talk and guide the children regularly. Because, children need guidance every day for their studies, for daily life management etc.

4.4 Views of Counselors and other staffs towards counseling

4.4.1 Categories of children requiring counseling

Table 4.9 gives an idea about the views of the Counsellors regarding categories of children who require counselling more.

Table - 4.9: Categories of children who require counselling more.

(Multiple response) (N=20)

Categories	Number
Abandoned/surrendered	05 (25.00)
Orphan	05 (25.00)
Street children	00 (00.00)
Trafficked children	02 (10.00)
Children affected by HIV/AIDS	00 (00.00)
Sexually abused	03 (15.00)
Children affected by man-made/natural disaster	00 (00.00)
Physically/Mentally challenged	00 (00.00)
Children in conflict with law	03 (15.00)
Runaway children	02 (10.00)
Lost children	03 (15.00)

(Figures in parenthesis indicates percentage)

The above table reveals that twenty five per cent Counsellors were mainly of the view that abandoned and orphan children require counselling more. It is followed by 15 per cent Counsellors who said that sexually abused, children in conflict with law and lost children require counselling more. Furthermore, ten per cent Counsellors revealed that trafficked children and run away children need counselling. However, any of the Counsellors did not mention about the other categories of children such as street children, children affected with HIV, physically/ mentally challenged who also require counselling.

4.4.2 Requirement of Counselling services for children in CCI's

Sometimes children need extra support if they are finding it difficult to understand their emotions and behaviour. Counselling helps children to develop a positive attitude to life, recognize their strength, express themselves and supports in behaviour modification process.

Table- 4.10: Views of Superintendent regarding requirement of Counselling Services for Children in CCI's

(N-21)

Requirement of Counselling	No. of respondents	% of respondents
Yes	19	100
No	0	0

(Figures in parenthesis indicates percentage)

The Table 4.10 states that all the Superintendents from both Govt. and NGO run homes were in the view that counselling services is very much required for the children as they come to these homes facing various kinds of violence, abuses in different circumstances. When asked about the reasons as to why counselling is required for children in CCI's, the respondent's stated different opinions. Some of which are as follows:

- Helped children to overcome the trauma and bring them back to normalcy and to develop positive attitude towards life.
- Build self-esteem in them and helped them to concentrate and improve in their studies.
- Children who are deprived of love, care, affection counselling helped them to feel better and bring them to mainstream society.
- It reduced bad habits among children like stealing, use of slang language, quarrelling etc.
- Helped in rehabilitation and repatriation of children and motivate them to gain self-confidence.

4.5 Summing up

Counselling plays a very important role in almost every aspect of children residing in institutions. Therefore, the services should be provided to children by skilled and trained counsellors. In this chapter we tried to look in to the quantity of counselling services in CCIs,

competencies and capabilities of Counsellors, views of other staff towards counselling and focused group discussion with children.

- Looking at the data given in this chapter, it is observed that in the selected Districts 66.60 per cent of the CCIs had Counsellors. In some CCIs 33.30 per cent did not have Counsellors. Therefore, the counselling services were provided by the Counsellors of DCPO office.
- Data also showed that majority 80 per cent selected CCIs have Counsellors. However, in two NGO run homes the posts of the Counsellors were found to be vacant which can affect the overall counselling services of these Homes. It was also found that 71 per cent of the Superintendents and 47.60 per cent of Case Workers also provide counselling besides the counsellors whenever required.
- It was observed that majority (80.90%) of the Counsellors provide counselling to parents to bridge the gap between the parents and their children. On the other hand 14.20 per cent of them did not provide counselling to the parents. This, somehow, creates hindrance in effective restoration of children back to their families as the parents were not able to understand their children.
- Majority eighty five per cent of the Counsellors follow the method of both Group counselling and individual counselling and 15 per cent Counsellor's used only Individual counselling method.
- Another related fact was observed that 85 per cent of both Government and NGO run homes did not develop any schedule and only 15 per cent of them developed the schedule in the initial stage of counselling.
- As far as the counselling techniques mostly used by the Counsellors were anger management (50%), relaxation training (45%) and Play/music/art/dance therapy (40%). This reflects that Counsellors had lack of knowledge in other techniques of counselling.
- Data showed that 80 per cent of the Government run Homes, case files of children were maintained by the Counsellors. Whereas, in 12 visited NGO run homes only 30 per cent of the Counsellors were following this procedure.
- Attempt was also made to find out the Professional Qualification of the Counsellors in selected CCIs. It was found that 35 per cent counsellors were not professionally qualified. Thus, for efficiency in their work and better results they should be professionally qualified and well trained.

CHAPTER – 5
SUMMARY & CONCLUSION

CHAPTER - 5

SUMMARY & CONCLUSION

Children are the most precious assets of our country. Their development and safety is essential for the development of any nation. Despite all the safeguards, in reality, millions of children in the country live under difficult circumstances- as orphans, abandoned, street children, refugees etc. and are deprived of basic necessities of life. To address this issue and provide a safe, secure and a protective environment for the children Government of India has introduced a centrally sponsored scheme namely Integrated Child Protection Scheme (ICPS), 2009 and an Act called Juvenile Justice (Care and Protection) Act, 2015. The J.J. Act gave ample support for establishing mechanisms to attend to the needs of these children. Accordingly, Child Care Institutions like children home, shelter home, observation home, special home, after care home and open shelters have been established under the Juvenile Justice System for the children.

Therefore, quality care emerges as the most important component in these institutions and it can be defined as a form of developmentally appropriate care given by adult caregivers to children. Children who are the most vulnerable group need psycho-social support and when it comes to providing legal aid to children, it increasingly becomes apparent that counseling and psychological therapy was needed for their healing and reintegration into the society. It reflects that counseling plays a very important role in almost every aspect of children residing in institutions. Therefore, the services should be provided to children by skilled, trained and motivated staff/ counselors. To know the Counselling Services in the Child Care Institutions of Meghalaya the present study was carried out by NIPCCD Regional Centre Guwahati. The main focus of the study was to understand the availability and quality of counseling services and also intended to identify the gaps in providing counseling services and suggest measures for its quality improvement.

The study was carried out in six selected districts of Meghalaya and included nine Govt. run and twelve NGO run CCIs. Information was gathered from DCPOs of each selected districts and all functionaries of the selected Child Care Institutions. Focused Group Discussions (FGD) were also held with the children (13-18 years) of the CCIs. In this chapter the findings of the study has been discussed in detail and attempt is being made to summarize the findings of the study and based on this recommendations have been attempted.

Major Findings

5.1 Manpower

Manpower plays an important role for any institutions as it facilitate the works and provide services to the people in appropriate manner. With regard to the availability of different categories of manpower in CCIs, the present study revealed that among all the staffs of CCIs, especially the posts of Case Worker (05), Educators (05), Paramedical Staff (05) etc., were found to be vacant. Attempt has also been made to find out the availability of the Counsellors in the CCIs of the selected districts. It was found that the posts of Counselors in three of the selected homes were vacant and these homes were from two districts i.e, East Garo hills and West Khasi hills. These Child Care Institutions were run by NGOs. Though, in CCIs the counseling service was given by the Superintendents and Counselor of the DCPO office but, it was not a regular kind of activity. So, unavailability of the manpower somehow affecting the overall functioning of the Institutions, including the counselling services.

5.2 Training Status

Training provides a prime opportunity to expand the knowledge and skills of the functionaries of any of the institutions. Lack of training of functionaries is also one of the key factors which can adversely affect the quality of services. As the present study focused on the counseling services of CCIs, therefore efforts were made to know the training status of the functionaries. It was found that some of the staffs of both Govt. and NGO run homes were found to be untrained and the number was high in NGO run homes. Among all functionaries, it was found that 3000 (00.00) 00 (00.00)% of the Counsellors were untrained. Moreover, the other 70% had only undergone orientation training on different issues like child protection, various Acts related to children etc. It has also come into notice that these Counsellors did not receive

any specific training on counselling skills, methods, techniques. Concerning this most of the Superintendents said that due to this, the Counsellors were facing problem in discharging their duties and therefore urged that regular skill development training programmes should be organized for them to enhance their knowledge and skills in counseling. However, the present situation created a gap in providing quality counseling services in the Institutions.

5.3 Educational and Professional Qualification

JJ Act says that the counselors should be a Post Graduate Degree holder preferably in Psychology. With regard to the educational qualification of the Counselors it was found that most of the Counsellors were post graduated with a few graduates. Whereas, in terms of their professional qualification it was found that little more than half (65%) of them have done their professional qualification in Counselling. On the other hand, 35 per cent were not professionally qualified and therefore, they were facing problem in conducting counselling sessions. This was also affecting the quality of counseling services in the Institutions.

5.4 Time Devoted for the Counseling Sessions

Ginott (2001) states that effective counselling is often hindered by the unavailability of time especially when the Counsellor has too many children to cope with as he/she needs to know their individual problems. It was also found in the present study that in some homes children were residing in large number and therefore it was difficult for the Counsellors to devote the required time in one counselling session. This also affected the quality of the counselling services.

5.5 Competencies and Capabilities of the Counsellors

Since one of the objectives of the present study was to understand the competencies and capabilities of the Counsellors, effort was made to elicit views of the Superintendents about knowledge and skills of counselling of counselors of selected CCIs. The data showed that majority (81%) of the Superintendents were of the view that the Counsellors of their Homes had adequate knowledge and skills in counselling. However, while interviewing the Counsellors it

was noticed that the Counsellors were not able to give proper responses regarding the techniques, skills, methods of counseling mentioned in the interview schedule.

The study also aspired to understand the types (Individual, Group Counseling, Both) of counselling used by the Counsellors during the counseling sessions. It was found that majority (85%) of them were aware and used Group and Individual counselling in their sessions. However, 15 per cent Counsellors followed only Individual Counseling method in their sessions. Whereas, it is desirable that all the counselors, also follow group counseling because Group counseling provides an opportunity to children to share experiences, learn perspectives, and experiment with new behaviors in a safe and supportive environment.

5.6 Development of Schedules

There are various factors which a counselor should consider while providing counseling services to children which include understanding child's problem so that bonding develops between the child and counselor: open listening; exploring of problem; insight and awareness and tactful handling of sensitive issues etc. Accordingly, a schedule must be developed and followed by the counselors for each case. The present study also attempts to know the development of schedules by Counsellors before beginning the counseling session. It was found that 85 per cent of the Counsellors did not develop any schedule. The reason was that they had a lack of knowledge on development of schedules. This somehow was also affecting the overall process of counseling.

5.7 Techniques of Counselling used by Counsellors

Other researches show that Counsellors should be trained and well acquainted with the skills and techniques of counselling to deal with the individualized problems of the children. When Counsellors are confronted with children, they need to be skilled in certain specific treatment approaches for various cases. The data of the present study showed that among the different techniques, Counsellors used mainly anger management (50%), relaxation training (45%) and play/music/art/dance therapy (40%) as they were not acquainted with the other techniques. Inadequate knowledge on the techniques of counseling may as well create a gap in providing effective counselling services. This can also be considered as a factor which was

affecting the services in the Homes. Use of all techniques according to different cases may give a better result in counselling.

5.8 Steps and Methods of Counselling

In the context of the present study it was also attempted to understand whether the Counsellors were following the proper steps of counselling or not. Regarding this it can be known that all Counsellors mainly follow the steps of developing rapport and listening. Other steps like maintaining a progress follow up and attending skills were only followed by some of the Counsellors. However, it was found that the steps followed by them were not in a sequential order. This showed that the Counsellors had inadequate knowledge on steps of counselling. Thus, it is a matter of concern which needs to be focused. It was also found that Counsellors were not very much acquainted with the proper Counselling methods. They mainly focused on three methods (Giving direction 52.90 %, Paying Attention 23.50 %, Preparing of behavior chart (11.70%) of counselling. The other methods like Time out, Ignoring, Rewarding were followed by none of the Counsellors of Government run as well as NGO run Homes. Not having proper knowledge of the Counsellors on different methods of Counselling is also affecting the quality of the counselling services in the Institutions.

5.9 Maintenance of Case File and Going through SIR

As per the available data, in nine selected Government run OCIs, more than 80% of the Counsellors maintained case files of children. Whereas, in 12 visited NGO run homes only 30% of the Counsellors were involved in it. Thus, this shows that the Counsellors of the Government run Homes were more capable in terms of knowledge and skills than the NGO run OCIs. The findings also shows that none of the Counsellors of the NGO run homes go through the SIR of children before beginning the counselling sessions. Whereas, in Government run Homes, this procedure was followed but that too, merely by 29.40 per cent of the Counsellors.

5.10 Focus Group Discussion

From the Focus Group Discussion with the children from 13-18 years, it could be highlighted that there should be regular counselling sessions with the children by a trained

Counselor as children need counselling and guidance every day for their studies, for daily life management etc.

5.11 Registration of Child Care Institutions under J.J. Act

JJ Act says that all Institutions and organisations running Institutional or Non-Institutional care services for children in need of care and protection, whether run by the Government or Voluntary Organization, shall get themselves registered under sub-section (3) of section 34 of the JJ Act, 2015. Whereas, the findings of the present study showed that many of the NGO run missionary CCIs though registered under JJ act were running as hostels and not functioning as per the guidelines of the Act. Children residing in these homes were also paying an amount of Rs.1000 for their stay.

5.12 General Observation

- It was observed that children under five years were also admitted in some Institutions but no special care taker was appointed for them in any of these CCIs. Even facilities like cradles, play materials etc. for stimulation of the children were not found.
- In some of the visited NGO run homes, incidences of overcrowding was observed. It was also observed that hygiene and sanitation in terms of toilets, bathrooms, maintenance of cleanliness of the dormitories, availability of mosquito nets were found to be inadequate.
- In almost all the visited CCIs there was no provision of cooking gas. So they made the food using wood and fuel. Cooking food in mud stove was difficult in rainy season for the functionaries. Cooking in firewood is also in a way polluting the environment of the CCIs and was affecting the health of the children.
- It was also noticed that 76 per cent of the homes had adequate space in the dormitory and in 24 per cent homes there were inadequate space. Whereas, it is desirable that all dormitories should have adequate cots and space as per the number of the inmates.

- It was also observed that in 71 per cent of the CCIs have essential furniture in the dormitories like shoe rack, book rack, wooden almirah and cupboards etc. were available.
- It was observed that majority (14) of the CCI's have outdoor space for the children to play and seven of them do not have any outdoor space. Similarly indoor space was also not found to be adequate in most of the CCIs.
- In most of the homes it was also observed accommodation of children was not arranged according to the age.
- In majority of the CCIs it was observed that there was no proper garbage disposal system.
- In some homes, it was also observed that the surroundings were not clean. Water logging was found everywhere which was very dangerous for the mosquitoes to breed and cause malaria. It was also found that in CCIs of Garo hills, the children mostly suffered from malaria.
- Some of the children had emotional and behavioural problems like aggressiveness, tendency to run away, quarreling, depression etc.
- Another finding regarding the availability of counseling rooms in CCIs was that out of 21 visited CCIs 17 CCIs have separate counselling rooms for providing counselling to the children. However, most of the counseling rooms were small in size; there were no adequate windows and also no proper space for performing play therapies with children.
- It was observed that most of the visited institutions do not have any vocational training facility for the children, neither they are tied up with local NGO's and ITI's. Whereas, in few of the homes vocational facility like computer operation, tailoring, gardening, knitting and candle making etc. were provided to children.
- There was lack of specific services for children with special needs.

- The regular health checkup of children was also not conducted in most of the CCIs. It was done only when need arises.
- In most of the CCIs it was found that the Home Authority did not involve children in planning their meals as well as in preparation of daily routine including studies, entertainment, sports etc.
- Majority of the CCIs Home Management Committee was not yet formed.
- In most of the visited CCIs Outdoor facilities like football, basketball, badminton and Indoor games like ludo, chess, chinese checkers were made available for the children. Apart from these, other recreational facilities like singing, dancing, television etc. are also provided to the children of the homes. It also helping in dealing with the various issues related to counseling.

5.13 Major Suggestion and Recommendations

Based on the findings of the present study in the fore going Paragraphs the following suggestions and recommendations are made.

1. All NGO run Institutions registered under JJ Act should follow the Rules and Guidelines of the Act with adequate staff and proper basic facilities.
2. All the vacant posts of the staff of the Child Care Institutions should be filled as early as possible for providing all essential services to the children in a healthier manner.
3. Training is a very important and necessary aspect for all functionaries in performing their role and job responsibility. Since, it was found that some of the staffs including Counsellors (30%) were untrained so, it is suggested that the State Government should provide for in-service training to all untrained officials with the help of NIPCCD and other recognized Institutes of social work or expert bodies specialized in child related issues.

4. It has come to the light that 35 per cent of the Counsellors were not professionally qualified. Therefore, it is suggested that personnel with specific qualification in Counselling and having some experience in working with children should be appointed for the posts of Counsellors or some kind of professional course should be arranged for the appointed counselor.
5. To devote the required time in each counselling session, it is suggested that the numbers of children and number of staff is proportionate in the CCIs. So that, Counsellor is able to attend and assist individual child with maximum attention for effective counseling.
6. It is desirable that the Counsellors of all CCIs give importance and use both Individual and Group Counselling methods because using these methods by the Counsellors provides an opportunity to the children to share experiences, learn perspectives in a safe and supportive environment. As it seen from the data of the study 85 per cent of the Counsellors were not aware of developing of schedules, training should be provided by the concerned authority to the Counsellors on development of schedules before beginning the counselling sessions.
7. It is essential for all Counsellors that they should know all the techniques and methods of counselling to counsel and guide the children in any difficulties. As the findings revealed that the Counsellors were not acquainted very well with all the techniques and methods of counselling therefore, it is suggested that in-depth training specifically on methods and techniques of counseling should be provided to the Counsellors. It will further also help them in following the proper steps of counselling in a systematic order.
8. To perform therapies like Play/music/Art/Dance therapy, it is suggested that proper hands-on training and tools should be provided to all the CCIs by the concerned department.
9. There is a need for preparing and maintaining case file as well the SIR of the children of by every Child Care Institutions registered under JJ Act.
10. Home Management Committee was not yet formed in most of the visited CCIs. According to JJ Act every institution shall constitute a Home Management Committee for the management of the institution and monitoring the progress of every juvenile and child as

per rule 55 of the JJ Act Rules, 2007. Therefore, it is suggested that every institution shall constitute a Home Management Committee.

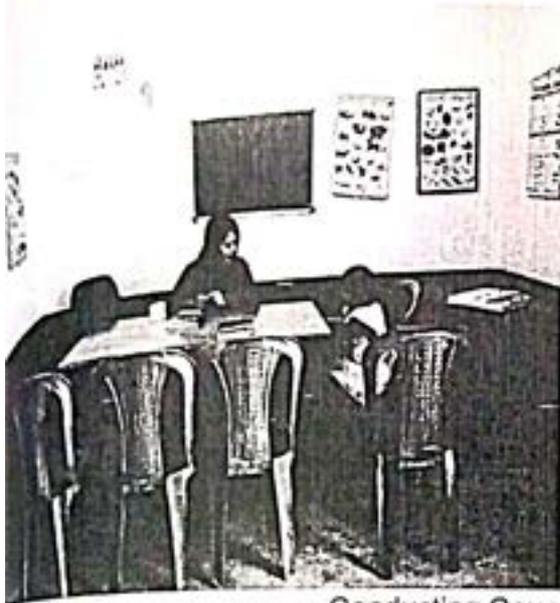
11. In order to prepare children/juveniles for economic independence when they are discharged from the Institutions as young adults, it shall be the responsibility of every Institution to provide employable vocational training to children when they complete their schooling or drop out of school.
12. Institutions set up under the Juvenile Justice Act should be located in an appropriate child friendly environment in natural surroundings with adequate open space for children to engage in outdoor activities.
13. Every Institutions should be well connected by various modes of transportation and be within the vicinity of schools and technical and other vocational training institutes.

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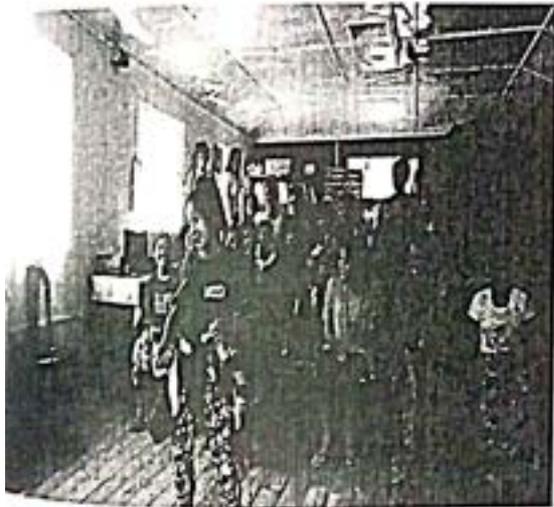
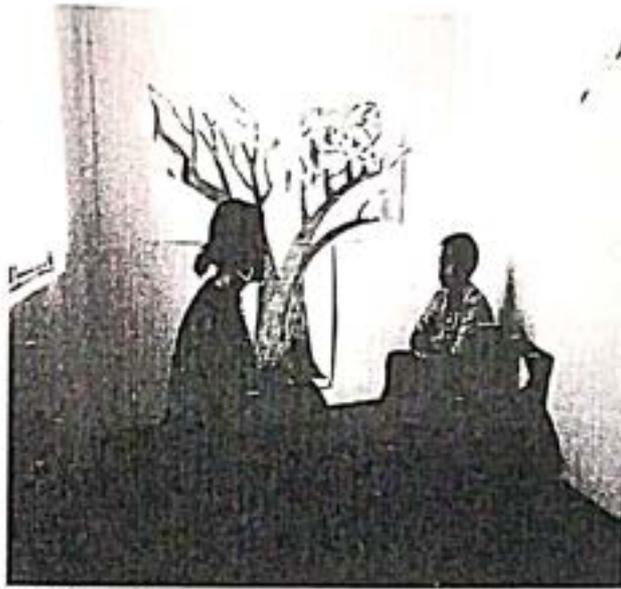
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Photo Graphs



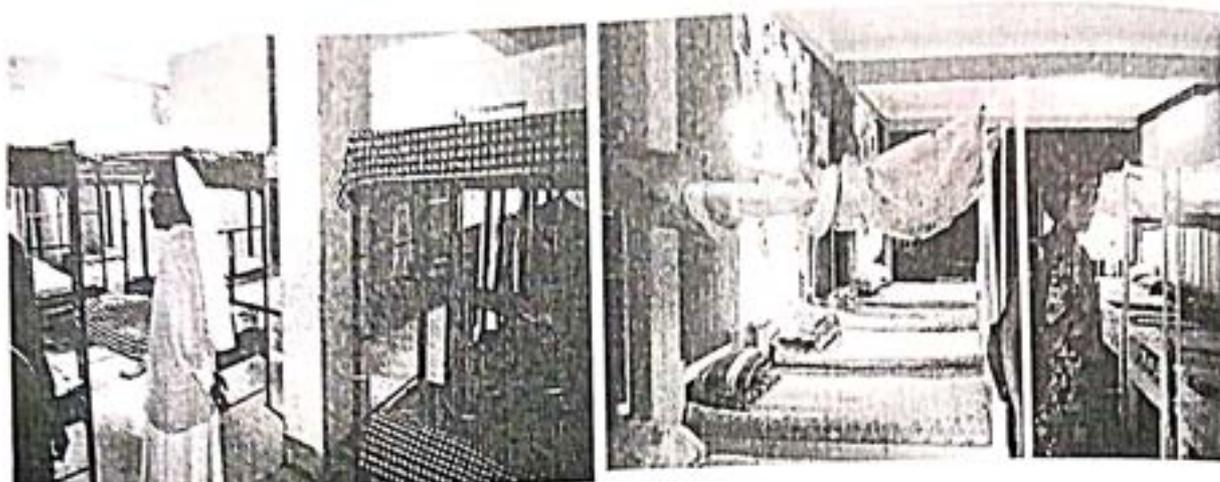
Conducting Counselling Session



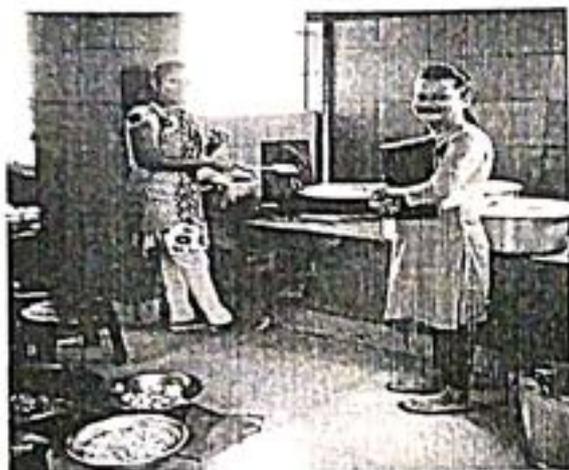
Child performing dance activity



Child performing singing activity



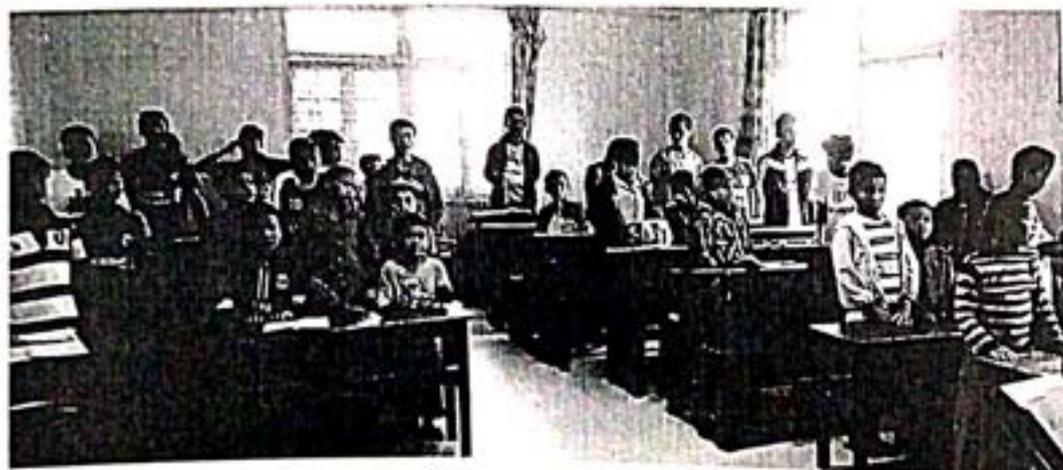
Dormitories of the CCIs



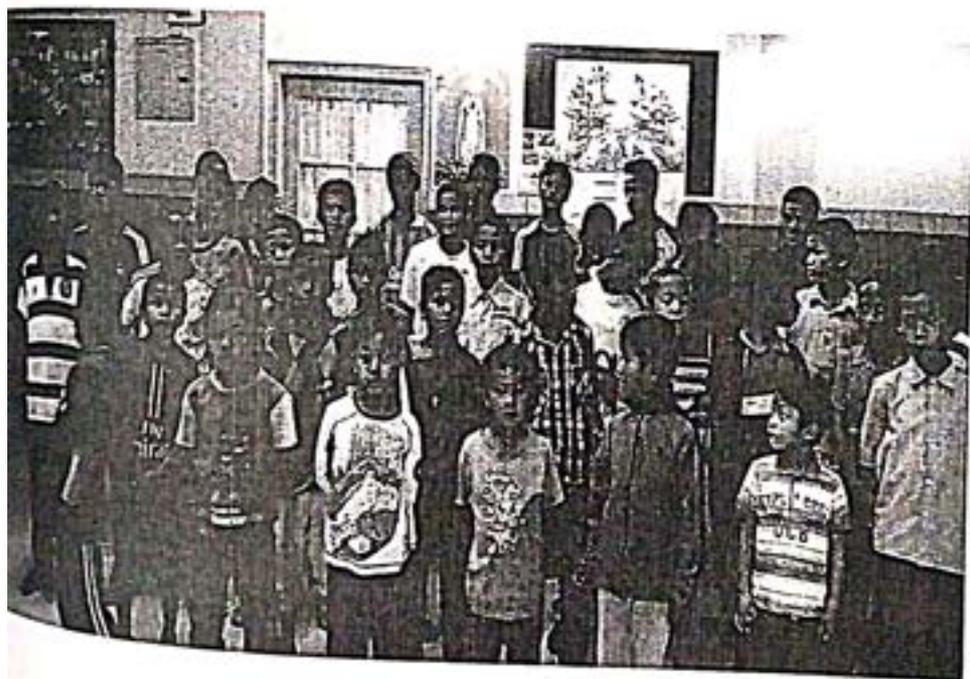
Kitchen of the CCI



Store of the CCI



Children in CCI



Children in CCIs

NATIONAL INSTITUTE OF
PUBLIC COOPERATION AND CHILD DEVELOPMENT
Regional Centre, Guwahati,

Study on the Counseling Services in the Child Care Institutions of Meghalaya
(Schedule for DCPO/Protection Officer Institutional Care)

Instructions for recording responses and filling boxes-

1. Use pencils, write neatly and clearly.
2. All boxes to be completed. No box to be left empty.
3. Ensure correct and appropriate code is entered in the relevant box(s) only.
4. Note down clearly the response of the respondent for open ended questions.
5. Use the following codes for responses: 1 for Yes, 2 for No, 0 for No Response, 8 for Do not Know and 9 for Not Applicable.

Name of the respondent:

Sex: Male Female

Age:

Contact No.:

Email:

Education Qualification:

Did you take any training:

7.a. If yes, specify:

Title of the Training	Duration and Date	Training Agency

For how long have you been posted as DCPO:

Specify your job responsibilities with regard to CCI :

- i. To co-ordinate with voluntary organization, hospitals, CWC, JJB, Childline and other authorities at the district level.
- ii. To conduct trainings and depute different functionaries of CCIs for training.
- iii. Occasional counseling for some specific cases.

- iv. Head the Home Management Committee of every institution in the district.
- v. Go for regular visits to the CCIs to access its functioning.
- vi. Any Other

10. Do you think counseling plays an important role for the children at the CCIs:

11. What role does counseling plays in the process of rehabilitation of the children coming to CCIs:

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12. Do you have counselors appointed in all the CCIs of your district:

12.1. If no, what steps do you take to support those CCIs who do not have counselors:

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13. What are the issues regarding counseling services in the CCIs of your district:

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14. What steps do you take at district level to enhance the quality of counseling services at the CCIs:

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15. Suggest measures for improving counseling services in the CCIs:

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16. What are the problems faced in discharging your duties:

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NATIONAL INSTITUTE OF
PUBLIC COOPERATION AND CHILD DEVELOPMENT
Regional Centre, Guwahati,

Study on the Counseling Services in the Child Care Institutions of Meghalaya
(Schedule for Superintendent)

Instructions for recording responses and filling boxes-

1. Use pencils, write neatly and clearly.
2. All boxes to be completed. No box to be left empty.
3. Ensure correct and appropriate code is entered in the relevant box(s) only.
4. Note down clearly the response of the respondent for open ended questions.
5. Use the following codes for responses: 1 for Yes, 2 for No, 0 for No Response, 8 for Do not Know and 9 for Not Applicable.

1. Name of the respondent:

2. Sex: Male Female

3. Age:

4. Contact No.:

5. Email:

6. Education Qualification:

7. Length of experience of working in CCI:

Have you received any training after joining as superintendent:

8.a. If yes, specify:

Title of the Training	Duration and Date	Training Agency

9. What are the different duties performed by you:

- i. Overall monitoring of functioning of CCI
- ii. Ensure security and safety measures for children
- iii. Supervision of the staff at the CCI
- iv. To act as guardian of the children
- v. Planning implementation and coordination of activities/services
- vi. Observance and follow up of daily routine of the CCI
- vii. Maintenance of records and registers of the CCI
- viii. Filling of monthly report of children
- ix. Allocation of duties to personnel
- x. Undertake action for rehabilitation and repatriation of children
- xi. Counseling children
- xii. Supervision of counseling services
- xiii. Any other (specify)

10. Number of children on the day of the visit(*to be taken from register) :

11. Total intake capacity of the Home:

12. Number of inmates residing in the CCI:

13. Age-wise distribution of children in the home:

0-5 years	<input type="checkbox"/>
6-11 years	<input type="checkbox"/>
12-16 years	<input type="checkbox"/>
16-18 years	<input type="checkbox"/>
Above 18	<input type="checkbox"/>

14. What are the different category of children residing in the institution:

- i. Abandoned/Surrendered
- ii. Orphan
- iii. Street Children (Including rag pickers)
- iv. Trafficked Children
- v. Children affected by HIV/AIDS
- vi. Sexually Abused
- vii. Children affected by man-made/natural disaster
- viii. Physically/Mentally challenged
- ix. Children in conflict with law
- x. Runaway children
- xi. Lost children
- xii. Any Other (Specify)

15. What are the recreation facilities available at the CCI:

.....

16. Do you observe behavioral/emotional/psychological problems among the inmate children in your home:

17. What are the commonly observed behavioral or emotional problems/issues among the children in the CCI:

- i. Quarreling
- ii. Use of slang/abusive language
- iii. Tendency to disobey rules
- iv. Aggressiveness
- v. Problem in mixing up with other children
- vi. Depression
- vii. Low self esteem
- viii. Bullying
- ix. Tendency to run away
- x. Tendency of self-harm
- xi. Any other (specify)

18. What is the duration/frequency/intensity of the above problems:

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.....
.....

19. Do you think children in your Home require counseling:

19.1. If yes, state reasons:.....

19.2.If no, state reasons:

20. Is there a counselor in your Home:

21. Besides the counselor who else is responsible for counseling of the children:

- i. Case Worker/ Child Welfare Officer
- ii. Social Worker
- iii. Superintendent himself/herself
- iv. House Mother/Father
- v. Any Other

22. Do you see any kind of difference in the children before and after counseling:

23. Do you think the counselor have the required knowledge and skills for providing counseling to the children:

24. Do you think other functionaries have the required knowledge and skills for providing counseling to the children

25. Are you satisfied with the counseling services provided by the counselor and other functionaries :

25.1.If yes, why?

25. If you are not satisfied with the counseling service, what steps do you take?

- i. Regular Interaction with them
- ii. Conduct counseling session jointly
- iii. Organizing in-house orientation
- iv. Taking initiatives for training them outside the institution

26. Do you think counseling plays an important role in the process of rehabilitation:

27. If yes, in what ways:

28. How many children has been rehabilitated in the last three years:

29. Problems faced in providing counseling services to children:

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30. What are the problems in running the CCI?

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**NATIONAL INSTITUTE OF
PUBLIC COOPERATION AND CHILD DEVELOPMENT**
Regional Centre, Guwahati,

**Study on the Counseling Services in the Child Care Institutions of Meghalaya
(Schedule for Counselor)**

Instructions for recording responses and filling boxes-

1. Use pencils, write neatly and clearly.
2. All boxes to be completed. No box to be left empty.
3. Ensure correct and appropriate code is entered in the relevant box(s) only.
4. Note down clearly the response of the respondent for open ended questions.
5. Use the following codes for responses: 1 for Yes, 2 for No, 0 for No Response, 8 for Do not Know and 9 for Not Applicable.

Name of the respondent:

Sex: Male Female

Age:

Contact No.:

Email:

Education Qualification:

Professional Qualification:

Salary drawn per month:

Have you received any training prior to or after joining as counselor

1. If yes, what kind of training specify:

Title of the Training	Duration and Date	Training Agency

2. Length of experience of working in a CCI:

3. Length of experience as counselor before joining the CCI:.....

12. Specify your job responsibilities in the CCI :

- i. Only counseling
- ii. Counseling and miscellaneous duties
- iii. Counseling and working as a case worker/child welfare officer
- iv. Counseling and working as a social worker
- v. Looking after matters relating to education of children
- vi. Looking after the day-to-day affairs of the children
- vii. Any other duties assigned by the competent authority

13. Do you think counseling is one of the essential services for children in the CCI :

13.1. If yes, state your reasons:

- i. It helps children in dealing with the trauma faced by them
- ii. It helps in developing positive mental health among children
- iii. Empower children to face the crises in their lives
- iv. Enables to overcome behavioral disorders
- v. It facilitates rehabilitation of the child
- vi. Restores self esteem in the child
- vii. Counseling helps in reducing errant behavior among children
- viii. Proper counseling also facilitates smooth management of the home
- ix. Any other, specify

14. Is there any difference in the behavior of the children before and after counseling:

15. On an average how many children do you attend daily at the CCI:

16. Do you have a separate room for counseling and other necessary materials required for counseling:

17. How do you counsel:

- i. Group counseling
- ii. Individual counseling
- iii. Both

18. On an average how much time you devote for one counseling session:

- i. Average less than thirty minutes
- ii. Between thirty minutes to one hour
- iii. Timing varies from case to case
- iv. Usually more time is required in the latter sessions
- v. No time limit

19. Do you develop and follow a schedule of counseling for each specific case:

20. What are the emotional/behavioral/psychological problems faced by the children in the institute:

- i. Childhood Depression
- ii. Anxiety Disorder
- iii. Attention deficit hyperactive disorder
- iv. Cruelty to animals or younger children
- v. Conduct disorder
- vi. Oppositional defiant disorder
- vii. Mood disorders
- viii. Post Traumatic Stress Disorder
- ix. Selective Mutism
- x. Mania
- xi. Bed Wetting Enuresis
- xii. Tics or Habit Spasm
- xiii. Anger Outburst
- xiv. Masturbation
- xv. Tendency to tell lie
- xvi. Stealing
- xvii. Home Sickness
- xviii. Seeking attention for love and care
- xix. Any Other

21. Out of the above problems which are more common among children at CCI:

.....

22. Which age group mainly shows these problems:

23. According to you which category of children require counseling more :

- i. Abandoned/Surrendered
- ii. Orphan
- iii. Street Children (Including rag pickers)
- iv. Trafficked Children
- v. Children affected by HIV/AIDS

- vi. Sexually Abused
- vii. Physically Abused
- viii. Children affected by man-made/natural disaster
- ix. Physically/Mentally challenged
- x. Children in conflict with law
- xi. Runaway children
- xii. Lost children
- xiii. Any Other (Specify)

24. What are the different techniques of counseling you usually adopt:

- i. Problem Solving
- ii. Thought Management
- iii. Positive Self-talk
- iv. Anger Management
- v. Daily scheduling
- vi. Building self-esteem
- vii. Relaxation training
- viii. Imagery work
- ix. Through documentary movies or moral movies
- x. Play/Music/Art/Dance Therapy

25. What are the approaches or methods used for counseling the children:

- i. Psychodynamic Approach
- ii. Client centered counseling
- iii. Behavioral Approach
- iv. Cognitive Behavioral Therapy

26. Can you mention different steps to be followed during the process of counseling:

- i. Developing a Rapport
- ii. Attending Skills
- iii. Asking Questions
- iv. Listening
- v. Maintaining a Progress
- vi. Follow ups

27. What are the methods you use to improve child's behavior:

- i. Paying attention
- ii. Rewarding
- iii. Ignoring
- iv. Giving Direction
- v. Time Out
- vi. Preparing Behavior Chart
- vii. Any Other

28. Do you maintain individual case file for each child residing in your home:

29. Do you maintain any other separate registers and records (to be checked/ verified):

30. Do you go through the SIR or other backgrounds of the child before beginning the counseling sessions:

31. Who identifies the children at the CCI who require individual counseling:

- i. Case Worker/Child Welfare Officer
- ii. Counselor herself/himself
- iii. Superintendent
- iv. House mother/father, Matron/Warden
- v. Any other

32. Do, the children themselves come to you if they have any problem:

33. To whom do they usually refer to if they face any problem:

- i. Co-inmates
- ii. Counselor
- iii. House mother/father
- iv. Educator/Case worker/Social worker/ Probation Officer
- v. Superintendent
- vi. Any other (specify)

34. Is counseling provided to parents/guardians whenever required at the CCI:

35. Do the other members of the institution encourage the children to come for counseling session:

36. Once you start the counseling process, whether children come willingly or have to be persuaded for subsequent sessions:

- i. Comes willingly
- ii. Have to be persuaded

37. Do the children co-operate in the process of counseling:

38. Do you enjoy counseling sessions with children:

39. Do you think the children also enjoys the counseling sessions:

40. Do you face any problem in carrying out the counseling service:

41. If, yes what kinds of problem do you face:

- i. The children do not cooperate
- ii. The authority is not concerned about the counseling services
- iii. Time constrains
- iv. Lack of infrastructure
- v. Too many children to be attended
- vi. Lack of training
- vii. Handling of critical cases
- viii. Lack of support from other functionaries of the home

42. Any other comment:

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NATIONAL INSTITUTE OF
PUBLIC COOPERATION AND CHILD DEVELOPMENT
Regional Centre, Guwahati,

Study on the Counseling Services in the Child Care Institutions of Meghalaya
(Schedule for Case Worker/Child Welfare Officer/Probation Officer)

Instructions for recording responses and filling boxes-

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2. All boxes to be completed. No box to be left empty.
3. Ensure correct and appropriate code is entered in the relevant box(s) only.
4. Note down clearly the response of the respondent for open ended questions.
5. Use the following codes for responses: 1 for Yes, 2 for No, 0 for No Response, 8 for Do not Know and 9 for Not Applicable.

Name of the respondent:

Sex: Male Female

Age:

Contact No.:

Email:

Education Qualification:

Did you take any training:

7.a. If yes, specify:

Title of the Training	Duration and Date	Training Agency

8. For how long have you been posted in this CCI:

9. Specify your job responsibilities in the CCI :

- i. Counseling of children
- ii. Preparing Social Investigation Report
- iii. Preparing Individual Care Plan for each child
- iv. Work relating to rehabilitation/restoration of children
- v. Regular home visits and follow up
- vi. Looking after matters relating to education of children
- vii. Looking after the day-to-day affairs of the children
- viii. Any other duties assigned by the competent authority

10. Do you think counseling plays an important role in the process of rehabilitation and bring back the children in the mainstream society:

11. Among your other responsibilities do you also counsel the children:

- i. Not involved with counseling
- ii. Do counseling regularly
- iii. Counsel occasionally

12. Do you see any kind of difference in the children before and after counseling:

13. Do you encourage the children to go for counseling sessions:

14. What are the problems faced by the functionaries while counseling children in the institution:

- i. The children do not cooperate
- ii. The authority is not concerned about the counseling services
- iii. Time constrains
- iv. Lack of infrastructure
- v. Too many children to be attended
- vi. Lack of training
- vii. Handling of critical cases
- viii. Lack of support from other functionaries of the home
- ix. No problem
- x. Does not know

15. Any other comment:

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**NATIONAL INSTITUTE OF
PUBLIC COOPERATION AND CHILD DEVELOPMENT**
Regional Centre, Guwahati.

**Study on the Counseling Services in the Child Care Institutions of Meghalaya
(Schedule for Doctor/Paramedical Staff)**

Instructions for recording responses and filling boxes-

1. Use pencils, write neatly and clearly.
2. All boxes to be completed. No box to be left empty.
3. Ensure correct and appropriate code is entered in the relevant box(s) only.
4. Note down clearly the response of the respondent for open ended questions.
5. Use the following codes for responses: 1 for Yes, 2 for No, 0 for No Response, 8 for Do not Know and 9 for Not Applicable.

1. Name of the respondent:
2. Designation:
3. Sex: Male Female
4. Age:
5. Contact No.:
6. Email:
7. Education Qualification:
8. Details of professional training (* for paramedical staff only) :
- 8.1. If yes, specify:

Title of the Training	Duration and Date	Training Agency

9. Nature of appointment:
- i. Full-time
 - ii. Part-time
 - iii. On-call

10. Frequency/routine of health check up of children:

- i. Daily
- ii. Weekly
- iii. Fortnight
- iv. Monthly
- v. Only when need arises

11. What are the most common physical health problems of the children at the CCI:

.....

12. What are the common mental health problems of the children at the CCI:

.....

13. Do you think counseling plays an important role in managing health including mental health problems of institutionalized children:

14. Is counseling a part of your treatment:

15. Do you yourself give counseling to children if need arises :

16. Do you refer needy children for counseling:

17. What is your opinion about the counseling service at the CCI:

- i. Satisfactory
- ii. Not Satisfactory

17.1. State reasons:

18. What the problems faced by you in the job:

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**NATIONAL INSTITUTE OF
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Regional Centre, Guwahati,

**Study on the Counseling Services in the Child Care Institutions of Meghalaya
(Schedule for House Mother/Father/Warden/Matron)**

Instructions for recording responses and filling boxes-

1. Use pencils, write neatly and clearly.
2. All boxes to be completed. No box to be left empty.
3. Ensure correct and appropriate code is entered in the relevant box(s) only.
4. Note down clearly the response of the respondent for open ended questions.
5. Use the following codes for responses: 1 for Yes, 2 for No, 0 for No Response, 8 for Do not Know and 9 for Not Applicable.

1. Name of the respondent:

2. Sex: Male Female

3. Age:

4. Contact No.:

5. Email:

6. Education Qualification:

7. Have you received any training prior to or after joining in the CCI:

7.1. If yes, specify:

Title of the Training	Duration and Date	Training Agency

8. What are your duties at the Home:

- i. Day-to-day care of children
- ii. Ensure security and safety measures for children
- iii. To act as immediate guardian of children
- iv. Observance and follow up of daily routine of the CCI
- v. Maintenance of some records and registers
- vi. Counseling children
- vii. Any other (specify)

9. Do the children approach you if they face any problem:

10. What are the commonly observed behavioral problems/issues among the children in the CCI:

- i. Quarreling
- ii. Use of slang/abusive language
- iii. Tendency to disobey
- iv. Aggressiveness
- v. Problem in mixing up with other children
- vi. Depression
- vii. Low self esteem
- viii. Bullying
- ix. Tendency to run away
- x. Tendency to lie
- xi. Tendency of self-harm
- xii. Any other (specify)

11. What do you do when you observe these problems:

- i. Through counseling
- ii. Verbal warnings
- iii. Corporal punishments
- iv. Temporary deprivation
- v. Inform the superintendent
- vi. Any other (specify)

12. Do you think counseling plays an important role in day-to-day management of children and in the process of rehabilitation:

13. Do you see any kind of difference in the children before and after counseling:

NATIONAL INSTITUTE OF
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Regional Centre, Guwahati,

Study on the Counseling Services in the Child Care Institutions of Meghalaya
(Schedule for Educator/Yoga Teacher/Physical Trainer)

Instructions for recording responses and filling boxes-

1. Use pencils, write neatly and clearly.
2. All boxes to be completed. No box to be left empty.
3. Ensure correct and appropriate code is entered in the relevant box(s) only.
4. Note down clearly the response of the respondent for open ended questions.
5. Use the following codes for responses: 1 for Yes, 2 for No, 0 for No Response, 8 for Do not Know and 9 for Not Applicable.

1. Name of the respondent:

2. Designation:

3. Sex: Male Female

4. Age:

5. Contact No.:

6. Email:

7. Education Qualification:

8. Nature of appointment:

- i. Full-time
 ii. Part-time
 iii. On-call

9. For how long have you been posted in this CCI:

10. What are your job responsibilities:

- i. Looking after matters relating to education of children
 ii. Organizing recreational/sports/fitness/extra-curricular activities for children
 iii. Spiritual training of children (details of spiritual training)
 iv. Counseling of children
 v. Any other duties assigned by the competent authority

11. What are the commonly seen problems faced by children in education/sports/allied activities:

- i. Lack of interest
- ii. Lack of concentration in studies/allied activities
- iii. Problem of adjustment in group activities
- iv. Any other (specify)

12. Do you think counseling plays an important role in the improving educational performance and other faculties of children:

13. Do you refer children who are slow performers for counseling:

14. Do you also give counseling to the children:

15. Is there provision for special educator for children with special needs at the CCI

16. Problems faced by you in discharging your duties:

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Regional Centre, Guwahati.

Study on the Counseling Services in the Child Care Institutions of Meghalaya
(Focus Group Discussion with children at the CCI in the age group 13-18 years)

Facilitators Guide

Rapport building with children through games and exercises like Chinese whisper, Name game, etc and general discussion with children (eg. Things that you like at this Home, Things that you dislike at this Home, etc.)

A. Whom do you usually approach if you face any problem/difficulties in this Home and why:

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.....
.....
.....

B. Do you know the name of the counselor of your Home:

.....

C. Is she/he able to help you or guide you to deal with your problem:

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.....
.....

D. What she/he dose when you approach them with your problem

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E. Is there any system that the concerned person regularly interacts with you about your problems or any matter relating to you:

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.....

F. Do you enjoy such counseling sessions :

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G. Do you feel good after your interaction with the concerned person:

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NATIONAL INSTITUTE OF
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Regional Centre, Guwahati,

Study on the Counseling Services in the Child Care Institutions of Meghalaya
(Observation Schedule)

Instructions for recording responses and filling boxes-

1. Use pencils, write neatly and clearly.
2. All boxes to be completed. No box to be left empty.
3. Ensure correct and appropriate code is entered in the relevant box(s) only.
4. Note down clearly the response of the respondent for open ended questions.
5. Use the following codes for responses: 1 for Yes, 2 for No, 0 for No Response, 8 for Do not Know and 9 for Not Applicable.

1. Name of the CCI:

2. Address with PIN No:

.....

3. Contact Numbers:

4. CCI run by:

- i. Government
 ii. NGO

5. Type of CCI:

- i. Children Home
 ii. Observation Home
 iii. Special Home
 iv. Shelter Home

6. Is it a home for :

- i. Girls
 ii. Boy
 iii. Both boys and girls

7. If the Home is for both boys and girls, is there separate arrangement for boys and girls with regard to :

- i. Dormitory
 ii. Toilets and Bathrooms
 iii. Dining Hall
 iv. Recreation Room

8. Number of Dormitories available:

9. Number of cots in each dormitories:

10. Whether adequate space in the dormitory :

11. Availability of basic facilities in the dormitories :

- i. Ventilation
 ii. Lights
 iii. Fans
 iv. Essential Furniture
 (Cupboards, Table, Chair/Stool etc)

12. Check list of different facilities available in the Home:

Facility	1 Yes ; 2 No	Number Available
Bathroom		
Toilet		
Sick room/ First-aid room	:	
Dining Hall		
Kitchen		
Class Room		
Library		
Counseling and guidance room		
Recreation room		
Room for CWC/JJB		

Office room		
Store		

13. Observing the details of the counseling room:

- i. Charts displayed
 ii. Furniture
 iii. Any other (Specify)

14. Is there outdoor space available for the children to play:

15. What are the recreation facilities available:

.....

16. What are the vocational training facilities available for the children at the home:

.....

17. Cleanliness and personal hygiene among the children at the time of visit:

1 Very Good

2 Good

3 Poor

18. Moods of the children at the time of the visit at the CCI:

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19. Any other observation:

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