

# **A Report on Strengthening Counselling in Schools and Child Care Homes**



**Kerala State Commission for Protection of Child Rights**

**Thiruvananthapuram**

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## 1. Background

**1.1** Childhood is generally considered a carefree period in the life of an individual. It is the period when the child is expected to enjoy care and protection in his or her immediate environment, and avail every opportunity for personal development. However, that is far from the reality that many children face in present times. More than ever before, children have to cope with problems and stress which are the direct result of the many changes that occur in their immediate family or social circumstances. These include times of special changes like a move from one place to another or one school to another, a death in the family or even a divorce or separation; there is also the stress resulting from domestic violence, life style related problems in the family, abuse, pressure of expectations, problems related to sexuality, discrimination, disability etc. All or any of these can create very stressful circumstances for children. In such situations, children may have a range of feelings that are very confusing and which, in most situations, threaten their social, emotional, and academic success, and, consequently, their state of mental health. According to the WHO, mental health is an integral and vital module of health, “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. Therefore, it is very essential that supporting mechanisms are available which will help a child to

achieve that state of mental health that will enable him or her to realize his or her own abilities and work productively and fruitfully.

**1.2** A large part of childhood is spent in the school setting. From the age of three, when they are placed in pre primary school, till the age of eighteen when they enter college, the formative years of a child's life are predominantly spent in school. Hence, along with family, schools have the best opportunity to shape the lives of individuals in their childhood years, and in supporting them if and when they face difficulties in coping with stressful situations in their lives. Such needy children include those who may be differently abled, and are, therefore, finding it hard to cope with their day to day challenges (especially since the support systems available to them are still less than optimal), or children from vulnerable communities who find it hard to gain the acceptance of their peers. They also include children who hail from homes that are under threat for various reasons, or those who have been placed in child care homes for want of care and support from their families. The shortcomings in the existing support systems available to facilitate children to fulfill their emotional needs, be it in a Care Home setting or in their own homes, have to be supplemented through specialized support. This support would be in the form of counselling support to children, or advice on parenting to parents of children living in families, or, in the case of Care Homes, through the provision of counselling services as part of the institutional support available to them. Therefore, counselling plays an important role in ensuring the well being of a child, whether the child is at home, in school or in a child care institution.

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## 2. Counselling and its Importance

**2.1** Counselling is defined as the process of helping individuals with problems to deal more effectively with their life situations. A counsellor helps the individual to adjust better with the difficult situations in his or her life, by awakening his/her own inherent qualities of personality. Imparting positive mental health is an important component of counselling. Counselling always takes place in a professional setting, and the interaction seeks to facilitate constructive changes in the attitude and behaviour of the individual - be it adult or child. Counselling can be beneficial for any child who may be faced with challenges in his or her day to day life. Counselling can also be given to any child for his or her educational, emotional and behavioural problems. The role of counsellors is to identify the problems which hamper a child's well-being, and help develop strategies for remedying such problems through guidance and counselling. School Counselling is helpful in understanding the changes and developments during adolescence, developing positive attitudes, and upgrading the individual's life skills, in order to be able to cope and manage the demands and pressures that children face in that stage of their life, including problems concerning their sexuality. In the mental health domain, counselling seeks to address those problems of children who suffer from mental illness, psychological stress and personality disorders; but, for tackling the latter issues, a higher level of counselling techniques and guidance would be necessary.

**2.2** For children with disabilities, counselling has to consider the additional challenges imposed by disabilities on their lives as well as on their families. Such counselling has to be done by professionals who understand not only disabilities per se, but also the different special needs associated with each individual disability. A child with communication deficit, mobility impairment, vision impairment or intellectual challenges needs counselling to address his or her specific needs. A study done recently in the USA, spanning about 13,000 adults and children with disabilities, revealed that 70% of them were abused and that 90% of them were repeatedly abused. This abuse could be in the form of physical, emotional, financial, sexual, or verbal abuse, and could be inflicted by their own family or close friends. Often this leaves a deep trauma in the person's mind that can affect the victim's functional daily life and life's choices. Parents and caregivers are often under severe stress because they have to care for a child with disability, and the work involved is 24/7. So counselling needs are much higher in such cases, and counsellors need to have undergone special training for handling such cases.

**2.3** The benefits of counselling are not limited to children. Awareness about the common psychological and developmental problems of children is essential for teachers and parents. This awareness would help them, especially the teachers, to deal with such children effectively and, if need be, refer needy cases to counsellors. These counsellors can help students, teachers and parents to handle behavioural problems. Those who render counselling services in schools and Child care Institutions have to have the basic knowledge and skills in (1) Child and Adolescent counselling (2) Rehabilitation counselling (3) Crisis intervention, and (4) Counselling for parents of children with special needs (CWSN). However, complicated cases would need to be referred



by them to Mental Health experts like Psychiatrists, Psychiatric social workers and Clinical psychologists.

**2.4 National Mental Health (NMH) Programmes** seek to ensure the protection of children from different situations that adversely affect their mental health. Under it, funds are being made available for conducting counselling and preventive programmes to improve life skills at the school and college levels. These training programmes are conducted by experts in child psychiatry and child welfare. In this connection, various programmes have been implemented by experts, including an effective suicide prevention programme for panchayats at the village level in Kerala. In the current NMH programme, the Central Government has made provisions for the State to conduct activities like counselling, life skills training etc for students. Government Departments, NGOs and other agencies are eligible to obtain these funds for conducting similar programmes. The National Mental Health programme of India also promotes community involvement at the state, district and block levels for delivering Mental Health Services. Considering the inadequate availability and accessibility to professional mental health services, decentralisation of services, especially for children, needs to be promoted to ensure better service delivery to the target beneficiaries.

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### **3. Existing Counselling Programmes and Facilities in the State**

3.1 The following are some of the schemes currently available in the State for providing counselling services to persons and the agencies managing them. While some are focused only on children, others are focused on a certain beneficiary group, including children.

#### **3.1.1 Psycho social scheme for adolescent girls**

The Department of Social Justice (DSJ) has developed separate Adolescent Health Clinics in 500 selected Govt. schools, with the support of concerned PTAs and LSGs. During 2015-16 Government sanctioned 307 Counselling Centers additionally, out of which 166 have since been started. A qualified counsellor is appointed by the DSJ in these schools for providing counselling and guidance to adolescent girls. Government, as per G.O. Rt No.29/13/SJD dated 01/02/2013 (**Annexure I**), had approved and issued a concept note for streamlining this programme. Usually, the school counsellor is posted in a particular school. She has the responsibility to do counselling work in that school and one or two schools in the neighbourhood. The counsellors have to attend the schools in school timings for five days in a week. On Saturdays the Counsellors have to visit the Anganwadi centers in the area for giving counselling to adolescent girls and mothers. On vacation periods, the Counsellors have to work in the Anganwadi centers for doing counselling work and for conducting awareness programmes among adolescent girls and

mothers. The DSJ, as part of its novel school based initiative, Our Responsibility to Children (ORC) Project has adopted the WHO accredited tool, the Strength and Difficulty Questionnaire, (with 20 questions) for children, which helps to assess the vulnerability quotient of the adolescent children. It is hoped that this will help improve the quality of the counselling by bringing about a more focused approach to every child's problems.

### **3.1.2 The Help Desk Programme**

The Help Desk programme initiated by the Sarva Shiksha Abhiyan (SSA) aims to protect Child Rights and to render counselling services to students up to 8<sup>th</sup> standard in all recognized Government and aided schools. A teacher who is well oriented in the activities of the Help Desk Programme is in charge of this programme. Help Desk activities include identification of children with problems, Drop Box facilities, individual referral system etc. There is also provision to provide refresher training to the teacher in-charge of the Help Desk every year. The training is based on a module prepared by SSA.

### **3.1.3 The Career Guidance and Counselling Programmes(CGCP)**

At the Higher Secondary level, Career Guidance and Counselling programmes are being implemented in the State since 2003. There are 2,048 Higher Secondary Schools in the state, of which 816 are in the Government sector, 825 in the aided sector and 362 are in the unaided sector, 13 in MRS schools, 15 in Special schools and 17 in Technical schools. At present 1,202 Career Guidance Units and 1,100 Souhridha clubs are functioning in Higher Secondary schools as part of the CGCP, a single school having both facilities, in some cases. None of the unaided schools have any facility for such support systems. It is proposed to extend Souhridha Clubs to more schools in the next

year and also explore the possibility of training at least one teacher in every school on the basics of counselling. Each of them has an elected Souhrida club Class and School Convener respectively. All the student centered activities of the Education department for the Higher Secondary section are carried out through the State Career Guidance and Adolescents Cells (CG & AC Cell), which has been designated as the nodal agency for imparting all the student centric programmes. Guidance Service includes orientation in Information, Education and Communication (IEC) as well as research. Counselling programmes include identification of problem children, counselling by teachers, and referral services to professional counselling. For providing this service, Higher Secondary teachers are given residential training in three spells of four days each on different issues face by adolescents, and the management of adolescents. Two days are earmarked for training on basic skills on counselling. The second spell of training is being imparted in CDC, Thiruvananthapuram and the last spell in NIMHANS, Bangalore. A five day Life Skill training programme is also being given to teachers at NIMHANS on activity oriented Life Skill education. After preparing a module on each activity to be taken up for each life skill, these teachers, in turn, have imparted training to other teachers in each educational district. They imparted two day residential training on Life Skills to students also. In 2015, on November 20 or World Children's Day, which is also being observed as the Souhrida Day, the theme of the celebration was 'Life skills'; therefore, in addition to conducting skits based on the Guidelines and Directions issued on this subject by the Directorate, to create greater awareness about them, training was also imparted on life skills to all the coordinators.

### **3.1.4 The “How are You?” support line of the Vocational Higher Secondary Education (VHSE)**

A help line called the “How are you?” initiative has been started by the VHSE for their students very recently in 2016. This help line, which functions every Wednesday with the support of the Kerala Social Security Mission (KSSM), have various specialists, psychiatrists, psychologists etc sent by the KSSM attending calls from students using a dedicated number, 9446835879. There has been tremendous response to this new service and the doctors have been able to attend only 70 calls per session against around 250 calls received. This shows that there is a tremendous need for such services among school children.

### **3.1.5 Adolescent Health Programme of the National Health Mission**

The Adolescent Health Programme of the National Health Mission (NHM) comprises Adolescent Health Clinics and School outreach services. There are 70 lakh adolescents in Kerala. The Health Department has set up 39 Adolescent Friendly Health Clinics (AFHCs) in the state, with some districts having more than one clinic, at the taluka level also. Palakkad and Wayanad districts have been identified as High Priority Districts and included in the Government of India’s Rashtriya Kishori Swathya Karyakram (RKSK). The state is steadily increasing the number of such clinics, subject to availability of funds from the Government of India (GoI). These clinics have already been set up in District and Taluk Hospitals and the attempt is to create an ambience that is child friendly. Services through these clinics are provided four days a week, excluding Wednesday and Thursday. Each clinic has a Medical Officer, a counsellor trained in adolescent health and a staff nurse. It functions from 4 pm

and maintains strict confidentiality about its clients. The clients are usually students, parents and teachers, alone or together. On Wednesdays and Thursdays, the teams from these clinics conduct outreach programmes and camps in schools, hostels and colleges. They also monitor the activities of the Teen's Club. Given the nature of the challenges in the area of adolescent health, such as attraction to addictive substances, cyber related activities etc, there appears to be a need for expanding the information about these services at the level of the local self government level, Kudumbasree etc to reach out to more teenagers and families. Pooling of counselling resources is required to be considered for providing greater access to counselling services. At present the facilities provided by the Adolescent Friendly Health Clinics (AFHC) and outreach services of the Health Department are vastly underutilised.

NRHM also imparts 24/7 Counselling services through a Toll Free Number 1056-DISHA (for BSNL subscribers; for all others it is 0471- 2552056, which is not toll free), which primarily focuses on supporting children who suffer from fear of exams. However, this facility now also offers a wide range of information services regarding location, availability, contact numbers etc of counsellors, and also about all other services, that are being extended by the Health Department, for adolescents as well as the general public. This facility, which is accessed by many students, particularly during the examination period, needs to be further popularized among the target group.

### **RBSK (Rastriya Bal Swasthya Karyakram)**

Under the RBSK scheme, which is also being implemented under the National Health Mission, District Early Intervention Centres (DEICs), focusing on children with developmental delays and disabilities, are being set up in every district. Each centre

will have a set of 12 staff members, comprising a Pediatrician, Medical officer, Dentist, Physiotherapist, clinical psychologist, Optometrist, Audiologist cum speech therapist, Special Educator, Dental hygienist, Staff Nurse, Lab technician and a Data entry operator. In addition, there will be a DEIC manger to coordinate the activities of the centre. The centres are located at the District Hospitals or district level hospitals. Each centre will have an area of about 1,500 sq ft. Although the staff has been recruited in all the districts, the infrastructure facilities for the DEIC have been completed only in 12 out of 14 districts. A total of 42,000 children have been provided with benefits from these centers in the year 2015-16. These centers are being implemented as a combined project of the Health Department and the SJD. The aim is to make each of them a training cum rehabilitation centre.

### **3.1.6 Counselling Facilities for Children with Special Needs**

In Kerala, there are 39 special schools and 257 schools for mentally challenged children and there is also provision for admitting children with special needs in all the schools as part of inclusive education. Sarva Shiksha Abhiyan (SSA), being the nodal agency for implementing the provisions of the RTE Act, has deployed 1,250 Resource teachers to support the need and requirements of children with special needs (CWSN). Several schemes have been formulated, and activities taken up for the benefit of these children. Counselling programmes in Schools and Child Care Homes, including in Institutions for differently abled children, are being implemented in collaboration with various stakeholder departments and agencies. However, there is a lack of co-ordination between the agencies providing this service. This is an area of concern.

### **3.1.7 Counselling Facilities in Child Care Institutions**

With the establishment of the District Child Protection Units (DCPUs) under the Integrated Child Protection Scheme (ICPS), Counsellors have been posted in all Child care Institutions under the Social Justice Department. They are all persons with qualifications in either Social Work or in Sociology or in Psychology. As their exposure to practical situations is limited, they are in need of more focused training and mentoring to handle the kind of challenges they are called upon to face on a regular basis.

### **3.1.8 Facilities offered by the National Institute of Speech and Hearing (NISH)**

Children who are congenitally deaf, will have language and speech deficiency if early intervention is not done in the first three years of life. Communication deficit brings about behavioural issues which requires counselling intervention. The parents who have major trauma because of their child's disability require continuous counselling and support for them to facilitate the appropriate early intervention for language and speech. At present there are not enough persons available who are trained to handle this requirement. NISH is putting together a curriculum for a training programme for enabling teachers to give early intervention for children with disabilities. It is also planning to start courses for counsellors who have to handle children with disabilities at the preschool level, where the main requirement would also be to handle the trauma of parents who are required to face the reality that their children have challenges that require special support systems at home and outside. NISH has also started webinars called "NISH Interactive Disability Awareness Seminar" (NIDAS) where experts speak on various issues, and public who gather at district DCPU offices, interact with the



presenters to clarify their doubts about specific problems. It is now planned to expand it to regular school teachers who are under DPI. This is a very economical method to reach out the teachers, parents, professionals anywhere on disability aspects. It is also proposed to use this online platform to reach out to other interested people across the country and abroad.

NISH has started another initiative to provide help for parents when they find out that their child has a disability. This is a very crucial period when the parents go through a lot of turmoil and it is important that parents are stabilized emotionally and readied to take steps for the child to get the necessary help. A program called STEPP (Systematic Training and Empowerment of Parents Program) is being implemented to address this issue. A set of resources including counselling, pamphlets, videos, local support group etc. are being formulated at NISH. This will be available for the general public. There will be ToT (Training of Trainers) program also developed along side this.

### **3.1.9 Counselling services offered by the Institute of Communicative and Cognitive Neuro Sciences(ICCONS)**

ICCONS is a super specialty centre catering to the treatment and rehabilitation of children and adults with cognitive and communicative disorders. With a multidisciplinary team of professionals, catering to the rehabilitation and treatment needs of the disabled, especially children with neuro developmental disorders, the institute has three major centers, 1. In Thiruvananthapuram 2. Kottayam, and 3. Shornur in Palakkad. The institute has a team of professionals from various disciplines such as the Departments of Neurology , Psychology, Speech and Language Pathology, Clinical Linguistics, Physiotherapy, Pediatrics, and Special education which are related to the services it offers. It is well equipped and has a 50 bedded IP

facility with two operation theatres. ICCONS currently offers the following facilities and services:

(i) As a referral centre for all neuro-developmental disorders, which include Autism Spectrum disorders, learning disability, and other communication disorders.

(ii) Capacity building and Skill Development training for counsellors in the relevant specialized areas of neuro development disorders.

(iii) Early identification and early intervention for all neuro developmental disorders at the pre and primary school levels (as Catch-Them-Young-CTY is a very effective strategy in the prevention of many disability and behavioral problems); psychometric evaluation and assessment of children with different disorders.

ICCONS is in a position to offer support in the areas mentioned above and also in the allied areas mentioned below:

(i) Training in Child counselling, as counsellors need to be trained in handling behavioural issues exhibited by children, especially children with special needs. Since many of the behavioural problems of children with special needs are actually an indirect communication for help and support, counsellors need to be skilled to understand such issues and provide remediation.

(ii) Technical knowhow when covering the following issues in the counselling module to be prepared for the use of counsellors:

- Parental counselling and education for the management of children with special needs.

- Psychometric evaluation and assessment of children with different disorders.

- Capacity building, skill development and skill up gradation training for counsellors of Government schools in early identification and intervention of Neuro developmental disorders, which includes Autism Spectrum disorders and Learning disability.

- In early identification and intervention.
- For counselling parents of children with special needs, which is a very important area that needs attention, ICCONS can prepare a counselling training module for the counsellors emphasizing this aspect.

### **3.1.10. Facilities available with the Medical Colleges**

The Trivandrum Medical College has the only Child Psychiatry Department in the state. However all medical colleges in the state are developing child psychiatry departments. These need to be strengthened at the earliest to cope with both the existing and emerging needs. This is an issue that needs urgent attention given the gap between demand and facilities noted in the unit located in the Medical College, Thiruvananthapuram.

### **3.1.11 Facilities offered by the Child Development Centre (CDC),Thiruvananthapuram**

Clinical Services:- Adolescent Clinic: CDC conducts Adolescent Clinics on all Saturdays (except second Saturdays) for children between the age of 13 and 18 years. The cases are being evaluated on prior appointment basis and referral by a doctor. Usually the cases with behavioural disorders and scholastic backwardness are seen in the clinic. CDC had developed a Teenager Screening Questionnaire Trivandrum (TSQ-T) in Malayalam which will enable the school counsellors to understand their students better, handle them more effectively and to provide counselling services. Apart from rendering

services for the children whenever necessary the family members too are rendered counselling services.

**Other care and counselling clinics:-** CDC conducts Developmental Evaluation and Intervention Clinics for children of 3 to 6 years and 6 to 12 years of age. Many of the developmental and behavioural screening tools for identifying developmental delay, language delay and autism can be used by the counsellors for screening the neuro developmental disorder prevailing among young children. This will enable early identification and appropriate referral for receiving optimal treatment. CDC conducts PG Diploma in Clinical Child Development (PGDCCD) course of Government of Kerala and these persons can be utilized for necessary care and counselling of children and for identifying developmental issues among infants, preschoolers and primary school children in anganwadis, child care homes and schools. The Nursery Evaluation Scale Trivandrum (NEST) developed by CDC include 69 items using which the pre-school teachers can assess their strengths and weaknesses, school readiness and also identify the learning difficulties and deviations in developmental skills.

**Training:-** Child Development Centre can provide training on counselling for school counsellors / teachers of high schools and higher secondary schools, ICDS and health functionaries. CDC had done Trainers Training Programme for Souhrida Co-ordinators of Higher Secondary Education Department, during the year 2014 and 2015. CDC has the necessary infrastructure, expertise and faculty for conducting such training programmes. The Social Justice Department is planning to entrust CDC the responsibility of giving induction training and refresher courses for school counsellors.

**Community Extension Services:-** CDC conducts adolescent

care and counselling programmes in schools and in the community, based on the request of organizations. This facility can be utilized for Thiruvananthapuram district.

### **3.1.12 Facilities offered by the Police**

In every district, there is a District Women's Cell, functioning under a woman Circle Inspector, located in the office of the District Police Chief. These cells have three wings under them, one of which is the Family Welfare Wing. This wing offers support to both women and children. At present, the cells at Thiruvananthapuram and Ernakulam Cities have counsellors attached to them, and they offer paid service to those who require counselling. In other districts also, counselling facilities are available on a more limited scale. The counsellors have a postgraduate degree either in Social work or in Psychology. These cells across the state can be contacted using the help line number **1091**. **Other contact details are available on the website of the Kerala Police ([www.keralapolice.gov.in](http://www.keralapolice.gov.in))**

### **3.1.13 Facilities offered by the Kerala State AIDS Control Society (KSACS)**

KSACS has 165 Integrated Counselling and Testing Centres (ICTCs) and 200 Facility Integrated Counselling and Testing Centres (FICTCs) dealing with patients of HIV. Of these, ICTCs are located in Medical Colleges, General Hospitals, District Hospitals and Taluk Hospitals while FICTS are located in Community Health Centres and Primary Health Centres. All of them are manned by trained counsellors. While the counsellors in urban areas like the District Headquarters remain busy, there is scope for providing the services of such counsellors located in units in the rural area for providing counselling services to anyone else who require it. In recent times, such a tie up was

made with the ST Department for providing counselling support to children in their MRS hostels. There is scope to plan more such collaborative ventures in the rural area.

### **3.1.8 Other schemes offering counselling support**

There are some other schemes which offer counselling facilities as part of their activities. These include:

- i) Our Responsibility to Children (ORC) Programme
- ii) the Bhoomika one stop crisis centres in District Hospitals
- iii) the Family Counselling Centres set up under the Central Social Welfare Board
- iv) in 23 centres set up for handling Sexually Transmitted Diseases in Medical College; and,
- v) The counselling support provided by Childline at their District Headquarters.

Thus, all the above agencies in the state offering counselling services to children in the state; there could yet others which are offering similar facilities. Awareness about all these facilities and access to them remain limited. There is also no formal documentation available of these services, nor any assessment of their effectiveness and their quality, how they need to be strengthened, how the spare capacity available with any of them can be used to increase the coverage of counselling services in needy areas for children, and how they can coordinate with each other to make counselling services more effective. These are all areas of concern that need to be addressed.

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## 4. Consultations

**4.1** As per Rule 8(4) (a) of Kerala RTE Rules, 2011, the Government and the Local Self Government Authorities are required to provide emotional and psychological counselling for all children by professionals, in co-ordination with Government Departments like the Health and Social Justice Departments. The Subordinate Legislation Committee, in its Report (2011-14) also recommended that District level panel of experts in the field of counselling be prepared. Keeping these directions in mind, and recognising the need to have better coordination between the various stakeholder agencies, a State Level consultation was conducted by the KeSCPCR with the key officials of the stakeholder departments and experts in the field. The Consultation was held at Thiruvananthapuram on 31.7.2014. This was followed up with a further consultation. The list of participants at these consultations are enclosed as **Annexure II and Annexure III**.

**4.2** The Consultations took note of the important role that counselling can play in managing stressful situations in the lives of children, and in providing therapeutic support to prevent and promote mental health, enhance performance, address issues of differently-abled children, promote school counselling—especially among the adolescents. However, the fact that there is a stigma attached to consulting a counsellor, a psychiatrist, a psychologist etc, was acknowledged, which has resulted in a certain hesitation to take children to any counselling centres,

especially those attached to hospitals. But, admittedly, there are advantages in locating intervention centres in hospitals because there could also be some associated medical issues connected with behaviour related problems which can be best addressed only if these centres are located in hospitals. Therefore, there is a need to address the issue of stigma on priority, and it was agreed that the best way to tackle this issue would be to treat mental health as an integral part of the overall health of a child. In fact, mental health should be addressed in terms of behavioural and social aspects, as part of an empowerment programme which focuses on the mental-social-spiritual health aspects of a child's life. This approach needs to be taken right from the early stages of a child's life; thereafter, at school level, there is need to develop the concept of a mentally healthy school covering all stakeholders in the programme, be it students, teachers and parents. Counselling could be considered as a "promotive" input for mental health and well being and as a means to develop a positive outlook.

**4.3** At present, facilities for counselling exist only in a limited number of schools, mainly in the Government sector and to some extent in the aided sector. This facility is almost wholly absent in the unaided sector. There are approximately 11,000 schools in the state which do not have any counselling facilities. Even where they are available, the counsellors are not being used for the purpose for which they were initially recruited. In many schools they act as substitute teachers when regular teachers are on leave. There are also no infrastructural facilities or support given to them to carry out their responsibilities effectively. The problems resulting from the absence of a proper counselling facility is noted time and again in complaints received in the Commission about children who are given Transfer Certificates and asked to leave the school for disciplinary issues,



many of which could have been sorted out if only they had had a proper counselling facility, and the matter had been appropriately tackled at the right time. There are also numerous issues relating to corporal punishment that have come to the notice of the Commission, which could have been avoided if a different approach based on positive discipline had been adopted. Therefore, there is need to consider how best easy and convenient access can be given to counselling in such situations, and how best the concept of positive discipline can be reinforced with teachers, and even parents; in brief, it is imperative to have counselling facilities in all schools, be it in the Government, aided or unaided sectors.

**4.4** However, the number of Mental Health professionals available to address all these issues is not adequate for the requirements. Therefore, it is essential to try and increase the number of mental health professionals by increasing the number of seats for this discipline in the 10-12 Medical Colleges in the state to cope with the demands for their services. Since the numbers involved in providing easy and convenient access to counselling in all schools are large, it is also necessary to explore the possibility of providing access to counselling facilities either by linking schools to the services available through different agencies of Government or in the voluntary sector; it is also essential to look at the model followed in the Higher Secondary Schools in the state or the Kendriya Vidhyalayas, where teachers are given training to assess the problems faced by children, so that the need for specialized handling comes up only for those cases that warrant such attention. Similar 'pre-identification' can be done following the models of 'teacher-RBSK school health nurse' (**SHN** linkage) or 'student police cadet (SPC)-teacher – SHN' linkage. By having such trained teachers, it will become possible to improve the protective environment in schools for

children. In situations where trained teachers are available, facilities in the form of counsellors attached to schools, or psychologists, psychiatrists etc available in the district can be considered as expert support at the next level. In this scenario, teachers need to be exposed to development psychology and life skills because this knowledge will be useful for them when tackling educational, emotional and behavioural problems of any child. It is also important that teachers are given a clear understanding about their role during training. At the same time, where counsellors are available, they need to be integrated and made part of the support system available in schools for children. It is noted that at present this integration has not happened in many schools. As mentioned previously, counsellors are yet to be given a separate space to conduct their sessions or to maintain their confidential documents; there is also no linkage as yet between them, the teachers and the Principal of the school. In fact where counsellors are in place, there is a tendency among teachers to avoid their own responsibility in the matter of handling behavioural issues which they leave only to the counsellors to handle, instead of working hand in hand. This is the result of a lack of proper understanding about their respective roles. Unless these issues are tackled and ensured, the intended benefit from this facility is not likely to be forthcoming.

**4.5** It is understood that SCERT has developed a model training programme for giving an exposure to teachers in development psychology. But this programme is languishing for want of funds. This needs to be taken up on priority basis and adequate funding support allocated for it. In fact all stake holders in a school, including the Parent-Teacher Associations (PTAs), need to be given training on the benefits of counselling from time to time, for ensuring the wholesome development of

children. At present there is a wide spread lack of appreciation about not just counselling per se, but even the differing roles of a counsellor, a psycho therapist, and a psychiatrist. There is need to create greater awareness about these aspects among the public.

**4.6** An area which needs attention in connection with the subject of counselling is about tackling the issues of children with special needs. The problems of children with special needs are more acute, and counsellors and teachers handling them need special training, not just in counselling but also in communication skills, especially when dealing with children who are hearing impaired. Data shows that, world over, children with mental challenges and hearing impairment are more vulnerable to abuse, and their inability to communicate makes the situation even more challenging. Therefore, access to a counsellor who has the ability to understand and address the problems faced by children with special needs is an important factor in ensuring that these children grow up with confidence and self esteem into empowered individuals. For this, support systems should be available right from the pre primary stage, where availability of suitably trained teachers and counsellors can help identify disabilities as well as challenges like Learning Disabilities (LD) that children may have, and help them in accessing the right kind of support to mainstream them at the earliest. At this stage, counselling also becomes very important for the parents who may face trauma in dealing with the knowledge that they have to provide lifelong support to children with various challenges. Therefore, counselling at the preprimary level becomes an important aspect of addressing the requirements of children with special needs. At present, there is no provision for providing such support.

**4.7** Counselling is equally important when dealing with the issues of children in Institutional settings. At present Government has provided for counsellors in all Government Child care institutions and in the District Child Protection Units (DCPUs). They play a key role in the efforts to rehabilitate and restore children back in their social environment. For this, they need to prepare Individual Care Plans (ICPs) and ensure their effective and timely implementation. Action has been initiated by the DSJ to have the Individual Care Plans prepared for all children protected in the Child Care Institutions under the Social Justice Department. This is yet to be fully implemented in the state; unless the ICPs are prepared within the first month and the CWCs and the Management Committees review the progress regularly and provide the necessary support, rehabilitation and follow up by the CWC cannot happen, as envisaged in the Juvenile Justice (Care and Protection) (JJ) Act 2015. This is an area of concern. Similarly, in the case of children who are abandoned at birth, through the Ammathottil for example, expert observation is that the emotional development of these children are hampered for lack of opportunities to bond with some specific persons in lieu of parents in a regular family. A key reason for this is that they are normally handled by different caretakers. Therefore, experts opine that ideally, there must be an effort to see that these children are handled by the same set of caretakers at least until they are two years of age.

**4.8** Counsellors appointed in Government schools are recruited to the posts on contract basis. They are postgraduates either in Social work or in Psychology, and are understood to be appointed by a committee headed by the President of the District Panchayat. No real background check or past verification is done, nor is their suitability for the post in terms of their temperament assessed before they are selected. They get selected only based

on their possessing the required qualifications. Most of them have very limited practical experience, being fresh out of college when recruited to their positions. Even in terms of qualifications, their exposure to counselling per se, when acquiring a postgraduate in Social Work, Psychology etc, is very limited and needs to be supported with exposure to specialized training in the areas that they are required to manage. This has been provided, to a limited extent, in some cases; for example, DSJ got modules prepared and provided training to its counsellors in 2010; but it has to be a continuous and gradational process. The Departments of Health and the Higher Secondary Education as well as KSACS provide such training to its counsellors, although even that needs to be further strengthened, and suffers from lack of funds. Greater attention is required to ensure the capacity building of the counsellors. It is also essential to build up the capacity of the District Institute for Education and Training (DIET) and involve them in this training. The existing infrastructure and facilities in the child psychiatry wings in Medical Colleges also need to be strengthened to be able to cope with the additional demands for their services, and also to support some of these training initiatives involving counsellors, teachers etc

**4.9** Since various expert organizations like NISH, ICCONS, Adolescent Division of NHM, eminent Social Work Institutions and CDC are providing training, there is need to pool the available expertise within the state as well as with expert organizations at the national level like NIMHANS, Bangalore to ensure that the inputs are made available to those providing counselling services. With the convergence of training programmes, it would be possible to address the training needs of not only counsellors and teachers, but also of parents, especially those with children with special needs and children with behavioural problems who need parental support. When

developing modules for training counsellors to tackle such issues, it would be useful to first identify the actual needs and the factors involved that need to be addressed through counselling, prepare a test module to be tried out in a small sample of the target population, and then only firm up the module. The module should take into account the principles of development psychology. With corporal, mental and emotional punishments being outlawed under the RTE Act, there is need to promote training in developmental psychology and life skills as a part of the initiative to foster positive disciplining methods in schools. It was unanimously agreed that there is an immediate need to develop a Standard Operating Procedure (SOP) for counsellors handling children so that there is some uniformity in the way children are assessed. Counsellors and teachers must have the capacity to assess the strengths and weaknesses of the children that they have to deal with.

**4.10** Since confidentiality is a serious issue, there is need to instill its critical importance to function effectively as a counsellor. There are also complex issues that counsellors have to face regarding confidentiality from time to time. One such issue is the extent to which data can be shared with other professionals if the need arises. For example, in handling HIV related issues, such information is shared only for treatment matters relating to TB and pregnancy related matters; however, even that is being done with the consent of the patient. There has to be a clear and uniform understanding about handling such cases so that no rights of any individual are violated. There is also a tendency on the part of counsellors not to report certain violations of child rights that come to their notice due to tremendous social pressure exerted on them. To give them a clear understanding of their roles and responsibilities, it is

necessary to bring out guidelines that the counsellors would need to abide by when dealing with their clients.

**4.11** It is also necessary to have an accreditation/assessment system for counsellors so that their performance is monitored, and necessary support given to them to improve the quality of their services. The assessment could be done at different levels; in the first place, there could be a self appraisal using a predesigned reporting format, which would be evaluated by experts. Guidance could be given using the case study model. The possibility of attaching counsellors and teachers to institutions and clinical centres so that they get a firsthand experience of how to handle various situations is also an option to be considered as part of capacity building. It is also felt necessary to have a monitoring and mentoring system comprising experienced psychiatrists and psychologists at the district level who can give handholding support to counsellors. Regular mentoring by such a team of experts for about one to one and a half hours on a regular basis would help the counsellors to hone up their skills and improve the quality of their services.

**4.12** Counsellors face many challenges. In most cases they are employed on contract basis, and their turn over in most programmes is understood to be very high, particularly in view of the inadequate remuneration that they are being given as contract staff. This is an issue that needs to be addressed because the purpose of capacity building will be lost if there is a speedy turnover of well trained counsellors. With more and more complex new issues emerging (cyber related abuse, substance abuse, child sex abuse especially in family settings etc), the need for continuous capacity building among counsellors cannot be over emphasised. Another related issue

is that there is lack of coordination between counsellors in professional matters. In fact there is no coordination between the various agencies providing counselling services except when there is a crisis, and that is a serious issue that needs to be tackled. With proper coordination among counsellors, it would be possible to improve the quality of their services by sharing their rich and varied experiences. Similarly, if all the institutions involved in counselling and mental health promotion were to coordinate with each other and optimise their strengths and spare capacities, it might be possible to not only improve the capacity of the counselling network in the state but also expand the coverage of these services to needy areas, especially in the rural sector where the needs are not being properly addressed at the moment. Such coordination will also address the need for a multidisciplinary Bio-Psycho-Social Approach for an effective convergence between the education, social justice and health departments to deliver quality counselling.

**4.13** One of the major challenges in providing effective counselling services is the lack of awareness about its benefits, especially among the officials at the grass root level who play a major part in ensuring that counselling services reach the target beneficiaries. The situation is complex because on one hand there is the fear of stigma and on the other, there is over expectation in terms of the benefits from counselling. This situation can be corrected only if there is proper dissemination of information about the actual benefits from counselling. The Right to Education Act came into effect in 2009 whereby children are entitled to free and compulsory education between the ages 6 and 14. It also speaks about ensuring that preschool education is made available to all children between the ages 3 and 6. The Government and local bodies have an important role in ensuring



that children gain their education in the optimal conditions spelt out in the provisions of the Act, which seek to ensure that education is provided in an environment devoid of corporal, psychological and emotional stress. Yet, it is interesting to note that there is no programme at present that addresses the needs of children in the age group of 6-14 which is the period covered under the RTE Act. To address this issue, one option would be to bring the provision of counseling facilities for this group under the ambit of the RTE Act. This will help to get the local self government institutions involved in the provision of such services, and a part of the LSG funds could also be tapped for providing such services in the schools under their jurisdiction. This will help to bring these services to the grass roots at a much faster pace.



## 5. Recommendations

Keeping the issues that emerged from the Consultation with all the stakeholders, the Commission makes the following suggestions for improving the access to counselling, and also to improve its quality:

**5.1** The 686 counsellors whose services are currently distributed among schools, anganwadis and nearby childcare institutions face many practical difficulties in the manner in which they have to function, including the lack of infrastructure facilities and support from the school system, a regular, external, expert mentoring facility, etc . There are also issues relating to their quick turn over, lack of a forum or mechanism for coordination and experience sharing among the counsellors, and need for capacity building. Considering the emotional, behavioral and social problems of the children who they are required to attend, specialised counselling modules have to be developed. These problems need to be addressed at the earliest and a proper monitoring system put in place to ensure that counselling services are being provided effectively and uniformly across the state. Experts in counselling from the field of Mental Health like Psycharitic Social Workers and Clinical Psychologists trained in eminent institutions like the National Institute of Mental Health and Neuro Sciences, Bangalore (NIMHANS) may be involved both in the preparation of the training module and in conducting the training programmes. **(Action to be initiated by the Department of Social Justice)**

**5.2** A Standard Operating Procedure (SOP) needs to be developed for counsellors for dealing with children. Similarly, tools for making assessments and guidelines regarding confidentiality, reporting etc also need to be got developed with the help of experts. So as not to reinvent the wheel, the work already undertaken (example in the ORC project) could be taken into account and customised appropriately. Considering the emotional, behavioural and social problems of the children who they are required to attend, specialised counselling modules have to be developed only after a study to assess the needs and factors involved in each segment, and after trying it out in a sample beneficiary group. **(Action to be initiated by the Department of Social Justice)**

**5.3** Counselling facilities are needed to address the problems of children with special needs. Such support needs to be given at the preprimary stage also, when ideally there should be a system in place to identify such problems as well as Learning Disabilities. Facilities are also required to counsel the parents who are confronted with the challenges of having to handle children who need special support systems all their lives. It is also necessary to ensure that counsellors who handle children with mental challenges and hearing impairment have the necessary communication skills to interact effectively with this group of children. Therefore, in the matter of handling children with disabilities, there is need to include an exposure to counselling in the curriculum of courses relating to Speech Therapy, Occupational Therapy (OT), Physiotherapy (PT) Social Work etc for training persons who have to handle these children on a regular basis. **(Action to be initiated by the Department of Social justice in consultation with National Institute of Speech and Hearing (NISH) and the Institute of Communicative and Cognitive Neuro Sciences (ICCONS))**

**5.4** Counsellors need in-house mentors to discuss professional concerns and issues and to share other problems. Examples are the Principal of a school or the Superintendent of a Childcare Institution. The mentor and counsellor should formulate further strategies or alternative options to achieve optimum results. A system of assessment through self appraisal using a prescribed reporting format, expert review and accreditation of counsellors also needs to be introduced. Regular review/quarterly monitoring with the help of an expert group comprising psychiatrist, psychologists etc at the district level is required for providing guidance and mentoring support as well as to ensure the documentation of best practices. **(Action to be initiated by the Department of Social Justice)**

**5.5** Induction courses may be conducted for newly appointed counsellors (at least for three months), and yearly refresher courses for all counsellors working under different departments and schools in the State. Need based training modules should be designed keeping in mind their level of counselling skills. Such a module should include topics like Child and Adolescent Counselling, Crisis Counselling and Rehabilitation Counselling. The possibility of attaching these counsellors to institutions and clinics handling mental health in Medical Colleges, expert institutions and other centres handling mental health issues needs to be considered to give them an exposure to the practical aspects of their work. **(Action to be initiated by the Department of Social Justice)**

**5.6** At present, there are 11,000 schools in the State which have no counselling facilities or access to such facilities. This is especially true of schools in the unaided sector. All schools should be directed to put in place a system to provide access to counselling facilities. This can be arranged by tapping the

resources for counselling available in the neighbourhood, including with agencies under other Departments. The option of training teachers to handle the first level of counselling by introducing them to this concept through an exposure to development psychology and life skills training, as is being done by the State Higher Secondary schools as well as the Kendriya Vidyalayas, needs to be explored to ensure that this facility, which has linkages with ensuring positive discipline in schools, is introduced in every school in the state at the earliest. The expert facilities available in the state and nationally should be used for providing the necessary training. The services of DIET should also be used for providing this training, and the module developed by SCERT must be put to use for the training of teachers. Adequate funding needs to be provided for this activity.

**(Action to be initiated by the Department of Social Justice)**

**5.7** Priority may be given for fully establishing the referral centres for Mental Health Counselling being set up as the Adolescent Friendly Health Clinics(AFHC) with child friendly environment, and manned by experts in their respective fields, like Counselling psychologists, psychiatric social worker, psychiatrist etc. as well as facilities for medical and legal support. One clinical psychologist should be posted in each district hospital as a referral authority for counsellors. Activities of District Child Protection Unit should be strengthened and the panel of experts be made available to the counsellors working in this field for effective linkages and referral services. Linkages also need to be made with counsellors of schools, institutions and other counselling units through their counsellors so that they can refer their clients to these Centres for seeking expert professional help as and when needed. Guidelines need to be prepared for counsellors to refer their clients to higher centers.

**(Action to be initiated by the Health Department with the Departments of Social Justice and Education, and the Guidance and Adolescent Cell (GAC) of the Higher Secondary Directorate**

**5.8** In order to ensure the elimination of corporal punishment as well as psychological and emotional stress, as per the provisions of the RTE Act 2009, children between the ages of 6 and 14 need to be covered under counselling programmes. The Local Self Government Institutions should also be brought into the loop to ensure the effective implementation of these programmes. Mental Health needs to be promoted as a part of promoting the overall health of children, focusing on the Bio-psycho-social aspects of an individual's life from the very early stages. The concept of mentally healthy schools also needs to be developed and implemented as a preventive and promotional measure. **(Action to be taken by the Departments of Social Justice and Education, and the Guidance and Adolescent Cell (GAC) of the Higher Secondary Directorate**

**5.8** The qualification of existing Counsellors working in the field varies. Hence, there is a need to lay down a prescribed minimum qualification for future appointments to the post of Counsellors. Desirable minimum qualification for the post of Counsellors may be post graduation in Psychiatric social work or Clinical Psychology or post graduation in Counselling or post graduation Social Work from recognised Universities approved by the State. It is also necessary to have a professional mechanism for selecting counsellors using the services of experts. Background check, past experience and the temperamental suitability of the individual to the task should be given as much importance as the academic qualification of the individual for the post. The possibility of having male counsellors for boys schools may also be explored as at present

only female candidates are being considered for the posts of counsellors. **(Action to be initiated by the Department of Social Justice in consultation with the Department of Education, National Institute of Mental Health and Neuro Sciences, (NIMHANS) Bangalore, NISH, ICCONS, CDC and other experts in Mental Health Counselling)**

**5.9** There are issues raised from time to time about the quality of the counselling services offered from various facilities. To address this issue, the possibility of creating a registration system for counsellors and a State Level Accreditation Council could be considered. **(Action to be initiated by the Department of Health in consultation with the Department of Social Justice and the Department of General Education)**

**5.10** There are a number of expert institutions in the State like NISH, ICCONS, CDC etc. which are in a position to provide training and create better awareness about counselling, especially in the matter of children with special needs. With the availability of web and online platforms for interaction with a wide variety of stakeholders, efforts must be made to use their resources and expertise to reach out to yet to be accessed groups and stakeholders, especially in the rural areas, with the help of DCPUs, Kudumbasree etc, as is being done at present in the case of anganwadi workers. Their services could also be used for preparing and ratifying modules prepared for training counsellors. **(Action to be initiated by the Department of Health with the Kerala University of Health Sciences (KUHS))**

**5.11** In Child Care Homes/ Institutions, though professional rehabilitation counselling services are being promoted with the appointment of counsellors for each such institution under the Juvenile Justice Act 2015, much needs to be done to ensure that ICPs are prepared for each inmate. This must be got done

in a time bound manner. The service of a visiting psychiatrist, at least once in a fortnight, may also be considered, besides the regular counsellors **(Action to be initiated by the Department of Social Justice)**

**5.12** The Child Psychiatry Units of all Medical Colleges in the State have to be strengthened by providing additional support for counselling services by psychosocial experts and adequate infrastructural facilities to enable them to impart counselling in a child friendly environment. The non availability of Clinical Psychiatric Social workers and Clinical Psychologists for imparting counselling services may be rectified by filling the existing vacancies in the Psychiatric Departments of all Government Medical Colleges in the State, and also by providing them adequate infrastructure to cope with their growing workload. Faculty in the above mentioned fields may be created in Self financing Medical Colleges also so that the state has adequate number of trained mental health professionals to cope with the demand. **(Action to be initiated by the Department of Health)**

**5.13** The number of mental health professionals available to address the demand for such services is not adequate. Therefore the number of seats for this discipline needs to be increased in the existing Medical Colleges in the state, both in the private and public sectors. Further, the existing Medical Education Curriculum should be revised to incorporate mental health subjects also, and Psycho-social intervention and psychiatry may be treated as separate papers for the MBBS examinations. The possibility of increasing the seats in MD/ Diploma in psychiatry, Clinical Psychology and Psychiatric Social Work also need to be considered. **(Action to be initiated by the Department of Health with the Kerala University of Health)**



**5.14** Since Mental Health Counselling cannot happen in isolation, all health care personnel also need to be exposed to the basics of counselling. Hence Kerala University of Health Sciences (KUHS) may be requested to initiate an M.Phil programme in Health Care Counselling also. **(Action to be initiated by the Department of Health with the Kerala University of Health)**

**5.15** An MIS (Management Information System) or a Directory on qualified counsellors and counselling services and Psychotherapy centers may be developed both at the District and State levels to create awareness about existing counselling facilities among the public and professionals. This data can also be used for creating greater access to these services into the rural areas also. **(Action to be initiated by the Departments of Health and Social Justice)**

**5.16** Conduct community awareness programmes to deal with problems like discrimination, rejection etc. and also to create a better understanding about the benefits of counselling among the public to help remove the stigma and misconceptions about counselling that exist today. This will help ensure that the facilities provided are utilized optimally. It would also be useful to bring out books on counselling, Developmental Psychology, sex education, child rights, POCSO Act etc, preferably in a pamphlet form containing about ten pages, which can be used for providing training to parents, teachers etc. The Local Self Government bodies, the Parent Teacher Associations, the anganwadis etc need to be included in this initiative. It is also necessary to bring awareness about the various helplines available for assisting children in need, by creating a sticker with this data and circulating it in all schools **(Action to be initiated by the Departments of Education and Social Justice)**

**5.17** A great shortcoming in the present system is the lack of a coordinating mechanism to handle matters relating to counselling services provided by different agencies, to assess the present and emerging needs and to plan how these needs are to be addressed by optimally utilizing the available resources and expertise. A coordinating forum with representation from all stakeholders needs to be set up to address this need. In order to strengthen counselling in schools up to the 12th standard, the General Education Department may be designated as the nodal department for the education sector and the school counselling could also be transferred from DSJ to the General Education Department. Similarly, the Social Justice Department may be designated as the nodal agency for imparting all the counselling services in Child Care Homes/Institutions, including that for disabled children (CWSN). Department of Health could be designated as the nodal Department for matters relating to coordination between all the stakeholders in view of the strategy to promote mental health as part of overall health. **(Action by the Departments of Health, General Education and Social Justice)**

**5.18** Since there is no programme at present to address the needs of children in the age group of 6-14, which is the period covered under the RTE Act, the possibility of bringing the provision of counselling facilities for this group under the ambit of the RTE Act needs to be considered. This will also ensure that the local self government institutions are involved in the provision of such services, thus bringing these services to the grass roots at a much faster pace. A part of the LSG funds could be earmarked for providing such services in the schools under their jurisdiction. **(Action to be initiated by**

**the Department of General Education in consultation with  
the Department of Local Self Government and the  
Department of Urban Affairs)**







**GOVERNMENT OF KERALA**

Abstract

Social Justice Department - Psycho Social Service to Adolescent Girls- Concept note on redesigned Psycho Social Service Programme - Approved- Orders issued.

**SOCIAL JUSTICE (B) DEPARTMENT**

GO(Rt) No.29/2013/SJD

Dated, Thiruvananthapuram, 01.02.2013

Read: (1) Concept note on redesigned Psycho Social Service programme.  
(2) Minutes of the meeting held by the Principal Secretary, Social Justice Department on 22.11.2012.

**ORDER**

A detailed evaluation on the existing school level Psycho Social Service programme was conducted by the DIET of Kasargod, Malappuram and Palakkad Districts and it was proposed to change the programme as more community based and beneficiary oriented. As entrusted, Sri. Asif Reju, Directorate of Higher Secondary has prepared a concept note on redesigned Psycho Social Service programme with the assistance of Dr. M.K.C Nair, CDC, Principal DIET, Kasargod, District Social Welfare officer of Malappuram and Joint Director, Social Justice Department.

Government have examined the Concept note in detail and are pleased to approve the recommendations in the Concept note on redesigned Psycho Social Service programme, appended to this order subject to the following modifications.

1. An experienced and qualified person in this field shall be appointed on deputation or otherwise as District/State Co-ordinator instead of selecting the senior most Counsellor as District/State Co-ordinator.
2. Deputy Director of Education and Principal DIET shall be included in the District Monitoring Committee.


By order of the Governor,  
**Dr.K.M.Abraham**  
Principal Secretary

To

The Director of Social Justice, Thiruvananthapuram.  
The Director of Public Instructions.

The Director, Higher Secondary Department.  
The Principal Accountant General (Audit), Kerala, Thiruvananthapuram.  
The Accountant General (A&E), Kerala, Thiruvananthapuram.  
The Accountant General (DB Cell), Kerala, Thiruvananthapuram.  
General Education Department.  
Information and Public Relations Department.  
Stock file, O:C

Forwarded/By order

  
Section officer

## CONCEPT NOTE ON REDESIGNED PSYCHO SOCIAL SERVICE PROGRAMME

### Community based Adolescent Support Programme

#### Introduction

Adolescence is a transitional stage of physical and psychological human development between childhood and adulthood. It is characterized by rapid physical, biological and hormonal changes resulting in to psychosocial, behavioural and sexual maturation between the age of 10-19 years in an individual. Adolescence is often described as a phase of life that begins in biology and ends in society. It means that physical and biological changes are universal and take place due to maturation but the psychosocial and behavioural manifestations are determined by the meaning given to these changes within a cultural system. The experience of adolescents during teen years would vary considerably according to the cultural and social values of the network of social identities they grow in.

Adolescents in India, account for one-fifth of the total population and are a significant human resource that needs to be given ample opportunity for holistic development towards achieving their full potential. Not only are needs of the adolescents related to their physical development, but also to their emotional and psycho-social development.

#### Psycho- Social Services to Adolescent Girls

Social Welfare Department has redesigned KishoriShakthiYojana for addressing the various issues such as physical and psycho-social needs of adolescent school girls and started. School Health clinic/counsellingprogramme. The service of a full time expert and qualified lady counsellor is engaged for providing counselling/guidance support to Adolescent school girls in each school.. The main activities included in the programme are

- a. Providing counselling to girls students studying in the school
- b. Conducting summer classes
- c. Parental education
- d. Health check up and related activities were also implemented in co-ordination with other departments such as Health, Education and Local Self Government Institutions

This Programme was initially started as a pilot phase in 163 selected schools with the fund available under the Central Scheme "KishoriShakthiYojana" in the year 2008-09. This programme was extended to 251 other schools under the State Plan Scheme as "Psycho - Social Services to Adolescent Girls" in 2009-10 along with the 163 Schools funded under the Central Scheme "KishoriShakthiYojana". Later Government of India informed that Sabla Scheme will replace KishoriShakthiYojana(KSY) and Nutrition Programme for Adolescent Girls (NPAG) and such no budget provision had been earmarked in the year 2010-11 for the implementation of the scheme and so KSY had not been implemented in the State for the Year 2010-11. Later GOI informed that KSY Scheme will be continued in the Non - Sabla/CDS Projects and the existing project of School Counselling programme in 163 Schools under the KSY Scheme was also merged in the State Plan. And from 2010-11 onwards, this programme is continuing in a total of 500 schools totally under the State Plan Scheme.

Expenditure details of the programme for the last three years is given below

Year	No. of Schools	Expenditure
2009-10	251	₹ 2,31,75,876
2010-11	500	₹ 2,62,52,479
2011-12	500	₹ 3,49,98,284

#### Details of Counsellors now working under Psycho Social Service Programme

Sl.No	District	No. of Counsellors
01	Thiruvananthapuram	38
02	Kollam	38
03	Pathanamthitta	27
04	Alappuzha	33
05	Kottayam	28
06	Idukki	34
07	Ernakulam	38
08	Thrissur	39
09	Palakkad	41
10	Malappuram	49



11	Kozhikode	40
12	Wayanad	20
13	Kannur	51
14	Kasaragode	24
	Total	500

### Evaluation of Psycho – Social Services to Adolescent Girls Programme

DIET of Kasaragode, Malappuram and Palakkad has conducted a detailed evaluation study on the existing psycho Social Programme and put forward suggestions for changing the programme to more community based and beneficiary oriented. Abstract of the study is given below

#### Success of the programme

1. The designated counsellors in each school has given counselling to girl students which helps to reduce school drop outs, exam fear, suicide among students, sexual abuse from parents and relatives, alcohol and drug addiction, etc
2. Helps to find out the root cause of the problem facing by students.
3. Helps to provide a calm and friendly school atmosphere.
4. To bring out the problems faced by the students from teachers.
5. Parental Counselling helps to reduce the clash between parents and children and paved a friendly atmosphere in home and school

#### Weakness of the programme

1. Minute and meagre problems of the students earlier handled by the teachers were routed to Counsellors of the schools and teacher are evading from the prime responsibility of guiding the students
2. Ego clash between teachers and counsellors.
3. No system for systematic monitoring of the programme.
4. There is no administrative system for evaluating the programme. Counsellors are the planners and implementers of the programme. They just have to give an activity report in each month. No system for evaluating even this reports.
5. Counsellors are providing service in schools, but they are not considered the staff of the school and considered as a third person in the school. As this is a project of Social

Welfare department, counsellors are appointed and paid by the Social Welfare department, but they have no close linkage with the department.

6. Counsellors have limited their activity inside the school. But behaviour of the student is the product of multiple factors inside and outside the school. Culture and social factors play a dominant role in shaping the student. But counsellors have not spread their activity outside the school.

## **O**bstacles in the implementation of the programme

1. Department has given only 4 days basic training to counsellors and no follow-up training were conducted for the last three years
2. Non Co-operation of teachers in the schools.
3. Counsellors are forced to disclose the confidential issues shared by the students in counselling to Teachers as they believe that the students are the property of the teachers.
4. No referral facilities can be provided by the scheme to the identified cases.
5. Counsellors are forced to act as a clerk of the school and even entrusted some of the administrative works by the head of the school.
6. No facilities in the school for conducting confidential counselling

## **T**hreats in the implementation of the programme

1. Counsellors are only finding the position as a stop gap arrangement in finding a prospective career.
2. There is no job prospective for counsellors in the programme
3. The pay and remuneration is fixed and hence no financial prospective in the job
4. As the appointed counsellors are very young in the age and assigned the job just after the studies, they lack experience in counselling and exposure to the different problems of the society.
5. Neither the Social Welfare Department nor the Education Department has taken this programme as one of the prime activity of their programme and considers just as one of the activity of the department

### **Suggestions put forward by the study Team**

1. The work of the counsellors should not be confined to one school. It should be extended to two Schools with two days in one school and two days in community.
2. A separate system for monitoring the activities of the counsellors and programme.
3. In-service training to empower the counsellors in modern techniques and find out a common approach in the activities.

4. Provide more physical environment which maintains confidentiality for conducting counselling
5. Support and referral services of Psychiatrists in counselling
6. An administrative system which provide the honorarium to Counsellors at the right time.

Considering the above suggestions of the study a new proposal for revamping the scheme and to develop the scheme to more community based is placed below:

## **Objectives**

1. To provide social and psychological support to Adolescents in the community through schools and anganwadis.
2. To undertake activities to enrich and empower adolescents through life skill trainings and other community based programmes
3. To mobilise and support community based responses on identifying social disintegrating factors that affect development of adolescents.
4. Spread awareness among adolescents about physical, mental and social health.
5. To address gender related issues of the adolescents.

## **CONCEPTUAL FRAME WORK**

### **Assumptions Made**

1. 500 Counsellors are to be used as pilot model for Kerala
2. Community has the primary responsibility for success of programme.
3. It is a learning experience for both counsellors and the community

### **I. Job Responsibilities of the Counsellors- Principles**

- a) Promotive- motivation and life skill education for better adjustment between child, parent and teachers.
- b) Educative Guidance-Common issues of adolescents dealt with as a group in classes
- c) Individual counselling-privacy, confidentiality and referral services.

### **II. How to go about it?- by the counsellor**

- a) Identify the burden/magnitude of the problems by pilot survey in concerned schools and anganwadi areas
- b) Try to understand the causes /reasons from a local perspective.
- c) Discuss and agree upon community intervention strategies based on experience shared

### **III. Capacity building of individual counsellors**

- a) Discussion of individual problems with subject experts, locally available
- b) Discussions in the presence of subject experts in monthly meetings
- c) Systematic training of 500 Counsellors using SCERT Counselling modules

#### IV. Upscaling skills at state level

- a) State level monitoring committee with subject experts included
- b) Agreement on management of common issues, both clinical and administrative
- c) Yearly conference with balanced input and out recorded and published for common use of parents and teachers alike.

Based on the above conceptual frame work, the project proposal has been prepared.

#### Need of the programme

At present Counselling activity in schools are being done by the appointed counsellors of the Social Welfare Department. But General Education Department and Higher Secondary Education Department is of the view that teacher of the school will be more effective in identifying the adolescent issues and providing counselling. For this one teacher in the school is being given training on counselling and addressing adolescent issues. But the issues which come out of the limitations of a teacher should be handled effectively by a professional person and support and guidance should be provided scientifically. Hence the idea of this programme is to support teachers in adolescent counselling by providing referral services by the appointed counsellors.

Anganwadi is the lowest unit of community based intervention centre of the Social Welfare Department. Adolescent clubs are functioning in Anganwadis and weekly meeting of adolescent girls are arranged in the Anganwadis as part of Adolescent clubs. Anganwadi worker is a mentor of the adolescents and have space in the mind of adolescents to interact freely and frankly about their problems with the Anganwadi worker. She intervenes in the issues of the adolescents and act as a counsellor. But in the cases out their limit, there is no facilities for giving professional help. A counsellor who is professionally qualified can bridge this gap.

In both the cases, it is found that there is a space for a professionally qualified counsellor to support adolescents in a community based manner. Hence this programme isre-devised.

#### Structure of the programme

The basic unit of the programme is one block and centre of the programme will be the ICDS Project of the Social Welfare Department. Social Welfare Department has already engaged 500 Counsellors with one counsellor in each school as part of Psycho Social Services to Adolescent Girls in selected 500 schools of the State. These counsellors will be deployed to ICDS Project offices with number of counsellors in each project area depends on the number of schools. Thus total 500 counsellors will be deployed among 263 -ICDS projects in the state. Each Counsellor will be given charge of a specified area in the ICDS Project area.

The Counsellors will be in charge of all the Adolescent related activities of the given area including schools and anganwadis. The counsellor will be in charge of two or three schools and anganwadis of an allotted area. Out of the schools allotted in the area, one school

will be selected as headquarters of the counsellor. The counsellor will visit Schools on specified days which will be announced earlier and attend counselling cases referred by teachers. Counsellor will present in the interval time of the school to have free communication with students who wish to visit the counsellor. He/She will also visit the anganwadis and attend the programmes of adolescent clubs in the allotted area and provide counselling to needy persons referred by anganwadi workers. As part of attending adolescent issues, counsellors may directly or indirectly have to attend the family problems of the families of the adolescents and can provide family counselling. If any cases of Domestic violence or other atrocities found out by the counsellors, it can be taken up and report to appropriate authorities. Family problem cases and other individual cases will be attached to the Family counselling Centre of the locality which is also the Service Provider under Domestic Violence Act. (Family Counselling centres are the institutions which is run under the funding and monitoring of Central Social Welfare Board)

### Administrative Set up

The Counsellors will be attached to the ICDS project office and Child Development Project Officer (CDPO) will be the reporting officer of the counsellor. CDPO will assign each counsellor an area of the block where he/she has to attend the adolescent problems. He/She will be given charge of two or three schools and anganwadis of the designated area. Out of the schools allotted to one counsellor, one school will be selected as headquarters of the Counsellor.

1. Visit the allotted schools and attend counselling cases. One or two days in a week in one school. A specified day will be fixed for one school and a anganwadi for a counsellor
2. Visit anganwadi and attend the Adolescent club programmes of the anganwadis and provide counselling support to needy persons in the community
3. Conduct motivational classes, Life Skill training and personality development classes in Schools for developing better adjustment between student, parent and teachers.
4. Common issues of the students have to be handled through group classes.
5. For the issues which the student needs more attention and confidentiality, individual counselling has to be given.
6. Before starting the activities in a particular area, Counsellor has to conduct a detailed study on the common issues found in the area, through a pilot survey in concerned schools and anganwadi areas.
7. From the survey report, the causes of the common issues found among the adolescent in local perspective has to be found out and should be discussed with the subject experts and common community intervention strategies has to be developed.
8. Counsellor will be in charge of technical matters related to adolescent programmes of the assigned area. So monitoring of activities of adolescent clubs should be done and suggestions to improve the activities of the club should be given
9. Counsellors should prepare monthly activity report of the activities done during the month and a detailed report of the activities of the adolescent clubs attached to the anganwadis of the assigned area and present before the CDPO. In the monthly

meeting of the anganwadi workers and supervisors, Counsellor will present in the meeting along with CDPO and will discuss the activities to be taken up in the adolescent clubs on the base of the report of the counsellors

10. Counsellors has to prepare a monthly activity report of the activities taken up during the month and submit to the CDPO.
11. Counsellor will collect the duty certificate from the Head master/headmistress/Principals for the days they have attended in the school and present it to CDPO

### **District Co-ordinator**

Senior most counsellor of the district will be selected as district Co-ordinator of the programme. Duties of the District Co-ordinator are:

1. The District Co-ordinator will collect the monthly reports from the Counsellors and consolidate the reports, prepare the agenda notes for the district level meeting and prepare minutes of the meetings.
2. District Co-ordinator will attend the monthly meetings of each block area along with CDPOs.
3. He will plan common programmes which should be taken in the district during the month.
4. District Co-ordinator will enquire and submit report to the District Programme officer in the event of any complaints against the counsellors.
5. District Co-ordinator along with the District Programme officer will attend the district level meeting in connection with the adolescent programmes. He will be in charge conducting district level training to counsellors.

### **State Co-ordinator**

Senior most counsellor in the State will be selected as State Co-ordinator.

1. He will collect the monthly reports from the district counsellors and consolidate the reports of the district co-ordinators, prepare notes for state level monitoring and prepare plans for more activities of the counsellors.
2. He/She will attend meeting at the state level and modify the plan of activities of the counsellors according to the new trends.
3. State Co-ordinator will plan activities to be implemented in a uniform way through out the state.
4. The state Co-ordinator will look after the transfer/ school change and area change of Counsellors. Documentation of the activities of the programme at state level will be made by the State Co-ordinator.
5. State level training and district level training programme will planned and arranged by the State Co-ordinator.

### Monthly Project Level Meeting

CDPO being the reporting officer of the counsellors will convene monthly project level monitoring meeting.. Monthly Project Level Meeting will be consist of following members

1. CDPO
2. Supervisors
3. Representatives of the Schools
4. District Co-ordinator

The work of the counsellors in the month will be monitored in the meeting. Suggestions to improve the activities of the counsellors will be discussed and targets for the next month will be fixed in the meeting. A consolidated report of the activities taken up during the month has to be forwarded to District Programme officer by the CDPO for evaluation.

### District level Monitoring Meeting.

Activities of the programme will be monitored on district level by a committee with District Social Welfare Officer as Chairman and District Programme officer as Convenor. District level meeting will be convened bi-monthly by the convenor.

Following persons will be the members of the committee

1. District Co-ordinator of Psycho Social Service Programme
2. Psychiatrist/Psychologist.
3. Deputy Director of Education
4. Regional Deputy Director of Higher Secondary
5. Officer in charge of Janamaitri Police in the district
6. Nominated Social worker
7. Child Line Co-ordinator of the District
8. Member from Mahila Samakhya Society

#### Psychiatrist will be selected as per following criteria

Head of the Psychiatry Department of the Medical college in case of the district where there is Government Medical College or  
District Programme officer of the District Mental Health Programme or  
Psychiatrist from District Hospital or  
Psychiatrist from Taluk Hospital or  
Psychologist working under Government institutions

Social worker will be nominated by the Director of the Social Welfare Department who is an active worker in the field of Child right, family counselling and other areas.

Police officer will be deputed by the District Police chief

In the meeting activities taken during the last two months will be discussed and monitored. The issues and problems arised during the two months will be discussed with the experts and detailed discussion will be conducted on the areas where Counsellors have to concentrate their activities. Monthly targets will also be fixed in the meeting.

### **State Level Monitoring Committee**

Monitoring of the programme will be conducted at the state level by the Director of Social Welfare Department with District programme officers, District convenors, officials from DPI and Higher Secondary Education Department, selected Head masters/Head mistress of the schools, selected Principals of the Higher Secondary Schools, Selected NGOs, etc. Director of Child Development Centre, Thiruvananthapuram, Head of the Department of Psychiatry, Medical College, Thiruvananthapuram and State officer of Mental Health Programme will be the special invitees/ subject experts of the State Level Monitoring Committee.

### **Capacity Building of Counsellors**

One month inservice training should be provided to counsellors to empower them with modern techniques of counselling and to have the knowledge the issues/problems of adolescents. The training should be incorporated with field level training. One week field level training should be incorporated in Child Development Centre, Thiruvananthapuram, Family Counselling Centres, Mahila Samakhya Society and Psychiatry Department of Medical Colleges. After the field level training, participants should be reported back to Training centre to report the inferences they have attained during the field level training. The in house training should be continued for the discussions on the field level learning they have attained and preparation of action plan for the work.

In each year one week Capacity Building Programme has to be convened for counsellor for refreshing the techniques and strategies to be adopted .

### **Financial Aspects**

1. The honorarium now giving to counsellors should be enhanced at par with counsellors of IED in the schools. The honorarium should be enhanced to Rs.12,500/- per month. They should be posted on contract basis for a minimum of period of 3 years. Honorarium of District Co-ordinator should be 14,000/- and for State Co-ordinator Rs.15,000/-
2. Since they conduct travelling from one school to another school and to anganwadies, they are eligible for permanent travelling allowance.
3. The salary should be disbursed from the ICDS office. The practice of issuing salary with the countersignature of PTA president may be dispensed.

### **Merits of the Programme**

1. Psycho Social Service Programme was implemented in 500 schools only. As per the new proposal, 500 counsellors are deployed in 263 ICDS projects and referral Counselling service is provided to all schools of the state.
2. Adolescent Clubs under ICDS projects are managed by the Anganvadi workers. The Clubs are monitored by the supervisors who are Administrative staff. By this project guidance and monitoring of the Adolescent Clubs are done by counsellors, who are professionally qualified.



3. As per the new proposal, counsellors are making intervention in the community through Adolescent Clubs and Adolescent students of the schools. Adolescent Counselling may lead to intervention in family problems, drug addiction, and other social problems. The counsellors along with family counselling centers under Social Welfare Department will support the community to a large extent.

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## Annexure II

## Consultation in Strengthening Counselling Facilities in Schools, Child Care Homes including Institutions for Differently Abled Children

at Hycinth Hotel, Thiruvananthapuram  
on 31-07-2014

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**Annexure III**

**Consultation on Counselling in Schools and  
Child Care Homes including Institutions for  
Differently Abled Children**

**at Mascot Hotel, Thiruvananthapuram**

**on 25-02-2016**

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