

Social Case Work with Children, Adolescents & Young People

An Action Research Study



 **Butterflies**

Protecting and empowering children since 1989

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We hope this study will bring focus on social casework as an effective therapeutic approach to work with children, adolescents, young persons, and families to resolve mental health issues impacting the well-being of children.

Rita Panicker
Butterflies
2023





CHAPTER 1: INTRODUCTION

Children are like butterflies, flying at a distinct pace, being unique, special, and beautiful!

Children and butterflies are metonyms. Butterflies are beautiful, colourful creatures of nature, each one is unique, they have the freedom to fly and choose their habitat. Similarly, children are beautiful, each one is unique and special, just as butterflies are fragile, children are vulnerable, must be cared for, and protected. Children have the agency to be consulted and listened to, be part of decision-making processes, to aspire, fly and soar high, reach for the stars, learning and discovering the world and claim their place in the universe. Butterflies, the Non- Government Organisation strives to support children living in street situations to complete schooling, have life skills, and get a professional degree to exit from intergenerational poverty and illiteracy. The organisation's approach is rights based, participatory and non-institutional. The emphasis is on democratising and strengthening families, prevent disintegration of families and parental loss for children.

1.1 About Butterflies

Since 1989, Butterflies a registered non-profit organization in Delhi has been working with vulnerable children, particularly those children and families living in street situations, and independently living adolescents on the streets. It has touched the lives of more than 71,000 children since its inception, catering to more than 3,300 children every year through various interventions in all the project areas. For children and adolescents, having a positive state of social and emotional well-being enables them to maintain an optimistic outlook about themselves and life, put efforts in making constructive decisions and deliver tangible improvement in different areas of their lives.

Although social and emotional issues affect children and adolescents from all walks of life, data suggests that children from marginalized and vulnerable groups are subjected to many forms of violence and deprivation, which influences their social and emotional well-being. Many times, effective management of social-emotional issues demands collective efforts of the family, peer group, community, or school along with interventions with the child or adolescent.

Butterflies follows the Child Safeguarding Policy of the organisation which is to reiterate our commitment to children's right to a safe and protected environment and in all our



engagement with them. We have different interventions to support children, families, and communities to ensure a safe and protective environment for children to grow and thrive. Social Casework is one such intervention to support children and adolescents from marginalised communities experiencing (mental health) emotional problems and behavioural issues to resolve and overcome the emotional distress. The social casework approach is also applied in our 'family therapeutic care' (FTC) while working with a parent and or the family. The objectives of the present action research study was shared with the children who are part of the study. It was explained and with their written consent we interviewed them and took their cases to be part of the action research. We at Butterflies, firmly believe in the values, principles, and process of social casework and follow them in our work and practice with children, families, and communities.

1.2 Social Casework

Social casework is a method of social work and a primary approach concerned with the adjustment and development of the individual toward more satisfying human relations. Case Work is a humanistic attempt for helping people who have difficulty in coping with the problems of daily living (Mathew, 1992). In casework, the relationship is the medium through which changes are brought into the behavior and personality of the individual. Butterflies use the term problem-solving model, that does not focus on the deficit or weakness-oriented practice; instead, as a collaborative process between caseworkers, children, and their families, focusing their existing strengths to address their immediate problems or social-emotional issues. Here, the child is studied as a whole, with reverence to his/her Microsystem, Exosystem, and Macrosystem comprising family, relatives, peer group, school, and the prevailing social conditions.

The nucleus of social casework is given by H. H. Perlman-; A Person with a Problem comes to a Place where a Professional Case Worker helps him or her through the given Process. At Butterflies the professional case worker goes to the child or young person in need of help. This is a clear departure from H.H. Perlman's 'four P's' components.

These are four components of Social Casework known as the 4 P's:

1. The Person
2. The Problem
3. The Place
4. The Process

1.2.1 Person

- The Person is a child, adolescent, young person, man, or woman, who finds himself/herself or is found to be, in need of help in some aspect of his social-emotional living. Every person experience diverse situations in life some good, some challenging and difficult which affects how a person copes with the



situation. It would also make the person who he or she is - his/her personality. From a psychoanalytical perspective when the ego (mind) is unable to make the decisions between right and wrong, good, and bad then the person comes under stress and finds it difficult to resolve the problem. The first effort is to solve the problem by his/her efforts. But when the problems do not seem to be solved by his/her efforts then he/she needs external support for its solution. This external support is given to him/her, professionally by the social caseworker.

- One of the major tasks of the social caseworker is to understand the client as a unique person in a unique situation. The caseworker considers the 'person' as unique of his or her physical, social, and political environment, past and present experiences, present perceptions and relationships and future aspirations and dreams.

Grace Mathew (1992) has given a few propositions to understand human behavior and individual difference-

- Behaviour is conditioned by experience/ environment.
- For human growth and development, certain basic needs must be met.
- Emotional needs are real, and they cannot be removed by intellectual reasoning.
- Behavior shows its purpose in response to physical/ emotional needs.
- Other person's behavior can be understood only in terms of one's own comprehension.

According to Archana Dassi (2002 Dassi. (n.d¹.) clients are of several types -

- a) Those who ask for appropriate help for themselves.
- b) Those who ask for help for another person or system.
- c) Those who do not seek help but are in some way blocking or threatening the social functioning of another person (e.g., the neglectful parent in a child protection case).
- d) Those who seek or use help to reach their own goals or ends.
- e) Those who seek help but for inappropriate goals.

1. Retrieved from <https://egyankosh.ac.in/bitstream/123456789/58711/3/Unit1.pdf>



1.2.1.1 Who is the “Person” in Social Casework at Butterflies?

A child/ an adolescent/ a young person who is living in street situations, or from urban poor marginalised communities or independently living adolescents migrated from other states of India and the neighboring countries like Nepal and Bangladesh. The person can also be the parent, either the father or mother or a sibling of the child/ adolescent who is experiencing a difficult emotional problem that could be the cause of discontent or dysfunctionality in the family.

Here, in contrary to the clinical practice, at the beginning of the casework process, the social caseworker has informal conversations with the client to understand if the person is ready or wanting to seek help to resolve the problem.

1.2.1.2 Role of the Social Caseworker

To work out a problem, one must first understand it, comprehend it, and be oriented too. In the attempt to understand any problem, there must be some analysis of it, some translation into other familiar terms, some sets of associations that can be brought to it.

- When does a situation become problematic?
- When does a problematic situation become appropriate for social work concerns?

The capability of children and adolescents to achieve and sustain social and emotional well-being is built and shaped by various factors. Considering the children, with whom we work, their issues are manifested mostly through their behavior or viewed as any forms of violence against them. Tracing the roots of these issues of children lead to concerns in the care system and the structural and cultural elements of violence.

For instance, when we understand the reasons why a child takes the ultimate step to leave home, parental care, it may lead to family relationships, domestic violence, substance use, and uninspiring schools, resulting in disinterest in studies; and if we go further it leads to economic distress, unemployment, and inadequacies in the implementation of government welfare programmes for the poor. In such cases, the casework intervention must be comprehensive enough to link the client and family to necessary welfare services along with the psycho-social intervention.

1.2.1.3 Role of the Social Caseworker in Butterflies:

At Butterflies, Social Caseworker and Programme Officers (Education) together work with the child (client) at various levels. The Programme Officers (PO) are knowledgeable about the background of the child or the adolescent, his/her family, the community as they work closely with them. The PO is the significant adult in the life of the child as she/he is involved in field work and engages with the child/ adolescent regularly. The child/ adolescent or parent is referred to the social caseworker by the PO for casework.



- The social caseworkers are professionally qualified medical and psychiatric social workers. One of the important skills of a social caseworker is to have patience and to be an attentive listener. Therefore, they make every effort to listen to what the child is trying to communicate. An environment of safety and comfort is established for the child to share his/her feelings, without fear. Whatever the child says about himself/herself, his/her family, friends, and workmates his/her environment, every comment is very carefully listened to. The social caseworker works in close tandem with the Programme Officer to understand the child's background, situation, and prior to the onset of the problem.
- The social caseworker and the child (or adolescent or young person) together come to an agreement on the timings, days, and place where they can have the sessions.
- Wherever, it is considered appropriate the Programme Officer is kept informed about the progress of the case.

1.2.2 Problem

- The problem is the situation that disturbs the normal social functioning of any individual from the approved culturally set norms. Any situation, event, or anything which affects the social functioning of the client, perhaps occurs as failure in coping or as an unmet/under met need manifested in different ways.
- A problem is the outcome of the circumstances. It is a situation, event, or anything which impairs the normal functioning of the individual and makes him/her handicapped. The problem arises from some need or accumulation of frustrations or maladjustment, and sometimes all these together.
- Paul B. Horton (1996) said that a problem is a situation that exists anywhere anytime and affects any person. It creates hurdles in the life of a person. Sometimes the problem is solved by one's efforts but sometimes he/she needs external help. That external help is given to him/her by the social caseworker at the individual, group, and community level.
- The problem may arise from some needs, accumulation of dissatisfaction and frustrations, difficulty in coping, and at times all of this together. It may be interpersonal or intrapersonal, physiological, psychological, economical in nature, wherein the client may not be aware of the core issue and the root causes of the problem.

Dimensions of the Problem:

- a) The problem arises from some need or obstacle accumulation of frustrations or maladjustments.



- b) The social-functioning problem may rest in interpersonal relationships; for example, the inability of a parent to understand the adolescent/ child's need and thus, there is a mismatch of expectations, it might result in the parent using control and authority to overrule a request of a child. The relationship between parent and child is at a low point where there is open rebellion and an inability to discuss the situation.
- c) The problem may rest in inadequate role performance of a parent (s); for example, the parent does not spend enough of time with the child, does not interact with the child to get to know what is happening in the child's life, his/her friends, academic challenges. It can also be an individual does not have either the material resources or the personal capacity to carry out the task needed for coping with a situation.
- d) Maybe there are discrepancies between the expectations of a person and the demands of various segments of that person's environment. For example, a teenage girl whose mother is the sole breadwinner of the family and struggles with her work outside and housework, expects the daughter to care for younger siblings, as well as engage in housework chores; but she needs time for completing her school studies and for socialization with her peers.

1.2.2.1 What are the “Problems” experienced by children and young person's Butterflies works with?

There are varied problems experienced by most children, but in this study, we will discuss problems faced by children and adolescents living in street situations and independently living adolescents. The problem of living in congested one room tenement neighbourhoods, where space itself become an issue between neighbours. Majority of the men (fathers) are daily wagers, women work as house maids or homemakers, economic distress is common. Parents in their struggle to put food on the table, seem to have less time for themselves or for their children. Most fathers subscribe to patriarchal roles and see themselves as primary household providers and have the sole right to take all decisions and exercise their control over family members. The families, Butterflies works with, majority of the fathers are strict disciplinarians and sometimes use corporal punishment to discipline their children. Mothers are equally strict when it comes to daughters. Families as an institution are not democratic, parents rarely ask the opinions of their children when decisions are taken. This impacts the family relationship and bonding. This is one of the reasons why boys spend most of their time outside their homes and eventually leave family care. Furthermore, schools are uninspiring and not inclusive in the way teaching- learning takes place resulting in children/ adolescents losing interest in studies and dropping out of school. In most families, parents are unaware of what is happening in the lives of their children, the friends of their children, with whom, what and how they spend their free time. The influence of social media



on adolescents' mental health is a growing area of concern. An excess unsafe use of the internet by adolescents and young persons has resulted in a significant number of children losing interest in studies, a drop in learning levels and engaged in risk behaviour. The virtual world has become 'the space' for social interactions/ relationships impacting the social relationships in the real physical world. Virtual friends influence choices and decisions. The virtual world has replaced the physical support group, and adolescents reach out to virtual friends for advice, when stressed.

In the present study, we have categorized the problems into four core areas to understand them properly.

1. Relationship problems: Relationship issues between husband (father) and wife (mother), and its effect on children, relationship between parents and children's violent behaviour, problems with anger management, substance use and its effect on relationship. Relationship issues with siblings, teachers in school, peer group. Problems in maintaining positive relationships with immediate family members, peer group, and teachers.
2. Economic problems: Economic problems are related to the management of needs and resources a person has. The families that Butterflies engages with, not having sufficient money to meet the everyday needs of the family is an issue. The daily wagers do not necessarily get work every day, and neither do they have savings to fall back on in a crisis.
3. Physiological problems: These are related to the physique of the person, i.e., bodily impaired functioning problems. e.g., disabilities of the body, the problem of weak eyesight, blindness, hearing impairment, speech impairment, and physically challenged. Furthermore, there are health issues such as diabetes, hypertension, tuberculosis, paralysis, and other long-term illnesses that affect an individual.
4. Psychological Problems: Psychology is the study of mind and behavior. It is the study of what we think and what we do. Psychological problems occur when a person is disturbed by some external circumstances. This problem is the outcome of the environment and circumstances. Anxiety, depression, schizophrenia, frustration, and anger are examples of psychological problems.

1.2.3 Place

- The place is an agency or organization that offers social casework services. It is a particular kind of agency that does not deal with social problems at large but individual-level problems. Its purpose is to help those individuals whose normal functioning is disturbed.



- The organization is the immediate environment of worker-client interaction. This interaction often takes place in an office or building identified as the “agency”. As an employee, the worker is a part of the agency system, and because of this, the worker is accountable to the agency.
- The form and content of the service offered must be within the organization’s purview and guidelines.

The characteristic described of the place by Perlman (1957), in certain instances, would depend on the nature of the work and clientele of the organisation.

The place is an organization that helps individuals with their problems. It embodies a society’s decision to protect its members against social breakdowns, to prevent their maladjustments and/or to promote the development of better or higher levels of human functioning. Each Place develops a program by which to meet the areas of need with which it sets out to achieve.

The ways and means of an agency’s programme depend on several factors: resources, the knowledge and competency of the agency staff; the interest, and support of the community.

- The social agency has a structure by which it organizes and delegates its responsibilities and tasks.
- The agency’s body is made up of many members with different purposes and powers, all dependent upon one another.
- The structure of an agency identifies and assigns separate and joint responsibilities, authorities and tasks to each person and demarcates the relationship among various functions.
- The social agency is a living, adaptable organism to being understood and changed, much as other living organisms.
- The social caseworker helps the client both from his professional commitment and skill and from the agency which hires him/her.
- To represent the agency, he/she must be psychologically identified with the purpose and the policies of the agencies.
- The social caseworker practices with the conviction that individual human welfare is the purpose and the test of social policy; that his/her attitude combines open inquiry with dedication to the people and the person he/she serves.



1.2.3.1 Where is the “Place” to deal with children and young people at Butterflies?

At Butterflies, we work with the children living on the streets either independently or with families, or in deprived communities (urban poor settlements). The casework process happens in open spaces called ‘Contact Points’. Contact points could be parks, open spaces, marketplaces, bus stations, where children congregate, and Butterflies has its programme/ activities. Butterflies works in open spaces that are easily accessible for children and are located close to where they reside. Butterflies approach is to go where the children are rather than the children coming to us. The spaces are child friendly, safe, and welcoming where Programme Officers conduct the regular programmes of Butterflies with children. Children come together for studies, do their school homework, participate in activities such as arts, theater, play and sports activities, and life skills sessions. The social caseworker also has regular contacts with the children, they organise awareness sessions on life skills, conduct group work, they engage with the parents and community stakeholders which help the caseworker in the process to build a relationship with the client (child/ adolescent/ young person/ parents).

How does a child/adolescent /young person seek support in Butterflies?

The Social Caseworker and Programme Officer function as a team and are part of the organization’s frontline staff. At all the Contact Points, children in a problem situation or experiencing emotional/behavioural problems are identified by the Programme Officer with the help of Buddies (peer supporters). After identifying the cases, the Programme Officers refer the cases to the Social Caseworker for therapeutic support. As mentioned earlier, the Programme Officers make sure that at contact points (Places), children feel safe and are provided with a friendly and amicable environment that is conducive to communicate their feelings and problems. The Social Caseworkers work with the referred children and young persons following the therapeutic principles and values of social casework at all the contact points.

1.2.4 Process

- Sal Hofstein states: “Process refers to the recurrent patterning of a sequence of change over time and in a particular direction.” It is a natural process through which individuals continuously try to adjust themselves to the environment or adapt the environment to them, to achieve maximum satisfaction. It is important to note three qualities of this process:
 - a) recurrent pattern or stages.
 - b) takes place over time.
 - c) in a particular direction (the process is irreversible).



- The process is a progressive transaction between the professional (the caseworker) and the client. It consists of a series of problem-solving operations carried out within a meaningful relationship. The process in casework means an organized (systematic and step-by-step) method of helping a person to let him/her resolve a mental health (emotional) problem.

The stages of the problem-Solving process include-

- I. Intake
- II. Study
- III. Social Diagnosis/ Assessment
- IV. Social casework Treatment
- V. Monitoring and evaluation
- VI. Closure and follow-up.

1.2.4.1 Intake

Intake is an administrative procedure to enroll the child (client) with the agency and not as a process of social casework. This phase requires very skillful probing into the child's problem and the relevant factors related to him. In our work context, Programme Officers and Social Caseworkers engage with children and adolescents through one-to-one informal interactions, build a rapport with children, work closely with them in the contact points activities such as education, life skills education sessions, sports, theatre, health care. The POs and Social Caseworkers are also involved in community mobilization for protection of children. They also establish a relationship with families (parents) by making regular home visits. This work within the communities and street contact points enables the social caseworker to establish a working relationship with the child and his/her family members and thereby study the problem and encourage the individual to seek support and be part of the casework process.

Intake through Peer Support by Buddies: Children who are members of the Child Health and Sports Cooperative are selected to be Buddies of their cooperative. Their key role is to be a buddy, support a friend who is undergoing a stress or emotional problem. The Buddies are trained in basic communication and skills of empathy. They are also trained to identify the socio-emotional issues of their peers and provide peer support. Buddies build rapport with their peers, clarify the observed issues, listen to their peers actively, do the very primary (basic) assessment and identify what is worrying their friend the issue that is causing anxiety and unhappiness to her/him/. The Buddy would encourage the friend to meet the social caseworker and with his/her consent, refer their peer to the social caseworker.



1.2.4.2 Study

The study provides all the determinants contributing to the child's present problem. Through the interview, story narrations, use of activities like art and craft, sports, and through observation, the data can be collected. Although the primary source of information is the client, the caseworker must go beyond the child's report and seek information from family members, Programme officer, significant others, documents, records, and psychological tests if needed.

The process through which the caseworker collects all relevant facts processes all that information through logical and inferential reasoning and understands the client's personality and his/her situation for planning appropriate intervention (treatment). Identification & Information about the child (Richmond, 1917).

The source for information should include a variety of perspectives that may be chosen from historical, social-psychological, biological, economic, political, religious, and ethical understandings. The skill in the collection of information also calls for skill in communication and social interaction with persons who are sources of the information.

All the information may not be available in the initial sessions of every case. Therefore, it becomes vital for a caseworker to go back and forth to gather the facts and information needed, even when proceeding with the later phases of the casework process. It must be understood that children normally do not sequence events logically and therefore the caseworker must have a number of sessions to draw the whole picture of the problem. While studying the client in his/her situation, the caseworker formulates his initial assessment for the next phase, social diagnosis, and identifies his past and present patterns of coping and significant people in his/her life and the resources available and make available, to plan the treatment. All these processes abided by the principles and values of casework, as well as respect for the client's rights.

Format of the Case Study-

- a. History of the problem: Nature of the problem, the intensity of the problem, manifestations of the problem, social-emotional implications of the problem, efforts made by the client in solving the problem, and the client's current level of functioning.
- b. Personal History: Early development and childhood details, school history, peer group, occupational history.
- c. Family History: Detailed account of all the family members, and relations among family members.
- d. Medical History: If required, statements of medical professionals- Clinical psychologist, Speech therapist, Special Educator, Occupational therapist, Legal specialist, and other professionals.



- e. Personality Traits: Social relations, attitude towards self and others, ambitions, mood, character {timid, shy, reserve etc.}, energy level, habits, and temperamental traits: adaptability, adjustability, impulsivity.

CHSC², is a cooperative of children, where children learn to live safe and healthy lives including emotionally well. The CHSC, has Child Health Educators, Child Sports Educator and Buddies who are promoters of safe health both physical and mental health and safe environments in their neighbourhoods. Buddies are the first contact for a child/adolescent or young person who is in a distressed, unhappy state. The individual will reach out to the Buddy for support. Buddies reach out to a friend they have observed to be withdrawn, not themselves and are avoiding friends, or want to remain alone.

1.2.4.3 Social Diagnosis

As per Perlman (1957), Social Diagnosis helps in determining the focus of treatment, a further collection of facts and deciding the best course of action to solve the problems. After studying various factors associated with the problems of the client, the caseworker reaches for an assessment and formulates the diagnosis. Therefore, social diagnosis is an explanation or definition of the client with the problem in the light of all possible grounds, i.e., putting the client and his/her problems into context considering all the potential causes and contributory risk factors.

Through interview and home visits, reviewing relevant records, collected information from other team members, school, family, the caseworker gathers the relevant data and attempt to identify and understand the client and his/her problem and the causing factors. Subsequently, the caseworker evaluates all the available data, to find the nature of the problem, its impact on the client, and the factors responsible for that. This evaluation needs to be comprehensive enough to scan through the factors and emotions attached to the physical aspects (e.g.: illness), psychological (self-analysis and criticism, the intensity of discomfort because of the problem, resilience), social (e.g.: family environment, positive engagement in the society), economical (e.g.: income level, housing, nature of job/employment, job security), access to/utilization of/attitude towards the services available, etc.

The Caseworker finds out the extent of the problem i.e., whether it is an intra-personal or interpersonal problem. The caseworker also tries to find out the major factors operating in this situation. When the assessment is completed, the caseworker reaches the fact. That is, what is the actual problem?

2. Child Health & Sports Cooperative (CHSC), is a cooperative of children, where children learn to live safe and healthy lives including emotionally well. The CHSC, has Child Health Educators, Child Sports educators, and Buddies who are promoters of safe health both physical and mental health, and safe environments in their neighbourhoods. Buddies are the first contact for a child/adolescent or young person who is in a distressed, unhappy state. The individual will reach out to the Buddy for support. Buddies reach out to a friend they have observed to be withdrawn, not themselves, and are avoiding friends, or want to remain alone.



For Example- The client has a specific development disorder manifesting in stammering, probably due to constitutional predisposition. The fact that the client had been forced to give up writing with his left hand further predisposed him to stammer. This seemed to be aggravated by chronic emotional stress from several sources-

- a. Highly disciplinarian father having high expectations and constantly making client self-conscious about his stammer.
- b. The mother makes an unhealthy comparison between the client and his sister.
- c. Lack of adequate opportunity for play at home.

The strained father-son relationship seemed to perpetuate the stammer.

- The process of forming social diagnosis:
 - a. Shifting the relevant from irrelevant data
 - b. Organizing the facts and getting them into relatedness
 - c. Grasping how the factors fit together.
 - d. Preparing the meaning.

Example of Social Diagnosis statement:

The client has speech impairment. He has low self-esteem and lacks confidence due to the high expectations of the father of the son in his academic and personal achievements. The constant comparison of him by the mother and father to his sibling causes emotional stress. There is a denial of his physical condition by the parents and lack of understanding and emotional support further aggravates his stammer. The strained relationship between the father and son does not give him the confidence to share his feelings and thoughts with his father. The client feels isolated in the home. The speech impairment makes him, self-conscious and he keeps to himself in the school and class and has just one friend. The client is seeking emotional support and acceptance of him from his parents and affirmation that he is a capable person.

1.2.4.4 Social Casework Treatment

The purpose, for which social study and psycho-social assessment (diagnosis) are undertaken, is for social casework intervention or treatment. Based on the social study and diagnosis, the caseworker plans intervention or treatment leading towards resolving the issue/problem and better functioning of the client. This treatment may be in the form of capacitating the client to access the resources and services and or in the form of psychological assistance.



The first stage in the intervention (treatment) involves planning. The questions to be answered by the worker at this stage are: “What kind of support (treatment) will best stabilize or improve the client’s functioning or better meet his/her needs?” Treatment plans are always conditioned by age, health, culture, social norms, values, opportunities, agency policy and community. The Treatment process goes through different phases, which are sequential but the initial five phases can happen simultaneously as well.

The phases of the casework process are primary contact, introduction to the client, getting to know the client, building a rapport, motivation, role induction, diagnosis, and assessment, establishing treatment goals, developing a treatment plan, preparation for actual treatment, treatment in practice, monitoring and evaluating the effects of treatment, and planning of follow-up and termination of the therapeutic relationship.

Plan of Interventions:

- Individual Level-behavior structuring - to develop alternative mechanisms to cope with a stressful situation.
- Family Level- therapeutic: Family therapeutic Care- counseling with mother and father and other family members.
- Institutional Level: at school, or workspace/environment.
- Peer Group Level – group sessions

1.2.4.5 Monitoring and Evaluation

To track and check the attainment of the casework treatment process as planned, monitoring and evaluation are needed. Developing an observation checklist to note the progress of the client, case reviews, clinical presentations, as well as different indicators, helps the caseworker and the organization to monitor and evaluate the success of the social casework method. At Butterflies, in- house clinical presentations are an important process in understanding the various emotional crisis children/ adolescents are experiencing. It gives space to discuss the case with other professionals who might add to the insight of the social realities of the child that might be a factor in the mental health issues the client is experiencing. It is also a learning class for others from non-medical and psychiatric social work background to understand social case work therapeutic approach. A decade and a half ago clinical presentations were open to professionals from outside such as Psychiatrists, Psychologists, lawyers, academicians, and practitioners. Written consent to confidentiality and non-disclosure of the case by them was mandatory to attend these sessions. The sessions were quite stimulating and generated knowledge for all the attendees of the clinical presentations. It was a learning especially for the lawyers as it broadened their understanding of the issues beyond looking at it from the legal lens. We hope to continue this practice in the year 2023.



1.2.4.6 Closure and Follow-up.

Caseworkers' therapeutic relationships with their clients eventually come to an end and it is crucial as well. This is a process to be handled very carefully, when the treatment goals are reached or referrals are being made for further treatment or when the client does not have the interest to continue, the closure takes place. This includes the discussion about how to anticipate, resolve future problems and how to find additional resources and seek professional help if required.

1.3 How the Social Casework Process takes place at Butterflies?

At Butterflies, the Social Casework process is handled by the Child Protection and Mental Health Team. The children and youth (Person) in the difficult circumstances (Problem) are identified by the Programme Officers- Education at contact points (Place) and are dealt with the help of Social Caseworkers following the method (Process). They start with the study, gathering information about the child from micro, macro, and exo systems. Then, formulating the conclusion (social diagnosis), and plans, treatment, and interventions at various levels. When the treatment and intervention process is complete, monitoring and evaluation of the case and his/her social environment takes place to ensure the person has adjusted to the situation or made the changes to the environment, following termination of the case.

1.3.1 Role of Social Caseworker in the process

The social casework process is vital. With this structured process, we deal with the problems of children, adolescents, and young persons. The designated Social Caseworker takes up the case and follows the casework process to handle the problems of the concerned individual (person). At the Contact points, Social Caseworkers engage with children, youth, with their peers and family. They develop a working therapeutic relationship with the individual (client). Prior to deciding on the plans in each case based on its purpose and nature of the problem, the possibility of engagement and participation of the individual is considered. Furthermore, if the individual in some cases requires to be referred to a psychiatrist, for further professional treatment the organisation makes those arrangements. Social Caseworkers must maintain the case records and case summaries of all clients. Every week social caseworkers have individual conference with Head of the Child Protection and Mental Health Programme, they work under the supervision of him/her.

The present study, titled: "Action research on Effectiveness of Social Casework/Therapeutic Intervention among Children, Adolescents and Young Persons with Social-Emotional issues" is the scientific inquiry to know the effectiveness of its methods and strategies. The Action research further directs for the skill-development, knowledge-building, and improvement in the practice of the organization. Therefore, to understand the operation of the casework practice in terms of producing a change among the



intervening population, this study contributes to learning, improving, and modifying the working strategies of the organization.

The coming chapters, illustrate the Review of existing literature, the methodology adopted to conduct this study. The focus is on social-emotional issues among children followed by reflections, discussion, learnings, and a way forward.





CHAPTER 2: REVIEW OF LITERATURE

The purpose of a review is to analyse a critical segment of a published body of knowledge through summary, classification, and comparison of prior research studies and theoretical articles. According to Caulley (1992), the literature review should be comparable and contrast different authors' views on an issue. The present Study-“Action Research on Effectiveness of Social Casework/ Therapeutic Intervention among Children, Adolescents and Young Persons (CAYP) with Social-Emotional issues” calls for the review of different studies related to the effectiveness of Social Casework as a therapeutic intervention and social-emotional issues among children and adolescents.

2.1 Evolution of Social Casework

Social casework as practiced today, owes its history to work by individuals and organizations that worked with the marginalised poor. The Association for Improving the Condition of the Poor (AICP) was founded in 1843 in the USA. It emphasized self-respect, self-dependence, and relief suitable to their needs in its work with the poor.

Mary Richmond's book “social diagnosis” (1917), the first book in social casework, set forth a methodology of helping clients through systematic ways of assessing their problems and handling them. Besides, the book introduced the principle of individualization and acknowledged the client's right of self-determination.

2.2 Casework- client relationship

The casework or helping relationship is defined as “the dynamic interaction of feelings and attitudes between the caseworker and the client, to help the client achieve a better adjustment between himself and his environment” (Biestek, 1994, p.631). The importance of the client-worker relationship dates to the emergence of the friendly visitors who used their relationship to gain the client's cooperation (Petr, 1988). Without a positive, trusting relationship the client and the caseworker cannot work towards resolving the client's issues that brought them together in the first place. It is necessary to examine the relationship between the social caseworker and the client to understand the effect of intervention. “Any attempt to understand practice would need to focus on



the dynamic interaction between the social caseworker and the client, each affecting and being affected by the other” (Shulman, 1985, p. 276).

The central characteristic of relationship-based practice is the emphasis it places on the professional relationship as the medium through which the practitioner can engage with and intervene in the complexity of an individual’s internal and external worlds. The social worker and service user relationship are recognized to be an important source of information for the worker to understand how best to help, and simultaneously this relationship is how any help or intervention is offered (Wilson K., Ruch G., Lymbery M. and Cooper, A., 2011).

According to attachment theory, the therapist becomes an attachment figure and the therapeutic relationship becomes an opportunity to experience a significant relationship differently and thereby revise internal models of self and others. Therapy can also provide an opportunity to better understand how experiences in previous relationships may be affecting the client’s current perceptions of self and others in a way that does not necessarily correspond with reality. The primary goal of attachment-informed therapy is to enhance the client’s capacity to establish and maintain increasingly secure attachment relationships. The research evidence leads to optimism about the utility of clinical interventions that increase clients’ sense of attachment security (Debbie Wang and Carol A. Stalker (2008).

2.3 Social Casework as a problem-solving method

The problem-solving model was created by Helen Harris Perlman, a social worker and author of “Social Casework: A Problem-solving Process”, (The University of Chicago Press, 1957). With the problem-solving model, a social worker helps an individual identify a problem, create an action plan to solve it and implement the solution. Together, the social caseworker and individual discuss the effectiveness of the problem-solving strategy and adjust it as necessary. The problem-solving model enables the social caseworker and individual to focus on one concrete problem at a time. Perlman argued that this method is effective because long-term psychotherapy is not always necessary and can hinder an individual’s progress.

In this approach, a social caseworker does not attempt to solve the client’s problem, as problems are believed to be able to be solved only by the person who is experiencing them. So, the role of a social caseworker is to reinforce existing resources within the client’s personality and his/her environment, both human and material, so that the person may solve his/her problem. There is an assumption of human competence to solve their problem. The relationship between the social caseworker and the client is the major medium of helping, with this relationship the person with the problem is supported and nurtured and can experience respect, acceptance, empathy and carrying with this relationship the client’s motivation and confidences increases to solve the problem.



Perlman saw casework as a process, a problem-solving process. In that process, the relationship between the caseworker and client was essential for problem-solving. The professional relationship was perceived as being purposeful, accepting, and supportive & nurturing (Hemant Kumar, 2020).

The problem-solving process is somewhat different from the social work process because the social work process is not only problem-solving, but also developing and maintaining relationships, and improving personal qualities.

Problem-solving casework attempts to correct deficits in a person's problem-solving abilities by releasing, energizing, and giving direction to a client's motivation. Releasing and exercising a client's mental, emotional, and action capacities for coping with problems, thereby, releasing the ego functions required for the problem, finding, and making accessible to the client the resources needed to solve problems.

2.4 Socio-emotional Issues of Children

Emotional and behavioural problems with following rules set by parents or teachers are part of growing up, it becomes a concern when a child or adolescent expresses anger and uses unacceptable language and violence in settling disputes. The child or adolescent is non-communicative, refuses to engage in group activities, seems to be afraid, unhappy, is of concern. The factors may be single or multiple, there are situations when there is not a caring, protective atmosphere and positive bonding within the family. There is neglect, exposure to abuse, and a lack of love and care from parents. They are also more likely to be emotionally needy, insecure, and poor.

It has been found that school interactions and child-oriented activities help the child learn socializing skills and develop self-esteem.

When it comes to the agency of children there are varying views. When children are very young, they do make some decisions by themselves but quite often do prefer to turn to their parents for guidance in what they consider are big decisions. The latter is a self-regulated decision, children's autonomy can be measured by asking how often they engage in individual and voluntarily shared decision-making (e.g., making choices by themselves or actively asking for help when needed). In relationships with others, children find it important to spend time together and to be able to trust the other person. In the phase between the ages of 8 and 12, relationships with parents remain strong, but friendships with peers gradually intensify. Thus, to properly measure children's positive relations with others, asking them about the nature of the bond with both their parents and peers (e.g., jealousy and trust) is imperative. (Suzanna J. Oprea, Moniek Buijzen & Eva A. van Reijmersdal, 2018).



2.5 Social emotional issues of adolescents and young people

Children and youth do not experience lives free of problems, but they are equipped with both individual and environmental assets that help them cope with a variety of life events. The skills of emotional competence are one set of resources that young people bring to life's diverse challenges. As with development in other domains, mastery of early skills related to emotional development, such as affective regulation, impacts a child's ability to navigate future developmental challenges (Carolyn Saarni, 2011, pg. 6).

The participants in this study on 'Effective Casework practice with Adolescents: Perceptions and Practices, Virginia Schmied and Peter Walsh (2007) emphasised that working with adolescents is different, in particular, their needs are very different to young children and the risk of harm is often difficult to determine. This difference relates mainly to the developmental stage of adolescence. Participants stressed that the nature of adolescence is to take risks as they learn for themselves.

Working with adolescents is difficult and challenging work for caseworkers' care process: and they find that they must work extra hard to keep adolescents in therapy. Because of their age and developmental stage, adolescents are also well known 'to vote with their feet' (Adolescent Teams). Caseworkers mentioned in the above study, that when they work with younger children in the child protection context, it is usual practice to work through their parents. However, with an adolescent this is not always or even usually the case. Instead, caseworkers rely on the young person accepting and participating in the services and this is not easily achieved.

The children and young people they work with display internalizing and externalizing behaviours reflecting emotional distress such as suicide attempts, sexual offending, school truancy, substance misuse, criminal behaviour, homelessness and placing themselves in 'unsafe situations' (for example with sexual offenders or paedophiles). They may have diagnosed mental health problems, including depression, anxiety, post-traumatic stress disorder, conduct disorder and oppositional defiance disorder. As a result, their schooling is disrupted, they lack social skills and may display little empathy. They experience relationship difficulties across the whole spectrum: school, peers, and their families. Typically, it can be a breakdown of relationships or dysfunctional family relationships that may bring them to the attention of authorities. Participants characterised children they worked with in this age group as often having a profound sense of loss and little trust in relationships: "They have lost so much these children, [they may have] lost their family who they often still love and that rejection is profound ((Intensive support services)" (Virginia Schmied & Peter Walsh, 2007)

The central feature or component of casework practice with adolescents (as it is with families) is the need to establish and maintain relationships. It is through this relationship that the caseworker aims to help engage the adolescent and their family in



the appropriate services. It is about building that relationship. “If you don’t have that relationship, you’re not going to be able to balance anything. Once you have got that relationship, he/she is going to allow you to speak more openly and to have more of a say in what’s going on. And they will accept your judgement more. And if you can’t form that relationship, they are going to spend their time telling you where to go and they will not engage with the services “General Caseworkers (GC), (Virginia Schmied & Peter Walsh, 2007).

2.6 Family Interventions as Part of Casework

Caseworkers emphasised that: when a young person is having issues at home it’s not just their issue, it’s the whole family’s issue and more than one thing in the home, not just the young person acting out (AT). Some caseworkers, however, expressed an element of uncertainty or lack of clarity about where to place their focus, with the adolescent or the parent. Caseworkers emphasised that their key focus needs to be on working with the young person. There is a danger when working with the family that the young people may feel they are not being heard as much. However, it is also important to ‘hear the story from both sides’. When working with an older child or young person, they thought it was not always crucial to work with the family. The young person remains the focus and responsibility and ‘if you do not engage the family, it is not the end of the relationship with the young person’ (AT). Participants acknowledged that there are some rare occasions where you have to bypass the young person and work with the parents to improve the situation.

The emphasis or focus of casework may depend upon positioning the case along the continuum of service needs from early intervention to intensive support services. This may direct the level of family involvement. For example, focus group participants who worked in the adolescent teams appeared to have a much stronger focus on working with families, often to work out how they can best maintain a relationship (Virginia Schmied & Peter Walsh, 2007).

The place of family in the life of young people is recognised by caseworkers. In practice, case plans include strategies to facilitate connection with family. The recent work of Ungar (2004) shows that adolescents continue to rely on their families and even those who have entered the child protection system have a strong preference to maintain connections with family members. Caseworkers who work with adolescents are familiar with this, as they are frequently faced with young people who leave placements to self-place with their family or community. Ungar (2004) found that high-risk young people prefer to expose themselves to the risks their families pose unless alternative placements can provide adequate care and cultivate wellbeing: ... even poor parenting and the potential risks it poses are still preferred to no parenting, or to a formal disengaged institutional caregiver (Ungar, 2004, p.36).



2.7 Social Casework in the current era

Casework is at its best when it satisfies three conditions: when it is most purely educational; when it aims at making a mental or moral adjustment indicated because of the abnormality of the individual or family; and when no less intensive educational method would be reasonably effective. Naturally, not all these conditions are likely to be always fulfilled; they are liable to be departed from slightly or radically as the case may be. When they are fulfilled, casework is performing a unique function. The further they are departed from; the more suspicion is justified that casework is substituted for something with more to commend it. The use of coercion, as opposed to persuasion and conviction; the fitting of a normal family into abnormal social conditions, as opposed to fitting an abnormal family into normal conditions; the use of the slow and expensive method of casework when a more general educational movement is needed and promises to be effective; these, admitting their possibility, are complicating.

Caseworkers admit that some adaptation of urban case-work methods will be necessary if the rural field is to be served, but they are confident that this adaptation can be made. The physical environment, distance, relation to the soil, absence of remoteness of facilities will make a difference (Homer W. Borst, 1919).

Social casework as a method does not often attempt total personality reconstruction or total environmental manipulation. However, modifications of attitudes and behaviour may be possible. Casework cannot free its clients completely from their disabilities. However, it may help them live within their disabilities, with the help of social compensations under certain circumstances. Casework can mitigate or even prevent some of the crippling effects of deprivations. Treatment is the sum of all activities and services directed towards helping an individual with his problem. It is concerned with relieving or solving the immediate problem brought to the case worker's attention. The treatment shall be in the mutual interest of the client and community. As case work one works to help the person, satisfies her/his social needs but also it stimulates the client to release her/his capacities for continuing efforts to create a- better social environment for themselves. The obligation towards preventive action is also implied in programmes of mental health and welfare. The client can be motivated to attempt to change the situation by an educational process. Change in feeling can result from a major experience, such as happy marriage through greater physical or mental suffering through a significant relationship with one or more persons (M. Lakshmipathi Rajue et al., 2021)³

2.8 Factors influencing social casework in the Indian Context

‘It is important to note that social workers concurred that, overall, casework is not well known or accepted in India. It is better known in more cosmopolitan areas such as

3. (M. Lakshmipathi Rajue et al (2021) Social Casework paper 1V, Centre for Distance Education, Acharya Nagarjuna University) (M. Lakshmipathi Rajue et al (2021) Social Casework paper 1V, Centre for Distance Education, Acharya Nagarjuna University)



Mumbai than in smaller towns. However, in Mumbai too, it is well known and accepted only within certain professional circles such as physicians, psychiatrists, lawyers, and police officers. The meaning and implications of acceptance took an interesting turn when the caseworkers were asked whether their own families would find any value in the use of casework services. Almost all the respondents acknowledged that going to a caseworker or counselor, or clinical psychologist was not an accepted practice in their own families. Reflecting the cultural norms prevalent within Indian families, they indicated that the 'family' is still acknowledged as the major provider of emotional support. People are afraid of social stigma, of letting down the family, and of revealing family secrets. As the literature indicates, family members turn to each other when seeking solace (Bannerjee, C, 1972; Dinnage, 1981; Farida Kasim Ejaz, 1989).

“Can social casework, in such socio-economic-cultural conditions of India, be effective?

The answer cannot be 'no' simply because:

- (i) There is a population, which may be small in proportion, which needs help to solve their problems at the individual level,
- (ii) There are problems like sickness, feuds, interpersonal conflicts, etc., which can be dealt with only at the individual level, and

People need curative and rehabilitative services also, though developmental services are more needed in our Indian conditions. Social caseworkers will have to emphasize 'indirect' casework services (Richmond, 1917) and create a congenial atmosphere for those seeking self-actualisation. Bisno (1952) has also opined that casework is effective and should continue to support the individual.”

Social work in various countries should acknowledge, respect, and examine its indigenous characteristics if it intends to be culturally responsive and effective. India is among those developing countries that have become critical of their professional goals and education, in the attempt to forestall the importation of dominant western ideas. (Mukundarao, 1969; Roan, 1980).

However, in this pursuit of indigenization in India, the role of casework has received little attention. The emphasis seems to have shifted to meeting social development needs (Brigham, 1982; Midgley, 1981; Resnick, 1980). Besides its economic and developmental problems India, and especially urban India, is beset with familial, personal, and social problems (Jamshidi, 1978). Social work, and particularly casework, attempts to resolve such problems. To be effective as a form of social treatment, social casework therefore must incorporate the cultural elements and nuances that influence the life of people in India (Farida Kasim Ejaz (1989).



Indian casework needs to develop indigenous literature. Caseworkers have developed strategies of intervention suited to Indian clientele. If they can abstract these from practice situations, conceptualize and build postulates around them, it will have considerable educational and practice value. Some of the approaches to theory development which were discussed in this article can be used by caseworkers for developing concepts. An eclectic approach provides ample scope for practice-based research. The introduction of doctoral programs in social work in Indian universities is a step which will also help in building up indigenous literature. Casework which is the oldest method in professional social work has been the centre of many controversies. The main controversy has been around the question whether it is an effective way of dealing with human problems. There have been arguments for and against casework, without arriving at any conclusion. Casework is not the method suitable for all human problems, but for certain problems no better method is available. Until a better and more effective way is evolved, this method, embodying a personalized service, is going to stay (S.Rengasamy. Social Case Work, n.d.).





CHAPTER 3: RESEARCH METHODOLOGY

The research methodology is the systematic approach to conduct the study in consonance with the objectives of the study. It is a systematic way to solve the problem along with the logic behind them. The following section outlines the procedure adopted while seeking answers to the research queries raised by this study.

3.1 Relevance of the Study

A team of professional social caseworkers who are trained in mental health has been working at the grassroots level for supporting the children and adolescents, as well as their families, communities, and school for building their capacities to deal with their social-emotional issues concerning their well-being as well as prevention of violence. Social casework is based on a philosophical assumption wherein a professional relationship with a definite purpose is established between the caseworker and the client and which gives a space for a working relationship through which the transmission of help or service happens. This process aims at the enhancement of individual capacity to make an appropriate adjustment to the environment to attain well-being. Nevertheless, the observations and assessments based on certain indicators set, it is important for a learning organization to conduct a scientific inquiry to know the effectiveness of its methods and strategies. Action research as a methodology can produce a vital role to produce the direction for skill development, knowledge-building, and improvement in the practice of an organization. Therefore, to understand the operation of the casework practice in terms of producing a change among the intervening population, this study has been proposed to contribute to learning, improving, and modifying the working strategies of the organization.

3.2 Research Objectives

1. To understand the impact of casework/ therapeutic intervention among CAYP regarding behaviour change (identified problem), a positive relationship within the family, social relationships, and academic improvement.
2. To identify different change-influencing factors in casework/ therapeutic interventions.



3. To give recommendations to strengthen the values and practice of social casework/ therapeutic intervention.

Research Questions

1. What are the domains where casework/ therapeutic intervention could bring a positive change among children and in their context-family, community, and school?
2. What are the factors that contributed/facilitated effectively in the process of casework/ therapeutic intervention?
3. What are the strategies adopted over time by the member organization to improve the effectiveness of casework/ therapeutic intervention and how did those strategies help to improve the practice (For instance: Adopting a model or Framework and indicators, Capacity development: training and supervision, Practicums, Case management resources, Family therapeutic care (FTC), Practice exchange, Academic exercises)?
4. What are the domains to be more focused on the casework treatment/ therapeutic process further (Social & Emotional well-being, resilience, life skills, Peer relationship, Family bonding)?

3.3 Operational Definitions

- **Effectiveness:** In this study, effectiveness refers to the level to which the objectives of casework are fulfilled or targeted problems of the clients are solved in terms of substantive change in behaviour (identified problem), positive relationship within the family, social relationships, and academic improvement.
- **Social Casework:** This is a direct social work method by establishing a working professional relationship with the client (children and families) to enhance individual capacities and skills to solve their immediate problems, make an appropriate adjustment and modify the environment to attain more satisfying personal and social relationship and better functioning.
- **Therapeutic intervention:** “A therapeutic intervention is an effort made by individuals or groups to improve the well-being of someone else who either requires help but refuses it or is otherwise unable to initiate or accept help.” In the context of this study, these are the professional efforts using mental health intervention techniques to solve the social-emotional issues of children.
- **Children, adolescents, and Young People:** A young human being under the age of 20 years is studied in this research.



- Social-emotional issues: Any concern about the manner a child, adolescent, and young people think and feel about themselves and others, behave, being able to deal positively or cope with daily challenges. This could be any such concern observed/ noticed/ reported by the child or the adolescent himself/herself, or parent/s, or community member, or teacher, frontline workers of the organization.

3.4 Research Design

Qualitative research and, specifically, action research (AR) was selected as the method of this study as that would serve means for achieving the objectives. Around twenty-seven models of Action research have been identified and used in disciplines such as education, organization development, and in the development sector (Chandler & Torbert, 2003). In the briefing paper of the International NGO Training and Research Centre, Popplewell R and Hayman, R (2012) suggest: “Action Learning cycle is concerned with facilitating either organizational or individual learning, typically within an organizational context. In the Action Learning cycle, participants and researchers learn from their actions and experiences and implement changes to organizational and individual practices based on their learning.” The selected research design operates in the cyclic model, wherein the planning, action, reflection, and learning phases are involved.

3.4.1 Sampling

The present action research focuses on children/ adolescents from the eight street-connected communities, which are linked to the contact points of Butterflies. As this study is looking at casework, a sensitive mental health intervention, purposive sampling has been used in the design for collecting primary data from 24 children/ adolescents who underwent casework treatment and from their families (inclusion criteria will be developed). The casework reports, socio-demographic profile, casework data matrix, case studies, project reports, and other relevant internal documents have been reviewed and analysed. As this research looks forward to bringing learning for improvement of the strategy and practice, the caseworkers who are part of the intervening team will be another set of samples. Lisa M. G. (2008) described, in expert sampling the researcher looks for individuals who have expertise that is most likely to be able to advance the researcher’s interests and capable of opening new ideas. The detail of the proposed number against the respondent categories is given below:

- Children/ adolescents or young person (CAYP) – 24
- Family member of the client (CAYP) - 23
- Social Caseworker- 2



3.4.2 Sources and Methods of Data collection

Considering the sensitivity and complexity involved in studying this subject and intervention, various tools were used to collect information from different categories of respondents. Majorly, an in-depth interview schedule was the means for eliciting information from all the categories. With the clients and family members, therapeutic worksheets and tools and their subjective explanations were used to collect supplementary information. Apart from this, interviews with 2 Caseworkers were conducted to identify different change-influencing factors in casework/ therapeutic interventions.

Tools of data collection

1. Interview Schedule for CAYP: The detailed in-depth interview schedule was administered to 24 CAYP at the contact points. The schedule included probing questions, questions about the time or period before meeting the caseworker, the changes noticed with other aspects.
2. Interview schedule for the family member: An interview schedule was used with one of the family members of the CAYP to collect information on positive changes observed, how it happened and suggestions for improvement.
3. Interview Guide for Social Caseworker.

Pre-Testing of Tools

The tools were pre-tested before the actual data collection was done by the researcher. The pre-testing truly helped in eliminating redundant questions, omitting repetitions, increasing probing points and inserting new questions thereby making the study more pragmatic and meaningful.

3.4.3 Data Processing and Analyses

The data gathered was analysed and presented with charts and diagrams wherever applicable. The data were analysed using content analysis and presented under appropriate themes and categories. This data was analysed by categorizing the data under certain themes and subheadings. These themes emerged from the discussion with key informants and analysis of the transcripts. Field notes were also used for analysis. They helped in providing context to the interviews and gauging the non-verbal reactions of the respondents.

3.4.5 Ethical consideration

A detailed ethical protocol was developed keeping the anonymity, and confidentiality of the participants. All the tools of data collection and the process was taken with the approval of the mental health team as well. Informed consent was obtained from the respondents as well as the presence of a caseworker was ensured during the data collection process, and after the research process also if needed.





Chapter 4:

SOCIAL EMOTIONAL ISSUES OF CHILDREN, ADOLESCENTS AND YOUNG PERSONS

The present chapter elucidates the Social-Emotional Issues of children/ adolescents/ young persons (CAYP) undertaken in the study. These CAYP are from marginalized urban poor and street-connected families from our 8 contact points in Delhi. They are vulnerable and require care and protection, some of them come from single-parent households and significant numbers of parents are casual daily wagers. With a right-based, participatory, non-institutional approach we endeavour to support children to enroll in formal schools, complete their higher secondary schooling, simultaneously impart life skills to them so that they can come out of the intergenerational cycle of illiteracy and poverty. In this context, we found Social Casework is the most effective intervention method, through which the children's issues and problems are dealt with towards his or her overall development, healthier adjustment, and better functioning in their social relationships by utilizing the resources better. It also proved effective as the therapy was not purely 'client focus' including the other factors in the child's life that were in some way connected to the problem.

The Chapter is divided into two sections-

- I. The Basic profile of CAYP
- II. Social-Emotional Issues of CAYP
- III. Effectiveness of Social Casework

4.1 The basic profile of CAYP

- a. The CAYP chosen as a sample size for this research belong to two categories:



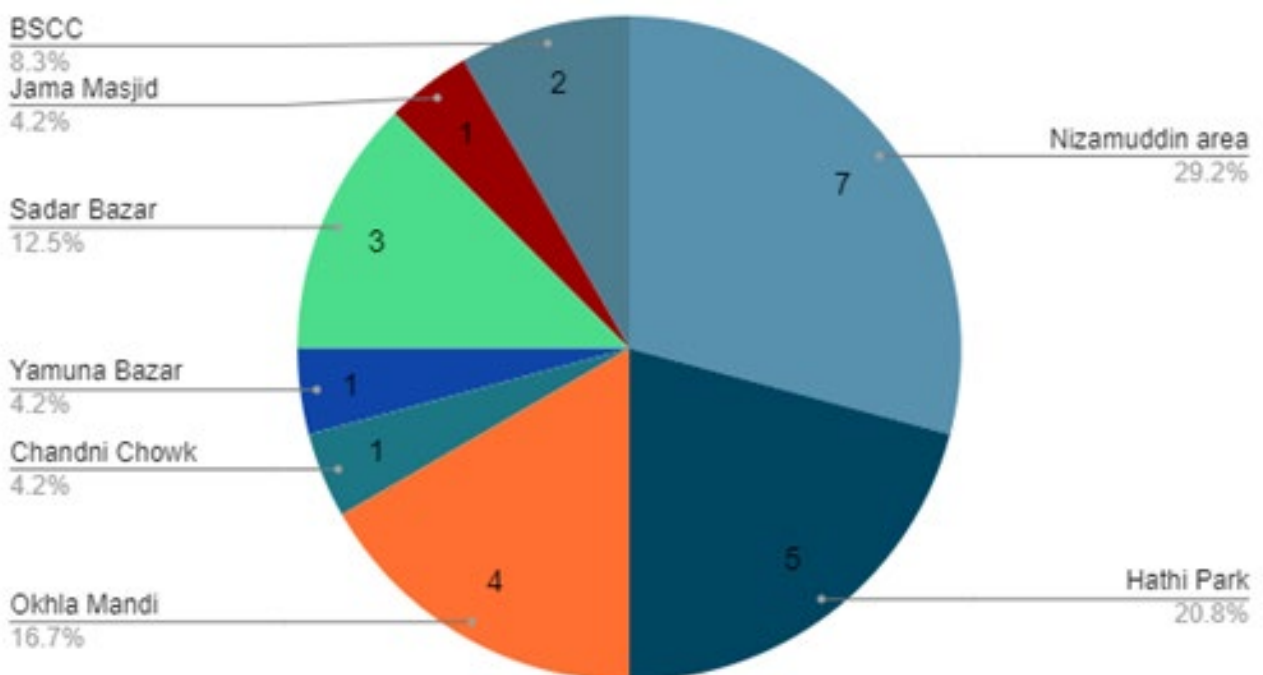
- Ongoing cases
- Closed cases.

Types of Cases	No. of Cases
Ongoing Cases	13
Closed Cases	11

The ongoing cases comprise those CAYP with whom social casework is still being practiced. The closed cases consist of CAYP with whom casework intervention (practice) was done and it came to a closure.

b. The selected 24 CAYP, Casework clients belong to the seven contact points and from Butterflies School of Culinary and Catering (BSCC). The distribution of CAYP according to the contact points is given below-

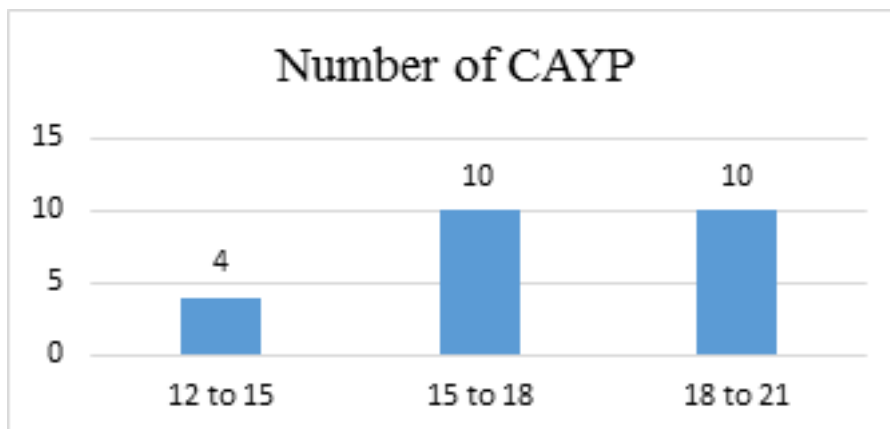
Contact Points	No. of CAYP
Nizamuddin dargah	7
Sadr Bazar	3
Haathi Park	5
Yamuna Bazar	1
Okhla Mandi	4
Chandni Chowk	1
Jama Masjid	1
BSCC	2
Total	24



The highest number (7) of CAYP are from Nizamuddin Dargah, 5 are from Haathi Park, 1 each from Chandni Chowk and Jama Masjid and 2 cases belong to BSCC.

c. Age-wise Distribution

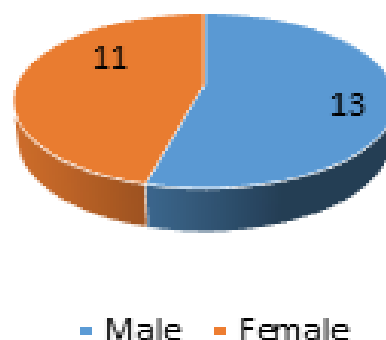
Age is an important variable in the profile. There were 4 cases among 12 to 15 years of age group, 10 CAYP from the 15 to 18 years group and 10 cases in the 18 to 21 years age group.



Number of CAYP

d. Gender wise Distribution

The total sample size was 24, out of which 13 were males and 11 were females.

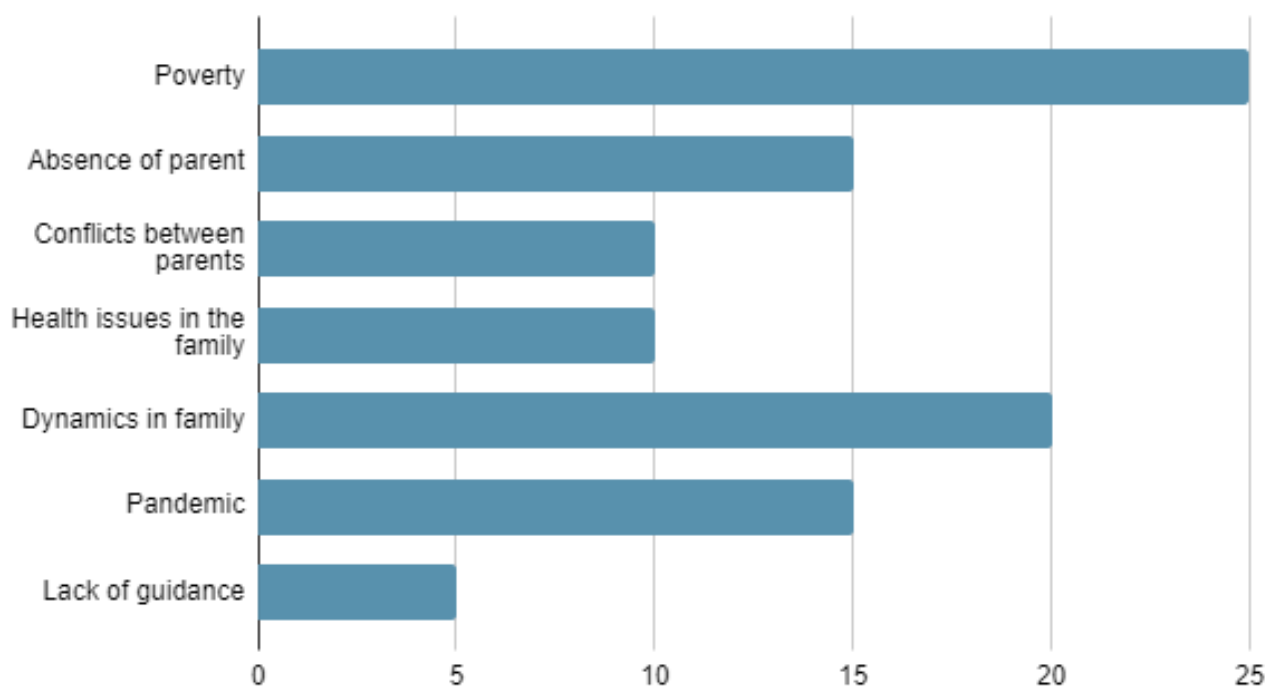


4.2 Social-Emotional Issues of CAYP

Social-emotional issues refer to the way one thinks of himself/herself and others, and of the way he/she feels about other people and of oneself. These factors also influence the child's characteristics, such as self-esteem, confidence, learning capacity and a sense of belonging. The children, adolescents, and young people with whom Butterflies engage with, face challenges some of which are related to their socio-economic and cultural context. Many of them, do not have strong support systems within the family or extended family. Neither are they aware of whom to reach out to, in time of crisis. The fear and stress caused by COVID-19 have increased their sense of insecurity.



The varied social-emotional issues with CAYP in the study were-



- a. **Poverty:** This socio-economic cause is a common factor that has deeply impacted the children and adolescents in terms of frustration, stress, and anxiety of their future especially in continuing schooling, lack of necessities, conflicts among parents as well as within the family members due to financial constraints, dropping out of school to work to supplement the family income. 15 CAYP out of 24 said that due to financial issues in the family, their life became miserable especially during COVID times and affected the day-to-day dynamics within the family.
- b. **Absence of a parent:** Absence of a parent leads to lack of care, in terms of supervision, spending time with the child, getting to know what is happening in his or her life, not having conversations with the child/ children to address some issues the child is facing, leading to behavioural issues of children and adolescents in being argumentative, aggressive, vulnerable to risk behaviour, substance use, loneliness and lack of self-confidence. Two CAYP have no parents, they are living with their extended family, and 9 have a single parent (either father or mother) whereas 13 have both parents. One adolescent whose father left him long back shared his feelings when he sees other children with their parents. 11 CAYP during the interview said that the absence of parents or living with a single parent made them feel lonely and depressed, they miss both their parents tremendously and it affects their life.
- c. **Conflicts between parents:** Fights between mother and father due to insufficient household income, not taking equal responsibility, substance-using parent, and



violent temper are some of the factors that impact the emotional wellbeing of children. Children and adolescents have expressed these as the reasons during the interviews. They feel disturbed to see their parents arguing, they get frustrated, cry alone, start developing anger issues and feel very lonely. 6 CAYP reported that fights between their parents spoil the atmosphere of the house, and they must handle all the broken equations in the family, at this point they feel the need for someone to reach out to.

- d. Health issues in the family: Many children and adolescents reported that they are much stressed to see their parents/ siblings have serious health issues. Also, the lack of finances for medical treatment worsens the scenario for them. Some of them are themselves ill or have some disease, this also leads to a lot of distress in the lives of children and adolescents. Like one adolescent who is suffering from Tuberculosis was so depressed and helpless. She lost her confidence and used to cry at the thought of her illness and of how her family would manage the expenses About fifty per cent, i.e., 12 out of 24 expressed that health issues of parents or siblings are a cause of stress to them, these children have learned to take responsibility of the house at an early age and manage everything in times of medical emergency.
- e. Dynamics in the family: Apart from the absence of one parent, the rest of the parents do not share a healthy bond with their children and adolescents or vice versa. There is no or minimal communication between father/mother and between parents and children. Some families do not have meals together, some of them are scared to express their feelings. Some children spend more time with their friends and relatives than at home due to the unhealthy atmosphere of the home. It has been observed that when parents get a divorce and marry again and have children with a new partner, there is a rivalry between the siblings, children undergo mixed feelings and emotional insecurities. All children, i.e., 24 children, stated in the interview that the dynamics shared between parents or siblings affect them badly and disturb them. Every child interviewed has a communication gap either with a parent or sibling.
- f. Pandemic: The life of every individual has been very different in the CORONA times. Children and adolescents, especially those belonging to low-income communities, have witnessed the worsening results of the pandemic. They have seen severe financial crisis, displacement (many children and families went back to their villages and states during a pandemic), changes in the family atmosphere (both negative and positive), drop-in learning levels, and challenges with online schooling.

Online schooling for these children was tough, as the majority did not have access to tablets or smartphones and had to rely on one mobile phone at home to be



shared by parents and siblings. As a result, some of them have lost interest in their studies. Children experienced a lack of enough food at home as they were not able to procure free rations provided by the government due to a lack of essential documents. Children expressed that they were not happy staying at home, as they live in small one-room tenements with very few facilities. During the lockdown period, it got quite frustrating with family members cooped up all day, and it was not unusual to be irritable and frustrated. One child expressed that his family has eight members and staying in a two-room house was very difficult and full of frustration. COVID-19 has had a wide-ranging impact. All 24 children's lives were affected due to COVID. There were both negative and positive changes.

- g. Lack of Guidance: The CAYP are in the age group where they need guidance regarding studies, continuing schooling, issues around romantic relationships, sexuality, sex, risk behaviour, how to resolve conflicts, anger management, substance use, making informed decisions, and improving communication with parents and siblings. Fifteen CAYPs agreed that they often divert and digress from the appropriate path and make wrong decisions. Their family situations are also not encouraging enough to support them every time.

The above factors contribute to the vulnerability of the CAYP included in the study. Some are facing one problem at a time, but many of them are affected by multiple factors stated above. These factors are impacting their day-to-day lives, and their future aspirations, and sinking them into emotional turmoil. These factors led to the need for individual therapeutic support and social casework.

4.3 Effectiveness of Social Casework

Butterflies' therapeutic approach is "Social Casework." The fundamental reasons for applying social casework as the approach for therapeutic care were based on the knowledge of our clientele, who come from marginalised urban communities. Children, adolescents, and young people live rough lives in crowded, unauthorised slums, where everything is poor, from drinking water to public toilets, space to put up a shack, and battle to get one's entitlements. The place of residence, peers, youth groups, peddling of illicit stuff, lack of regular decent work opportunities and wages for adults (parents), result in an unhealthy, stressful family and community environment. Therefore, it becomes imperative to understand the factors that push a child, or adolescent, or young person, to be stressed, indulge in risky behaviour, lose interest in studies, exhibit aggressive behaviour and other impinging factors that cause an emotional breakdown.

While analysing the effectiveness of social casework during the interviews, CAYP shared some of the impacts and changes they have experienced during the social casework process:



- Changes noticed in self: after the casework interventions, nine out of 24 CAYP pointed out that they perceive themselves in a positive light now. They have resolved their problems, become aware of some of the wrong choices they made such as consuming substance and abusing it. The underlying factors of lack of communication among family members, relationship issues, personal and family situations, their own perceptions of a situation or relationship that drove them to using abusive language, aggressive behaviour, and a negative attitude.
- CAYP have become expressive: They started expressing themselves at the contact point, in school, family, and among friends. They have built confidence in participating in discussions, asking questions, and putting across their opinions. They have become poised in dealing with peers, teachers, and in school. 12 out of 24 CAYP shared that their level of understanding about themselves, and society has become better. Their awareness level has increased about their career, adolescent issues, and life skills.
- They've identified their own strengths and weaknesses and begun to accept the realities of their immediate surroundings. They feel motivated and relaxed after the casework sessions. After talking to caseworkers, their confidence, the level of interaction with others, and skills like public speaking are raised to the next level. 13 CAYP reflected the above statement.
- Improved relationships: They have experienced improved relationships with parents/ siblings/ teachers/ friends/ mentors. The communication channel has become stronger among the family members. They have developed trust in their family, and they do not feel neglected or negative about decisions taken by the parents. They are able to negotiate, discuss their point of view without becoming aggressive or argumentative. They have become responsible and want to support their family in economic distress. Nine adolescents said that they are realising their responsibilities towards their family and are determined to work towards improving the welfare of the family.
- CAYP now has a clearer picture of the future: They are motivated to continue their studies and have developed an interest in fields like sports, dance, and drama apart from academics. They have stopped committing petty thefts, left substance abuse, and disconnected with peers having negative influence on them. Four CAYP confirmed the above statement.
- Balance between studies and friends: CAYP who previously spent more time with their friends now understand the importance of balancing friends and studies. Six CAYP confirmed this statement.





CHAPTER 5:

EFFICACY OF SOCIAL

CASEWORK

Casework is one of the oldest therapies in clinical mental health intervention. Social Casework and group work has been used by professional medical and psychiatric social worker in their work with clients, or groups to support in solving an individual's problems and improving social relations. Every individual is unique and his/her needs are different from others in society. Consequently, the treatment given or approach to one individual cannot be uniformly applied for the other individual.

Effective management of social-emotional issues demand collective decisions and efforts of the family, sometimes with other relevant members in their peer group, community, or school along with interventions with the children/adolescent/young people (CAYP). In this context, considering the importance of comprehensive intervention, social casework is the most appropriate intervention method through which the social-emotional issues of CAYP and other problems are dealt with for their overall development, healthier adjustment, and better functioning in social relationships.

In this chapter, we will discuss the deeper insights to a problem, drawn out during the casework sessions of the emotional status of the individual at the time of treatment and the present status after the social casework process and closure of the case. All the cases discussed are of adolescents.

The following chapter also deliberates on the efficacy of social casework as a method to deal with mental health problems. Lastly, a case study is shared to illustrate the process of social casework interventions.

5.1 Problems and issues of adolescents-Past and Present through Social Casework

- a. Lack of positive relationship with family members and friends:
 - Past: It was observed that there was lack of communication and bonding between family members. The family as a unit did not have conversations with each other to share information about incidents that happened during the day or of experiences that was a cause of happiness/joy, or sadness, or hurt, or anger,



or disappointment, frustration. There was lack of bonding between the parents themselves. The reason behind this distress was family dynamics and disturbed family relations, both the father and mother (husband and wife) felt they were not appreciated by the other. This transferred into their relationship with their children. They would often take off their anger on them, children were unhappy as the atmosphere in the family was strained and there was visible tension. Fifteen adolescents expressed, they rarely sat together as a family and had conversations with each other. Fathers worked long hours and came home late at night, expecting to be served dinner, and then went straight to bed with hardly any conversations with the wife (mother). Children very rarely met their fathers in the evening as they would be asleep when they came home. The mothers who were homemakers had equally long hours of work; being the first person in the household to wake up and be the last to go to bed. Both parents were exhausted by the end of the day, leaving no time for them to unwind. Furthermore, both felt they were not appreciated, loved, and respected. A couple of adolescents have strained relationships with their fathers as they felt their fathers' expectations of them did not match their aspirations which resulted in constant arguments, and corporal punishments. The other two discussed persistent sibling rivalry. More than 40 percent of adolescents have negative relationships with their peers, they physically abuse each other habitually.

- Present status after social casework therapeutic interventions with the adolescent concerned and family therapeutic care with all family members including parents: There is a significant change in the relationship among the family members. 14 adolescents have improved their relationship with their family members, especially mothers, who are now spending more time with their children, use of abusive language has been minimized. Fathers come home early. Family bonding has improved, the family spends time with each other, and have conversations, and tries to learn what is happening in their lives. As stated by the adolescents there is a visible change in the relationship of the parents, they speak in a normal tone and less of raising voices. According to them, there is more conversation among the parents, and sometimes the parents go out by themselves. Nine adolescents have reduced fights with their siblings and try not to get into an argument but rather discuss what is bothering them. This has brought harmony to their relationship. Family communications have improved, and family members make efforts to create space for daily informal conversations. Three shared that there is a change in their father's relationship with them and their fathers show concern, talk to them about their studies, friends, about their participation in sports, or a school activity. Eight adolescents have felt that their friendships have improved with their peers, they are able to empathise and understand their friends' behaviour or attitude towards them. They have also understood how important it is for them to stay away from toxic friendships and bad habits, recognize what is unacceptable



behaviour. Conflicts among the peers are resolved amicably through discussions rather than physical violence.

b. Non-acceptance of responsibilities:

- Past: The adolescents did not share the responsibility of shouldering household chores, which led to friction in the family between parents and siblings. Nineteen adolescents mentioned, they did not consider themselves capable enough to shoulder the responsibilities expected of them by the family, especially by the parents. Four of them said they wanted to live a carefree life and did not like being told what they should or should not do, neither of them had any plans of what they wanted to do in life. Three admitted, they did not care about their responsibilities towards family due to a lack of a strong bonding within the family. According to them there was no familial attachments.
- Present Status- After the sessions, the adolescents have realised and accepted they were shirking their responsibilities and overburdening their siblings and parents to take on responsibilities which they could have volunteered to do. They are trying to help in household chores. Gathering evidence from the statistical data, eight adolescents confirmed, they spent more time at home and help their mothers in household work. Especially five adolescent boys have admitted that they volunteer to do the household shopping for buying essentials such as milk, and vegetables, which is a help to their mothers. There is also a good distribution of work responsibilities among siblings. Elder ones are taking care of their younger siblings and helping them in their studies. Four seventeen-year-olds have started working part time after school hours, to supplement the family income. On the other hand, five adolescents have become serious about their studies and have plans for their future.

c. Inability and denial of problems:

- Past- It was observed that significant numbers of adolescents were not able to deal with their problems. Eight admitted that they used to cry alone and never shared their problems with anyone. Bullying, physical fights among friends, no money were the main problems. Twelve adolescents ignored and denied their problems as they did not know how to deal with it and what actions should be taken to resolve the problem. The major problems experienced by them were lack of parental support, financial difficulties to continue studies, gender-related restrictions, constant bickering and fight between parents, the conflict between siblings and insecure livelihood of their parents, especially of fathers.
- Present- After the social casework sessions, adolescents have started to accept the problems they are facing, now they are willing to take the support of a person they trust to share the problems and work through their problems. Twelve adolescents



have admitted that they have seen a change in their outlook towards life and have started discussing their problems with their mother or bhaiya (male caseworker) or didi (female caseworker) at the contact point. Family therapeutic care, which included case work intervention with parents helped in accepting and resolving issues which were due to misunderstandings, unfair judgements, perceptions of an issue. The parents (husband and wife) make efforts to discuss an issue that is bothering them and amicably resolve it. In the casework sessions with parents, the issue of gender roles, responsibilities between daughters and sons, and parents' beliefs and values were based on the existing patriarchal social norms. This is a positive outcome of casework.

d. Managing emotions.

- Past: Unable to cope with emotions of deep frustrations, disappointments, anger, irritability, and feelings of injustice (by their family members), adolescents would spend more time outside the house, with their friends, and indulge in risk behaviour. While at home they would throw things around and break things. Adolescents reported that they used anger as an outlet for their emotions because of which they indulged in unnecessary physical fights and verbal abuse with their peers or anyone who offended them. Eight said they often shout and shriek, and six confirmed, they cried and ventilated their emotions. A couple of adolescents remained silent and insulated themselves from the surroundings.
- Present: After the casework session, adolescents have understood the dynamics of emotions, they now engage in meditation, write a diary, stay positive, talk to or divert themselves from the situations that they find troublesome. They also go out and play to remove themselves from the situation that is causing them distress and anger. Eight adolescents stated that they share their feelings with friends or bhaiya or didi (caseworkers) at the contact point. Five spend time engaging in their hobbies to calm themselves and feel positive doing something they enjoy. Four adolescents expressed that they have learned stress management techniques from the sessions with bhaiya and didi. To quote one of them “Now, I do not get angry and cry, rather I face the situation without feeling helpless. This I can do after the casework sessions”.

e. Not Interested in studies:

- Past: Before Social casework sessions, fifteen adolescents evaluated their academic performance as below average. Three adolescents were performing poorly. One of them shared “My performance started falling due to bad company.” The other said, “I was not interested in studies, so ignored exams and failed.” The adolescents used to skip school, disrupt other students while they were engaged in studies, and create a nuisance in classroom. They found studies boring, did not



make efforts to complete their subject assignments, consequently failed in many subjects.

- Present: After the social casework sessions and attending Life skill sessions at Butterflies, the adolescents made serious efforts to reflect on what went wrong in their lives and made informed decision to stay away from peers who were not good influence. They made sincere efforts to be regular in their school attendance, concentrate on studies, as they understood the importance of academics and its value in the future. The grades of five adolescents (older teenagers) improved and they made plans for their higher studies and requested for support to further their aspirations. Four adolescents are aspiring to take admission to Delhi University to study further. Two want to go for the civil service exam. They aspire and are focused on achieving them. Six of the adolescents could not attend regular school due to their poor socio-economic conditions but wanted to continue their studies and was supported to seek admission in the National Institute of Open Schooling.

f. Hopes and Dreams.

- Past: Significant numbers of adolescents (17 years +) lived for the day, during group work discussions they did not articulate what they would like to do as an adult, about their hopes or dreams. The most common statement was that they just go to school and come back and then work, their life seemed monotonous as confirmed by 6 adolescents. Four shared, they were clueless about their future. Two expressed that they only thought about how to increase the consumption of the substance. Nevertheless, some of them aspired to join the army, police force, and join Indian Administrative Service.
- Present: After group work and individual casework sessions, the adolescents have begun to work out a plan for their future. They want to be financially independent and be engaged in a profession. Five hope to become successful business entrepreneurs and earn fame. Nine aspire to join government civil service and become a bureaucrat. One shared, “Education is the only weapon for development and advancement in one’s life”. Casework and life skills sessions have taught them the value of education and having an aspiration in life. Four adolescents aspire for the happiness of their families.

g. Harmful behaviour

- Past: Adolescents expressed that they were impulsive and did not think about the outcome of their actions. They were not aware that some of their actions were unacceptable and were harmful sexual behaviour. Some of them were shy and sensitive which led them to get hurt easily and were hesitant to talk. Five of them shared they felt lonely did not feel like talking to anyone. Four shared, they had a carefree attitude, which made them nonchalant to everything. Two of them



indulged in petty thefts. Nine used abusive language as power over their peers and did not bother about their studies and family.

- Present: At present, Adolescents have shown a change in their behaviour, are making efforts not to indulge in harmful behaviour. There is reduction in unacceptable behaviour. The shy, sensitive and introvert adolescents have shown improved confidence, become assertive and are open to sharing their feelings or unhappy experiences with a friend or caseworker. Thirteen adolescents shared that they have improved self-esteem, are focused and responsible, taken initiatives, become assertive, set their goals, and are working to achieve them. More than 40 percent of adolescents agreed that they have improved communication with everyone. Around fourteen adolescents give credit to caseworkers for their positive change in their behaviours and improved relationship with family members and peers. The role of Butterflies with the support of caseworkers was appreciated. They think about their family and ideas to improve the economic condition.

5.2 Efficacy of Social Casework as a method to deal with human problems.

a. How does social casework sessions help?

- Ten CAYP agreed that casework sessions helped in positive changes in their attitudes and behaviour, they became mature, and they could think about the consequences of their actions and have become non-judgemental. Nine amongst them have learnt anger management skills. They have improved family bonding and better communication among family members. Six shared, Casework sessions helped in identifying what is wrong and right, acceptable, and non-acceptable behaviour. One shared “Bhaiya took sessions with my mother and father individually and they have stopped beating me”.
- After the generous support of caseworkers, CAYP have developed an interest in other areas like sports, drawing, dance, and they have stopped consuming drugs and understood the limits of each relationship. They have become confident and courageous (11). One shared that she has learnt financial management skills.
- CAYP are engaged in productive learning (8), as they are now enrolled in NIOS and computer courses from HCL. Five said they can reflect on their thoughts and actions and have better self-understanding. Their thought process has changed.
- Nine CAYP shared that casework sessions have helped their studies, their grades have improved, and they have cleared the concepts in mathematics and science.
- Seven shared caseworkers have helped them in supporting their families, availed their books and stationery, also availed scholarship from Butterflies. Their siblings are also supported in terms of education.



“Didi talked to us without judging, which motivates me to speak my heart out” shared by the girl at the contact point.

One shared “bhaiya is part of my life if I am stuck in a problem or need support, I know bhaiya is there, he will always help me”.

b. What changes are observed by other people?

Here adolescents and young people have shared their outlook and opinions about what other people currently think about them. As they have been acknowledged and recognised by their near and dear ones.

- Twelve CAYP were acknowledged by the people in their neighbourhood for being regular to tuitions. According to the neighbours, CAYP have become solemn and perceptive for their studies.
- Friend circle also praises CAYP for being positive having a non-blaming attitude. Five CAYP are appreciated by their peers for speaking politely and respectfully.
- Several CAYP have become courteous and gentle. School teachers have acknowledged 8 CAYP for being well-mannered students.
- Thirteen parents expressed them of becoming mature and decorous. They acknowledge their responsible and respectful qualities. One shared that “I have prepared the household budget for my home and was appreciated by my father.”
- Programme Officer (Education) and school authorities appreciated 9 of them for being focused on their studies.

c. How did these changes happen:

Social casework sessions have raised awareness on many subjects. Adolescents and young people gained guidance on managing stress, they are engaged in diverse programs like Children’s Development Khazana⁴ (CDK), CHSC and cultural programs of Butterflies. They have reduced the stage fear, built conviction, and developed an interest in the field of sports, dance, and bodybuilding. With the sessions, they assess their thoughts and manifest the outcomes.

One shared “I would have ended up like an ordinary street boy without any goals and purpose, but I have learnt good habits, scheduling and managing the time”. Three shared that they would have dropped out if Didi had not talked to our parents.

4. Conceptualized and initiated by Butterflies in the year 2001, Children’s Development Khazana (CDK) is a life skills education programme, educating children and adolescents, democratic values, and financial management. CDK’s primary objective is to impart life skills education, teach them to be responsible, prioritise needs, budget and save. Children between the age group of 9-18 years are the members, volunteer managers and promoters of CDK.



1. Anything you want to change that casework has not:

The said question aimed to know the shortcomings of the casework process from the perspective of the clients. Twelve CAYP were satisfied with the process, they did not share much on that. Four expressed that casework for them was a positive one, they don't think any changes are required in the process of casework.

2. What made you feel strong?

CAYP, very generously talked about the help and support they got from the Butterflies family- be it caseworkers, CDOs or interactive evenings organized by the organization.

Eighth CYP shared that they feel strong, resilient and developed a realistic attitude for life. Five shared that they feel motivated and strong as they have imbibed the introspective decision-making process. They have learnt from their experiences and reflections as per four CAYP.

3. Helpful aspects of casework sessions:

- Strong Family Bond: Most of the CAYP have experienced strong family ties after the casework sessions. Eighteen CAYP confirmed they have established cordial relations with their parents, especially their mother. Relations between the siblings have also enhanced, nine CAYP having younger siblings, now feel affectionate towards them and guide them at times.
- Support in studies: More than 70 per cent of CAYP in the casework had got support and assistance in their studies from the caseworkers and CDOs. A young girl shared: "I would have been out of school after class seventh if Bhaiya had not supported me in my studies".

Another adolescent boy shared "I choose to be Indian Administrative Officer (IAS) officer because of constant motivation and inspiration by Bhaiya".

- Life Skill Training: The self-awareness and self-esteem sessions during the casework process have helped CAYP to introspect and reflect. Fourteen reiterated, they feel fresh and stimulated while talking to others. Now, they are confident in expressing their viewpoint. Nine conveyed they can manage their emotions and try to cope with the stress using the different methods suggested by the caseworkers. A girl shared "Didi gave me the courage to file the case against harassment incident at school", sessions on safe touch and unsafe touch generated a lot of awareness among CAYP.

4. What made you comfortable with Caseworkers:

At the beginning of the casework, children were hesitant and shy to meet the



caseworkers/CDOs. They had apprehensions to discuss their doubts/ problems in an isolated place and were unaware of this purpose. It was tough to talk about themselves and felt embarrassed. Some CAYPs were conscious to talk about their family, discuss the fights between parents and were remorse to share about these issues. Adolescents were also hesitant to share their romantic relationships and were shy about it.

But then, as the caseworkers began the process, built rapport with CAYP, won their trust, and build confidence, they became best of friends with CAYP. Now, according to CAYP, caseworkers have-

- **Non-Judgemental attitude:** The caseworkers at Butterflies adhere to the principles of the casework, thereby CAYP developed confidence in them and shared their feelings and emotions with them. A boy reiterated “the best part of bhaiya is his nature, which gives me space to speak my mind”. Eleven expressed, caseworkers are unbiased and liberal. With the passage of time and regular meetings with caseworkers, CAYP have developed a strong rapport with firm belief with caseworkers.
- **Polite and respectful:** The caseworkers are polite and respectful with CAYP. “Bhaiya talks politely and respect my feelings: as shared by 15-year-old. Seventeen CAYP said caseworkers never criticized us and listen to us with an open heart. About 80 per cent said bhaiya/didi never scold us and understood us easily.
- **Trustworthy:** Eight CAYP mentioned, caseworkers are trustworthy. CAYP can share anything with their bhaiya or didi without thinking about what they will comprehend about them. The other eight stated they have faith and trust in the caseworkers are reliable and honest, they are the ones, with whom we can share our dreams and plans.
- **Confidentiality:** Confidentiality is the preservation of information concerning the client. Eleven CAYP mentioned that caseworkers are adults whom they can trust, they do not share their conversations with others, but maintain confidentiality. Caseworkers create a strong bond with CAYP, so they can share sensitive issues with them.
- **Independence:** Caseworkers gave the right to the CAYP to decide the best possible action in their self-interest. They act as the enablers and offer different choices to CAYP and help them to take the best possible decisions. Twelve CAYP shared, “caseworkers never imposed anything on them, and they are concerned for us and provided us varied options to solve the issue.”

d. Suggestions to improve the social casework process:

- CAYP suggested regular sessions for their parents on positive parenting.



Developing a strong, committed relationship between parent and children based on communication and mutual respect. Twelve CAYP confirmed this, and shared parents should listen to understand children's thoughts, create nurturing environment and be consistent. One shared, through fun activities with parents these aspects should be strengthened.

- CAYP proposed sessions on goal setting and changes during the adolescents' stage. Twenty CAYP asked for structured sessions on changes during the adolescent age addressing issues like physical changes and emotional issues that would help them to understand the changes in their body. Many CAYP at the contact point are confused about their future, they are diligent and want to pursue professional courses, but they are not clear, hence the sessions on goal setting and career counselling are required as expressed by thirteen CAYP.
- CAYP also demanded a teacher/ resource person for their hobbies like dance, theatre, and yoga. According to them, engaging in hobbies relax them, but an expert in teaching them these activities (hobbies) would be beneficial for them. One shared "I like dancing, and looking for a professional dance teacher who can train me better."
- "A physical structure for individual sessions would be better" according to a girl at the contact point. Adolescents, especially girls feel that the individual sessions with caseworkers stigmatize them, "other children think we have some problem, so we talk individually to bhaiya/didi" shared by a 15-year-old.
- According to CAYP, community members should also be aware of the efficacy of casework, so that they can also discuss their problems with caseworkers. Regular sessions by the caseworkers at the contact point with all the children would be significant to know about the children who require guidance and support. Lastly, according to CAYP, caseworkers should not be changed again and again, as it becomes difficult for the child to build a rapport.





CHAPTER 6: REFLECTIONS

The effective management of the problems/issues of children demands combined efforts by the parents and child with the support of caseworkers. In this context, considering the significance of parents and caseworkers in the problem-solving process, the present chapter is divided into two units, first- the perspective of Caregivers (parents) of children, adolescents, and young people (CAYP), about the social casework process, changes they have observed in CAYP after the casework sessions, ideas and help they have gained and more. The next unit deliberates on the viewpoint of social caseworkers and their experience while dealing with the CAYP.

6.1 Perspective of Caregivers about Children, adolescents, and young people.

The interaction with the different family members or caregivers was possible due to the strong rapport built by the caseworkers in due course of the casework process. Twenty-three caregivers were interviewed for the said research. Among 23 caregivers, thirteen were mothers, three fathers, five older siblings and two guardians.

The caregivers have shared their experience and impact of the social casework process in the before and after format given below-

6.1.1 Before the social casework sessions, how the CAYP thought about themselves as per the Caregivers:

The past situation:

According to eight caregivers, CAYP remained quiet and shy, they used to be silent all the time, hardly talk with the family members, three shared their children used to cry on petty things and remain irritated. As per 5 caregivers, CAYP were annoyed earlier, they used to be angry, shriek and shout using abusive language. They had little patience and get upset over minor things. CAYP remained angry due to frustration which stem from disappointment and stress due to insecurities. Four caregivers shared, CAYP had an ignorant attitude for everything, a sibling said, “he did not listen to us and was not serious about studies.” A mother shared “He was poor in his studies because he was apathetic towards school, studies, etc”. Earlier, CAYP procrastinate and forget their studies, they used to defer from their assigned tasks.



The present situation:

The Caregivers have seen relevant changes after the social casework sessions. Currently, CAYP have started interacting with the family members and expressing their mind. They share their opinion and feelings. A mother shared “my girl is more confident and can talk in public.” Three said their children interact freely and are less hesitant. Butterflies has supported CAYP in every manner, a mother shared “her daughter gave a speech in front of Ministers at an event that Butterflies facilitated.” Three caregivers mentioned that their children do not burst into anger anymore, they listen to them and help in household chores. Two shared their children have grown mature, they understand the situation of the family and their limits. Four said CAYP are working hard at their studies and determined to do well in their studies. They are punctual and understand their responsibility. On the contrary, two expressed their children still need to be serious and develop an interest in studies. Furthermore, they need to be respectful to elders.

6.1.2 Relationship with the family members before the social casework sessions:

The past situation:

According to nine caregivers, CAYP used to argue unnecessarily with family members. Four had problematic relations with their father. They fought and quarrelled continuously, no matter if the parent was right in his appraisal of a situation. Six CAYP contested their mothers on petty issues and refused the mothers’ requests for support. There was no bonding between the siblings, they barely interact and share things. Five caregivers expressed siblings fight and argue all the time. Eight caregivers mentioned the relationship of CAYP with their family as satisfactory.

The present situation:

The caregivers have noticed a change in CAYP towards their family members, they are no more fussy, quarrelsome, or demanding and try to understand the capacity of their family and the socio-economic situations around them, reiterated by seven caregivers. Relationship with father is improving, the arguments have reduced, CAYP no more uses aggressive language while talking, and instead they remain silent according to two caregivers. One mother mentioned, “Now my boy is concerned about me, he values me and gives attention to my apprehensions”. Relations with siblings are improving, they all spend time together and are supportive. Four CAYP stated they have cordial relationship with their siblings. One shared that his relationship with his elder brother is a little cold, distant but is improving. According to six caregivers, there is no such alteration in family relationships, it is the same, but yes, slight improvement is discerned in the attitude of CAYP.



6.1.3 Issues, worries, and needs for help before the social casework sessions:

The past situation:

The CAYP has been deeply impacted by the lack of necessities, conflicts due to financial constraints, dropping of education, absence of opportunities etc. They have been lonely, argumentative, and vulnerable to the consumption of inappropriate stuff. Nine caregivers shared that CAYP were not able to deal with these situations rather they remain demotivated and daunted. Their level of confidence was meagre, they never thought of their responsibilities and had no plans. Anger was the other issue that had spoiled the CAYP, six caregivers talked about their aggressive and violent nature. A sibling (elder sister) shared “he never used to apologize after he bursts in anger and used to consider us his enemy and remained on his phone all the time”. The other issue was the lack of interest of the parents in their schooling, a sibling shared “our mother and father never want us to study, we were fearful of their indifference”. Two mothers shared that girls are involved in a relationship with boys, they had a fascination with boys. Six caregivers talked about the financial issues in their family which are hampering the mindset of adolescents.

At Present:

“Since the time, the caseworker (didi) explained and has sessions with Harshit (name changed), he has shown tremendous change, we have witnessed this change for one month, his behaviour is changed” as shared by the mother from the contact point. Six mothers believed the attitude of their CAYP has improved. A mother reiterated “now he has started thinking about the future, he talks about getting a job and to earn”, another sibling shared “now he does not use the phone much, once he committed a mistake and apologized to us”. Six mothers confirmed that their children are putting effort into their studies, they regularly go to the contact point and study at home. Individual counselling and basic life skills sessions with children are considered beneficial as there is a change in their approach. Some caregivers were hoping for more transformation concerning finances and relations between husband and wife.

6.1.4 How were CAYP dealing with life before the social casework sessions?

The past:

Earlier CAYP were not able to handle any issues, they were unaware and ignored the problems. They overlooked studies and school. Five caregivers shared they did not make eye contact while talking and remained subtle. A mother shared “she remained silent, did not talk to anybody and was not interested in any activity”. Three caregivers expressed that CAYP used to stay away from them, did not share anything and remained with their friends.



Four caregivers believed that their children solved their problems on their own, they do not let anybody know about their problems. A mother shared “I always support my son and told him to be strong to face the problems.”

At present:

After the interaction and sessions with social caseworkers, caregivers have observed a steady change in their children, as per six of them, CAYP have now started paying attention to studies, they have understood that if they will study well, only then will they get a good job, and there is no shortcut to success. “He has started paying a lot of attention to studies and studies at night too” shared by a mother. As per nine caregivers children can deal with their problems on their own, a mother said “she keeps me in the loop”, CAYP shares with the mother about the problems but tries to handle them on their own, they have become responsible and understood the different problem-solving mechanisms and discusses with concerned people to resolve the issue. Caregivers are aware that children share their problems with caseworkers, and caregivers have full faith in caseworkers and are sure that their children would not do anything wrong.

6.2 Support CAYP/ family received through casework sessions/ Butterflies so far.

- Awareness and Exposure: They appreciated the fact that CAYP are attending sessions on life skills, related to growth and development, self-awareness, dealing with stress and more, these sessions had aided caregivers too. CAYP have started developing an interest in drawing, dance, and yoga apart from the studies.

As per the nine Caregivers (parents), Butterflies has given positive exposure to children by providing them the space to express themselves and participate in life skills education sessions-activities. Their children are expressive, they have conversations with parents about varied aspects of future, like what they would like to do in future, and they are able to explain to parents the differences in government and private jobs. The caregivers (10) mentioned that they too received information on different issues. “I and my daughter have become aware of various issues, especially helpline numbers”, as shared by a mother.

‘There are a lot of positive changes due to conversation and interactions with bhaiya/didi at the contact point. “My son has learned to manage his anger; he stays calm now” as shared by a mother. Bhaiya explains to them to speak respectfully, without raising their voice, they get less irritated and have a routine now, changes are visible in their behaviour. Four caregivers (parents) shared, CAYP have started helping at home and is concerned about their siblings. According to the parents, caseworkers explain the details patiently to the child, which parents are unable to do. Butterflies has sensitized and made CAYP sensible.



As per three caregivers, their children discuss their problems with caseworkers and comprehends the wider view of the problem. They try to reformulate the problem, inquire, and rethink about it and then reflect. A sister shared “he is no more stressful about problems; he talks and looks for the alternatives”. CAYP apologizes after committing a mistake, they try to adjust as per the situation, they have started understanding the situation around them and apologizes for their disrespectful behaviour.

- Support in studies: Butterflies has supported children in their studies especially during the COVID times. Parents are appreciative of the Contact Points. They consider it as a safe place for children to study, learn life skills and engage in activities that make them self-confident and prevent them from risk behaviour, they trust and have faith in the bhaiya/didi. CAYP have become serious about their studies, they take interest and think seriously about academics. “Till date in his school, the principal gives Rajan’s (name changed) examples to other children and presents him as a role model” shared by a mother.

Seventeen parents agreed that with the help of bhaiya/didi, their children could continue their studies, they always motivate them to do better, Three, said bhaiya/didi has helped children continue their studies via NIOS (National Institute of Open Schooling), initially, parents did not know about the concept of open schooling, nor that open schooling is on par with formal schooling and a person of any age can enrol in NIOS and complete their school education. Two parents were happy to learn about their children’s improvement in reading and writing of English language and to hear their children speak English.

Caseworkers are the support for CAYP, five parents stated they have observed the casework sessions has brought a remarkable improvement in the behaviour and attitude of their children. Children have become focussed in their studies and have a future goal to do higher studies, furthermore they are calm and speak respectfully to them and others. Two appreciated the fact ‘that bhaiya, even comes to our home to enquire about my boy, it gives a good feeling to parents that somebody is there who cares about them’. “Bhaiya visited us in hospital and home to know about the wellbeing of Aman (Name changed), he helped us in hospital, and always encouraged him to be focussed on his future”.

- Assistance: More than 75 percent of parents appreciated the Caseworkers for the different forms of assistance their children have got so far. Sixteen parents agreed that books and stationery were provided by Butterflies, which was a much-needed support. Many children were enrolled in the computer course with the help of the scholarship by Butterflies. During COVID, masks and sanitizers were also provided to children at the contact points.



6.3 Positive changes in CAYP as observed by the caregivers.

- Behaviour: CAYP have become expressive, they speak their thoughts, behave and act maturely. Twelve parents admitted CAYP behave respectfully, are open to suggestions, negotiations, argue less and have a congenial attitude. Three parents shared, children have become sensitive, and they care about family and are considerate. A mother shared “My son started feeling for me, he helps me with housework, cares for me when I am ill and doesn’t allow me to lift heavy stuff. He is sensitive towards me especially my ailments”. There is also visible change seen in the habits of CAYP, a mother shared “He used to smoke cigarettes, now he doesn’t take it, he has learned from bhaiya the effects of tobacco on one’s lungs. Bhaiya had individual sessions with him and supported him to give up cigarette” Earlier CAYP used to engage in fights to resolve conflicts, now they talk and discuss things as shared by 7 parents. More than 50 percent of Parents and siblings agreed that the self-confidence of CAYP has increased. They participate in all the programs of Butterflies.
- Relationships: Thirteen parents believe that CAYP are closer to the family now, they share their thoughts with the mother on varied issues. The relationship is becoming better now, their bond with siblings is also improving. Eight, shared children spend more time at home now, they take an interest in household chores and help mothers in bringing daily need items from the markets. Two agreed, CAYP have now improved relations with their fathers, they have conversations and are no more impulsive and ruder.
- Education: As per eight mothers, children now pay more attention to studies, they remain occupied in the homework assigned by the school, and sometimes, study at night. One shared, my daughter, has developed an interest in English, but still hesitates to ask queries in school. Parents are discouraging CAYP from working and supporting them to remain in schools and motivate them to study. Three mothers reiterated they encourage and inspire children to study for a bright future. Two parents shared that their daughters are pursuing graduation and plans to do post-graduation further. They acknowledged the support Butterflies gave to the girls in their studies, getting the consent of the parents especially the father in consenting to their daughter to continue higher education. One mother shared “my daughter reads books apart from her school curriculum, she has improved her grades now”. CAYP are understanding the significance of studies and realizing it is essential for a successful life. “She was afraid to study maths, now has developed an interest in it and enjoys geometry”. Education has enhanced the perception and knowledge of CAYP about their surroundings and has generated a wider understanding of the context as they could analyse things realistically now.



- Communication- Nearly 20 parents felt that their CAYP have improved their communication skills and speaks respectfully with everyone. CAYP have conversations with mothers, one mother shared “we have dinner together and children share their day’s experiences.” One adolescent shared that communication has improved except with his elder brother. Arguments have been minimized but occur occasionally which is okay. Five parents mentioned that they extend their full support to children to articulate their thoughts. CAYP are becoming calm and minimizing the use of abusive language.
- Performing responsibilities: Fourteen parents confirmed, children have become caring now, they are concerned for the wellbeing of family members, are watchful and supportive when someone is ill in the family. Parents shared, children have become responsible, and eight help in household chores, three engage with siblings to help them in their studies. A mother shared “after the demise of his father, he is taking care of me, he is concerned of running the house and managing finances”. Sometimes a crisis in the family makes children responsible but a right direction is required in that sensitive time, caseworkers have cautiously directed children. They whine less and are becoming responsible.
- Dealing with emotions and problems: Children are learning to express themselves, a mother shared, “now she doesn’t tear her notebooks in anger, she tries to reflect and then talk about it.” As per seven parents, children are sharing their emotions, they talk to them, express their feelings in a controlled manner. According to eight, children can manage their anger now, they are no more violent. They know how to manage anger and converse instead. Two said children can solve their problems independently, now they no more cry or become irritated.
- Hopes and dreams: CAYP have aspirations now, four have developed the habit of saving money, one wants to buy their own home in the future, and other is saving to invest in a business. Eleven have become ambitious, one aspires to sit for civil services examinations after completing graduation. A girl is dreaming of becoming a doctor and wants to join a government hospital. Some parents (6) shared that CAYP hope to be financially independent, but they are still not clear about the career they want to choose.

6.4 How did these positive changes happen?

- Conversation and discussion: continuous and consistent discussion and effective conversation with CAYP have resulted in positive changes. Nine parents confirmed that caseworkers regularly have sessions with children and walk them through life skills, which children are implementing in their life. They also confirmed that caseworkers also interact with parents and make them understand the issues of adolescent phase, and to guide them to how to deal positively and sensitively with



adolescents. “They talk about positive and sensitive parenting skills, and we also try to implement that in our life,” shared by mother.

- Continuous encouragement: “Caseworkers always encourage our children to do well, they never lose hope”, expressed by mother. Children require encouragement and reassurance to do better. Confidence comes with support, that caseworkers have provided which has made children poised. “Didi guided her, explain to her things in different ways, now my girl is confident and is developing interest in sports.”
- Support of the family: Parents also attributed their contribution for the positive changes in children. Six parents believe that through the guidance of Caseworkers they have adapted themselves and supported children in every manner.

Caseworkers have taught various life skills to CAYP for leading an emotionally well life. CAYP have clarity about the problems, their thought process has widened, they think in different ways for the solution. A parent shared “my son is not rude now, he deliberates on pros and cons of the situation”. CAYP are empowered with problem-solving and alternative solutions which have resulted in positive changes in them.

6.5 Social Caseworkers Role

Social caseworkers are professionals with a degree in social work with intensive training in counselling, guidance, communications. They assess the needs of the client, listen to their concerns, and evoke motivation to change, give referrals and coordinate with care providers. In Butterflies, we have professionally qualified social workers trained in medical and psychiatric social casework (a male and a female) who are involved with children, adolescents, and young people in the community setting. Our social caseworkers practice the social casework process, adhering to the principles and values of social casework.

With the help of a Semi-structured Interview guide, caseworkers were interviewed to know their opinion about the casework process vis a vis building a relationship with CAYP (client), before-after changes in CAYP and causes of change.

6.5.1 Rapport building with the client and family

Rapport building is a harmonious relationship between people. Building rapport is how humans connect, identify shared feelings, and establish two-way communication. Rapport develops out of meaningful conversations and a willingness to embrace different viewpoints. According to the caseworker, rapport building takes time, it’s not a one-day process. Also, the technique of building relationships varies from one case to another. Children who already know and are familiar with caseworkers were expressive from the beginning.



After the rapport building, it is important to get familiar and build a rapport with family members. Building relations with family members is important, need to win the trust and confidence of family members to build therapeutic relations with the child, and so, the home visits were important initially. While building rapport with families, caseworkers interacted with mothers and siblings, fathers were available on holidays and meetings were held with them on days they were off from work.

With sensitive cases, it is important to give them space to talk, one has to be patient while dealing with subtle cases like a romantic relationship, CAYP do not talk about it, it is their secret and they do not reveal it easily. As caseworkers, we have to start with informal communication, show our interest in listening to them, and create a level of comfort to let them be candid. Discussing the positive aspects of a situation or problem increases their confidence and they are ready to talk. With a case at Chandni chowk contact point, the child was frank and voluble, he just needed somebody to listen to him. Another medium to build communication with CAYP is to take interest in their likes and dislikes and always let them shoot the breeze without being judgemental.

6.5.2 Relationship Building

Giving them constant attention is very important, regular interaction, meeting every week assured children that caseworkers are concerned about them. Children should be given complete freedom to talk or not talk, caseworkers should not pressurize them to talk, and every child needs their own time to open up. While communicating with CAYP, caseworkers should not only through their expressions and body language communicate they gave examples so that CAYP start feeling that their problems are normal. It is important to reassure a child/adolescent/young person many times to make CAYP comfortable, to share their feelings, thoughts.

During home visits, CAYP were a little reluctant initially, but when they realized that caseworkers are talking to the parents for their benefit, it becomes easy to take mothers in the loop as they are always at home. The caseworkers need to be approachable to children every time, both the caseworkers had shared their telephone numbers with cases. Children often said that teachers stop us if we try to share anything, but the caseworkers (bhaiya/didi) are always approachable. Availability and accessibility of caseworkers, build faith in CAYP.

6.5.3 Before-after changes

- Client's perception about self: As per the caseworker, two CAYP were ashamed of themselves, they were full of guilty initially. The other three had a poor family atmosphere, parents were always criticizing, and they felt a lack of love and affection. They thought that their parents were biased towards them and felt nobody likes them. The caseworkers made adolescents understand the process of



growing up and the curiosity among them that is natural, it is part of growing up. She made efforts to raise their self-esteem and think positively about themselves.

With the cases of family disorientation, the caseworker consoles CAYP that the parents never want their bad, they always want their children's success but they differ in the thought process, the other siblings may need parents more, so never feel secluded from the family.

The importance of education was also stressed, that without being educated, no CAYP could gain any secure and professional job in the society. With these efforts, changes are observed in the CAYP, they have become responsible, and the hard feelings are getting side out, they are helping in household work with their mother.

- Client's relations with family members: Relations with family members of all the clients were in bad shape. There were gaps between children and parents, especially with fathers, four cases had bitter relations with their fathers, two fathers did not want their daughters to study and move out of the house...parents get frustrated when children do not meet their expectations.

Individual sessions with each family member and with family therapeutic sessions, gaps between family members are decreasing, the cold wave between father and children is fading slowly. After the individual sessions with father and mother, they have started understanding their children, mother understood that they cannot impose anything on their children rather children are at an age where the mother's role is only to guide them and be sensitive to their needs. One father is still rigid with family members.

6.6. How have these changes occurred?

Social caseworkers introduced different techniques and skills to the clients to deal with the problems. Calming techniques were introduced such as deep breathing and reverse counting, to decrease the effects of stress on the mind and body. The calming and relaxation techniques were introduced to them to cope with everyday stress.

Varied life skills sessions like raising self-esteem, building and maintaining healthy relationships, dealing with anger and frustration, dealing with exams, and stress addressed the aspect of being humble, goal-oriented and dealing with the situations around. Cognitive Behaviour therapy was used with the CAYP with anxiety and pessimistic attitude. The caseworkers aimed to change the thought process of children and families through visualization techniques. The cases were involved in sports and extracurricular activities to increase their self-confidence, improve their mood and sleep which is often disrupted by stress and anxiety. As per the caseworkers, all these activities and techniques are comforting them and easing their stress level.



6.7 Positive changes in CAYP

- Behaviour and perception: CAYP are becoming responsible, their level of understanding has become better. A girl (case) is less aggressive, her anger issue is slightly improved, and takes care of a home in absence of the mother. Kush (name changed) is also becoming aware of his responsibility. Shezan (name changed) is more mature now, he doesn't trouble anybody like before, and he knows where to talk and how to talk. These are the examples shared by the caseworkers.
- Education and communication: CAYP have are becoming mature and understanding the significance of education. Twelve CAYP have shown academic improvement, their confidence is better now. Four CAYP have developed an interest in studies, with improved communication patterns. "A boy is serious about his future; he fulfils all responsibilities in BSCC program".
- Relationships and performing roles: Earlier, CAYP used to run away from family matters and issues now they have started talking, discussing and facing family issues. Two boys worked during lockdown to contribute financially in the family. Six CAYP have become concerned for their family members, especially younger siblings. Three boys are taking interpersonal relations in a positive light and in the right spirit.

How do these positive changes happen?

As per the caseworkers, CAYP themselves need to acknowledge their problems and aspire to change. Support of parents was essential to bring positive changes in the life of children. Therapeutic interventions of caseworkers have guided children in their path, caseworkers have provided them alternative methods to deal with anger, stress and emotions. Most importantly, positive changes happen when the individual acknowledges the problem and works towards resolving it.

6.8 ILLUSTRATION OF CASEWORK

Community/CRC-school/Contact Point : C1

Age : 16 years (at the time of case intake)

Gender : Female

Socio economic status : Lower income group

Living with whom : Family

Case category : Family issues (Aggressive Nature of father, physical violence and emotional violence)

Case reference : Child Social Protection Committee (CSPC) member



6.8.1 A brief profile of the adolescent

Seema (name changed) is a shy and timid girl; she is one of six children in her family, living in a small room in Nizamuddin Dargah (mosque) area. During the time of intake, the sisters Seema and Alia (name changed) used to remain very quiet. Both the sisters did not say a word against the father but suffered silently. Seema and Alia were interested in studies and would make efforts to come to the CDC (Children's Development Center) regularly. However, the pressure of work at home including care of siblings and the violence from the father had put them into emotional stress and vulnerability and there were days when they were withdrawn and could not concentrate on studies.

6.8.1.1 Study/investigation

Presentation and description of the problem/issues at the time of case intake

The case was reported to the Caseworker by a Child Social Protection Committee (CSPC) member in the year 2018 who informed about the father who used to physically assault his children, especially the two older daughters Alia and Seema.

During the case intake Alia (17years) was studying in the 12th grade and Seema (16years) was studying in the 11th grade. Their father was mostly unemployed and would rarely step out of the house. The mother's job as a maid was also not secure. The father opposed his daughters' education.

Social relationship history

Seema is a shy and timid girl who does not speak much to people. Her closest friend is her own elder sister Alia with whom she shares her feelings.

Academic/work history

Seema is studying in a government school in the 11th class. She is hardworking and wants to continue higher education, she is interested to major in history. She is good at her studies and has a good focus and concentration span.

Medical history

The client does not have any medical history.

History of presenting problem

After the Child Social Protection Committee (CSPC) member informed about the father physically assaulting his daughters the Caseworker along with Program Officer (Education Program) made home visits to understand the situation, at first, the father was not willing to listen to them. But with regular visits and informing the father about the laws that safeguard children and their rights and of the legal implications of physical



violence against children and the right to education of children, the father started to talk and share his concerns with the Program Officer and the Caseworker. The Caseworker and the Program Officer together used to have regular sessions with the father but in the beginning it was an uphill task as he was unwilling to have a discussion about his bouts of anger and what triggers it and his use of physical violence against his daughters. The complaint of all the family members was that he never listened to anyone and did not care about anyone else's views excepting his.

6.8.2 Diagnosis/Assessment

The father held the view that girls should not study and should engage in household work. He used physical violence as a means to discipline his children. The mother supported the father, on his views that the girls should not go to school. The key reason for this was that the mother reached home late from work and she expected her daughters, Seema, and Alia to take care of all the household work as well as look after their younger siblings. Seema and Alia resisted the parent's objection to their schooling and had the courage to go against their disapproval to continue their schooling. They were able to do this with the Support of Butterflies and the school teacher.

Casework:

As for the girls, a schedule was made with the help of the Program Officer and Caseworker for Alia and Seema so that they can manage their studies as well as manage work at home efficiently. Both the sisters were good in their studies but with extra efforts and support provided by the Program Officer, Alia was able to secure 83% in her 12th grade examination, however, the father did not allow her to study further. The Caseworker and the Program Officer talked to the father about Alia's further studies but he refused. He did not listen to them and did not allow her to continue with her higher studies. He maintained that she has completed her high school and she should earn. But Alia did not give up, she started working in a call center and is financially supporting the family. Along with working, Butterflies helped her to enroll in the under graduation course through the School of Open Learning (SOL), Delhi University. Seema too with the effort and support provided by the Program Officer secured 93% in her 12th grade examination; but this time the father reluctantly allowed Seema to continue with her higher studies. He realised he had been unfair to Alia. Seema got admission in Delhi University, in History Honours programme. Through sponsorship, Butterflies is supporting Seema with her college education.

Developing an everyday schedule with the help of the girls seems to be very helpful for them as they were able to manage to go to school, come to CDC (Children's Development Center, of Butterflies) and also finish household work. Emotional support was given to the girls as at one point they were contemplating to leave their home/family due to the father's attitude and behaviour.



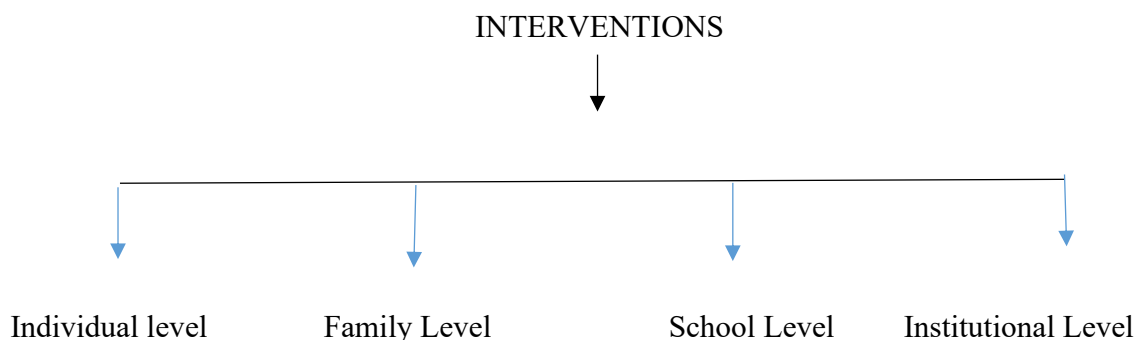
The case work sessions helped Seema to gain self-confidence and build her self-esteem. She was able to exercise her agency, got the courage to stand up for herself with her father. Seema learnt techniques of meditation which helped in positive thinking and working towards her future goals.

Family Therapeutic Intervention:

The Caseworker also had sessions with the mother to make her understand the need for her to support the daughters as she too felt it was unnecessary for girls to be educated. A number of sessions were held on supporting the mother to realise on her own that by denying her daughters schooling she was denying their right to education and their aspirations in life. She recognized that one of the key reasons for not wanting the girls to study was that she was not able to manage housework and her work outside. Furthermore she was afraid of her husband and did not want to go against his wishes. The casework sessions with both parents helped in resolving the conflicts in the family. With regular interaction and individual sessions with the father, he promised not to beat the girls and let the girls finish their schooling. The father's relationship with his daughters and wife improved, they had positive conversations with each other and the father worked on his anger management. Although the girls at one point wanted to leave the family and seek admission in a Child Care Institute. Butterflies casework with the sisters and family therapeutic care interventions brought an improvement in the family dynamics for the better. The Caseworker's main focus was to negotiate with the father and mother to let them continue their studies and to see that the father stops abusing the girls physically. Through the sessions parents were made to understand that not sending children to school and using physical violence against the daughters could attract legal action. It might also result in the girls being taken away from the family and placed in a government managed child care institution. Butterflies casework with the girls (daughters) and family therapeutic care interventions, saw an improvement in the family dynamics. Emotional and anger management, meditation, calming technique, listening and resolving conflicts through dialogue and discussion without resorting to physical and verbal violence, respect for each other were some of the sessions held with the parents and children.



6.8.3 Intervention



With whom	Areas of intervention	Treatment plan
Client	<ul style="list-style-type: none"> • Studies • Emotional well being • Managing time • Career Guidance 	<ul style="list-style-type: none"> • Importance of education • Casework sessions with girls to help them come out of trauma. • Life Skills Education (LSE)- Informed decision making, setting goals, Stress-calming techniques, physical violence, negotiation. • Managing emotions • Activity scheduling (to manage their time efficiently). • Sessions on career guidance.
Parents	<ul style="list-style-type: none"> • Positive Parenting • Importance of education • Beliefs system • Legal system 	<ul style="list-style-type: none"> • Father and Mother- Session on importance of education, Anger management- calming technique; positive parenting, communication skills, resolution of conflicts through discussions, dialogue, giving time to each other. • Informing about child-related laws.

6.8.4 Outcomes of the social casework with Seema and her Parents

Seema has completed her graduation and is planning to work side by side and plans to pursue her post-graduation. She is 20 years old, much more confident than before and never loses hope. The mother's behavior towards her daughter has changed, they have more interaction than before. Seema's elder sister Alia is working and simultaneously pursuing MSW from Indira Gandhi Open University, (IGNOU), Delhi.





CHAPTER 7: LEARNINGS AND WAY FORWARD

Casework and Group work has been an effective therapeutic approach for Butterflies, it is dynamic, clinical and etiological. The clientele we work with especially the street connected Social children, independently living adolescents and children of migrant families face multiple forms of challenges in their lives. This requires holistic approach which is comprehensive in nature, there are multi factors to be addressed. Apart from enhancement of an individual's capacity to make informed decisions but also to work with the environment to make appropriate changes. Butterflies approach has been to work with an individual and the environment (factors) that leads to emotional distress. In significant numbers of cases family is the underlying cause for emotional distress, we therefore work with families through our family therapeutic interventions (care) with parents individually and the family as a unit.

Individual level

One of the most significant learning from our cases has been that children are going through anxiety, stress and or into risk behaviour due to the overload of information they gather from internet. Social media, especially Instagram and Facebook have put a lens to the world, surroundings, life, relationships, personhood, that work at different levels to the individual's understanding and acceptance of the prevalent norms. Adolescents and young persons are grappling with their existence in the virtual world. The importance of validation of himself or herself in the social media, is a constant pressure. The virtual friends have become the support system to fall back to when in crisis or in need of advice, it has in some ways gained acceptance over parents, teachers, older siblings, caseworkers/counsellors to reach out to in times of crisis. The concerned adult, caregiver comes into picture when the issue has taken a serious turn.

Family level

Furthermore, there is reduced face to face interactions within the family, there is limited conversations. Parents are not aware of their child's life outside the home, nor who their friends are, how do they engage their time with their friends, what do they read, view and listen to on the computer, tablet or mobile phone. The children and



adolescents follow you tubers who are influencers, some of these influencer's script or lyrics use violent and sexual, sexist language. They have large numbers of followers and adolescents adapt their mannerisms, dressing and language to become popular among their peers. There is a thin line between adopting mannerisms to acting out the scripts and get on to the wrong side of the law. Parenting is an art and science, today a parent has to be knowledgeable and informative about growing needs, interest and challenges of adolescents. It is a trying phase for the adolescent themselves and so also for the parent trying to understand the 'world' of the child. 'Family time' should not just remain of being physically present in the same room but preoccupied with one's mobile or computer or watching television but having conversations with each other. A time to bond as a family to share how the day went by. Conversations, involvement in joint activities such as family members cooking together, enjoy indoor games, spend time with relatives, grandparents and outdoor activities, inviting the child's friend's home to get to know them. Family is the first defense of the child and the core social institution that gives the roots, heritage, history, values, beliefs, caring and protective support system to a child. We need to reimagine families.

School level

Schools have to be spaces where a child is engaged in academic studies, learns life skills, feels cared for and protected. A child should have the confidence to reach out to his or her parents, teacher or counsellor when in a crisis. The over emphasis on academic achievement is one of the major factor for anxiety and high levels of stress experienced by children. The schools are ranked based on 100% percentage success rate in high school Board examinations and high percentage of marks scored by students. The idea that education means to give space for a child to explore knowledge, new ideas, be creative, curious, learn values of caring, sharing, supportive, acceptance of differences, respect a person for who he or she is, irrespective of their abilities, class, caste, religion, gender or physical looks. Teaching faculty should be given knowledge and skills in basic communication and counselling as part of their training. We see schools as being part of the continuum of care for a child. Five decades ago, Nirmala Niketan School of Social Work realised the importance of having social caseworkers in schools to prevent school dropout and also to work with parents and school management in resolving issues related to studies and family disruptions. Nirmala Niketan negotiated with Mumbai municipal corporation schools, to hire social caseworkers as part of the faculty of the schools. Significant numbers of private schools do have trained counsellors, however, government schools may not always have counsellors as part of their school faculty.

And beyond

There is no doubt that there is dire need for new theories to emerge to understand evolving social institutions, socio-economic, political and psychological problems of present-day society.



In the coming years socialisation patterns, human relationship will depend or rather revolve around technology and its influence on our lives. The structural inequities in society will have another dimension that of a technological divide, there will be sections of society who will be technologically challenged leading to further marginalisation.

It is an opportunity for us to think out of the box, take challenges to question the traditional way of doing things. We need to democratise families, children's agency needs to be respected but at the same time parents have to re-school themselves in parenting skills, understand the challenge of technology and its influence on children, protecting them from harmful internet websites, gaming site. Lastly, our learnings from our experience of working at the grassroots is that there has to be a continuum of care for children from family, community to school to protect children from parental/family loss, this needs to be emphasised.

Mental health will be cross cutting in all interventions in the field of development. Its importance will not be limited to development sector but to all spheres of life. Human Resource Departments in all organisations, educational institutions, corporates, CSOs should have professionally qualified and experienced social caseworkers or counsellors. There are times when a staff may require support to tide over a mental health issue. It goes without saying that emotional wellbeing of a person is very important for the person to perform her or his role in the organization to her or his best. Mental health care should become part of the public health policy and programme, right from primary health care to tertiary health care system. This also means to have awareness creation and advocacy about the importance of emotional wellbeing. To remove the misunderstanding surrounding mental health as a psychiatric illness but rather it is about emotional wellbeing.



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