

Community Child & Adolescent Mental Health Service Project

**8th Quarterly Report
July- September 2016**

**Dept. of Child & Adolescent Psychiatry,
NIMHANS**

**Supported by Dept. of Women & Child
Development,
Government of Karnataka**

A. Project Objectives

With a view to addressing child and adolescent mental health service needs and gaps, the project aims to extend child and adolescent mental health service coverage, particularly to cover those who are most vulnerable. Project implementation entails a comprehensive plan to provide community-based child and adolescent mental health promotive, preventive, and curative care in urban and later in rural sites through direct service delivery and training and capacity building of child care workers from community-based governmental and non-governmental agencies/institutions and professionals, including schools, NGOs, anganwadis and health workers. The specific objectives of the project include:

- i) Establishment of community-based child and adolescent services;
- ii) Training and capacity building of childcare workers and staff from various governmental and non-governmental agencies, including schools;
- iii) Draw from implementation experiences to develop a comprehensive community child and adolescent mental health service model that may be replicated elsewhere in the country.

B. Project Implementation: Activities and Progress

The 2nd year of the Community Child and Adolescent Mental Health Service Project has come to a close with this quarterly. Below is a summary of the Project's coverage and achievements over the past year.

Table 1: Project Coverage for Year 1 (October 2015 to September 2016)

No. of Institutions/ Agencies Reached (For Direct Services)	Government (and Aided) Schools		19
	Anganwadis		24
	Primary Health Centres		10
	Child Care Institutions		18
Total			71
Types of Agencies/ Services	No. of Children Reached through Direct Services		
	Individual Services	Group Services	Total
Schools	152	437	589
PHC	664	-	664
Anganwadi	-	397	397
Child Care Institutions	342	394	736
Total			2,386
Training and Capacity Building	No. of (Individual) Service Providers Oriented/Trained		433
	No. of Agencies/ Centres Represented by these Service Providers		132
	No. of Districts		42 (Karnataka: 22 Gujarat: 20)

The remaining part of this document details out the activities completed during this quarterly period from July to September 2016, including programmatic activities, achievements and challenges.

1. Mental Health Services in Schools: Remedial Education Services

During the quarterly, school mental health work continued with the remedial education initiative that the Project is in the process of piloting in government schools. More teacher workshops and demonstration of classroom-based remedial education techniques were initiated in the selected government schools.

a) Workshops for Government School Teachers

The team continued with the 2nd level workshop for teachers on learning and remediation. This workshop for was already completed for some of the targeted schools in the previous quarterly period. Thus, the remaining 3 schools were covered in this quarterly. The workshop objectives and implementation are as described below.

Table 1(a): 2nd Level Remediation Workshop Implementation in Government Schools, July to September 2016

Name of the school	No. of teachers reached.
1. Government Kannada Higher Primary School. Hombegowdanagar	04
2. Government Urdu School, Tank Garden	10
3. Government Kannada School, Baratena Agrahara	10
Total	24

Objective: For the teachers to analyze the best teaching-learning practices with an understanding of learning as a neurological process.

Process: The teachers along with the HM of the school are present. The facilitator introduces herself and asks the teachers to introduce themselves. A rapport is built with the teachers. They are asked to recall a few things from the first workshop and the activities that followed it. The teachers are told that teaching should be based on the process of learning. They are asked to think about the time when they were really small and now when they are all working and asked if there have been any changes, to which they respond that there have been many changes. They say they have learnt a lot based on their experiences. The brain is constantly learning and changing, it has the ability to change throughout life. This process is called as Neuroplasticity or brain plasticity. With this introduction the session starts.

The session involves a lot of conversations and discussions. The facilitator uses a diagram to describe the neurological process of learning, disseminating the most rudimentary information about the relevance of neuron activity and learning. She then proceeds to have a discussion on the factors that aid learning, primarily, building on previous knowledge and different types of revision practices, and, factors that hinder learning, primarily neural fatigue, stress and fear.

The teachers found this to be a very useful feedback. They asked the facilitator what could be done to avoid neural fatigue to which she replied that if there is dynamism in class, neural fatigue won't occur. The facilitator told the teachers that since the teachers also have neural fatigue talking about the same thing it would help them to make a few changes in the class which will help avoid neural fatigue both in the teacher and the student. The facilitator gave them an example of FINLAND'S schooling system and asked them to read about it when they could. She explained in brief to them that the education system in FINLAND is successful because of collaborative teaching. The facilitator explained to the teachers that the same can be done in their situations too but in a slightly different way. For example: if the Hindi teacher is teaching a lesson on Bhagath Singh she can also state a few facts from the

history related to Bhagath Singh this way the children will remember both the Hindi and the History lesson well.

The facilitator requested the teachers to keep in mind that the students come from difficult backgrounds and explained that even if they are in class they might be preoccupied with their home situations. Considering all this the home work given to them should be what they feel confident doing on their own. The teachers then decided that they will give home work to children that they can complete on their own and if they know that the child comes from a difficult background they will make the boy or girl sit in the class and do the home work. A few teachers related that a few children had expressed to them that they are generally sleepy in the class because they do not get enough sleep at home due to different kinds of tensions. The teachers analyzed and discussed where the changes can be made in their teaching approaches.

Demonstration of fear was done by the facilitator and the concept of flight or fight reaction was explained to the teachers. The teachers then relate to how the children react in class when they hit or scold them. Even as the facilitator was explaining the learning process and the circumstances which the children come from the teachers started applying this information to analyze their own methods. The teachers acknowledged that they have to change certain methods in the classroom. The teachers were asked to imagine that they have an important exam but they will have to study in a cage which has lion. As soon as the teachers heard this they all said no in chorus. The facilitator asked them why, to which they replied that the fear of lion will not let them enter the cage and they also won't be able to study. Using this as an example the facilitator explained to the teachers that children also feel similarly around a strict teacher. The facilitator also gave examples of how children in fight reaction would talk to the teachers, for example they might say "I don't want to study, I'm not interested" in a rude manner. The teachers accepted that they have seen both the reactions in children. . The session involved a lot of discussions about the challenges the teachers face in the class. The teachers shared that they also have a lot of pressure from the department and they are also in constant stress and fear. They confessed that this stress gets transferred or they take it out on children. The teachers asked if the same neurological process apply to them too. The facilitator said that it does but as adults stress should be managed for the welfare of the children. One of the teachers commented that children would never work if they had no fear. The facilitator took this into the discussion to highlight differences between physical fear that might make them do the work but does not help them to learn and concerns about their future progress which could motivate them to learn and work. The facilitator requested the teachers to keep in mind that the students come from difficult backgrounds and explained that even if they are in class they might be preoccupied with their home situations. Considering all this the home work given to them should be what they feel confident doing on their own. A few teachers related that a few children had expressed to them that they are generally sleepy in the class because they do not get enough sleep at home due to different kinds of tensions. The teachers analyzed and discussed where the changes can be made in their teaching approaches.

The facilitator told the teachers that they too should try to learn something new and gave them a website www.coursera.com from which the teachers would be able to learn something new everyday and also get a certificate on completion of the course online. She probed the teachers to study and analyze the changes within themselves when they are learning something new, for example observe how many times they have to study or practice

the same thing for them to remember it well and also note down the challenges they face while learning new stuff and how they overcome these challenges. The teachers are given an activity where they have to plan one lesson based on today's session. The methods used should be based on today's learning from the session.

Observations:

- The Head Mistresses are very cooperative and enthusiastic. They made sure that all the teachers attended the session.
- The teachers were also very interested to learn. They were immediately relating to their methods of teaching and how they can rectify them.
- They requested us to come back and do more sessions so that it will help them to teach better.
- Some head mistresses requested for a separate session with the teachers to help them design and structure teaching learning activities for the extra class to make that period more effective.
- A few head mistresses also requested the facilitator to conduct a session for class 10 students about time and stress management

Challenges:

- One teacher was not cooperative, he did not want to attend the session and he did not let another teacher also attend the session.
- One teacher constantly disturbed the session as it was going on.

b) Classroom Demonstration

The workshops were followed up with classroom demonstration activities, wherein the Project staff implements an activity in a classroom for teachers to learn how to do it and then replicate with all their students thereafter.

A list of 8 'word-activities' have been prepared by the project team, to be practised by the teachers every day, in every class and every period, for a duration of 5 minutes. This gives an opportunity to the students to experiment with letters, spellings and words. The teachers are encouraged to conduct the activity in a stress and fear free environment. Handouts giving a stepwise description of the activity, along with a note listing the do's and dont's are given to the teachers.

Table 1(b): Classroom Demonstration Activity in Government Schools, July to September 2016

Name of school	Number of Sessions	Total number of students	Total number of teachers
1. Government Kannada School, Chamrajpet.	11	10	02
2. Government Urdu School, Arundhatinagar	11	24	01
3. Government Tamil School, Chamrajpet	11	20	02
4. Government Kannada High School, Fort Ground	11	25	02
5. Government Kannada School, BaratenaAgara	11	28	04
6. Government Kannada School, Agara	11	15	02
7. Government Kannada School, Begur	11	15	02
8. Government Kannada School, Sarakki	11	30	08
9. Government Urdu School, Tank garden	11	25	02
10. Government Kannada School, Hombegowdanagar.	11	30	08
Total	110	222	33

The activities were also done in Hindi and Kannada. After the session, the project team member spoke to the teacher, showed her the handout of these activities and once again explained the activities to her. She also explained that the vocabulary of the child will improve on doing these activities everyday for just 5 minutes and it will help the teacher recognize and help students who might have trouble in reading or processing. The teachers seemed enthusiastic and interested to do these activities in the class.

Classroom Demonstration Activity: Make a Word

Process:

- The teacher asks the children to keep their books away.
- The teacher announces that they will play a word game for 5 minutes.
- The teacher draws 2 circles on the board.
- In one circle, she writes a vowel. (a,e,i,o,u).
- In another circle, she asks the students to choose any consonant and writes in it.
- The teacher now asks the students to make words using these alphabets.
- As the students name the word, the teacher writes it on the board and reads them.

Note:

The teacher is instructed not to reject any word. If the word given by the child is incorrect, the teacher must write it on the board and show the child why it cannot be accepted for this activity. The teacher can say it is a good word, but it cannot be taken for this activity as the mentioned alphabet is not present in the word.

The teacher must ensure that students answer individually and every student gets a turn over a period of time.

The students must not be told to write and learn these words.

Observations:

- The children responded enthusiastically.
- A few children made errors but after the word was written and shown the children were able to rectify and come up with correct responses.
- This activity helped us know which child in the class might have problems in language processing who might be good at it.
- A few children came up with words that had the sound of the letter but not the letter (a and f were chosen). The child gave the word enough, which has neither of these letters, but when read out it has the sound of the alphabets chosen).
- This activity made the children think and come up with combinations of words which had these letters.
- Where the children had a mathematics class going on, they were asked to come up with words related to mathematics and they were successful in doing so. The teacher was very surprised.
- Although interested, the teachers have to be repeatedly persuaded to practice the activity on a regular basis.

2. Services in Child Care Agencies

2.1. Interventions in Children's Agencies for Care and Protection

a) Individual Services:

During this quarterly, the project provided individual services only in Government Boys home. A total of 24 children were provided with detailed assessments and first-level inputs

including referral to tertiary care facilities/ NIMHANS, as required. Amongst these children, 114 child mental health issues were identified, 21(18%) of which were emotional problems or internalizing disorders and 63 (55%) were behaviour problems or externalizing disorders (refer table 2 (b)). Despite this categorization (which is more for convenience), for children in institutions, most behaviour problems actually have a strong emotional basis, also related to their difficult and traumatic experiences in the home/family context.

Table 2 (a): Total No. of (New) Consultations Disaggregated by Age & Sex, Children's Institutions for Care and Protection, July to September 2016

Age Groups	July- September 2016		No. of Children
	Male	Female	
5 to 12 yrs	14	0	14
13 to 17 yrs	10	0	10
Total	24	0	24

Table 2(b): Child & Adolescent Disorders Identified in Children's Institutions in Care and Protection, July- September 2016

Child & Adolescent Mental Health Issues		No. of Children
Emotional Problems	Dissociative/Somatic	1
	Bed Wetting	2
	School Refusal	3
	Other Anxiety Issues	10
	Dysphoria/Depression/Adjustment Disorder	4
	Self-Harm	1
Sub-Total		21
Behaviour Problems	Attention Deficit Hyperactivity Disorders	5
	Conduct Disorder	11
	ODD	4
	Substance abuse	13
	Truancy	7
	Runaway Behaviour	23
Sub-Total		63
Learning Issues	Specific Learning Disability	2
	Other Learning Problems (incl. under-stimulation)	5
Sub-Total		7
Developmental Disability	Intellectual Disability	4
	Speech and Hearing Problem	9
	Motor Disability	1
Sub-Total		14
Life Skill Issues		7
Other Health/Medical Problems		2
Sub-Total		9
Total		114

Most of the children seen in the Government Boy's Home were children hailing from low socio economic background and difficult homes. It was also observed that many children with substance abuse had been institutionalised by their own parents. As Government Boys home is a closed institution, parents felt that their children will be safe here as they will not have access to substances. The Project team explained to parents about treatment options

for substance abuse (both pharmacological and therapeutic/ life-skills based), also stating that merely keeping children away in a (temporarily) protective environment from substances for few days/months will not serve longer term purposes of addressing substance abuse. Since the Government Boys' Home is a transit shelter, wherein children cannot be housed for long periods of time, a number of parents and children were referred to NIMHANS for admission and/or further treatment.

All children in the institution have vulnerabilities due to psychosocial events that have led to poor emotional regulation mechanisms, of which difficult behaviours, substance abuse are a consequence. These psychosocial contexts are important in order to understand the child's experience while treating the psychiatric problems of all children. Hence, in addition to assessing and addressing the psychiatric problems of children, the project is also addressing the psychosocial contexts in which these problems occur. This is especially critical in institutionalized children who come from difficult circumstances. Table 2(c) shows the psychosocial contexts of institutionalized children's emotional and behaviour problems.

Table 2 (c): Psychosocial Contexts of Emotional/ Behavioural Disorders, July to September 2016

Psychosocial Context	No. of Contexts
Physical Abuse	2
Emotional Abuse	6
Single Parents/Abandoned	16
Marital Conflict/Domestic Violence	9
Rescued from Trafficking (incl. Child Labour)	9
Loss & Grief (Death of Parents and/or other Attachment Figures)	11
Alcohol dependency in parents	18
Parent with mental illness/ disability/ Health issues	2
Grand Total	73

Of the children assessed at the institution, 14 children were referred to the Dept. of Child & Adolescent Psychiatry, NIMHANS, for (severe) ADHD, substance abuse and (repeated) runaway behaviours. These were children requiring further in-depth assessments in multiple areas as well as longer term in-depth psychotherapy.

One of the particular challenges that the Project faces in the Home is in assisting children with speech and hearing problems. Since the Project had (for a 3 month period) a Project Officer who had sign language and other skills to communicate with this group of children, we were able to assist several children, either to help trace their homes or enable placement in institutions for speech and hearing impaired children.

b) Group Interventions.

During this quarter, the project reached 48 children through 24 group sessions held in 4 child care agency. As described in the previous quarterly report, life skills modules have been developed to address issues concerning emotional development, motivation for younger children between the age of 8-13 years and sex and sexuality for children above 13 years. The project is conducted these sessions as per the availability of children in institutions. Table 2 (d) below shows the session content for each institution/group of children.

Table 2(d): Group Interventions Provided to Institutionalized Children, July- September 2016

Institution	Session Content	No. of Children	Age Group
Navajeevana J.J.R.Nagar	Who am I and Who is Everyone Else?- Movement Game	16	9to 12 years
	Recap and Formation of group	16	
	My Journey, My Story	16	
	My Journey, My Story	14	
	Identification of Feelings, Acting out Feelings	15	
	Feelings Stories	16	
	Loss Experiences	16	
	When We Feel Sad	16	
Total No. of Children Reached		16	
Total No. of Sessions		8	
Rainbow Home Chamrajpete	Who am I and Who is Everyone Else?- Movement Game	15	9 to 12 years
	My Journey, My Story	15	
	My Journey, My Story	15	
	My Journey, My Story	12	
	Identification of Feelings, Acting out Feelings	14	
	Feelings Stories	15	
	Loss Experiences	15	
	Loss Experiences	13	
Total No. of Children Reached		15	
Total No. of Sessions		8	
Navajeevana Home Chamrajpete	Attraction and Love	17	13- 16yrs years
	Health & the Human Body- Body mapping	16	
	Needs and Pleasures/desires	16	
	Acknowledging needs and physical/sexual pleasures	15	
	The Concept of Privacy	16	
	Consent and Permission Issues	15	
	Decision to engage in Physical intimacy	15	
	Boundaries of Comfort	16	
	Readiness for Physical Intimacy	16	
Total No. of Children Reached		17	
Total No. of Sessions		8	
Ananya foundation	Introduction- To Sexuality and Relationship Sessions	20	13- 15 years
	Movie Screening- OK Kanmani	19	
	Relationships- Different kinds conventional and modern views.	20	
	Attraction and Love	21	
	Health & the Human Body- body mapping with Girls	11	
	Health & the Human Body- body mapping with Boys	9	
	Concept of health and Hygiene- taking care of our bodies	18	
	Reproductive processes in Humans- Girls	11	
	Reproductive processes in Humans- boys	9	
Total No. of Children Reached		20	
Total No. of Sessions		9	
Grand Total		No. of Children Reached	68
		No. of Sessions	33

From the Field Worker's Diary...

Life Skills Sessions for Young Children (July to September 2016)

Institution: Navajeevana J. J. R Nagar

No of Children: 16

Age group: 9 to 13 years.

Session 1: Who am I and Who is Everyone Else?

Objectives:

- To build a rapport with the children.
- To get children to be comfortable with each other.
- To help children establish a sense of identity.

Activity: Movement Game

Methods: Interactive game

Materials: Music (any that the children may like or want to move to), player

Process:

- All the children were greeted and were asked to form a large circle, and they were informed that now I will be playing some music, while the music is playing all of you have to move around - they can dance, just walk around without touching/pushing others. When the music stops they have to find a partner near to them and then they have to introduce each other by telling their name and age.
- Then the music is started again. When the music stops this they have to again find a partner near them and shake hands and introduce themselves by telling their name age and then which class are they studying.
- The same process is repeated by adding one question each time,
- The questions are below:
 - Do you like to dance/ draw/ play/ sing/ read etc?
 - What's your favourite colour?
 - What do you want to be when you grow up? (mother/ father, aunt/uncle, teacher/doctor/ painter/ actor/dancer/sportsperson/leader...)
 - Your happiest moment...?
 - Your favourite food...?
 - Your favourite game...?
 - What are you afraid of?
 - What makes you angry?
 - What makes you happy?

(Each time children are reminded that they have to introduce themselves from the beginning by repeating all the questions)

- At regular intervals, one pair of children were pointed randomly and was asked to share each other's information loudly to everyone. Once the children shared their information it was reiterated by the facilitator saying " this is Manjula, she is 13years old, she studies in 7th standard, her favourite colour is blue, she loves to play kabaddi, she wants to become a teacher when she grows up, she is afraid of darkness, she gets angry when her friends tease her and call her name's, she is very happy during Christmas. "
- The process was repeated.

Discussion:

- Children were asked whether they enjoyed the game and whether they learnt anything (new) about their friends.
- Children were told 'usually all of us tell our names when we meet a new person/ when somebody asks us who are you, but we never share many things about ourselves. I knew many of you over past few months but i never knew what was your favourite game/ when did you get angry etc. There so many things about us our name is not just our identity, who we are includes not just our name and age but our qualities, talents, hobbies, things we like and dislike, our relationships, our dreams...and so each one of us is special/ unique in our own way, no 2 people are exactly the same in all these aspects.
- When some people make fun of us by telling we are not good in studies/ your handwriting is not good/ your fat we feel sad and get upset. But at these times, we need to remember all the other things we discussed that each of us is or can do—'I may not be good at studies but I am a great friend to others, a good singer...' What this means is that a person is not equal to her weakness in studies...she is so much more than that!
- The session concluded by telling the children that now that we know each other a little, and we are going to work together in the weeks to come, we need to set some group norms/ rules to enable us to better enjoy our time and to learn together.

Session 2: Continuation...

Objective: Formation of a group.

Process:

- All the children were asked to form a circle.
- Later, it was suggested- "As we are all going to spend some time together for the next few months lets name our group." Each one of them got a chance to suggest names. Later a voting was done to pick the group name.
- Based on the majority the group was named "White Angels"- Which meant purity and helpfulness.
- Children were asked to repeat the group name few times.
- Later facilitator suggested- "For any group or institution, just like in our school, office, if it has to function normally it should have a set of rules. So let's have few rules to enable us to enjoy better and to learn together as a group. Children were asked to suggest few rules and following rules were made:
 - I. We all are here together and we all should respect each other.
 - II. When anyone of us is sharing anything about them, we should listen to them and not make faces or jokes about it even after the session.
 - III. We all will help each other and trust each other.
 - IV. We will never share others secrets which they share in this group nor use it against them.
- Session concluded by playing a game.

Ask the children to stand in a circle and tell them this is a game where in you need to be very alert. Tell them that you will be assigning a certain action for number 1, 2 and 3, and when you call out 1 all the children need to do that action and the same for 2 and 3. (E.g. 1- clap your hand, 2- tap your feet, 3 tap your head) repeat the instruction in an order in the beginning later start telling the numbers randomly (E.g. 1 2 3, 2 1 2, 3 1 2).

Session 3: My Journey, My Story

Objective: To provide a platform for children to narrate their life stories.

Methods: Mapping and narrative

Materials: Picture of: i) mother holding a baby (1); ii) train (1); iii) children's institution (1); iv) train station (6 per child) (see below); chalk, coloured pens/ pencils for writing; a large space for children to move about.

Process:

- Introduction: as we all know each other are comfortable with each other; today let's share few of our memories and life events. Our life is like a train journey- it begins when we are born and it moves through different train stations i.e. our different life events. So today we are going to share our life journey from our birth till now.
- The Mother and baby card was placed in one corner of the room and explained to the children that this is where their life journey begins, and place the children's institution card at the farthest corner of the room, and explained to the children that 'this is where you are now'.
- It was also explained that- our lives are like a train journey—we start at a specific point and travel through many places, meeting different people, with various events happening to us during the course of the journey...as we move to our destination.
- Then using chalk railway track was drawn and connected the stations.
- Then facilitator also explained- between where we started and where we are at now, we have stopped at various stations— few of them might be small ones, big ones, important ones, happy ones, sad ones. What we will do now is to tell stories about our journeys and the stations we were at one the way...starting from when we were born or whatever you remember as your earliest memory, until now.
- Later facilitator said- As we are still travelling on the train of life and may not yet know what our ultimate destination is or what we want it to be, we still are at a certain place with certain people now—like being at a station.
- Each child was given one station card and asked them to fill in the first/oldest memory they have about their life.
- They were asked to think of the first station they remember after they were born (the starting station) and using one station card and write: the name of the station, their age (if they know it), what happened at the time/ in that space, why they remember it/ why it was an important station for them.
- As few of the children found it difficult to write down they were assisted by filling it. They were also given examples. Few children were asked to take help of their friends to fill it in.
- When all the children were done writing down. They were asked to gather around the railway track and place their cards.
- They were asked to narrate their story one by one.
- Few of the children shared their happy memories and most of them shared their sad/difficult memories such as: Death of their parent, death of their brother, running away from home, their mother's illness etc. these children while sharing were very upset and they could not control themselves and started crying. They were asked to relax; their emotions were acknowledged and validated by sitting next to them and patting their head/ shoulder.
- They were also reassured, by telling them "every one of us would have experienced a traumatic event but yet we learn to move on and cope in the hope of being happy/finding joy. And this is made possible by remembering happy memories"
- All the children were thanked for sharing their most traumatic experiences and each of the children's experiences and their emotions were acknowledged and validated.
- As all the children took around 5-8 mins to share their first memory/ 1st station of their life journey, only one memory was shared.
- And after the session as many of the children were upset and was feeling sad, to calm the children guided imagery was done.
- Children were also informed that next session we will be talking about our other memories.

Observation and Analysis:

- As each child needs more than 5 to 8 mins to share one memory it was difficult to conduct session as planned- i.e. each memory of the child could not be discussed. Hence, it was decided each child will be sharing 3 most important memory of their life- one happy, one sad/difficult and one proud moment of their life.
- It was observed that all the children were very companionate to each other and were very sensitive while others were sharing their difficult memories.
- They also helped to lighten the mood by making few jokes and telling them a funny incident.

Session 4: My Journey, My Story... continued

Process:

- All the children were given 2 train station card and they were informed that just like the previous session we will be sharing one memory of our life where we were very happy and one life event when they felt very proud about themselves.
- Children were assisted to fill in the memories.
- They were encouraged to write down any memory which they remember- either it may be just eating an ice cream, or getting a new dress, or getting first rank, getting first prize in a competition etc.
- It was observed that most of the children's happy memory was in the context of family- the time when they had gone for a trip, celebrated festival etc.
- The memories where they felt proud was mostly scoring good marks, winning kabbadi match, getting selected for district levels in sports, when they were made the class monitor, group leader etc.
- All children were appreciated and thanked for sharing their memories with all of us.

Observations and Analysis:

- Few of the children who found it very difficult to write they were asked to just narrate the memory. After this option was given many of the children were more comfortable and confident to share their memories.
- Some of the children even after sharing two of their traumatic experiences wanted to share more -due to time constraints, they were reassured that we will definitely continue and will be given opportunities to share with us the next time when we meet.

Session 5: Feelings

Objectives:

- To enable children to identify different types of feelings and the contexts in which they may occur.
- To help children express their feelings and develop contextual narratives around them.

Activity: Identification of Feelings

Methods: Show and tell

Materials: Illustrated Cards (each representing a situation/ action that leads to feelings experienced by the person in the picture); flip chart & markers

Process:

- Introduction: All the children were asked to sit in a circle and they were told- last few weeks we had shared our happy, sad/difficult and proudest moment of each of our lives. Today we will be talking about different feelings/emotions.
- All the children were told that - I will be showing you a picture card and you have to identify:
 - What is happening in this picture? (Identify context/ situation)
 - How do you think the child/ other persons are feeling? (Name/ identify the feeling)

- Why do you think they are feeling like this/reason of their feelings?
- As the children identified each feeling/emotion it was written on the black board.
- Later children were asked on what basis they decided how people were feeling. Children responded that the situation/ their facial expression, other objects in the picture helped them to decide.
- Children were asked to share the different feelings they had experienced that day. Children's responses were as below:
 - Today I was very sad I was not selected for the kabaddi team.
 - I felt very happy as I was asked to read the news in the prayer assembly today and later my teacher appreciated me that I was very good.
 - I felt very sad I was not selected in the sports but later felt happy as I was selected for the Drama.
 - I felt very jealous when my friend was selected for the sports team but I was not.
 - I was very happy today as my friend with whom I had fought spoke to me and we became friends again.

Activity: Acting out Feelings

Method: Game, miming

Materials: Music player/ music, ball.

- Later, children were told that we have played the earlier (picture card) game to understand how different events and situations make us feel in different ways; and that now we are going to see how we express emotions.
- Children were told that now I will be playing music and you need to pass the ball around the group.
- When the music stops, the person holding the ball should come to the centre of a circle and:
 - They have to select an emotion from the list (written on the black board) but not to say it aloud or tell the others what they have thought of.
 - Then they have to act out the emotion i.e. use actions to show that emotion (including gestures and facial expressions). Others should guess and identify the emotion they are acting out.
- Later when all the emotions which was listed was enacted children were appreciated about their acting skills.
- Few new emotions such as shy was also identified when one of the child was very shy and hesitant to enact.
- Summarizing the facilitator said: Everyone has different feelings at different points in time—and sometimes we may even have more than one feeling as you all shared today.
- And all the feelings we have depends on what happens around us or to us...so if it is a birthday party or we receive a present, we feel happy, but if someone hits us or shouts at us, we get hurt and feel sad or even angry.
- Also discussed that - We may know what our feelings are and we use our bodies, including actions/ gestures and facial expressions to express how we feel.
- It is also important to understand how other people feel...just like you were doing now when you were guessing what feelings.
- We can try to understand what others might be feeling by looking at their faces/ expressions or their actions.
 - Later, facilitator said that it is also very important to understand how others are feeling? So that we can respond accordingly...for instance, if you saw someone crying, we can go and comfort them.

Observation:

This group of children enjoy role play as well as other games.

Children were very sharp and were able to identify all the emotions and also listed few new emotions which were not there in the pictures.

Session 6: Feelings Stories

Method: Visualization, art and narrative

Materials: paper, pencil/ eraser and colours

Process:

- All the children were greeted and asked to sit in a circle.
- Asked the children how were they all these days and to share what all they had been doing. I shared the same about myself.
- I asked if anybody can recall what we did in our previous sessions; all the children were given opportunities to respond. Most of the children were able to recall.
- I summarised thus: "Last time we discussed different emotions and situations in general and the impact it has on our feelings and behaviours. We also talked about how and why it is important to express our feelings about these issues."
- I briefed them about today's session - "Today, we will talk about some of our feelings in greater detail—by telling little stories about our emotions...like stories of happiness, stories of anger or sadness...and try to understand our feelings better—so that we also move on to finding ways to deal with these feeling so that we can leave behind the difficult feelings and cope better.
- Rules of the group such as respect, confidentiality and trust were reiterated.
- Also reassured the children that if anybody is not comfortable to share some of their experiences, that's alright — we know that they relate to them in their own minds as we talk.
- Children were asked to think of one time in their lives when they remember having had that feeling— and also to share who else were there during that incident? What had happened to make you feel that way? What did you do to express that feeling? How did the others there respond? How did it end? And draw the event and feelings that happened.
- All children were very enthusiastic to draw and they wanted to draw more than one memory.
- Most of the experiences were happy memories and children who wanted to draw 2nd memory were asked to draw a different feeling than the first one- for example if a child had drawn a sad memory then they were asked to draw a happy memory.
- Most of the feelings expressed by the children were related to family and friends context. Few of the memories/feelings are as follows:
 - Happy - when they go home, during their birthday, when they are with their friends, when they score well in exams.
 - Sad- when my mother passed away, when my parents fight, when someone scolds me.
 - Angry - when my friends fight / tease me. When someone calls my parents bad names
 - Afraid - during exams, during night, when I am alone etc.
- The facilitator responded to each child's picture/ account by acknowledging the child's narrative of experiences and emotion(s) expressed. Validated the children's experiences to encourage them to express their emotions.
- Later children were asked how they felt while sharing their feelings and how they felt when they heard other's, children's response-
 - We felt good when others responded to it.
 - We felt relaxed, as like us others also have difficult experiences.
 - We felt reassured that from now we can share our feelings as everyone listen to us.
 - I didn't know many things about my friends now I know their life difficulties and happy memories.

- Later summarised by discussing the importance of listening to others' feelings/ stories—how they feel good and want to talk to you and tell you more if you listen quietly and carefully, because they then trust you.

Observations:

- Children enjoy drawing and colouring. Art work also can be an effective, method to use among these children.
- Children are very companionate and caring towards other children.

Session 7: Separation and Loss

Objectives:

- To create a space for children to share experiences of sadness, separation and loss.
- To enable them to understand how we express and respond to such difficult feelings.
- To help them explore possible ways of coping feelings of sadness and loss.

Activity: Loss Experiences

Method: Storytelling and discussion

Materials: Story on 'Ankit's New Family'

Process (A):

- Introduction: "last session we discussed about different types of feelings such as happiness, excitement, fear, anger, sadness...some feelings are easy to deal with (such as happiness)—that is, we do not experience discomfort or distress of any sort. But for others, like fear or anger- we experience discomfort...and when we are distressed, sometimes others around us also become upset and distressed. Today let us tell some stories and play some games so we can see what to do with our difficult feelings.
- Now let's discuss few situations when we feel sad... all of us feel sad right? Now, name few situations when you feel sad?
- Children's response: when someone hit/scold me. When my mother don't come to visit me. When my father hit my mother, when I fail in my exam, when my friends don't talk to me, when my friends talk behind my back/tease me.
- All the situations were validated and children were appreciated for sharing.
- Now I will be telling you all a story, this story is about a boy named Ankit.
- Story was narrated (Ankit's story is about loss...the death of his mother following which he came to the institution).
- After the story discussions were had based on the below questions:

(Level 1):

- Who were some of the people who lived in the big house?
- Who cared for the children and looked after them?
- What was the name of the new person who joined the home?
- Was he happy or sad to be there? How do you know that?
- How did Ankit feel when he was in bed that first night?
- Why was Ankit sad? And what are all the ways in which he showed that he was sad?
- Who helped and comforted Ankit the next morning?
- What did Lakshmi akka tell Ankit about why he had come to the institution/ what had happened to his mother?
- What worries and questions did Ankit have about his mother's going away/ dying?
- What did Lakshmi akka respond to his worries and questions?
- Did Ankit feel a little better thereafter?

- How did the story end?

(Level 2):

- Remember the first day you came to the institution? How did you feel? What were some of your fears and worries?
 - I was very afraid and was crying all day.
 - I was upset and worried about how other children will treat me.
 - I was afraid that my mother won't come back to see me.
 - I cried till sister came and consoled me and gave me a chocolate.
- Later, children were reassured that - It is natural for everyone to feel sad and worried when people we love go away, are no longer around us or die...it is always hard to adjust to being without them.
- Children were asked whether they had any similar experience as Ankit— 2 children shared their experience- one child had lost her mother few months back and another child had lost her grandmother to whom she was very close to.
- Facilitator acknowledged and validated child's experience of separation or loss, and also say 'it is not easy to be in a new place or have to live without someone you love but you have still been able to do it, so although you miss your mother or grandmother you are also very strong and brave and we are all with you to support and assist you...'



Session 8: When We Feel Sad

Methods: Story building, Listing

Materials: Picture cards, Chart paper and pens (for listing)

Process (a):

- All the children were greeted and asked to sit in a circle.
- In the last few sessions we have been discussing about our different feelings and our experiences. Today we will be going to build a story using some of the experiences discussed.
- Children were presented with the 4 picture cards and were asked to choose a picture card on which today we will be building a story. Then it was Explain that the facilitator will begin the story and then turn by turn each child will add the next part describing the different difficulties faced by the child. But let's first name the girl in the picture.
- Each child was given an opportunity to suggest a name after which a based on the majority, the girl in the picture was named as Snehapriya.
- The story was built thus:
Once upon a time there lived a girl named Snehapriya . She was 10 years old and studied in 5th Std. She was living with her mother, sister and her pet dog. One day she was sad, as her teacher had scolded her in front of the whole class, after which her friends had teased her and refused to play with her. Snehapriya came home that day and started crying. Seeing her crying her pet dog came to her and tried to cheer her up by licking her face, but she ignored him. Later, her mother who used to work very hard to run the house as her husband (Snehapriya's father) had died few years ago due to an illness. She came back home and saw that all the chores she had asked Snehapriya to complete that day were not done. The mother became upset and started to scold Snehapriya without noticing that she was already upset and crying.
That night Snehapriya couldn't sleep for a long time, she remembered her father and wished that if he would have been alive today then she would be happy. Next day she woke up and decided that she would give her best in her studies and finish all her homework in time and score good grades which will avoid her getting humiliated in front of the class.

Discussion:

- The children were asked to list the difficulties the girl had faced in the story.
 - She had lost her father.

- She was humiliated by the teacher.
- Her friends refused to play with her.
- Her friends teased her.
- Her mother also scolded her.
- She felt alone.
- Children were asked to rate the difficulties, where the most traumatic experience would be rated as 1 and then 2 and 3...
 1. Father's death.
 2. Humiliation in front of the class.
 3. Friends teasing and refusing to play with her
 4. Mother scolding.
- What could you say or do to make her feel better/ comforted?
 - I would tell her "don't worry we all are here to help you".
 - Don't care of people who tease and hurt you.
 - You don't cry instead you work hard and gain good name in front of everyone.
 - We all are there for you; even if you don't have a father we all are here to support you.
 - You have a very caring mother and sister. Don't worry if you don't have your father.
 - Thepaist's suggestion: How would you tell Snehapriya to remember your father...how did Ankit remember his mother? What do you believe? Like do people become a star...? (Many children said 'star'...some said 'butterfly').

Observations:

- It was observed that the children more often shared their own experiences while building the story.
- All the children were not able to contribute to the story in the first round but later were able to add at least some content in the second round.
- Children wanted to build another story. Planned for next time...

Life Skills Sessions for Adolescents: Romance & Sexuality (July to September 2016)

Institution: ANC Rainbow Home- Chamrajpete

No of Children: 15

Age group: 13 to 15 years.

Session 1: Attraction and Love

Objectives:

- Understanding and acknowledging feelings of attraction and love.
- Recognizing the difference between attraction and love.
- Appropriate expression of romantic feelings
- Managing challenges in romantic relationships.
- To enable children to understand what does a relationship entails.

Methods: Film

Materials: Film - "Ok Kanmani"

The story is about two individuals who don't believe in marriage and are okay with having a casual affair with someone sans sentiments. Meet Adi, a video game designer, who is hep, urban and irresistibly charming thanks to his boy next door looks. And then there is Tara, an ambitious architect, who hails from a broken household with divorced parents. Mumbai becomes the setting of their romance as they meet and start liking each other. And through a series of fun bike rides, infinite coffees, playful train journeys and cute bedroom romance, the two leads fall in love. Soon, they start living together with an old couple, Mr Ganapathy and his Alzheimer's ailing wife Bhavani. Meanwhile Tara gets scholarship to study in Paris and Adi gets an opportunity to go to US for work. Soon, problems and fights start to arise as the couple try to

maintain that marriage is not their cup of tea, but inside have insurmountable feelings for each other. Will they choose their careers over marriage? Or will they sacrifice their careers for love?

Introduction: Children were asked to sit and watch the movie, they were informed that after the movie we will be discussing few things like - did they like the movie? What did they like and dislike? Which is the scene which they will remember for many days etc.

Process:

- After the movie screening discussions were had based on the following questions:
 1. How was the movie?
 2. What did you like and dislike in this movie?
 - Most of the children said that they liked that in the end both Tara and Adi came together and lived happily.
 - They liked how both of them gave respect to each other and treated each other equally
 - They like how Ganapathy uncle looked after her wife even if she was sick
 - They did not like how Tara's mother treated her.
 - They did not like when Tara and Adi had decided to split but felt happy when they got together.
 3. Did Tara and Adi start as lovers? Where did their relationship begin?
 - No, they started as friends and slowly when both of them spent some time together and understood each other they started to like/love.
 4. Other than romance /sex what all did you observe about Tara and Adi's relationship?
 - They both respected each other's decision and treated each other as equal. They gave importance for each other's likes and dislikes.
 5. In Ahmadabad, when train left what were the staying arrangements for the night? When they spent the night together- they did not engage in sex. Why?
 - Even though by this time they liked each other a bit they did not hurry to engage in sex/physical relationship as they felt they need more time.
 - They had not reached that level in their relationship.
 6. When did they first kiss? Why did they wait so long? (they were alone no one to tell them anything/stop them)
 - They first kissed in Tara's room. They wanted to wait for the right time.
 - They had not started loving each other yet.
 7. Tara and Adi decide at the beginning of the movie not to marry (condition for relation) why?
 - Because they did not believe that marriage is necessary to be happy. And they also felt that marriage is a burden and commitment and they cannot pursue their own dreams.
 8. What all should be there in a relationship?
 - Both of them should like each other, trust each other.
 - Respect and should give importance to each others likes and dislikes.
 - Help and support each other when they are in difficult times.
 - Spend some time and understand each other
 - Should not fight.
 9. But even if they decide not to get married- they still take time to get to know each other/enter into a physical relationship. What can we understand from this about relationships?
 - They respected each other and they truly liked each other and wanted make sure they were ready.
 10. What is your opinion about physical/ live in relationship before marriage?
 - Children were very hesitant when this question was asked, as they had to give their opinion, they feared that if they talk openly facilitator may judge them. Hence, they were

reassured by saying "it's ok to say yes or no, I personally feel that it's ok to have physical relationship before marriage but with few conditions". Later children started to talk.

- It is not acceptable, because the boy may cheat her.
 - It is not safe as she might get pregnant.
 - It is not good because it's against our custom and tradition. People in the society will not accept it.
 - It's okay as long as he is the person she is marrying.
 - It's okay if they both truly love each other and trust each other.
 - It was explained to the children that these are the decisions which has to be made by both boy and the girl. No one should force each other, consent is very important, in the next few sessions we will be discussing about some of these issues.
11. Was Tara happy when her Paris admission came? Why/why not? What was her confusion?
- She was both happy and sad, she was happy that her dreams of going to Paris came true, but she was sad as she had to go away from Adi.
12. Is it necessary to choose between Paris/US and their relationship?
- No, we can do both-But when asked how children were not able to answer. It was discussed that with planning and also giving equal importance to both carrier and relationship one can fulfil their dreams.
13. How did she make her decision finally? What did he say that convinced her?
- Tara and Adi decided to go to Paris and United States after agreeing that they will get married, as it gives them reassurance that they both want to be together and are committed to each other.
14. Is romance/Love enough? Something more is required?
- No.Trust, loyalty, care, respect, should help each other and support when in need etc all things together is a relationship.
15. Though there is a relationship need for both of them, they had career plans. How did they manage this?
- They planned it in such a way that they could pursue their carrier and continue their relationship.
16. How was the older couple relationship different from the younger couple? What did the younger couple learn from the older couple?
- Both the couples loved each other and trusted/cared for each other. But commitment and being there for each other even in difficult times is what they learnt from each other.
- Session was concluded by telling the children- "Today we saw a movie and discussed many things about romance, relationships, love etc. From today we all are a group and we will be spending some time together to discuss few issues relating to romance, love, girl friend/ boy friend, relationships, physical relationship etc. I am not here to give advice or tell you what to do and not to do; I am here to help you and enable you to make your own decisions. Our sessions will be more of a discussion and interactive mode."
 - Later it was suggested- "As we are all going to spend some time together for the next few months lets name our group."All the children were given opportunity to suggest a name for the group and based on the majority it was decided that our group will be called " Smiling Birds".

Observation and Analysis:

- All the children enjoyed the movie and it was a very effective method to engage children in discussions, this can be used with this group in future.
- Initially children were hesitant to give their opinions/views about romance/ love, but later after reassurance they started to open up- This shows that children do want to talk about issues such as romance/ relationships/ love etc but they are hesitate because they fear we adults will judge them. It

is also observed adults themselves find it difficult/ embarrassed to talk to children regarding sex/ romance/ love which don't boost confidence in children to talk/ open up.

Session 2: Good Health: Needs and Pleasures

Objectives:

- Enabling children to understand the concept of health and well-being.
- To help children understand the physical component of sexual pleasure.

Methods: Body mapping and discussion

Materials: Large sheets of white paper joined together to create a single large sheet big enough to allow an adolescent to lie down on it (full length), pens/ markers.

Introduction: all children were asked to sit in a circle. They were told that today we will be talking about our body, its different parts and its uses.

- One of the children in the group was asked to volunteer to lie down on the large piece of paper on the floor and 2 other children to outline the shape of the body.
- Children were divided into 2 groups 1st group upper part of the body, 2nd group lower part of the body. Each group was asked to name all the body parts that they see, as well as the parts that they cannot see (which is inside us like stomach, heart etc.).
- Children started to name all the body parts but they were hesitant to name the body parts such as nipple, urinary tract, vagina, Breast, anal region etc. Hence the facilitator comforted them saying "It's okay to name these body parts; all of us here are females and we are all here to learn nobody will tease or make fun of you. And they are as much important and useful as the rest of the body parts". Later, children said that they know the names in their local languages and don't know it whether it is the right word. They were reassured again saying that it's okay to use their native language or any term which they use. Later children started to name.
- Next, each of the body parts including private part's functions was discussed.
- Later, while discussing the uses of Breast and vagina, children were very shy to talk about it. As the purpose of our sessions was to make children comfortable to talk about sex and sexuality issues and also to educate them about the reproductive systems and the process which it involves. Brief discussion about human bodies and the differences between girls and boys was done.
- Uses of breast- gives shape to the body, protects the inner organs i.e. heart, lungs, it develops after a certain age in girls, when a women gives birth to a child then through breast she feeds the breast milk.
- Parts such as vagina (it an organ which plays a major role when a women gives birth to a child, it is also involved in the sexual act this is the passage for the sperms to enter the female body) urethra (through which urine is thrown out of the body) was explained using a diagram their uses was also explained.
- Later, in order to make the children comfortable to use names of the private parts a rapid round of naming and pointing game was done as below;
 - The facilitator said- I will point to different parts of the body and all of you should name the part very fast, this is a rapid round let's see how fast do you play.
 - The facilitator pointed to different parts of the body randomly- children named the parts such as nose, eyes, stomach, legs etc very easily but when the facilitator pointed to private parts such as breast, nipples, buttocks, vagina they were shy. Hence, facilitator reassured and encouraged them saying- 'as any part of our body these parts are also ours and are important there is no need to feel ashamed or shy to name them'
 - After which children were relaxed and started to name all body parts more easily. After 3- 4 rounds of the game all the children were relaxed and named all the body parts.

- The session was concluded by saying that in the next session we will be discussing about health- how important it is that all our body parts should function properly, what are some of the things we need to do to ensure that they are functioning well?

Observation and Analysis:

- Children were hesitant and shy initially in the session but with reassurance and encouragement they started to share and talk about private parts.- this shows that children are keen to learn and want to know more about private parts, body functions etc.
- Children were very silent and concentrated well during the session. This tells us that children want to learn.

Session 3: Continuation: Good Health: Needs and Pleasures

Objectives:

- Enabling children to understand the concept of health and well-being.
- To help children understand the physical component of sexual pleasure.

Methods: Body mapping and discussion

Materials: Large sheets of white paper joined together to create a single large sheet big enough to allow an adolescent to lie down on it (full length), pens/ markers.

Process:

- All the children were asked to sit in a circle.
- Children were asked to do a recap of the previous session; all the children were given opportunities to respond.
- As we had discussed about various parts of the body and its functions in the previous session, today we will be talking about different ways in which we can protect our body during various circumstances. This was done by asking few questions to the children regarding
 - Hygiene and cleanliness- why do we take bath, why do we brush our teeth, why do we wash our hands. - The concept of germs/ microbes etc was discussed.
 - Protecting ourselves from illness - vaccinations, wearing warm clothes in winter, wearing a raincoat/using umbrella in the rain.
 - Healthy/ balanced life style/ habits - Eating balanced diet which includes vegetables, pulses, fruits with all the necessary vitamins and minerals. Doing exercise/ yoga etc to keep our body fit.
- The importance of taking care of our body in order to function properly and live a happy life was reiterated by asking children what if?
 - What if we don't eat a balanced diet?
 - What if we don't take bath/ brush your teeth?
 - What if you get wet in the rain?
 - What if you don't take your vaccination in time?
 - What if you don't exercise/ do any kind of physical activity.
- The session concluded by saying that in the next session we will be discussing more about our body, its basic needs etc.

Observation:

- All the children participated actively during the session.
- It was observed that children were distracted when the session was just discussion hence, the facilitator used more interactive methods such as a quiz and a question answer round, which helped to engage children.

Session 4: Acknowledging Needs and Pleasures

Objectives:

- To enable children to differentiate between needs and desires/ pleasures.

Method: Listing and discussion.

Process:

- All the children were greeted and asked to sit in a circle.
- Addressing the children- in the last few sessions we have discussed about our body, its functions, and also how we protect it. This session we will be talking about what are our needs we have in our life in order to maintain good health.
- 2 children were asked to come and list down the various needs we have and other children helped them. It was pointed out that they have to list various physical needs that we have.
- The list consisted the following: Food/ House/shelter/ Air/ Water/ Clothes/ Education- school/ Friends/ Family- mother, father, siblings etc./ Money/ Vehicles- buses, cars, bikes, cycle/ Earth/ Sun/Moon

After the listing was done children were asked to categorise the list into 2 groups. Group 1: needs that are essential i.e. one cannot survive without it, Group 2: the needs which are necessary but one can survive without it.

Group 1: Basic Needs- sustain life	Group 2: other Needs which are essential
Air	Family
Water	Friends
Food	Money
Shelter	Clothes
Sun	Education
Earth	Vehicles
Health	

- Later after the categorization children were asked to provide rationale behind the placement of these needs. Children responded that the first category are things without which no one can survive, and the second category are the needs which are essential but people can survive without it;
 - Clothes/ Money/ education/ vehicles- in Stone Age people used to not wear clothes.
 - Family and friends- orphan people don't have families. There are people without friends.
- Discussions was had based on following questions:
 - What are the ways in which we can get these (listed) needs?
 - How do we feel when these needs are met? (Joy/ pleasure...)
- During the discussion children were also asked to list few things/ needs which we desire- such as wanting to eat an ice cream, wearing a beautiful dress, buying jewellery, going out on a picnic, having a huge bungalow to live in, to have a fancy car etc.
- Later the facilitator validated needs and pleasures... We desire many things in life, there is nothing wrong to desire but always there should be a balance between what we need and what we desire. Then one of the children quoted a famous saying in Kannada which means "greediness is the cause for trouble" (Ase ye dhukakke moola). The children were appreciated for their active participation.
- Session concluded by discussing- Today we spoke about different needs and different desires in the next session we would be talking more about different pleasures.

Session 5: How we use our senses

Objectives:

- To enable children to differentiate between needs and pleasures.
- To help children understand the physical component of sexual pleasure.

Method: Listing and discussion.

Process:

- All children were asked to sit in a circle and first do a recap of the previous sessions.
- Introduction: In the last few sessions we discussed about our basic needs. Today we will be talking about different pleasures that we experience through the 5 sensory organs—eyes, ears, nose, mouth,

skin. It was explained- how we feel or experience the environment around us through these five organs—namely through sight, sound, smell, taste, touch.

- Now let's list various experiences we can have through these 5 sense organs. For instance, 'what are all the things we can do with our eyes? What experiences can we have using the sense of sight/ vision?' Remember that these experiences may be pleasant or unpleasant'. Similarly, all the experiences for all the sense organs were done.
- Later they were asked to categorize the experiences into pleasant or unpleasant experiences—also described as pleasurable or painful experiences.

Sense Organ	Pleasant	Unpleasant
Eyes	To read, write, study	To see war/ fight
	To help to walk, run - to travel	Dirty/ filthy places
	To watch movies/ cartoon	Dirty people
	To see beautiful things - nature etc	
Ears	To learn	Hearing bad words
	Listen to music	Hearing loud and noisy sounds
	Listen to teachers/ lectures	
Nose	Smell flowers	Bad smells- drainage/ toilet
	Smell delicious food	
	Smell perfumes	
Taste	Taste delicious food	Taste of bitter things
	Taste sweets, chocolate, ice creams	Taste of spoilt and burnt food
		Taste of medicines
Touch	Touch of a soft material- feather, fur	To touch a thorn
	Feel of a cool breeze	To get an injection
		To get an operation done
		To get hit/ punched

- At the end of the listing as the participants had not listed the concept of sexual pleasure facilitator said: 'As we discussed, we get pleasure sensations from experiences of various kinds of physical touch. Sexual touch is one type of physical touch from which we get pleasure—that is if we are touched in certain ways, in certain places in the body by a boy or girl that we like or feel attracted to. Just like when we eat good food, we feel happy because of yummy taste...or when we hear good music, we feel soothed or happy, sexual touch by certain people we like or desire can make us feel good.'
- Return to the body map drawn facilitator explained: 'Sexual pleasure, like other pleasure sensations and experiences also has a physical basis. They are places in our body where the pleasure sensation is felt- such as breast, nipples, nears our urinary tract, vagina etc. The places were pointed out in the body map.'
- Children were asked to summarize their learning and understanding from the session/ activities. Session concluded by reiterating: 'how pleasure (and pain) experiences come from sensations that we feel through our five sensory organs...and that sexual pleasure sensation and experience is a part of this. However, while sexual pleasure has a physical or bodily basis, this is NOT the only way in which we experience it. There is a big emotional component to sexual pleasure—what we think and feel not just in our bodies, but in our minds and hearts...what we then experience as feelings of love and attraction— issues we will discuss in the next session.'

Observations and analysis:

- All the children in the group were very hesitant and shy while the sexual pleasures and needs were discussed. Even with reassurance they were not comfortable. This shows that the inhibition still exists because of the 'taboo' or the stigma it has. Need of discussions on topics such sexual need and pleasures, need to be done in a more systematic and appropriate ways to educate children.

2.2. Interventions in Children's Institutions: Children in Conflict with the Law

During this quarterly, the Project re-initiated mental health services for children in conflict with the law, at the Government Observation Home (OH) in Madiwala, Bangalore. The Project team has been providing the following services in the Home:

- Individual assessment (from a mental health perspective, including conducting psychological testing for children with neuro-developmental and psychiatric problems).
- Individual counseling and therapy (including pharmacological treatment and psychotherapy) for each child with a view to effecting transformation and preventing recidivism.
- Collaborative work with the staff/ superintendent to develop daily schedules and activities for children that will serve the purposes of rehabilitation (so that the Observation Home is not viewed as a mere place of detention or punishment).
- Group therapy to enable children to acquire the requisite life skills with special focus on decision-making, social judgment and empathy (necessary for transformation) was also initiated.

a) Modification of the Assessment Proforma

The assessment form was further modified as follows:

- Self-reporting items on emotional and behavioural issues was removed as it was not a reliable way to elicit symptoms and make mental health diagnosis (given that there are no other sources of information to corroborate the child's account).
- A section was added to elicit information on child labour experiences—as many children leave home and stay in places where they associate with young adults who then initiate them into high risk behaviour activities.
- A section on peer influence was added as previous assessments showed that this is a major factor in determining pathways to offence; dealing with peer pressure is a major area of intervention for CICL.
- Standardized/ validated symptom checklists were included for common mental health disorders, namely anxiety, depression, ADHD, conduct disorder (these are drawn from the MINI KID (a widely used psychiatric structured diagnostic interview instrument for children and adolescents).
- A standardized/validated WHO tool to assess the need for substance issue was included—this enables us to make immediate decisions about the depth of interventions required for varying types/levels of substance abuse in CICL.
- A section was added to summarize the child's life skills deficits/gaps—this has direct implications for designing and implementing interventions for a given child.

b) Individual Assessment

While all children in the OH require to be assessed, and the Project is in the process of doing so, some children are given priority (i.e. assessed sooner) based on the following criteria:

- The severity of mental health issues such as severe anxiety/ depression/ self-harm risk/ substance abuse with withdrawal symptoms—as observed by the OH staff or other children or disclosed by the individual child himself (children often approach the Project staff themselves, asking for assistance).
- On request of the Observation Home staff i.e. counselor or superintendent, usually coming from some behavioural concern they have about the child.

- On request of the Juvenile Justice Board (JJB) Magistrate-- both Bangalore Urban and Rural JJB magistrates request the NIMHANS team to conduct mental health assessment of specific children and to provide a brief about child mental health issues, if any. These are used by the magistrates to act in the interests of the child for decisions regarding bail as well as instructing the child to undergo treatment at NIMHANS.
- If the child has the probability of getting bail immediately/ in the near future—so as to ensure that the child is advised on treatment/ referral/ follow up in case of need before he leaves the OH.

During this quarterly, a total of 38 children were provided with detailed assessments and first-level inputs including referral to tertiary care facilities/ NIMHANS, as required. Amongst them 15 children admitted to being involved in some kind of illegal activities and the remaining were not involved in any kind of illegal activities, refer table 2(e)

Table 2 (e): No. of Children Assessed/ Provided with First Level Response, July-September 2016.

No of Children Assessed	38
No. of Children Allegedly Committed Offence	15
No. of Children Allegedly NOT Committed Offence	23

*All children are male as the Madiwala OH is for boys only.

Among these 38 children, 120 child mental health issues were identified, 21(17%) of which were emotional problems or internalizing disorders, 38 (32%) were behaviour problems or externalizing disorders and 61(51%) life skill deficits were identified (refer table 2 (f)).

Table 2(f): Child & Adolescent Disorders Identified in Children in Conflict with Law, July-September 2016

Mental Health issues		No of cases
Emotional Issues	Anxiety	14
	Depression	7
	Sub total	21
Behavioural issues	ADHD	5
	CD	6
	Substance abuse	27
	Sub total	38
Life skill issues	Decision-making general	15
	Empathy Dev/ Interpersonal Relationships	3
	Emotional regulation/interpersonal issues	8
	Conflict resolution	18
	Assertiveness/ peer pressure	10
	Sexual Decision-Making	7
Sub Total		61
Grand Total		120

Emotional Issues: Of the 21 emotional issues majority (67% of the emotional issues) were anxiety issues. These were mostly due to their admission in Observation home and being charged by an offence—worries about when will they be released or what the charges will be if they are apprehended. For most of children, the stress of not understanding the legal processes, and being away from their families, makes it hard to cope, resulting in anxiety.

Behavioural Issues: A total of 38 behavioural issues were identified, where in the majority of the cases were substance abuse (27- 71% of the behaviour issues identified). It was

observed that most of the children had one or the other type of substance use problems and needed de-addiction interventions. While the children may have lowered access to substances while they are in the Home, which acts as a protective environment, therefore causing the children to say ‘now I am ok—I don’t smoke, I have decided to quit’, the issue is that once they leave the OH, they are at risk to returning to their old habits (unless interventions are provided to address them). Thus, the substance abuse interventions include treatment of any child who may have intense withdrawal symptoms following severe substance abuse (usually evident only as soon as the child is admitted to the OH) as well as life skills work to equip children with decision-making/assertiveness/refusal skills in the context of peer pressure and substance use.

Many children, it was noted, had craving for Nicotine (‘beedi’ and cigarettes). Hence, the project team approached the JJB Magistrate to provide the required permissions for the project team to provide necessary treatment for Nicotine substance abuse i.e. in the form of Nicotine Gum for children. The JJB magistrate considered the request and the need of de-addiction treatment and granted the permission for conducting the de-addiction program in the observation Home. However, this intervention will be part of a psychotherapeutic life skills related intervention on use of all substances i.e. such as alcohol, cannabis, sedatives and sleeping pills, in addition to cigarette and ‘beedi’.

Life Skills Deficits: A total of 61 cases of life skills deficits were identified among the 38 children (not: one child may have more than one life skill deficit). Life skill deficits in the following areas were identified: Decision-Making (In General) ; Empathy Development/ Interpersonal Relationships; Emotional Regulation/Interpersonal Issues; Conflict Resolution ; Assertiveness/ Peer Pressure; Sexual Decision-Making. Assessments show that life skills deficits in areas of Conflict Resolution (30%) and decision making in general (15- 24% of all the life skills deficits cases) constitute the majority.

Other Observations: CICL’s Experience of the Law & Order Systems

- Many children who were admitted in the observation home for the second time were charged in various cases on the basis of suspicion by police i.e. being involved in offence once has made them susceptible to being apprehended repeatedly even without real evidence. Anecdotal information also has it that when the police are not able to find the offenders in a particular situation, they tend to put charges on the children who have a history of being in conflict with the law, even if they have not committed an offence. All this is extremely worrying from a child rights perspective and there is a great need to sensitize the law and order systems to children’s rights and issues, particularly those of CICL.
- Many children reported that they were detained in the police station for more than 24 hrs before being produced before JJB/SJPU. They also reported that they were physically as well as emotionally abused by the police officers.
- Many children also reported that police officers, after taking (offending) children into custody, use physical violence to threaten and coerce them into accept that they have committed the offence. The reasons for this are not clear, except perhaps to conclude that this is another form in which power and hierarchy, in combination with and the culture of violence and marginalization, plays out in adult-child relationships.
- Almost all the children are not aware of the protocol/procedures of the JJ systems.

- It was also noted that many police officers provided names of lawyers known to them, insisting that children use these persons to assist them. Anecdotal information suggests that the police benefit when the children use lawyers recommended by them, and that this gain leads police to ‘unnecessarily’ apprehend even those children who have not committed any offence.

c) Group Interventions:

The Project team planned to conduct life skills group work sessions with the children in the observation home. But for a number of reasons, we were unable to conduct life skills sessions in the same systematic ways (using structured methods according to pre-planned sessions) in which we conduct them in other child care institutions. The limitations in the OH are as follows:

- Large numbers of children in the home (up to 65 children- during the Kaveri riots) and the Project’s limitations in terms of staff time (and that we have many other services to deliver).
- Uncertainty of length of children’s stay (life skills sessions are usually conducted over a period of several days and it is hard to group the children and start activities as their time of bail is not known).
- Children’s anxiety and pre-occupation with bail and release from the OH-- as most children in the home are anxious and worried about certain things such as- their charges/ whether they will receive bail/ what will happen in the court tomorrow/ worries about the family etc. They were not able to sit through any sessions for more than 15 – 20 minutes.
- Reluctance of children to participate in group sessions—these children with problems of ADHD and truancy often find it difficult to sit in one place and engage in processes of activity, discussion and reflection; also, they come from largely unsupervised environments where they are free to ‘wander and do as they please’ and so are unused to focussing on gainful occupation and activity.

Given these challenges, the Project decided to take a more experimental approach to group work and engage the children in more leisure and recreation activities, such as film screenings, board games, art sessions, and role play activities in the hope that these would gradually induce the children to discuss issues relevant to their lives. The idea was also to learn more about the children, their lives and interests and perceptions, through more general recreational activities. One of the results of the experimental efforts was that the children became more comfortable around the Project staff and that a strong rapport was gradually built through use of recreational activities.

Film Screening: Initially it was observed that children enjoyed movie screening and some well-known children’s films were screened, but it was found that many children were not very interested in these and that they wanted to see commercial films often with more explicit contents of violence and sex. Since screening such films was neither the mandate of the project nor in keeping with the OH rules, we therefore began to screen commercial films but only those that had prosocial themes—for example, films such as *Bhajarangi Bhaijaan*, *Chak de India* also allow for discussion and learning on prosocial behaviour. [Interestingly, however, we have observed that children in the OH spend vast amounts of unstructured, unsupervised time watching television, on which they actually watch a lot of violent films].

Table 2 (g): Group Interventions Provided to Institutionalized Children, July- September 2016

Session Content	No. of Children
Movie Screening- Stanley kaDabba	45
Movie Screening- ChinnariMutha	24
Movie Screening- Care of Footpath	28
Movie Screening- Chak de India	43
Movie Screening- Bhajarangi Bhai Jaan	36
Cultural Activities- Dance, Singing, Role Play	48
Board Games	51
Board Games	46
Protecting ourselves and protecting others (Life Skills Session)	40
Art	40
Total No. of Children Reached	51*
Total No. of Sessions	9

**To avoid double-counting, the highest number of children in a session is considered for the total no. of children reached.*

Indoor Games: there was a request from the OH staff to ‘engage’ the children on Thursdays which is when the JJB visits and cases are dispensed with. This is also a day that is fraught with much anxiety as the children are very pre-occupied with their bail/ release decisions; as a result, we observed that it was hard to engage them in any activity that required deeper levels of thinking and/or creative expression. So, the Project staff started to experiment with engaging children in indoor games, namely board games/ card games/ jigsaw puzzles/ thambola/ dumb charades/ quiz games/ reading story books. The objective was two-fold: i) To enable them to engage in rule-based games so as to enhance their social skills/ team-playing abilities; ii) To facilitate activities that would increase their attention-concentration skills and sitting tolerance (especially necessary for ADHD children but useful for all).

Art: Another method that the Project experimented with art. Rolls of paper were taken and spread out on the floor across the room to form long panels for children to draw and paint on. Children sat along these panels, demarcating spaces for themselves on the panel to work on. Although the activity started with a visualization exercise about *Dussera* (the suggested theme for that afternoon’s art) i.e. to close their eyes and think about an image that came to mind when the word *Dussera* was said by the facilitator, not all children ended up painting the images they thought about; many gave form to other ideas and images they wished to draw. It was interesting to observe that those children who had not committed any offence tended to draw pictures of mountains/ rivers/houses/mosques/temples and other scenes while those who had allegedly committed offence tended to draw figures of people and actions of violence and substance use, and scribble obscenities (though they were not quite sure of the meaning of many English abuse phrases!)¹. Based on the children’s interest in art, the Project team got permission from the OH superintendent to provide a wall/ room wherein children can paint and decorate the wall. Plans are in process on how children can create and mount their designs on the wall.

¹ This is in no way to suggest that art can be used as a stand-alone method to understand or make decisions about children’s culpability.

Implementation of Indoor Games and Activities

Process:

- A session was done with the children to enquire and learn about what they would like play and they reported that they would like to read story books, play card games, board games such as snake and ladder, chess, jigsaw puzzles.
- The Project team purchased a variety of games and books accordingly.
- A plan was devised according to the numbers of players that each game/ activity would allow prior to the session (see copy of plan below).

Organization Plan for Group (Indoor) Games for Children in Observation Home

Game	Game Contents	No. of Games	No. of Children Per Group	Total No. of Children
Chess (Board Game)	1 Chess Board + 36 Pons (each)	2	2	4
Snakes & Ladders (Board Game)	1 board/ dice/ pons (each)	5	4	20
Ludo (Board Game)		5	4	20
Cricket (Board Game)		5	4	20
Uno Cards	110 cards	1	4	4
Cricket Cards	50 cards (per pack)	2	2	4
Krish Cards	50 cards (per pack)	1	2	2
Jigsaw Puzzles (1)	40 pieces (each)	3	2	6
Jigsaw Puzzle (2)	104 pieces	1	4	4
Jigsaw Puzzles (3)	500 pieces each	2	6	12
Books (Book Corner)	Around 40 books in Kannada Hindi and English	1 book per child at a time	40	
3 D puzzles	25 in each	3	4	12
Building blocks- wooden set	200	1	4	4
Other puzzles- forming complicated shapes	10, with 50 cards	2	4	8

- In the session, children were told what games were available and how many could play each game at a given point in time. They were then asked to select which sub-group/ game team they wanted to belong to.
- Each sub-group was then provided with one game/ activity material and following rules was explained:
 - Each member in the team is responsible for all the items.
 - Any breakage of the items should be rectified by the team.
 - No argument/ fighting amongst each other.
 - One team can engage with one game at a time.
 - No one should disturb other groups.

Observations:

- Contrary to what the Observation Home staff said (that it would be very difficult to manage children when they play group games as there would be fighting and breakage of materials) children were very enthusiastic and careful in their use of games and materials; none of the games were damaged.
- They took turns and played cooperatively, without disagreement or fighting.
- Unexpectedly, one of the most popular games were the jigsaw puzzles, which require greater focus and effort than board games or card games. Clearly, children enjoyed the cognitive aspects of the activity.
- Also surprisingly, several children were keen to read books—they were observed to be engrossed in their reading corners despite the general noise around them.
- Board games had the ability to engage and occupy them for up to 2 hours.

2.3. Interventions in Children’s Institutions: Children with Disability

One of the key objectives of our work in the disability institutions is staff capacity building with a focus on enhancing their abilities to plan and design engagement of the children through activities that enhance child development. In order to operationalize this objective, the staffs are equipped in a structured, step-wise way, using (simple) assessment protocols, to understand the existing (dis)abilities, skill levels and learning potential of the children. This feeds into the second objective of capacity building, which is to enable adults to make informed judgements about the children’s abilities as opposed to conclusions drawn from opinions and perceptions and pre-conceived notions based on parental expectations and normative idea of development. The third objective is sustainability of these skills and capacities within agencies that could create cultural and systemic changes within so that they cater more efficiently to their children. Thus, in the disability sector, the greatest emphasis is on working with adults and caregivers so that children receive appropriate assistance on a continual and long term basis versus brief interventions by external resources—which would not meet the learning needs of the children and therefore not be an ethical way to proceed.

The Project’s Approach to Disability Institution Programs

- Evaluation/ Assessment activities to determine the ability levels of the children in the different developmental domains.
- Interactive sessions with institution staff to achieve an understanding of the ability levels of the children so as to be able to carry out effective assessment as against making judgments based on perceptions.
- Workshops and individual sessions with institution staff to progress to the next level of aligning the assessment information with designing engagement activities for the children as against keeping the children busy and/or engaging in activities as per existing practices.
- Workshops and individual sessions with institution staff to be able to review the efficacy of existing practices and bring about necessary modifications.
- Sessions with the children as demonstrations for the institution staff to observe and replicate.
- Sessions with the institution staff to identify systemic issues that hinder their work and brainstorm on probable solutions.

Table 2(h): No. of Children & Caregivers Reached, July to September 2016

Institution	No. of Caregivers (agency staff/ parents)	No. of Children Reached
Shishu Bhavan	1	15
Belaku	40 (10 staff & 30 parents)	-
Government Home for Mentally Retarded Boys	5	16
Total	46	31

The variation in our approach is based on differences in organizational structure and mandates as well as the needs and psychosocial contexts of the children. For instance, children in MR Boys’ Home and Shishu Bhavan are destitute/ orphan/ abandoned but children in Belaku, in addition to school support, belong to families; thus, the Project works with only the staff in the former agencies but extends support to parents in the latter. Shishu Bhavan, a missionary agency, which due to their religious motivations and purpose, has very defined roles for their work force and very regimented systems of checks and balances to ensure cleanliness, health, hygiene and pastoral care of the children. In contrast to this, the MR Boys’ Home suffers from paucity of staff resulting in gross negligence in very fundamental areas of hygiene and grooming.

Agency (A) Shishu Bhavan (a child care institution for orphan/abandoned children with disability)

Target Group Orphan/ abandoned children with locomotor disabilities (however, children with other developmental disabilities such as speech and cognitive problems have also joined the classroom)

Objectives

- To integrate education into the existing care giving system.
- To create a space for running structured developmental & educational activities.
- To train 2 persons to run the activity space on a regular basis, by equipping them with conceptual understandings of child development & education and the skills to engage the children in daily activities.

Activities

A regular school room has been running over the past 10 months. Initially, only children with locomotor disabilities (normal cognitive functions) were part of the activity group. Now, children with other developmental disabilities spend some time in the school room.

Project staff built the capacity of 1 caregiver to be the children's teacher, helping her to understand the learning needs of the children, assess the levels of the relevant skills & design teaching-learning activities for each child. Differentiated teaching is practised: the teacher does different activities with each child according to his/ her needs and abilities and based on the current skill level of the child.

Activities focus on the various domains of development as well as academic learning. For instance, activities such as colouring, drawing, sketching play with beads/ blocks (for fine motor skill development), conversation, rhymes, loud reading (for speech enhancement); specific activities are done to enhance reading & writing abilities.

Achievements & Impacts

The caregiver/ teacher now appreciate the difference between care-giving (for basic needs) and care-giving with the objective of ability enhancement. Her own ability to design activities which are meaningful for the children, to innovate and introduce changes, to effectively manage the group has greatly been strengthened.

As a result, Children are now more comfortable as they have a structured schedule to follow; they have something to look forward to everyday (previously not there) and are meaningfully engaged for several hours per day. Their self-esteem and confidence has increased considerably as they understand what and why they are doing—so that they are even able to impart some of the activities to the younger, less abled children; they also converse more than they did before. The children have a kind of aspiration realization because they have been able to assimilate the experience of a school within their Home/ environment. The learning on all fronts is more tangible for both teacher and learners as it is moving along a pre-planned route (as opposed to being random or sporadic).

Next Steps & Ways Forward: To allow the teacher to continue school room and teaching activities more independently with regular but reduced Home visits and support.

Agency B: Belaku (a special school for children with disability)

Target Group: Children with multiple disabilities

Objectives:

- Assessment and evaluation through capacity building of teachers and parents.
- Demonstration of techniques of intervention to teachers.
- Workshops on parenting, including provision of home-based programs tailored to needs of individual children.

Activities:

Teachers have been trained in the domains of child development, which they then applied in practice whilst conducting assessments to understand the specific abilities and needs of each child. Teachers were trained to use a functions check-list to understand the level of each child, to group the child accordingly and implement interventions. The Project staff is also working with the management of the agency to change their expectations of disabled children's learning and base their decisions on a more scientific understanding of needs and abilities of children.

Work with Parents: The teachers had reported that there was a discrepancy in parental expectations and children's abilities. So, teachers were being forced to make unacceptable compromises such as academic teaching on subjects and concepts beyond children's abilities and needs. For this reason, the Project team decided to address the parents through a series of workshops, the first of which focussed on awareness and acceptance issues-- what it really means to be the parent of a child with special needs. The workshop covered the following issues:

- Validation of how difficult it is to be the parents of a child with special needs (for self as well as in the social contexts of family and society);
- The criticality of parents' understanding of the child's disability/ medical condition (the jargons and repercussions of the condition)—this was specifically aligned to help parents set realistic expectations of learning outcomes for their children;
- Acceptance of the disabled child, using the grief model (7 stages of acceptance) to enable parents to come to terms with their own responses of denial, grief and anger; this led to further discussion on the parents' abilities and willingness to seek relevant and valid help for the child i.e. it touched on cultural practices of seeking help from alternative/ non-medical sources such as religion and astrology.
- The needs of the parents of a special child i.e. physical, social and psychological needs, to emphasize that only a healthy parent can take care of and fulfill the very demanding needs of a child with special needs.
- The importance of a strongly bonded and unified family unit, which is the fundamental requirement of a child with special needs—with discussions on practices that would ensure rest and recreation time for the primary caregiver.
- Parental anxiety on the fate of the child when they are no longer around i.e. 'what after me'—this was linked to the initial issues of understanding and accepting the child's condition in order to be able to plan and design interventions to ensure the child's independence and financial support (to the extent possible).

Following this, some parents approached the school authorities seeking individual appointments with the Project staff to get information and support on understanding their child's condition and effective home-based programs and interventions. The interventions were customized to meet the needs of individual children and their parents but broadly, they

included: meaningful engagement of the child at home, management of behavioural difficulties and understanding children's assessment/ diagnosis reports more in depth.

Achievements & Impacts

The teachers now see the importance of analysing their own practice and using methods that actually cater to the needs of the children rather than fulfil a pre-set notion of school engagement for children with disability. They did not have clear assessment protocols for the purposes of grouping children as well as designing teaching-learning activities to suit specific individual needs of the students; they now have that in the form of the simple functional checklist the Project has trained them to use. Further, the checklist enables the teachers to prepare better informed and more relevant progress reports that are shared with the parents. The parent workshops have triggered a tremendous response in parents, urging them to seek accurate information from accredited sources, about their children's conditions, and to review their home-based care-giving practices.

Next Steps & Ways Forward: To continue parent workshops and individual parent support; building teacher capacity to review their children's groupings (based on the assessments) and design suitable teaching-learning activities.

From the Field Workers' Diary...

Belaku: Session with Teachers of Children with Disability

No of teachers: 6.

Total no of sessions: 8

Belakku, an NGO which works with children with special needs to make them self sufficient in day to day activities approached us to help them work with the children in their school. Belakku currently has 54 children. It caters to children with Intellectual disabilities, Autism, Cerebral Palsy, Multiple disabilities, learning disabilities, visual impairment, speech and hearing impairment. The children are divided into 4 groups based on their age and an estimate of their diagnosis. They have 6 teachers plus a physiotherapist to assist the children.

They requested assistance on the following issues:

1. Assessment of IQ and diagnosis of the condition of the child.
2. Efficient grouping of children based on the diagnosis made. This will help both the children and the teacher to learn and teach efficiently.
3. An orientation to the parents of these children, a first level discussion about their problems, health and hygiene of the children. What to do and what not to.
4. To give an education to the parents about the different aspects of these disabilities.
5. To help them chalk a routine at school and home for the children.
6. To cater to the socio emotional aspects of the children this helps them understand the behavioral problems in the children.
7. To help the teachers understand the nature of disability better. To teach the children life skills required to them.

It was decided that the children need to be assessed first. Using FACP a new questionnaire was formed to assess the children. The questionnaire included questions for 6 areas of development that is motor, language and speech, cognitive, social, emotional and behavioral and self help skills. The school requested the project team to make the questionnaire in kannada and it was done so. Below is the questionnaire. This questionnaire is for the pre primary level assessment of the children.

Key: + = yes, C = occasional cues, PP = physical prompting, VP = verbal prompting, GP = gestural prompting, M = modelling, NA = not applicable, NE = no exposure, --- = no, (Specify if any other)

Loco motor skills (gross and fine motor skills)	Month/Date			Comments
Gross motor skills.				
1. Can walk and run.				
2. Can lift and carry objects(such as school bag etc)				
3. Throws a ball				
4. Jumps in a place				
Fine motor skills.				
5. Holds a pencil to scribble or draw.				
6. Folds paper into half.				
7. Takes out small objects from container.				

Speech and language skills.				
8.	Makes no sound at all.			
9.	Can say two syllable words like amma, appa, bye			
10.	Does child ask question "what is this?"			
11.	Combine 2-3 different words to convey a need.			
12.	Names common object if pointed to.			
13.	Can recite simple 2-3 line (nursery) rhyme.			
14.	States what action is being performed when picture is shown.			
15.	Able to speak full sentences of at least 6-7 words.			
16.	Able to describe a place/person/event. (Ask child to describe his/her teacher or school or friend).			
17.	Repeats words spoken by another person in a meaningless manner.			
Self help skills.				
18.	Chews and swallows food when placed in his mouth or eats independently.			
19.	Mixes and eats by self.			
20.	Holds and drinks from cup/glass.			
21.	Indicates toilet requirements.			
22.	Uses toilet appropriately.			
23.	Takes off clothes/undergarments when unbuttoned.			
24.	Wears slippers, shoes.			
25.	Washes and wipes hand when needed.			
Social skills				
26.	Responds to people calling his name and sounds around him			
27.	Makes eye contact.			
28.	Recognizes and names family members and familiar people like mom, dad and teacher.			
29.	Shares things when requested.			
30.	Understands and plays simple games with other children by taking turns to play.			
31.	Plays make believe games like ("teacher", "house").			
32.	Understand social spaces school/classroom/street/home and appropriate behavioral norms			
Readiness/cognitive/academic skills				
33.	Points or names body parts when asked.			
34.	Points or names 10 common familiar objects when asked			
35.	Traces on a given diagram.			
36.	Joins dots to form pictures.			
37.	Copies a given figure/diagram.			
38.	Names common colors.			
39.	Colors with a crayon			
40.	Groups objects according to size.			
41.	Can tell more or less quantity.			
42.	Counts and gives objects up to 10 when not asked sequentially.			
43.	Points to letters on a chart when not asked sequentially.			
44.	Points and names 5 pictures of animals.			
45.	Points and names 5 pictures of fruits.			
46.	Writes numerals up to 5 when given dictation not sequentially.			
47.	Writes letters when given dictation not sequentially.			
48.	Follows and responds to simple command with/without gestures.			

49. Differentiates money from other objects.				
Emotional and behavioural				
50. Can recognize common emotions (when pictures of faces are shown).				
51. When upset/frustrated, can be easily comforted.				
52. Is explorative and curious (not inhibited/ anxious).				
53. Is comfortable when mother or caregiver is away or leaves the room.				
54. Helpful and caring of other children (shares toys/ comforts others when hurt or crying)				
55. Is any repetitive behavior observed like repeated cleaning of hands or head banging or hand flapping?				
56. Able to report feelings/ emotions (I felt angry when...)				
57. Any other (specify)				

The teachers were assembled and told that the project has made a pre primary level assessment tool to assess the children and this will help the teachers not only to assess the child's development till date but also to maintain a record on the child's development every month. This can also be shared as a progress report card to the parents which will help them understand the growth or improvement of the child. The teachers were told that one of the project members will explain the questionnaire to every teacher.

In order for the teachers to understand the developmental areas better, they were made to play a game. The game had three sets of cards. Set 1 had the names of the developmental area, set 2 was needs and opportunities and set 3 was ability and skills. These cards were placed on the floor at the top forming three columns for each developmental area. The age cards were placed 0-teen age. For ex: social development, next to it the needs and opportunities card was placed and next to it the skills and ability card was placed. So on all the 6 developmental area cards were placed.

A set of cards had different statements related to the developmental area, the task given to the teachers was that they had to read the statement in the card, think which development area it belonged to and at what age, whether it was a skill or it was a need and place it in the correct column and row.

The teachers were told to start the game. They all enjoyed the game and were often confused as a few things overlap and come under two developmental areas. After they were done the facilitator explained to them that a lot of times a few things overlap and corrected a few cards that they had placed wrong. The teachers expressed that this game helped them understand the developmental areas better and also gave them an insight about the difference between a need/opportunity and a skill.

The placements of the cards would look like this:

Age	Motor skills	Needs	Skills	Speech & language	N	S	Self help	N	S	Social	N	S	Cognitive	N	S	Emotional & behavioural	N	S

The explanation of the questionnaire was done to all the teachers over 8 sessions which included one session with the parents where our facilitators clarified the doubts of the parents regarding the disability of their children and the problems faced by the children and caretakers too.

Explanation of the questionnaire started with an introduction of the 6 developmental areas. Then the options (key) at the starting of the questionnaire was explained which is the most important tool for this questionnaire. Every question has different keys that the teacher has to pick from based on the response or observation of the child. The different keys are:

Key: + = yes, C = occasional cues, PP = physical prompting, VP = verbal prompting, GP = gestural prompting, M = modelling, NA = not applicable, NE = no exposure, --- = no, (Specify if any other).

The teacher's were told that they cannot answer a question based on a guess. They should either know it for sure or they can ask parents, if both fails then they can give a small task to the child and observe him or her and conclude. The key answers were explained to one teacher at a time. Every session was spent with a single teacher, explaining to her about the key answers and the questionnaire. The explanation for the key answers was: yes- if the child is definitely capable of doing the task asked in the question without any help or verbal input. Occasional cues- the child can perform the task if he is given occasional cues, he needs to be told once to do it and he performs it. Physical Prompting- the teacher has to physically guide the child to the activity. Gestural prompting- the teacher has to guide the child to do a task through gestures, that is through simple signs , no touch or speech involved. Verbal prompting- the teacher has to guide the child to do the task through verbal prompting, that is guiding him through simple words. Modelling- the teacher himself or herself has to perform the task and when the child watches it he or she too follows it. NA- not applicable- a few of the questions will not be applicable for few kids, for example the question can run is not applicable to a child with cerebral palsy. NE- no exposure- meaning the child is not yet exposed to the particular skill, for example can write 1-10, the child hasn't yet been taught to write, but can hold a pencil and draw lines, so the teacher writes NE and in the comments column writes that he hasn't been taught to write but he is capable of holding a pencil and drawing lines. NO- meaning the child has exposure to the skill but even with verbal. Physical and gestural prompting along with modelling he or she is unable to do the task asked.

The important thing to remember in the key answers is the difference between no exposure, not applicable and no. This difference was once again explained to the teachers along with examples and when asked to repeat it the teachers were successful in doing so. The teachers have started assessing every child according to this questionnaire.

Agency C: Home for Mentally Retarded Boys (Government Home for children with Disability)

Target Group: Boys with multiple disabilities (varying levels of intellectual disability)

Context:

The institution is understaffed. Pertinent to this is the lack of permanent cleaning staff. Given that 15 to 20 children at least have a diagnosis of profound mental retardation that renders them completely incapable of any kind of self-help. This paucity of staff becomes even more critical as it directly impacts the personal hygiene and health needs of children. Due to their intellectual disability these boys cannot gauge their toileting needs and end up soiling their clothes and urinating/ defecating in places other than the designated toilet area. In this context, it has also been observed that many of these boys remain in a state of nakedness. As a desperate measure to manage this issue, the authorities actually practice keeping the boys in a state of nakedness i.e. they do not clothe such children to begin with as doing so would entail soiling and therefore frequent washing of clothes. Furthermore, an equally serious violation of child rights is that some of the other boys with comparatively higher mental and physical abilities are tasked with the cleaning of the more profoundly disabled boys as well as of the premises. This is a serious violation of human dignity.

It is also important to note in this context that the authorities have reported to the Project team their concerns about the boys' sexuality issues and 'extremely inappropriate' gestures of physicality and sexuality. These inherent factors actually provoke such inappropriate sexual behaviours. Younger children suffer disproportionately as not only do they have disabilities but since they are smaller and weaker, they become extremely vulnerable to sexual abuse by the older boys; incidents of sexual abuse by the older children towards younger children have been reported by staff and also come to the notice of the Project staff when certain young children have been brought to NIMHANS for treatment.

In summary, it emerges strongly that there need to be enough, willing caregivers to provide the most basic care and protection services that children with disability need. Thus, there is an urgent need for the DWCD to appoint more staff of different cadres to run the Home.

Rationale for Intervention:

In the light of the above-described issues, the Project team formulated a program plan (as described below). Given the shortage of staff and the need for sustainability and maintenance of care, the model will use conditioning as a method of learning/training, specifically targeting immediate needs such as toilet training issues. Second, the Project has initiated work towards identifying a set of children with comparatively higher intellectual abilities to be able to assist the less abled children in different learning processes. What the model envisages is that one adult, while catering to a select group of children, is able to task one of the children of higher ability, to keep another group of children meaningfully engaged at the same time.

It seems that the daily activities that the children are currently engaged in are largely to serve the objective of keeping them occupied. The way in which children are being engaged is random and mechanical. There is a time-table that contains physical activities and reading, writing. However, there seems to be no review of the purpose that these activities serve for these children, or whether they are even designed to cater to their special needs. Second, the current grouping does not seem to have a clear logic to it; there is a very large group that sits in the classroom and the

Hence, the other objective of our work is to get the existing caregivers (who include the Home staff as well as the staff of an NGO called 'You and I') to review the teaching-learning practices such that they are able to understand the reasoning that informs these practices.

Objectives:

- Identify educable children with higher levels of intellectual abilities and functioning.
- Build the capacity of these children to take on leadership roles and give instructions to assist and manage the less able children in the home.

Activities:

Sessions were designed and implemented to identify children's abilities and functionality.

Next Steps & Ways Forward:

To achieve the staff capacity building objective, the Project team will engage in a series of discussions with the staff to talk about their roles as caregivers and to assign specific areas of responsibility to each staff, define activities to engage the children to cater to enhancing their development, and group the children such that each and every child is involved and gets the benefit of a caregiver's attention on the basis of the child's disabilities, levels of functioning and needs. The latter is especially critical because it has been observed that in the present practice, many of the children with extremely low abilities get left out of most of the activity sessions.

The staff discussions will also touch on issues of staff sensitivity to children's special needs: that they should be watchful of becoming inured to the children's conditions as this would result in the risk of acceptance leading to apathy.

From the Field Workers' Diary...

Government Home for Mentally Retarded Boys: Sessions for Children with Disability

A series of activity sessions with a group of selected boys to determine their abilities to follow instructions and convey instructions, with the objective of identifying a group of boys who can be trained to take on second-level leadership roles to help the staff in keeping the other boys engaged meaningfully.

Session 1:

Group composition:

- 16 boys.
- 13 years-20 years.

Objectives:

- To establish rapport with children.
- To get to know them better.
- To assess their ability to follow simple, single-step instructions.

Methods used: Game; Conversation.

Process:

The children are made to sit in a circle. The facilitator introduces herself to the group and asks the children to introduce themselves one after another. The children are able to give their names. These children have been selected for this session by the superintendent as they have mild to moderate ID and can be trained.

The children seem energy-less so the facilitator tells them that they will now play a warm up game. This is also to understand if they can follow instructions. The facilitator tells the boys that when they hear one clap they have to jump once, if they hear two claps they have to jump twice and if they hear three, they have to jump thrice. The facilitator claps once and all the boys jump once, twice and they jump twice, thrice and they jump thrice. Out of the 16, 15 boys were able to follow the exact instructions. The rest of them needed either physical or verbal prompting. After this they were told that now they will play one more game. They were asked to sit in a circle and given a ball. The children are given 4 instructions:

1. Pass the ball to the next person as soon as you hear the song play.
2. When the song stops, whoever has the ball should stand up.
3. He has to either sing or dance for the whole group.
4. The game will continue after the person has performed.

The song was played and the children started passing the ball around, when the song stopped whoever had the ball stood up, came to the centre of the circle and either danced or sang a song. All the 16 boys were able to follow the instructions without any prompting. Each child was given a chance to perform and all of them were very happy. At the end they asked the facilitator also to sing a song. After she sang the session ended.

Observation:

- The children enjoyed the opportunity to participate in a group activity.
- Only 1 boy was unable to follow the given instruction.

Session 2:

Group composition:

- 16 boys.
- 13 years-20 years.

Objectives:

- To establish rapport with children.

- To get to know them better.
- To assess their ability to give simple single instructions.

Methods used: Game; Conversation.

Process:

The children are made to sit in a circle. The facilitator asked if they are ready for another game and the boys scream in chorus saying yes. The session is started with a few body loosening techniques, which later the boys converted to dance. The children are instructed that they will be grouped into pairs for the next activity. After they are paired they are told that one person has to give instruction to the other person to enact a given activity step by step. A demonstration of the activity is done by the facilitator in front of the children. The first pair is asked if they are ready with the activity, they say yes. The first pair, Muttu instructs Seena to prepare tea, the set of instructions that he gives are:

1. Bring milk packet from the store.
2. Open the milk packet using a scissor.
3. Pour the milk into the vessel and get it to boil.(he mentioned that he will use all the milk because he has to serve the whole group)
4. Add tea powder and sugar and boil.
5. Serve in clean cups along with biscuits.

Seena enacts every step in front of the whole group. They perform very well.

Then second pair is asked to demonstrate their activity, they say that they will demonstrate on how to wash clothes. Ranga instructs Ayappa. The set of instructions that he gives are:

1. Pick the clothes that are to be washed from the bucket.
2. Fill the bucket with water and add surf excel powder.
3. Rinse the clothes in the soap water and wait for few min.
4. Take one cloth at a time and wash it using a brush or hand.
5. Then in another bucket fill plain water and rinse the clothes.
6. After rinsing the clothes twist them to drain water.
7. Then dry them out on the ropes in the open area.

The third pair is asked to demonstrate their activity; they say they will demonstrate how to make Subzi.

Manju instructs Vinayaka. The set of instructions given are:

1. Buy the vegetables from the market.
2. Wash the vegetables in clean plain water.
3. Cut the vegetables into small pieces.
4. Keep a vessel on the stove and add oil.
5. After the oil is hot add mustard seeds and add vegetables, salt and the masala powder.
6. Close the vessel for some time, when opened the sabzi will be done.
7. Serve it in a plate to everyone.

Observation:

- All the children responded very well.
- The boys are more participative when the pair is already bonded.
- Only one boy (the same boy mentioned in Session 1) was unable to follow the given instructions.

Session 3:

Group composition:

- 16 boys.
- 13 years-20 years.

Objective: To assess their ability to recognize basic emotions.

Methods: Game; Conversation; Pictures of various emotions.

Process:

The children are seated in a circle. They are asked how their day was and what they have been doing since morning; the boys respond and ask the facilitator too. After the facilitator responds the session is started with a few body loosening techniques and later dance for a few minutes. The boys sit down and are told that they will show a few pictures and they have to recognize the emotion. A set of pictures that depict happy, sad, angry, crying, scared etc are shown to them. Each child looks at the card, names the emotion. A few children are not able to recognize the emotion.

Observation:

- The activity had to be demonstrated several times before the boys started responding accurately.
- 4 out of the 16 boys were unable to identify and name any of the emotions depicted in the pictures.

Session 4:

Group composition:

- 16 boys.
- 13 years-20 years.

Objective: To assess their ability to respond to basic emotions.

Methods: Game; Conversation; A set of pictures depicting basic emotions in different circumstances.

Process:

The children are made to sit in a circle. The facilitator starts the session by asking them about their day and how they are feeling. After the children express the facilitator tells them that in continuation of yesterday's game today they have to actually describe what is in the card and enact it. The children are very happy that they get a chance to act. The session is started with body loosening techniques and a few minutes of dance to their favourite song. They are all asked to sit in a circle and are shown one card at a time. A few children are able to recognize the emotion and describe what might have been happening and enact it appropriately. A few of them recognize emotions, fail to describe the scene but are able to enact the emotion. They enact emotions like happiness, sadness, crying, and anger, fear etc. the session is closed with a laughing exercise.

Observation:

- The boys are very enthusiastic about any activity involving performance.
- 2 out of the 16 boys are able to respond accurately to all the steps of the given instructions.
- 10 others responded accurately in enacting the depicted emotions but were unable to describe the event.
- 4 out of the 16 boys were unable to identify the emotions depicted in the pictures.

Session 5:

Group composition:

- 16 boys.
- 13 years-20 years.

Objective: To assess their ability to follow instructions given by one child amongst them.

Methods: Game; Conversation; Music.

Process:

The children are made to sit in a circle and are asked about their day. After they respond they are told that one of them has to teach dance to the others in the group and they have to follow every step he teaches, they will be given 15 minutes of time for this. The children are very happy and ask for a particular song which the facilitator had. She plays the song and Muttu is elected as the teacher. He starts teaching

them the steps to the song, most of them are able to follow it and a few of them find it difficult to follow his steps but they dance nevertheless with their own steps. After 15 minutes they all perform for the song and most of them are in sync. The session ended with a huge round of applause and laughing exercise.

Observation:

- All the boys enjoy activities involving music and dance, irrespective of their abilities to perform.
- 5 out of the 16 boys are unable to copy the physical movements modelled by the boy teaching the dance steps.

Session 6:

Group composition:

- 16 boys.
- 13 years-20 years.

Objective: To assess their ability to make choices, give and take instructions.

Methods: Game; Conversation; Music.

Process:

The children are made to sit in a circle and asked about their day. After they respond they are told that they have to elect two leaders who will pick their team members and they have to perform a dance. The children are very happy and they elect Muttu and Ayappa. Muttu and Ayappa pick their team members from their group. They are given the same songs and are asked to come up with different steps. They are given 15 minutes. After 15 minutes both the groups perform. Most of the steps are similar. But the group members listen and follow the instructions given by the team leader. After the performances they applaud for themselves and the session is ended by laughing exercise.

Observation:

- The boys are willing to follow instructions given by one of their peers.
- The boys in the leadership role need guidance to help them establish amicable communication with the other boys.
- 5 out of the 16 boys are unable to follow the instructions and copy the physical movements demonstrated by the leaders.

Session 7:

Group composition:

- 16 boys.
- 13 years-20 years.

Objective: To assess their ability to read and write from A-Z and 1-10

Methods:

- Paper, pencil
- Conversation.

Process:

The children are made to sit in the circle and are asked about their day. After they respond they are asked if they know the Alphabet and numbers. All of them scream yes in chorus and tell that the U n I teachers have taught it to them. They show their books to the facilitator where they have written alphabets and numbers. The facilitator tells them that they have to write the alphabets and numbers on the sheet of paper. They agree and start writing. A few of them are able to write without any help, a few of them need help. But most of them are able to finish A-Z with a little help. After they finish writing they ask the facilitator that they want to draw and colour too. They are asked to draw and colour, all of them are happy and do it. The session is ended with a laughing session.

Observation:

- All the boys display deficiencies in spatial orientation on paper.
- 2 out of the 16 boys are able to write the letters of the alphabet without any help.
- 9 out of the 16 boys were able to write with varying degrees of cueing and modelling.
- 5 out of the 16 boys were not able to write even with extensive help.

Session 8:**Group composition:**

- 16 boys.
- 13 years-20 years.

Objective: To assess their ability to decide or choose what they want to do in the session.

Methods: Music; Conversation.

Process:

The children are made to sit in the circle and are asked about their day. After they respond they are asked to choose what they want to do in the session. All of them tell in chorus that they want to dance. They are asked if they all want to dance together or in groups like the other day. They immediately say that they want to dance in groups and one group picks hindi song while the other decides to dance for a kannada song. They elect the leaders and form groups. They are given 15 minutes time. After the given time both the groups perform very well. Almost all the children follow their group leaders and smile during the dance. The session is ended with a round of applause for all the group members and a laughing exercise.

Observation:

- All the boys engage willingly in group activities.
- The boys in the leadership roles make efforts to involve everyone.
- 2 out of the 16 boys were unable to follow all the instructions.

Challenges:

- The children would be frequently called out of the session to cook or clean.
- The facilitator sensed reluctance from one of the staff. They would not give the right time and anytime the facilitator went the staff would ask her to come back later stating that the children are busy doing some work. A lot of times facilitator had to return for the same cause.
- The children are not hygienic; even if there are good clothes they are given old tattered and torn clothes.
- The children are made to clean the bathrooms, are often called out of the session for the same purpose.

2.4. Interventions in Children's Institutions: Children with Chronic Illness

During this quarterly, the Project continued its work in the Dept. of Paediatric Oncology, KIDWAI Memorial Institute of Oncology by conducting assessments and initiating the group session of children between 8 – 13 years.

a) Children Aged 7 to 15 years: Screening and Identification of Mental Health Problems

A total of 25 children were screened by the NIMHANS team where in 13 children between the age of 0-6 years and 12 children between 7–15 years were screened. With a view to identifying emotional/ behaviour problems & developmental disabilities, many children admitted to the children's ward at the hospital were screened.

As per the children's report, 28 child and adolescent mental health issues were identified (one child may have more than one disorder) in this group of children, of which 11 (39%) were emotional problems relating to anxiety and adjustment disorders/ depression; 17 (61%) were behaviour problems such as Anger/ Aggression, Demanding Behaviour/ temper tantrums and Medication/ Adherence issues. (Refer Table 2 (i)). 27 cases were identified by the parents' screening tool, of which 9 cases of emotional issues and 18 behavioural issues were detected.

After the initial screening the children identified with moderate to severe mental health issues were assessed and the first level interventions were provided. The nature of interventions provided to the child consisted of: recognizing and acknowledging (accepting) the child's emotions, providing reassurance, framing the problem in such a way as to help the child gain insight/ understanding of the problem and its consequences, and suggesting to the child certain steps he/she can to reduce the problem. For instance, a child with anxiety was taught relaxation exercises, and a child with anger issues was taught anger management techniques.

Table 2(i): Child and Adolescent Mental Health Issues in Children aged of 7- 15 years, July-September 2016

Child & Adolescent Mental Health Issues		Parent's Report	Children's Report
		No. cases	No. cases
Emotional Problems	Anxiety*	8	9
	Adjustment/ Dysphoria/ Depression	1	2
Sub-Total		9	11
Behavioural issues	Anger/ Aggression	7	6
	Demanding Behaviour/ temper tantrums	8	10
	Medication/ Adherence issues- Refuse for medication and treatment	3	1
Sub-Total		18	17
Grand Total		27	28

*As a particular child may have more than one reason for anxiety to avoid repetition the highest number has been considered in order to avoid double-counting.

** ADHD was not an item on the screening tool administered to children, since they may not have insight on it.

b) Children aged 0 to 6 years: Screening & Identification of Developmental Delays and Deficits

A total of 13 children were assessed aged 0-6 years. Of these, 4 children were aged 0 to 2 years and 9 children were between 3 to 6 years.

In this group of 13 children between ages 0 and 6 years, 19 cases of child mental health issues were identified. Only 1 child had physical developmental delay, and 2 children had speech and language delay refer table 2(j).

The fact that there were no children with deficits in social development, is interesting because usually, children with chronic illness/ who are hospitalized, due to isolation, lack of mobility and limited peer interactions are at greater risk of developing social development deficits. What might account for this not happening in Kidwai, is that these children are in a large general ward type of setting. Consequently, they are constantly surrounded by other children (and adults) and so they have continuous opportunities for play and other social interactions. Moreover, since all the children are ill with cancer, there is no stigma and discrimination felt by these children, and thus no risk of social exclusion either.

Table 2(j): Child Development and Mental Health Risks in children aged 0-6 years, July to September 2016

Developmental Domains and Issues		No. of Cases
Child Development: Delays & Deficits	Physical/ Motor Development	1 (5%)
	Speech and Language Development	1 (5%)
	Emotional Development	8 (42%)
	Social Development	1 (5%)
	Cognitive Development	1 (5%)
Other Child Mental Health Risks	ADHD	7 (37%)
Total No. of Cases		19

*Note: As few of the children have more than one mental health issues. The table shows number of cases, not number of children.

Table 2(k): Emotional Problems in Young Children with Cancer

Temper Tantrums	6(75%)
Separation Anxiety	2 (25%)
Total No. of Cases	8

What is striking is that a majority of children, nearly 42% of them, have emotional problems. of 8 cases with emotional problems, 6 (75%) children displayed Temper Tantrums, 2 (25%) of children had Separation Anxiety issues. Temper tantrums are one of the most common behavioral problems in younger children. They become problematic when they are frequent and/or unmanageable by caregivers. The caregivers in Kidwai said that temper tantrums took the form of kicking, throwing objects, shouting, screaming and crying. Such behaviors were noticed mainly a during meal time and treatment process (which is probably when children feel discomfort and pain). A few parents reported that temper tantrums had increased after coming to the hospital and some of them felt that children were learning such behaviors from other children. Parents find it very difficult to manage temper tantrums behaviors and thus their distress and frustrations are exacerbated.

*Note: The previous quarterly report (April to June 2016) discusses the basis of emotional and behaviour problems in cancer-affected children in detail.

3. Training and Capacity Building

3.1. Response to common mental health issues in Adolescents: Training for high school teachers of Anekal Taluk.

The Dept. of State Educational Research and Training, South Zone had requested the NIMHANS Dept. of Child Psychiatry to provide high school teachers of the Anekal taluk with an overview and understanding of mental health issues among the adolescents. With extensive experience in working with government school children, the Project conducted the session. A total of 57 teachers had attended the session from over 51 Government and Government Aided schools.

Session Content:

- Listing of Common mental health Issues in Adolescents
- Understanding the Basis of these Mental Health Issues
- How to Identify Respond to Common Mental Health Issues in Adolescents
- Criteria for Referral to Tertiary Care
- Basic Skills and Techniques of Counseling.

Common problems and concerns of teachers were discussed including indiscipline, lack of motivation, inattention, irregularity, poor performance etc. were also discussed. To facilitate reflection on issues of academic pressures, focus was directed to the present education system: how it focuses more on rote learning instead of appreciating knowledge and skill-based learning, that is repetitive, burdensome, and stressful.

Finally, the discussion focussed on how small changes, to enable a child-friendly environment through appropriate learning materials, support system and changes in our attitude towards children, could help in impacting the present education system. Instead of making children fear academics, including child/ learner-friendly objectives and appreciating children's concerns will help us in freeing them from unnecessary academic expectations.

3.2. Training of field workers of Action Aid on Child Psychosocial Care for Children in Difficult Circumstances

Action Aid is an international non-governmental organization whose primary aim is to work against poverty and injustice worldwide. The agency also works with children in vulnerable circumstances, assisting the children by providing educational, social and financial support. In this, one of the gaps they felt they had in their services was that of mental health assistance. Hence, they approached the Project to help and assist them to develop a basic screening tool for mental health issues for the children.

The Project however moved beyond the mandate of the development of a mental health screening tool to enable the Action Aid field team to understand the basics of child psychosocial care for children in difficult circumstances i.e. this was based on the premise that field workers will be unable to accurately screen children for mental health issues unless they understand the contexts and problems of these children. The project thus conducted 5 half-day training workshops to equip 4 Action Aid field workers with the requisite conceptual frameworks and skills.

Feedback from the Action Aid field workers at the end of the training sessions revealed that the training support sessions had been instrumental in:

- Helping them gain deep insight into the workings of the mind of children in vulnerable circumstances.
- Understanding the significance of acknowledging and validating the child's emotional state as opposed to simply providing advice.
- Developing a non-judgmental attitude towards the children with behavioral issues.

Following the training sessions, the Project provided the Action Aid workers with a tool designed to aid them with the screening of children with mental health issues (this is the assessment protocol that the Project uses in provision of psychosocial assistance in institutions and from difficult circumstances).

3.3. Training for Integrated Child Protection Scheme (ICPS) Staff, Gujarat

a) 6-Day Workshop in Gandhinagar

Following the 1st level training in May 2016, the second level training workshop was held for the 35 Gujarat ICPS staff (i.e. the same staff who attended the initial workshop) in August-September 2016. The first 2 days were spent on case conferencing—in which the participants presented children/ cases they had worked with following the first workshop, using the tools and methods that had been shared then. While a few participants had used the tools and methods taught previously, many had not. The NIMHANS team did a refresher of previous material and concepts taught, also emphasizing the need for the participants to use the learning i.e. engage with children and experiment with tools and methods, without which theoretical learning would not be consolidated.

The next 2 days of the workshop focussed on new material, namely working with children in conflict with the law (CICL). The issues covered were: understanding who CICL are pathways to offence, analysing psychosocial issues in CICL, psychosocial & mental health assessment of CICL and life skills and other therapeutic interventions to enable (behavioural) transformation in CICL. As before, participatory and creative methods were used, with a focus on practical skill building.

The last 2 days of the workshop were devoted to practical field demonstration and on-the-job field training: the NIMHANS facilitator accompanied the ICPS staff to their field sites, namely the Observation Home (for CICL) and other child care institutions housing children in care and protection and demonstrated individual and group methods through direct work with children. The ICPS staff therefore had opportunities to try out the assessment formats and group methodology in a guided/ supervised manner, and for depth discussions on responding to field realities and challenges.

This field demonstration component was an add-on that the Project experimented with for the first time in its capacity building activities. It emerges, perhaps for obvious reasons, as the most powerful component of the training workshop as reflected in the feedback from the Gujarat ICPS team.

Implementing Field Demonstrations & On-the-Job Training

Day 1:

The participants were divided into two groups, Group-A and Group-B.

Morning session:

After a small briefing about the objectives, Group-A went to the Ahmedabad Observation Home wherein they -

- i. Practiced the skills that they learnt from the previous training sessions (4-Day training sessions for IPCS Staff) by directly working with children with the help of the facilitator who assists and guides them. This mainly constituted administering the assessment form for Children in conflict with the law.
 - ii. Learned by observation as the NIMHANS facilitator conducted life skill sessions with the children.
- Group-B watched a film called “Nandan” and make individual notes on how the situations arising in the movie could be used effectively to draw inference regarding conducting group sessions with children. The notes taken were discussed with the facilitator post movie and inputs were exchanged.

Afternoon session:

The groups were inter-changed and the morning's activities were repeated again.

Day 2:

Morning Session:

As the participants asked to observe more group work sessions, they went to a Shelter Home for Girls who were rescued from sexual abuse situations (POCSO cases). The participants observed as the facilitator demonstrated two life skills sessions:

1. Movement game - Who am I and Who is everyone else? (rapport building game)
2. Feelings. (to enable children to start talking about feelings and emotions)

Afternoon Session:

The facilitator shared various methods and materials developed by the Project useful for conducting life skill sessions with children. Discussions focussed on the following:

- Use of multiple methods/techniques such as Art, Pictures, videos/movies, acting/role play, narration/discussions, stories, music, dance/movement etc., and adapting these according to the children's interest.
- Time management and prioritizing the cases according to severity and emergency.
- Involving institution staff, such as teachers, guards, POs and other support staff in the process of assistance to children by creating awareness among them about child mental health.
- Promoting peer support by introducing buddy system and forming support groups among children.

Feedback from the participants:

- The participants felt that the sessions were very helpful in gaining a practical understanding of the basic techniques of counselling.
- They confessed that prior to the field training sessions, there was always hesitancy on their part to broach the sensitive subjects with children, for fear of upsetting them further, but now they better understood how sensitive issues could be broached.
- They were truly convinced now about how the children love to be engaged in creative (learning) activities, given their eager and enthusiastic response to the group session demonstrations. Participants also therefore gained an understanding of the importance of group work as a method to reach out and work with (increased number of) children.
- They realized the usefulness of creative techniques such as films/photo/role play in therapeutic work with children.
- They understood better how to use the assessment protocol for children in conflict with the law.
- They also gained an insight into how often the children are eager to open up and how it is really a matter of creation of a safe space, listening and availability on the part of the staff/ facilitator.
- They requested many more such practical training sessions in the future.

b) Field Visit to Bangalore:

In continuation with the ongoing discussions between Social Justice and Empowerment Department (SJ&ED), Govt. of Gujarat; UNICEF, Gujarat; and NIMHANS, Bangalore, and the Gujarat ICPS's interest to replicate NIMHANS's Community Child and Adolescent Mental Health Service Project, a team of 4 (2 Gujarat ICPS staff and 2 UNICEF staff) visited Bangalore. The one-week orientation and field visits were aimed at understanding the model adopted in the state to provide preventive, promotive and curative mental health services to children in schools and child care institutions and corresponding capacity building initiatives for child care service providers. The Gujarat team accompanied the Project team to various field sites observing how individual and group services were conducted for various types of children. During their time with the Project, they received an exposure to work in 2 schools (where individual interventions for emotional & behaviour problems and remedial education workshops were demonstrated) and 8 child care institutions (where they learnt about life skills sessions on emotional development/ sex and sexuality and developmental interventions for children with disability).

The Gujarat team was very enthused by Karnataka's model for child psychosocial care for vulnerable children, as implemented through the DWCD-NIMHANS Community Child & Adolescent Mental Health Service Project. They are keen to replicate the same in their state and following their field visits, engaged in planning exercises, in which the Project team also assisted them.

3.4. Orientation Session on Child Psychosocial Issues in Cancer-Affected Children

Based on the Project's initial work with the cancer affected children in the Dept. of Paediatric Oncology, KIDWAI Memorial Institute of Oncology, a session on "Preliminary Work with Cancer-Affected Children: A Psychosocial Needs Assessment" was conducted by the Project team in KIDWAI Hospital, for the Dept. of Paediatric Oncology. A total of 15 faculty/doctors working with children and cancer attended the session. The needs assessment findings were presented (already documented in detail in the previous quarterly report) and issues such as illness and disclosure and other emotional and behavioural needs of the children were discussed. Despite extensive discussion, however, the treating team of doctors/ faculty seemed unable to understand the need for psychosocial interventions for this group of children; although quantitative data was presented on children themselves feeling anxiety about the illness and expressing the need for disclosure, the Kidwai team continued to question the need for disclosure and discussion of illness with children/ anxiety-alleviating methods.

4. Material Development

During this quarterly period, work continued on the Handbook for Teachers on School Mental Health, detailing first level responses to help them manage those problems which are at mild to moderate levels, in school. While response to externalizing disorders (such as ADHD, conduct disorder, substance abuse, truancy and motivation issues), further documentation on responses to internalizing disorders (such as anxiety, depression, trauma and abuse) was done.

Further, illustrations are in process for the child sexual abuse prevention and personal safety modules developed for children. These modules contain story series requiring pictures and illustrations, which are being completed by artists identified by the Project team.

5. Advocacy and Coordination

In continuation of efforts to obtain permission to provide services in the Observation Home, Madiwala, the Project made repeated requests to the OH superintendent, DCPO and the ICPS Director (of DWCD) to arrange for a meeting with the new JJ magistrate. However, none of the DWCD staff were able to assist the Project team. Eventually, the team contacted the JJ magistrate directly and met with him in his chambers to explain the Project mandate and work with children in conflict with the law. Following the meeting, and the magistrate's understanding of mental health assessments and interventions for children in conflict with the law, and his willingness to collaborate, the team has been able to work more efficiently in the OH. Several referrals have been made by the magistrate to the Project team to assess and treat both those children residing in the OH as well as those who come into conflict with the law but are not housed in the OH. Detailed assessment reports and treatment recommendations have been provided in response to the magistrate's requests for assistance to various children; in fact, the magistrate has also been using the Project team's assessment reports to make some decisions regarding granting of bail to children who do not appear to have committed any offence.

6. Operational Challenges

As previously stated, obtaining skilled staff to work on the Project is a huge challenge. Walk-in interviews were conducted only in the previous quarterly (June 2016), following which a new project officer was recruited. However, the position is vacant again as of end of September 2016. With the increasing demands made of the Project services as more and more child care institutions are keen for our support, lack of staff is an on-going challenge. The post of project officer will be re-advertised soon. Meanwhile, the Project is constantly on the look-out for part-time resource persons with skills in various creative methods such as theatre and art so that these persons may be used to deliver life skills education and preventive-promotive group activities (that do not require depth clinical knowledge and skill) in child care institutions.

7. Plans for Next Quarterly, October to December 2016

- Continue individual and group services in government and non-government child care institutions, with possible expansion to more institutions. For instance, the Project now has permission to work in the Government Girls' Home; and Shishu Mandir, the Government Home for children between 0 to 6 years has made a request to the Project to provide detailed psychosocial/ developmental assessments to the children, based on which the Home can make decisions about child care and placement.
- Extend and strengthen the Project's activities in agencies working with disabled children.
- Continue with the next phase of the remedial education program in government schools (including training workshops for teachers and classroom demonstrations).
- Continue with material development, with particular focus on the art work required for children's activity books.
- Implement a 1-day workshop for JJ magistrates on 'Psychosocial & Mental Health Vulnerabilities of Children in Conflict with the Law'.
- Provide level 3 training for Gujarat ICPS staff (on issues relating to Life Skills).