

Psychosocial & Protection Issues for Early Childhood Care and Development

**Training Manual for Anganwadi/ Pre-
School Teachers**

Developed by

**Initiating Community based Services for
Early Childhood Care & Development**

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1. INTRODUCTION

1.1. Breaking the Ice

Methods: Interactive game

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

Time: 15 minutes

Process:

- Ask the participants to form a large circle. Tell them that you will play music. While the music is on, they have to move around exchanging handshakes with as many participants as they can. When the music stops, they have to freeze. (Do it).
- Now ask them, "Who are you?" Ask them to introduce themselves by name, to the participant standing nearby.
- Start the music again and ask the participants to move and shake hands as before. Stop the music and ask another question such as 'one fun fact about yourself?'
- Repeat the process multiple times, varying the questions each time, starting with 'who are you?' and adding a new question such as:
 - What are your hobbies?
 - Your favourite film/ your favourite actor?
 - Why did you choose to work with children?
 - What's one thing you can't live without...?
- Tell the participants that they need to ensure that they talk to someone different in each round/ when the music stops and the question is asked.

**You can tell the participants that this is a good ice-breaker to use with children...and the questions can include 'what makes you angry?', 'when do you feel happy?', 'one thing you love about your friends?', 'One thing you don't like about school?'...and so on to get to know a new group of children.*

1.2. Our Learning Objectives and Methods

Method: Discussion

Materials: PPT Slides

Time: 20 minutes

Process:

- Welcome the participants and introduce the objectives of the training as follows:
 - To understand basic child development in early childhood.
 - To learn and develop skills to conduct various early stimulation activities in five domains of development.
 - To enable the teachers to identify basic emotional and behavioural problems among young children.
 - To introduce the concepts of art/ play/ storytelling to address the basic emotional and behavioural problems among young children.

- To enable teachers to understand the context of child abuse and neglect including - Physical, emotional and sexual abuse.
- To enable the teachers to identify and address the child abuse and neglect including Physical, emotional and sexual abuse and protection needs of young children at a basic level.
- To enable the teachers to use sexual abuse prevention module with children.
- To enable the teachers to use the basic assessment format to identify child developmental, protection and mental health needs & issues.
- To enable the teachers to develop and use low cost aids for children's early stimulation.

- Introduce the methods that the training workshop will use:
 - Slides/ materials
 - Do-and-learn (skills) such as role plays and case-study analysis
 - Participatory group activities and discussion
 - Film viewing and perspective-taking

- Explain how this training will be done, not in one session or in continuous 2-3 day sessions, but will include few one-day workshops, and weekly 2-3 hours training sessions in their anganwadi circle so that the learning will be a continuous process and each week new things will be learnt.
- Explain that the training/workshops will not use lecture methods (which are boring and tedious). Instead they'll feature creative, participatory methods to enable participants to bring in their experiences and reflect on children's issues and methods for use in child work.
- Emphasize the importance of skill building—how this training may be different from others as it not only helps us understand issues and concepts (which are important) but focuses heavily on how issues and concepts need to be translated into skills— skills without which participants' theoretical knowledge is of no use in the field (i.e. not helpful to children). So, the workshop will entail a lot of practice to learn skills.
- Request the trainees to participate freely—explaining that the workshop is not about 'right' and 'wrong' responses but about sharing, reflecting and also critiquing thoughts and ideas, in order to allow for new learning to emerge as well as to refine existing learning on child work.
- Let the participants know that this training is NOT going to equip them with depth therapy methods to deal with children's problems (more complex issues pertaining to abuse, trauma and children in conflict with the law will be addressed in later workshops); that this workshop will be looking at the basic child development, mental health and protection issues among young children.
- Address any other expectations that the participants may have of the workshop.

1.3. The role of an Anganwadi / Pre-School Teacher

Objectives:

- To help teachers redefine and re-explore the importance of their work and role as an anganawadi / pre-school teacher.

Concept:

When we are involved in various activities/responsibilities, we tend to be engrossed in our routine so much that we tend to forget the main objective/goal of our work. We are always worried about maintaining records/books, attending meetings, filling up forms, distributing food and so on. We do not spend time to focus on the importance of early stimulation and pre-school education. So now let us re-explore and understand the importance of anganwadi worker/pre-school teacher in shaping young children's future.

Activity: Role of Anganwadi teacher/ pre-school teacher

Method: Role play, listing and discussion.

Materials: None

Process:

- Introduction: Now, let us consider that an Anganwadi/ Pre-school teacher has been awarded "Best Teacher" for her extensive work with young children for the past 25 years.
- Ask one of the teachers to volunteer to take the role of the Best Teacher who will be receiving an award.
- Tell them – "Usually when a person is awarded for his/her achievements in their professional life, during the award ceremony, all the achievements and great service they have provided will be mentioned/read out."
- Now ask all other teachers in the group to list out various achievements that the best teacher had made during her professional life. Ask them to also mention her good qualities, new initiatives she had taken and other great services she had rendered to the children and the community.
- Provide hints and suggestions for the teachers if necessary. Provide opportunity to all the teachers to list at least one quality/achievement.

Discussion:

- Ask why this activity was done.
- Ask them whether the list was sufficient enough for a teacher to receive an award
- Ask them whether there were qualities that they possess
- Ask them whether there were things in the list they would like to incorporate in their work or things which they wish to achieve during their professional life
- Discuss how It is not important that we should receive an award for our work/ service but, in the end, it is only important that the children and the community in which we work benefit and we, as anganwadi teachers/pre-school teachers, play an important role in young children's lives.
- Discuss how 90% of the brain development occurs in the first 5 years of the child's life and those years are spent mostly in the pre-school. Thus, anganwadi teachers/pre-school teachers play a crucial role in the shaping the children's future.

2. CHILDREN AND CHILDHOOD

2.1. Setting the Tone: Reconnecting with Childhood

Objectives:

- To sensitize participants to young children and their childhood experiences.
- To enable them to be aware of and alert to young children's experiences and emotions.

Concept

Let us set aside psychosocial and mental health issues and responding; let us just think and talk about young children and childhood... by re-connecting with our own childhoods and remembering what our lives were about when we were as young as 3-5 years...people, places and events...how we felt—things that made us happy, sad, angry...who were we as children? How did we perceive the world as children? What did we experience and feel? We are going to do a simple visualization exercise to return to our childhoods.

Activity for Re-Connecting with Childhood

Method: Visualization and sharing

Materials:

None

Process:

- Request participants to set aside their note books/pens (no note taking to be done now).
- Ask them to close their eyes and remember their childhood days. Ask them to remember the first memory they have of their childhood, i.e. when they were as young as their pre-school children. They may revisit people, places, events that occurred then.
- When they are ready (after about a minute or two), ask them to open their eyes and to share the images that came to their minds.
- Repeat the process (of visualization) by asking them to revisit people, places, events that occurred then with reference to: i) happy early childhood experiences, ii) difficult early childhood experiences
- iii) Traumatic early childhood experiences.

***Note:** Be prepared for some participants to become very emotional (to even cry) when sharing difficult and traumatic experiences. Acknowledge the courage of the participant and thank him/her for sharing his/her experience, credit the group for creating a safe space for difficult sharing, offer comfort (within the group) to the participant in a gentle and reassuring manner before you move on with the session.*

Discussion:

Ask the following questions:

- Why was this activity done?
- How did you feel when you re-visited happy memories versus difficult and traumatic ones?
- Who helped/ how did you cope?
- The importance of being in touch with your own childhood so you know what it is like to be a child, what makes children happy, angry or sad
- How this sensitivity is essential to working effectively with children
- The impact of childhood memories—how childhood events and experiences still impact us in adult life and therefore how childhood experiences, especially those of trauma and abuse, can never be undermined.

2.2. Child Development Basics

Objectives:

- To understand the 5 domains of child development.
- To understand how to address children's developmental needs.
- To understand how child development is impacted by deprivation i.e. in young children in difficult circumstances.

Time: 2-3 hrs.

Concept

Child development refers to the abilities and skills that a child has at a particular age. There are, broadly-speaking, 5 domains of child development: physical, social, speech & language, emotional and cognitive development.

Explain how, for each skill/ability that a child needs to achieve (at a particular age), he/she needs to receive certain inputs in terms of activities and opportunities to enable him/her to learn that skill.

Mere knowledge of children's developmental milestones is not useful; what we need to know is how to apply the concepts of child development in our work with young children. So, we are now going to do an activity to help us learn about child development in a practical way—to understand the abilities and skills children should achieve at various ages, and what activities & opportunities we, as pre-school teachers, can use to enable the learning of these skills.

Activity for Child Development

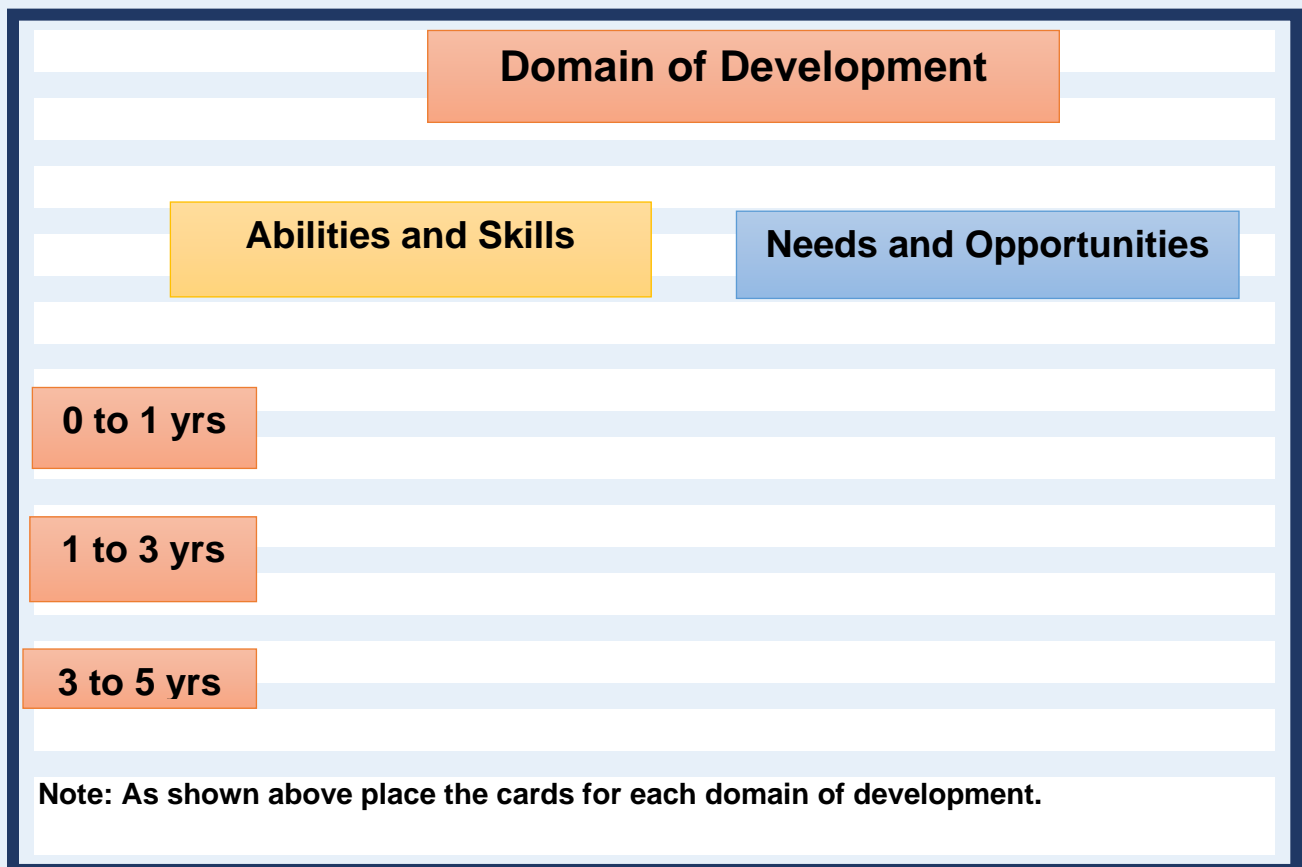
Method: Pile Sorting

Materials: Child development cards (0 to 6 years)

Process 1:

- Place (spread out) both types of child development cards (yellow & blue) on the floor, on one side of the room, so that they are clearly visible.
- Select 5 corners or spaces in the room and place the title cards for each domain, to form a matrix (indicated in the below diagram)
- Divide the participants into 5 groups assigning each group to one of the five domains of child development.
- Explain that there are 2 types of cards 'abilities and skills' cards (in yellow colour) and the 'needs and opportunities' cards (in blue colour).

- Now, ask them to look at the cards and sort/categorize them in two rounds:
 - Round 1: Sort cards into 5 domains of development—wherein each group picks up (both yellow and blue) cards relevant to their domain i.e. you pick up the ‘needs and abilities’ cards pertaining to physical development or social development, depending on which group you belong to; similarly you pick up the ‘needs and opportunities cards’ that pertain to physical development or social development, depending on which group you belong to.
 - Round 2: Within each domain, each group sorts its cards into the three different age groups i.e. decides whether a card belongs in the 0 - 1 yr. age group, 1 - 3 yr. age group or 3 - 6 yr. age group, and places them accordingly in the matrix.
 - Blue cards (‘Needs & Opportunities’) should be placed not only within the requisite age group but also in such a way that they match the yellow ‘abilities & skills’ cards.



Note: A card generally needs to be read carefully to see which primary domain the skill belongs to (the domain in which the skill applies i.e. the context is the secondary domain) and placed in the domain it belongs to. For example, 'Complex use of language for higher level social transactions could belong to two possible domains—Speech & Language or Social Development. But since the card focuses on language skills, the primary domain (and therefore where it needs to be placed) is Speech & Language Development, while the secondary domain (where the skill is applied) happens to be 'Social Development'. That said, some skills could belong almost equally in two domains, so the importance of the activity lies in understanding the concepts of development, not in trying to 'get the right answer';

- When each group has completed their task, ask participants to walk around and inspect others' matrices...and ask for any cards that they feel belong to their own matrix!

Discussion:

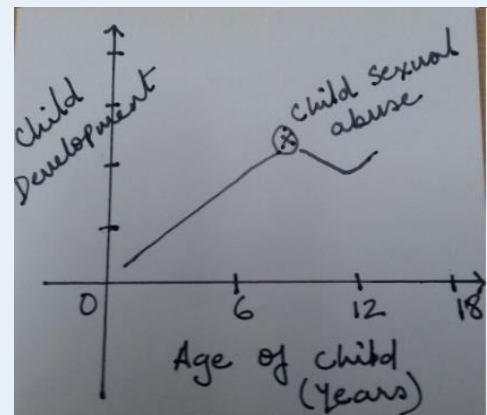
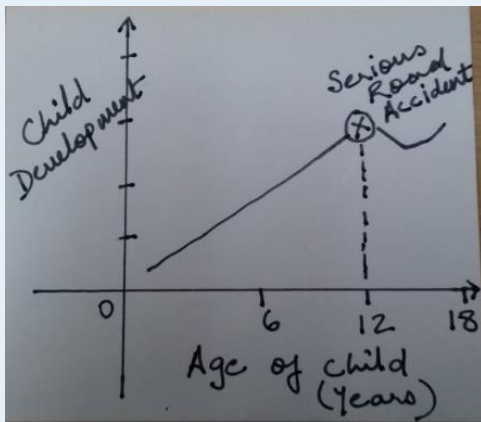
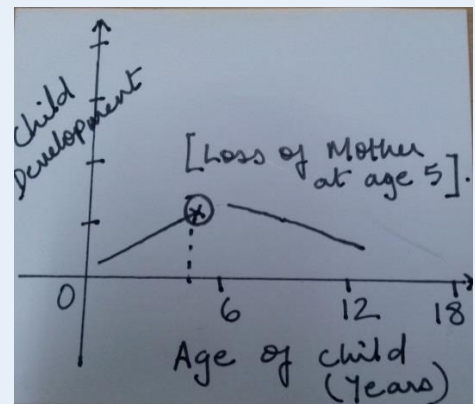
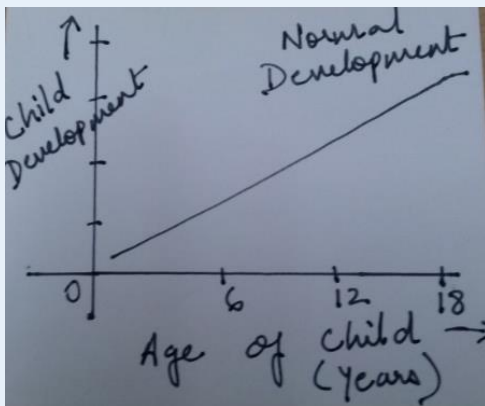
- View the categorization in plenary by (the whole group) moving from one developmental domain matrix to another.
- Highlight specific skills and abilities; ask questions (and encourage participants to ask questions) of each sub-group about their decisions to categorize the cards.
- When you see some cards in a particular domain when they actually belong to another, discuss why they need to be elsewhere i.e. justify why they belong to another domain.
- Discuss the following issues:
 - ✓ A card could actually belong in more than one domain of development—because the developmental domains are not watertight compartments...one domain influences another. For example, children who have deficits in cognitive development are also likely to have gaps in social and emotional development; or children who have physical & locomotor deficits and consequently have mobility issues may also have issues with social relationships as they are unable to play and mingle with their peers, and/or emotional issues as they may have poor self-esteem due to feelings of inability or inadequacy.
 - ✓ Thus, a primary deficit, in a single domain of development, could lead

Let's Talk Attachment...

- Nature of the bond between child and care-giver
- Usually, attachment figure is mother (sometimes there can be extended attachments)
- Strong attachment is related to security and well-being
- Loss of attachment figure (through loss or separation) can give rise to insecurity and related anxiety problems—and later lead to emotional regulation and control problems (excessive anger/anxiety).
- Contexts/ Situations where child is at risk of insecure attachment:
Parental conflict/ Neglect/ Non-response to child's needs/ Physical/ sexual abuse of children/ frequent experiences of separation from caregiver.
Other children: Abandoned/orphaned, Suffering loss in conflict areas, Institutional upbringing, Frequent change of care takers

deficits and problems in other areas of development. So, it is important, even when a caregiver complains about a problem in one domain, to evaluate the child in all 5 domains.

- ✓ Most psychosocial problems in children (even when we have diagnosed them using the child psychiatry disorder approach) may be viewed from a child development lens. For example, a child who has been sexually abused is likely to have problems with social skills (due to the anxiety that he/she has developed after abuse), emotional skills (due to low self-esteem issues); cognitive effects of abuse range from attentional problems and learning difficulties.
- Ask participants to consider the impact of deprivation or life events such as trauma & abuse on child development—such as a young 4-yr old who loses his mother, a 6-yr old who is neglected, a child who is left in the care of her older sibling as the parents are migrant labourers and have to be at work all day, a street child...how might these events and experiences affect child development? What specific domains of development may be affected and how?



Note: The child development skill in this activity refers to normative development i.e. developmental milestones in children who are neuro-typical and do not have intellectual disability. However, this exercise can also be used in disability training to help trainees understand the norms of child development and, consequently, how to understand disability from a deficit perspective i.e. that disability results from the lack of certain age-appropriate abilities and skills.

Completed Matrices could look something like this...



2.3. Power and Rights

Objectives:

- To enable participants to identify and be aware of issues of power hierarchies relating to children.
- To introduce them to child rights-oriented thinking.

Time: 1 hr. 15 min.

Concept

Given their physical maturity and age, children are one of the lowest in the social hierarchy. Add to this factors like their childhood, socio-economic status, gender, disability and HIV status, and some children become meta-minorities—this means groups that are the most vulnerable and also those that are often the most discriminated against and who consequently end up receiving the least access to basic services and other needs.

In a welfare system such as ours, the response of child care service providers to children often tends to be paternalistic. For example, we frequently hear in child care institutions staff telling children 'how we have provided you with everything...and yet you still behave like this' or in case a child complains that the food is not good, 'what food do you want then? Biryani and kheer??'[Ask participants to share their experiences of how caregivers or child care staff often respond to children]. Inherent in these responses is an expectation of gratitude and also the implication that:

- i) Children do not actually have the right to access survival needs;
- ii) The provision or rather the conferring of these rights are therefore conditional i.e. contingent upon their 'good' behaviour.

This attitude is also discriminatory in that it reflects that children in institutions do not enjoy the same rights as those living with their families with regard to survival needs, for the latter are not obligated to express gratitude and behave well (at least not on a continuous basis) in order to avail of care and survival needs.

Further, if we really examine the nature of adult-child relationships, we can see that essentially the basis of these relationships is three-fold: expectation, instruction and obedience i.e. as adults, we have a set of expectations that children must fulfill, instructions they must follow and be unconditionally and unquestioningly obedient at all times! If they do not do this, then the child is labeled as problematic. What we are highlighting here is that there is little dialogue and certainly no culture of conversation in adult-child relationships. Why is this so? Because of power hierarchies...the belief that adults have the right to take whatever actions they want to, say whatever they want to and that children do not...that children must merely be at the receiving end, be accepting (worse still, grateful) of anything they get. For children who come from difficult socio-economic and family circumstances, they are already socially and emotionally disempowered; the response of child care service providers, including counselors, teachers, when they come from positions of power, authority, paternalism or even patriarchy, result in further disempowerment of some of the most vulnerable children.

We therefore need to be aware of the power we hold as counselors or child care service providers and the ways in which we express it. Let us do an exercise to examine our understanding of power and rights, in relation to children.

Activity for Power and Rights

Note: *This activity is optional. If the group is already sensitive to adult-child power issues and is child-oriented, you need not do it. However, it may be useful to do this activity when training house parents, superintendents and other staff who are in decision-making roles in child care institutions.*

Method: Power walk

Materials:

- Labels/ identities of various persons, including children of different ages/gender/abilities, caregivers, childcare workers, people in authority/decision-makers: these need to be cut out
- A list of statements relating to rights. (See below).

Process:

- Give identities (Power Walk Identities) to all the participants. Allot them randomly and ensure that each person gets only one.
- Ask them to spend a few minutes thinking about their respective identities i.e. the realities of the lives of the person whose identity they have taken. How does this person spend his/her day? With whom? What problems would he/she have and how would he/she cope?
- Organize the participants into a single line (at the far end of the room) and read the list of statements to them one by one—allowing for them to respond as required to each one.
- Tell participants: “For every statement you agree with i.e. a statement you can say ‘yes’ to, take a step forward. For every statement you disagree with i.e. would say ‘no’ to, remain in your place”. (Remind the participants that they have to agree or disagree based on their identities).
- At the end of the statement-reading, participants will be spread out—some will have answered ‘yes’ to many questions and moved forward; others will have answered ‘no’ and remained at the back.

Discussion:

- How did you feel as the statements were being read? (i.e. as the person whose identity you were assuming)
- What characteristics can we identify with the people who moved forward? (Age, gender, social and economic status etc.)
- What are the risk factors associated with the people standing at the back?
- For those standing at the back, should they have been able to answer ‘yes’ to most statements? Why? (Introduce the issue of rights)

- Who are the groups of people, particularly children, who are deprived of rights? (List them).
- Would these persons/children (whose identities they have assumed) know of these rights or be able to claim them?
- So, how do power hierarchies play out, especially in relation to children? What are some examples of how power and hierarchy play out in child care institutions? (List them).

Power Walk Identities (to be cut out as separate labels)

| | | |
|---|---|---|
| Grandmother caring for two orphaned children | 4-year-old boy who is orphaned | 4-year-old with physical disability/ restricting movement |
| 3-year-old boy living on the street | Anganwadi Helper | 3-year-old girl in her relatives house |
| Anganwadi Worker | CDPO | 19-year-old woman, pregnant |
| Local NGO Fieldworker | Primary School Teacher (Male) | District Child Protection Officer (DCPO) |
| School Headmistress | Security Guard of a school | Minister of Women and Child Development |
| 5-year-old girl who lost her father | Police Officer (Male) | 6-year-old daughter of local bank manager. |
| Young Female Single Parent with 2 children aged 4 and 6 years | 3-year-old boy with mental disability, requiring 24-hour care | Uncle, looking after 2 children, 8 and 12 years old, who are separated from their parents |
| Local MLA | Chief Minister | Supervisor |
| 6-year-old girl, orphaned and living in institution | Medical doctor (female) | 4-year-old girl abandoned in bus stop |
| 5-year-old boy, orphaned and living with aunt | Disabled & unemployed Father of two children | 12-year-old girl, class leader at primary school |

Statements relating to Rights (To be read out loud)

- I can get warm clothes when the weather gets colder.
- I can access primary healthcare services if I need them.
- I can find out the about world around me through newspapers, television and radio.
- I get the opportunity for play and leisure such as going out and spending time with my friends.
- I am in no danger of being sexually abused or exploited.
- I get to see and talk to my parents (or caregiver) about my problems.
- I can pay for my health-related treatment.

- I am in no danger of being physically abused.
- I can influence decisions that affect me at a family level.
- I went to, or expect to go to, secondary school and complete my education.
- I am in no danger of emotional abuse and neglect.
- I will be consulted on issues affecting children or young people's lives.
- I have plenty of information about health issues that concern me.
- I have adequate food to eat every day.
- I usually get to use a clean toilet and take a shower every day.
- Clean drinking water is always available to me.
- I lost a limb and can access disability service

3. CHILD DEVELOPMENT

Objectives:

- To help teachers to develop nuanced knowledge and skills about the five domains of development - Physical, Speech & Language, Cognitive, Social and Emotional development.
- To enable teachers to learn and develop skills to conduct various activities in five domains of development to promote age-appropriate child development.
- To enable the teachers to understand the importance and future implication of early stimulation in each domain of development.
- To help teachers to understand the concept of under-stimulation in all five domains of development and help them to identify it.

Concept:

Under-stimulation means not receiving age-appropriate early stimulation and learning opportunities for development in key domains of development. We need to understand the risks under-stimulation may pose to the child's development, especially in children who come from vulnerable background. Developmental delay may be either due to congenital issues, some form of disability or, as in many cases, due to under-stimulation.

Providing opportunities for children to play, explore and learn is very critical for the overall development of a child. In the Indian context as well as in other parts of the world, children are often exposed to poverty, violence, conflicts, trauma, and challenging social & physical environments. This limits the degree of opportunities that they get to learn and the level of stimulation that they would get at home & by their caregivers. Under-stimulation has a lifelong impact and implications on the child's education, income, health, fertility rates and delinquency, and jeopardizes the development & wellbeing of future generations.

3.1. Physical Development

Objectives:

- To enable the teachers to understand the difference between gross motor and fine motor development.
- To help teachers understand the importance of fine motor skills and pre-writing skills.
- To enable teachers to plan & conduct activities for gross motor and fine motor skills with children.

Time: 1 hr. 45 min.

Concept:

Children tend to develop certain motor skills at specific ages, each child reaching these milestones at different ages. If a child has deficits/delays in motor impairments then they will have trouble moving in a controlled, coordinated, and efficient way.

- Fine motor skills include far superior skills as its components include being able to grip and manipulate objects, use both of their hands to perform a task, and use fingers to pick something up rather than the whole hand.
- Gross motor skills are movements that involve large muscle groups and are generally broader. These include walking, kicking, jumping, and climbing stairs. A child develops gross motor skills far easier and faster than fine motor skills. Development of gross motor skills majorly depends on physical development.

Importance of Fine Motor Skills in Developing Pre-writing skills: As fine motor skills involve skills required to grip and manipulate objects, using both hands to perform a task, and using fingers to pick something up, these are the fundamental skills that children need to develop in order to be able to write. For a child to develop pre-writing skills, he/she needs to attain hand and finger strength, hand-eye coordination, ability to use both hands together and the ability to manipulate objects & control them, before they develop skills to grasp a pencil and are able to write.

Development of pre-writing skills is very much essential as writing by hand in the early years helps support the development of reading skills. Attaining age appropriate fine motor skills is important to develop a legible handwriting. When children are not trained at pre-school & anganwadi level, they will have deficits in fine motor skills and are at higher risk of developing learning difficulties in terms of writing etc.

Activity for Gross motor Physical Development

Method: Demonstration and participation

Materials: None

Process:

- Tell the teachers that now you will be the teacher and all of them will be the children and you will be demonstrating few activities for gross motor activities. They can later use similar activities and further improvise while they perform the same with the children.

1. Animals

Teachers were asked to stand in a circle and they were asked to select one animal.

Next, they were asked to imitate the movement or action of the selected animal. Example: flying like a bird-flapping their hands, jumping like a rabbit/kangaroo/frog. Walking like a penguin/ four-legged animal. They were also encouraged to make the sounds that their selected animal makes.

2. Train Game

Along with the normal train game, the teachers were also encouraged to make sounds which they hear when they travel in the train. Example: Tea/Coffee vendors, sounds of the train, Food vendors etc. Further they were asked to go slow/fast.

3. Walking through obstacles

A circle was drawn on the floor using chalk, then they were asked to walk on the line. Then some parts of the circle were erased to provide breaks, and they were asked to jump over these breaks.

4. Statue

All the teachers were asked to move around the room or dance without touching each other and hurting each other. Then whenever they heard the word 'statue', they need to freeze in whichever position they are. This was repeated a few times.

Discussion:

- Ask them whether these activities could be done in their anganwadis, and as these activities can be just done in ten minutes it will be easy to do it every morning as soon the children come to anganwadi/pre-school.
- These are just a few activities which could be done with the children for gross motor development. Even though these activities are basically for gross motor development, this also helps in cognitive, speech & language, and social development.
- Encouraging children to move around and helping them to develop balance, jump, climb stairs, and run around is very essential for age appropriate physical development.

Activity for Fine motor Development

Method: Group discussion and demonstration

Materials: Beads, threads, small different coloured blocks/toys, cardboards, cups, tumblers, clay dough, paper, crayons etc.

Procedure:

- Ask the teachers to divide into pairs. Then pile all the materials in the middle and ask the teachers to pick one of the materials and take ten minutes to come up with one activity for fine motor development.
- Later, ask each group to demonstrate their activity.

Discussion:

- Appreciate and thank the teachers for their participation.
- Ask them whether they liked the activity.
- After each group demonstration – discuss each of the others opinion about it, whether this would help in fine motor stimulation and what else they would add to improvise upon the activities.

The teachers were given below table as a handout, which was translated into the local language.

| Physical Development | |
|--|--|
| Abilities & Skills | Activities & Opportunities |
| Sensory experiences | Creating sensory spaces: getting child to touch objects with different surfaces/ different textures, tasting different foods...sand/ water play |
| Gross Motor Skills: mobility, ability to handle objects | Physical play/ running/ jumping/ skipping/swimming |
| Fine Motor Skills: pre-writing skills, transfer functions, eye-hand coordination | Beading, colouring, block placement, assembling, clay modelling, drawing different shapes, shading, filling dotted lines, finger painting, writing in sand, block printing |
| Physical skills necessary for self- help: buttoning, brushing, feeding etc. | Providing Instructions, modelling the skills, using pictures, demonstration on a toy, shaping |

3.2. Speech and Language Development

Objectives:

- To enable the teachers to understand the components of speech & language development.
- To help teachers understand the importance of speech & language development in early childhood and its interconnection with other developmental domains.
- To enable teachers to plan and conduct activities for speech & language development.

Time: 1 hr. 45 min.

Concept:

Speech & language development is crucial part of any child’s development. Speech is the verbal expression of language and includes the way we form words and sounds. Through language we give and get information. It may be verbal, nonverbal, or written. It forms the basis for development of other domains such as social and emotional development. Speech & language impacts on the

child's social interactions, behaviour as well as academic skills.

Early stimulation activities for speech & language development is not just rote learning and recital of rhymes, it should be geared to increase fund of words, helping children improve their pronunciation, help them construct short & simple sentences and make meaningful conversations. If there is delay in speech & language development, it may cause hindrance/delay in other domains of development. Children with speech delay run a higher risk of developing social, emotional, or behavior problems as they grow up. Delay in speech & language may cause learning issues. The child may fall behind in school which furthers the risk for emotional problems and poor self-esteem.

Oro-muscular exercises help in strengthening movement & coordination of the muscles/ tendons which help speech. This helps children to pronounce clearly and form difficult words/phrases. These activities should be done on a daily basis and can be done whenever there's time, may be while writing the records book, all we need to do is demonstrate and ask the children to repeat it a few times. (Examples are given in the box below)

An anganwadi/pre-school is a perfect place to develop speech and language of children, as it has a group of children who can talk and communicate to each other & form relationships. We need to encourage children to communicate with each other, engage them in various activities, ask questions, and provide them with opportunities where they have to speak / answer / describe. Example: "What did you eat today?", "What colour dress are you wearing?", "Who is wearing green colour dress today?", "Tell me what are you doing?", "What did you do yesterday after going back home?". Helping them to initiate conversations, using games such as Phone games, role-play, songs/rhymes, using concept books, flash cards, story books etc. to encourage children to talk and also to introduce new words to them. To increase the fund of words we need to introduce the children to new simple words along with their meaning and how it is used. This helps children to recognize and understand the words and then use it while they speak.

Storytelling, using dolls & puppets to tell stories, making conversation with children. Pretend/ imaginative games wherein children are asked to imagine themselves as a person/character and play helps them to not only improve their speech & language skills, but also aids social, cognitive and emotional development. Example: Telling the children to imagine that they are in a vegetable market and some of them are vendors and some of them are costumers and allow them to play where they have to call out names of vegetables, buy and sell vegetables, helps them to develop both speech & language skills and social skills.

Oro Muscular Exercises

The oro-muscular exercises are targeted at increasing the strength, endurance, movement and coordination of Lips, Cheeks, Tongue and Jaw—these are called the Articulators.

Below are some of the simple oro-muscular exercises which can be done with children easily whenever there's some free time.

- Ask children to smile as big as possible and relax. Repeat it a few times.
- Asking children to make sounds with exaggerated lip movement - "OOO", "EEEE", "PEEE",
- To ask children to make sounds with emphasis - "Phu", "Pha", "Bha".
- Ask the children to fill their mouth with air and then ask them to puff out air from each cheek separately.
- Blowing bubbles, Using a straw to drink.
- Ask children to say "lalalalala" without moving the jaw.
- To say "TTTTT, NNNNN, DDDDD, GGGG, HHHH, JJJJ, RRRRRR,"
- Ask children to suck the tongue up onto the roof of the palate and then pop it.
- Ask children to rub some honey/sugar syrup on their lips and to lick it.
- Ask children to make sounds like "Tick,Tock", "Ding Dong", "ring, ring", "tring tring".
- Ask the children to blow a raspberry, blow a balloon.

Activity for Speech and Language Development

Method: Discussion, demonstration and role play

Material: None

Process:

- Ask the teachers to divide into pairs. Tell them that, based on the discussions we had just now, each of the groups has to come up with one activity for speech and language development. The activity can be through storytelling, pretend/imaginative play, phone games, flash cards, rhymes/songs or oro-muscular exercises. Allow them some time to discuss and come up with an activity for speech and language development.
- Later, ask each group to demonstrate the activity.

Discussion:

- Appreciate and thank the teachers for their participation.
- Ask them their feedback about the activity.
- After each group demonstration – gather the others' feedback about it, whether they felt this activity would help in speech and language skills stimulation and what else they would add to improvise upon the activities.

The teachers were given below table as a handout, which was translated into their local language.

| Speech and Language Development | |
|--|--|
| Abilities & Skills | Activities & Opportunities |
| Increase fund of words. | Oro-muscular exercises Naming and pointing games |
| Ability to construct short sentences. | Story telling Phone games Use of Flash cards Making concept books Describing games (using pictures or real-life observations/events or television clips) |

3.3. Cognitive Development

Objectives:

- To enable teachers to understand what cognitive development domain comprises of.
- To introduce different methods to conduct activities to develop cognitive skills.
- To help teachers to understand the importance of cognitive development in early childhood.

Time: 1 hr. 25 min.

Concept:

Cognitive development refers to thinking, remembering, communicating, imagination, reasoning and understanding capacity. Between the ages of 2-6 years, a lot of changes occur in children's thinking and reasoning skills. Their memories become stronger. They are fascinated by new things and like to explore. They begin to compare, associate things and form connections. Children learn all this by observing what's happening around them, how others are behaving/responding, through exploring, and through their relationships with others. Children at this age usually learn better through play.

Children need to develop following abilities and skills – forming associations, form categories, sequencing, organizing, understanding concepts such as shape, size, distance and directions, and the knowledge of using objects. For children to develop these skills we need to provide early stimulation through activities and provide opportunities.

Activities and opportunities such as – identification of colours and shapes, using flash cards/ concept books, use of pictures for sequencing events/ stories, Storytelling (including discussions), using puppets/dolls, story completion & plays to demonstrate use of objects, puzzles etc.

Another important aspect which needs to be focused on for cognitive development in children is to ensure that they are able to retain attention. As learning depends upon attention, it helps the brain to focus on a particular object/event and maintain focus and gather information. If there is no focus, or attention is not retained or shifted, then the process of gathering information/learning is discontinued. Thus, an important skill which children need to develop is maintaining attention and focus. Performing attention enhancing activities and tasking children is imperative. Some of these attention enhancing tasks are given in the box below.

Attention Enhancing Tasks

Attention enhancing activities should be easy to perform and also fun for children. These activities not only help the child develop attention & improve concentration, but it also helps them develop fine motor skills, improve hand-eye coordination, think in a logical way to solve a problem, and improve memory.

- **Beading:** using simple beads, rings, or vegetables (which are punched in the middle for the thread to pass through).
- **Sorting:** Mix 2-3 varieties of grains in a bowl and ask children to sort. We can use different coloured beads/ toys also.
- **Colouring:** asking children to colour within lines.
- **Joining dots:** ask children to join the dots which has been drawn, to form shapes.
- **Building:** encourage children to build using blocks/ Lego blocks.
- **Memory game:** Select 4-5 dissimilar cards/ objects. Show and place them in a particular order. Tell the children to take a good look at the order in which the cards/objects are placed. Then jumble up the cards/objects so that the order is different. Now, ask the children to place them in the original order-- as they were before.
- **Puzzles:** simple puzzle games.

Activity for Cognitive development

Method: Discussion, demonstration and role play

Material: None

Process:

- Ask the teachers to divide into pairs. Tell them that each group has to come up with an activity for cognitive development based on the discussions they had with you. The activity should help the child learn shapes, sizes, directions and distance.
- Later, ask each group to demonstrate the activity.

Discussion:

- Appreciate and thank the teachers for their participation.
- Ask their feedback about the activity.
- After each group's demonstration – gather the others' feedback about it, whether they felt this activity would help in cognitive skills stimulation and what else they would add to improvise upon the activities.

The teachers were given below table as a handout, translated into the local language.

| Cognitive Development | |
|---|--|
| Abilities & Skills | Activities & Opportunities |
| Ability to form associations | Identification of colours, shapes |
| Ability to form categories | |
| Sequencing and organizing abilities | Story telling (including discussions), using puppets/dolls |
| Ability to understand concepts such as shape, size, distance, directions etc. | Story Completion |
| Fund of information | Use of pictures for sequencing events/ stories |
| Knowledge of use of objects | Play to demonstrate use of objects |
| | Attention enhancing tasks (joining dots, spotting the difference, eye-hand coordination activities) |
| | Concept book/ flash cards |
| | Objects and household items |
| | Puzzles |
| | Toys |
| | Building blocks/ lego blocks |

3.4. Social Development

Objectives:

- To help teachers understand components of social development in early childhood.
- To demonstrate the importance of social development and its implication on the child's future.
- To introduce different methods to conduct activities to develop social skills.

Time: 1 hr. 45 min.

Concept:

Children between the age of 2-6 years move from being entirely dependent on their parents to being fairly independent. Social development refers to the process by which children learn to interact with others around them. They start to understand/learn who they are and how to talk/interact with others, develop relationships, exploring and engaging with their environment. Social skills are essential to form friendships and relations and to handle conflicts. Social development of preschoolers forms the basis for future social behaviour of children.

A Child needs to interact and form relationships to learn new things. Children interacting with their peers have fun and exciting experiences. Social development can have an impact on general communication skills, ability to adjust/adapt to different environment & the ability to face challenges.

Anganwadi/preschool is the place where children come every day. It provides a great opportunity for them to learn and develop social skills. Thus the teacher needs to perform appropriate environment, stimulation and activities with these children by to nurture and develop social skills in children.

The abilities & skills the children need to develop for social development are – recognizing familiar people and places, understanding different spaces and what happens there, understanding rules of play, peer interaction, and understanding daily routine. The activities and opportunities which we need to provide them with are – exposing children to different spaces and showing them what happens there, naming and pointing games of familiar people, using picture and actions to explain daily routine, engaging them in simple rule-based games, supervised peer group play, and engaging in pretend & imaginative play. Through pretend imaginative play children learn by experimenting with their social roles and interactions. This helps them to learn to take turns, share, solve problems, and understand how other people think/feel. (Demonstrated further through an activity).

Activity to demonstrate pretend imaginative development

Method: Demonstration and role play

Materials: None

Process:

- Tell the participants that we are now going to engage in an activity which will help us to understand “pretend imaginative play”.
- Pretend imaginative play is very simple easy, which can be done without any materials.
- Divide the participants into group of 4-5.
- Give each group different themes such as – Hospital, Market, Bus, railway station, school, home, temple, restaurant, park, kitchen etc.
- Tell them to imagine this place, and to pretend that they are people in that place/situation.
- Ask them to role play the above for 5-10 minutes.

Discussion:

- Appreciate and thank the teachers for their participation.
- Gather their feedback about the activity.
- Each group takes turns with the roleplay demonstration. After each group’s demonstration, gather the others’ opinion about it, including whether they feel this would help in development of social skills.
- Pretend imaginative play needs no materials, easy, and children enjoy it so much that they start playing on their own. They can be kept engaged in this for a long time.

The teachers were given below table as a handout, translated into the local language.

Social Development

| Abilities & Skills | Activities & Opportunities |
|--|--|
| Recognizing familiar people | Naming and pointing out familiar people |
| Understanding of spaces (and what happens there) | Naming and pointing out familiar spaces/ places where child goes + discussion about what is done there |
| Understanding of sequences and routines | Use of pictures to explain day's routine/ sequencing |
| Understanding rules of play | Simple rule-based games |
| Peer interaction | Supervised peer interaction, group play, cooperative play (exposure to playarounds/ play spaces) |

3.5. Emotional Development

Objectives:

- To help teachers understand what emotional development comprises of in early childhood.
- To demonstrate the importance of emotional development and its implications on the child's future.
- To introduce different methods to conduct activities to develop emotional skills.

Time: 2 hrs.

Concept:

Emotional development constitutes children discovering a wide range of emotions, developing emotional bond & attachments with their primary caregivers/parents, and recognizing & responding to other's emotions. As emotional expression, experiences and understanding emotions take place in the context of social interactions, social & emotional development are tightly coupled with one another.

Early attachment relationships are very critical for child development. It is said that a child needs to develop a relationship with at least one primary caregiver for the child's successful social & emotional development and in particular, to learn how to effectively regulate their feelings. Bowlby a famous psychiatrist states that there is a critical period for developing an attachment i.e. 0 to 5 years. If an attachment has not developed during this period (as also discussed above), then the child comes to be at risk of suffering from irreversible developmental problems, such as reduced intelligence, increased aggression and anxiety.

The abilities and skills children need to develop for emotional development are – developing attachment and bonding, ability to identify emotions, ability to regulate emotions by responding to soothing when they are upset, ability to differentiate between positive and negative emotions, and the ability to recognize emotional state of another person and ascribe simple reasons to causality.

Activities and opportunities which we need to provide for children to develop emotional skills are – providing frequent and timely responses of love/affection to the child, including positive feedback, verbal and non-verbal, identifying emotions through pictures and visual analogue (emotion scale), storytelling, story completion, listing situations in which a certain emotion is felt ('you are happy when...'), and pretend imaginative play. Pretend imaginative play, as already explained, helps children to experience what others are thinking and feeling, and thus helps them develop empathy.

Development of emotional skills and the ability to regulate emotions is an important skill which has to be learnt from a very young age. Attachment, bonding and ability to calm down when soothed are important skills which helps the child regulate its emotions. If emotional regulation is not developed, the child will have a higher risk of developing emotional and behavioural problems as an adult. For example – if a child has not learnt to control his/her anger, development of behavioural problems such as anger/ aggression, oppositional defiant behaviour are high.

Activity for Cognitive development

Method: Discussion, demonstration and role play

Material: Any material available in the anganwadi/preschool.

Process:

- Ask the teachers to divide into pairs. Tell them that each group has to come up with an activity for emotional development based on the discussions they had with you. The activity should help the child to identify emotions of themselves and others. The aim is to make the children able to differentiate between negative and positive emotions.
- Tell them they can either use storytelling, story completion, listing situations in which a certain emotion is felt, pretend imaginative play, flash cards/pictures etc. Tell them they can use any material which is available in the anganwadi/ pre-school.
- Later, ask each group to demonstrate the activity.

Discussion:

- Appreciate and thank the teachers for their participation.
- Gather their feedback about the activity.
- Each group takes turns with the demonstration. After each group's demonstration, gather the others' opinion about it, including whether they feel this would help in emotional skills stimulation and what else they would add to improvise upon the activity.

The teachers were given below table as a handout, translated in the local language.

Emotional Development

| Abilities & Skills | Activities & Opportunities |
|---|--|
| Attachment and bonding | Providing frequent and timely responses of love/ affection to child, incl. positive feedback, verbal and non-verbal. |
| Ability to identify emotions | Identifying emotions through pictures |
| Ability to regulate emotions (responsiveness to soothing/ distress states not prolonged/ separation from attachment figure) | Story telling Story completion Visual analogue (emotion scale) |
| Ability to recognize emotional state of another person and ascribe simple reasons to causality | Listing situations in which a certain emotion is felt ('you are happy when...') |
| Differentiating between positive and negative emotions | |

4. REVISION/ RE-CAP AND FURTHER WORK IN THE FIELD

Objective:

- To recap and reiterate concept of which was learnt in the previous sessions weeks.
- To enable to conceptualize the concepts of child development and early stimulation and to use it in their work with young children.

4.1. Demonstration of early stimulation activities in five domains of development

Objective:

- To provide opportunity for teachers to demonstrate early stimulation activities in five domains of development.
- To encourage teachers to practice and include what they learnt in their daily work with young children.

Time: Minimum of 15-20 minutes per teacher.

Concept:

Providing an opportunity for teachers to demonstrate their skills and learnings is a way to motivate and encourage them to include it in their daily work with young children. This also helps teachers learn & exchange ideas with others.

Explaining to the teachers that, while performing any activity with children, they have to always ensure that the activity should not take more than 15-20 min. as young children's attention span is limited. Each activity should have a structure comprising of – i) Introduction - explaining what will they be doing, what materials they will be using etc. ii) explaining the rules, iii) doing the activity, and iv) finally discussing what was done and what they learnt from it.

Activity for demonstration of early stimulation activities in five domains of development

Method: Demonstration

Material: Any material which is available in the anganwadi/preschool.

Process:

- Tell the teachers that they have 15 – 20 min. to demonstrate one activity each in all five domains of development.
- Ask them to demonstrate as if they are doing it with the children. Ask other teachers to role play as children to make it interactive.

Discussion:

- Appreciate and thank the teachers for their participation.
- Gather their feedback about the activity.
- Each group takes turns with the demonstration. After each group's demonstration, gather the others' opinion about it, including whether they feel this would help in early stimulation and what else they would add to improvise upon the activity.

Activity for Recap and Revision

Method: Quiz game

Materials: None

Process:

- Tell the teachers that, for the purpose of revision and recap, we will be conducting a game.
- Write down various questions (as given below) on small pieces of paper and fold them into chits.
- Clarify to the participants that this is not an exercise in pin-pointing. It is purely to learn.
- Each person takes turns picking a chit out of the pile and answering/demonstrating based on what is written in the chit.
- After each person answers/demonstrates, ask others to add if they felt anything was left out.
- Facilitate the whole game by providing inputs and encouraging discussions.
- Thank the teachers for their participation.

List of questions

1. One activity for cognitive development is _____
2. One new thing/topic I learnt in speech and language development from the training is _____
3. One activity for social development is _____
4. _____ is one change I have brought to my work in recent days.
5. One activity which gives best stimulation for children is _____
6. _____ is the result if we don't do early stimulation activities with children.
7. After the NIMHANS training, _____ is the change I have brought in my work.
8. One new thing I learnt about cognitive development is _____
9. _____ is the difference I have recently seen in anganwadi/organization
10. _____ is the change I have recently seen in the children
11. What are the problem behaviours seen in a child with poor social skills?
12. One activity for language and speech development is _____
13. It is very difficult to manage a child with _____ emotional behaviour
14. One activity we must do with children to enhance cognitive skills _____
15. Why should we do fine motor activities with preschoolers?
16. One new thing(topic) I learnt in physical development after taking training is _____
17. One new activity I did with children since last 1 month is _____
18. One activity for physical development _____
19. I need more help/training in _____ developmental domain
20. Child who has emotional development delay will behave (shows symptoms) like _____
21. It is difficult to conduct activities of _____ development domain
22. Why we should do activities for development of all 5 domains?
23. When tried, _____ is the activity which was difficult to perform
24. One activity for emotional development _____
25. 5 domains of development are _____
26. One new thing(topic) I learnt in emotional development after taking training is _____
27. One new game/activity I did with children in last one month _____
28. One new thing(topic) I learnt in social development from NIMHANS training _____

4.2. Development of Low-cost early stimulation materials

Objective:

- To enable teachers to think and come up with low-cost early stimulation materials.
- To encourage an environment for teachers to compete with each other in a healthy way.

Time: 2-3 hrs.

Concept:

Considering the non-availability/inadequate materials for early stimulation and play. It is essential to be able to think and come up with these low-cost early stimulation materials, which is a sustainable.

To develop early stimulation materials using simple materials which are readily available in the anganwadi such as – cardboard boxes, old mats, colour papers, grains/pulses, available blocks and materials, simple newspaper and magazines picture cut-outs, simple hand drawn flash cards, available story books, thread/twine, cups, tumblers, plates, glue sticks etc.

Activity for Developing Low-Cost Early Stimulation Materials in Five Domains of Development

Method: Model Making and Competition

Material: Any material already available in the anganwadi/ preschool (they should not spend money)

Process:

- Tell the teachers that they have to come up with at least one early stimulation play material which they have to prepare using waste/low-cost materials readily available in anganwadi/ preschool. Tell them that the material which they develop should be for early stimulation in at least one domain of development. It should be such that children can actively use it for early stimulation.
- Provide sufficient time for the material development.
- Ask them to exhibit, explain what materials they used, what skills can be developed through it, how it can be used with children for early stimulation.

Discussion:

- Appreciate and thank the teachers for their participation.
- Gather their feedback about the activity.
- After each teacher exhibits the materials they've used, discuss the advantages and disadvantages of the material and what else they would add to improvise upon it.
- Awards can be given for encouragement based on factors such as - creativity, number of developmental domains it covered, number of materials used, and how actively children can use these materials for early stimulation.

5. IDENTIFYING PROBLEMS & CONTEXTS: THE CHILD'S EXPERIENCE & INNER VOICE

Objectives:

- To identify psychosocial context of young children's problems and to understand & analyse problems in accordance with their context.
- To make the link between context and emotions/behaviours.
- To understand how young children, perceive and internalize their experiences i.e. their inner voices, and how these manifests into emotional and behavioural issues.

Time: 3 hours

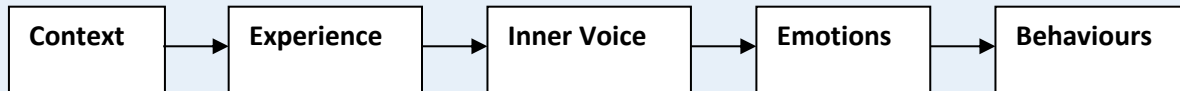
5.1. Identifying and understanding Child's behaviour using the Context, Experience and Inner voice framework

Concept:

A child's behavioural (or emotional) problem seldom occurs in isolation; there is always a reason why it occurs, a place where it grew out of. In other words, there is a context to every child's problem. A specific type of behaviour problem may arise out of many possible contexts. For example, there may be four children, all of whom have anxiety; but the context of anxiety may be different in each child—for one it may be due to parental marital conflict, in another, it may be due to child sexual abuse, in the third, it may be because of physical abuse; in the fourth, it may be due to loss of a primary caregiver. Similarly, a single context may lead to different behaviours in different children: for example, there may be 3 children all of whom have been physically abused; but despite the same context and experience, they may have very different behaviours—one child may show aggressive behaviours (due to anger); another may be always afraid and jump at even a small sound; and the third child may stop talking, stop playing and interacting with others. Even when the behaviour is the same the contexts vary, thus necessitating different interventions. In other words, how we respond to a physically abused child (with anxiety) is going to be different from how we respond to a child whose parents have marital conflict (with anxiety). Similarly, we cannot have identical responses to children who are from similar contexts because their behaviours might be entirely different i.e. a child with aggressive behaviour (due to physical abuse) requires different interventions from a child who isolates himself/herself from others (also due to physical abuse).

Thus, merely looking at the behaviour tells us nothing, unless we know the context out of which this behaviour developed. Consequently, addressing the behaviour will be of no use because, unless we understand the context and address the processes that then led to that behaviour, the behaviour itself cannot change. Understanding context is therefore critical to identifying the nature of the problem and developing a response. In order to develop interventions accurately, we need to understand the context and the processes leading from the context to the behaviour. So what are these processes or elements that connect the context and behaviour that we also need to unpack in order to analyse the child's problem fully, and plan appropriate interventions?

Below is a framework for analyzing children's behavioural issues. It comprises of 5 key elements, and most information available about the child, including the child's history and current state including emotional and behavioural issues, can be fitted into this framework to analyze the child's context and behaviour.



i) Context: This refers to the child's location, living arrangements and family situation, which is where the primary experience of the child comes from. It refers to the child's universe, which then gives rise to certain experiences, emotions and behaviours. For instance, is the child at home or in an institution? Is the child an orphan/ abandoned or living with caregivers? Is it part of a single parent family or is an aging grandmother taking care of the child? Are the parents/ caregivers HIV+ and/or have other illnesses? Are there family and marital conflicts (or alcohol dependence) at home? Has there been a death in the family?

ii) Experience: This refers to the child's experience of the living arrangements and family situation/ institutionalization and events thereof. For instance, is the child's experience one of physical neglect (not receiving basic survival needs), OR of emotional neglect (not receiving love, support, encouragement) in a situation of being orphan/ abandoned or in a single parent family or in a situation of parental HIV/illness? OR Is the child's experience of separation or loss in a situation of institutionalization or death in the family? OR Is it an experience of sexual abuse? OR Is it an experience of emotional abuse due to stigma and discrimination practices of the family/ school? It is important here to make the distinction between context and experience, for two children from similar contexts do not always have the same experience. For example, the death of a parent, on the face of it, may lead us to view it as a loss experience to child X (and indeed it may be); but the death of a parent may not be a loss experience for child Y because he had a very poor attachment/relationship with him. Thus, each child's experience of a given situation is unique, and while there may be similarities, there are also differences which is why we must never assume that a child's experience is or must be a certain way. So, how do we understand this experience? This brings us to the third element of the conceptual framework - that of the child's inner voice.

iii) Inner Voice: This refers to the child's internalization of the experience. Between a traumatic event (experience) and its consequence (behaviour), what is critical is how the child internalizes it. Often, we try only to manage the behavioural manifestations of the problem without understanding the internalization. Here we also need to keep in mind the child's age and the developmental level of the child. Young children will not have the ability to form complex and depth meaning for an event and may not have inner voices which are complex.

The internalization or the inner voice of the child is basically how the child understands and processes the traumatic event. For example, a common inner voice in a child who has experienced physical abuse is "I am afraid" and "I won't go with him". It is the thought or feeling in the child's mind that may or may not be verbalized. When it is still at a non-verbal stage, as only a thought, it is called the 'inner voice'.

iv) Emotions: These refer to a child's feelings or psychological states, usually derived from certain contexts and experiences, which lead to a set of internalizations.

v) Behaviours: These refer to the response to emotions i.e. the final consequences of context, experience, internalizations and emotions. Unlike emotions, which are internal in origin and nature and not always observable, behaviours refer to actions that are observable on the outside. For instance, hitting someone, throwing things, crying, being silent, not engaging socially - these are all behaviours - and the emotions behind them may be anger, sadness, anxiety etc.

Activity for Understanding the Inner Voice

Method: Simulation

Material: None

Process:

- Provide the following situation to the participants: "In the community, you see that a couple is fighting and the husband is drunk and hitting the wife. You are observing this, and you did not interfere or respond to it".
- Ask them - as an observer, what would they be thinking.
- Ask them to state what their internal voices would be. (What would they be thinking at that moment, about the situation at hand?)
- Ask them to share (in plenary) their internal voices.

Discussion:

- Remind participants that:
 - They need to be the child or put themselves in the other person's shoes and speak (not in third person but in first person).
 - The internal voice should not worded like '*they* would not interfere' ... "why should *they* respond, as it is not *their* business". Internal voice begins with '*I*...' or pertains to the person in first person. So, it would be '*I* will not interfere" (suggestive of some insensitivity) or '*I* won't respond as it is not *my* business", "*I* am scared, what if the husband hits *me* also", " he is drunk, *I* cannot reason with him".

Activity for Differentiating between Emotions and Behaviours

Method: Naming game

Material: None

Process:

- Explain the following: it is important for us to make the distinction between emotions and behaviours (the two often tend to be get mixed up). Emotions are how we feel... usually internal, not visible to the outside world unless we show them through behaviours. Behaviours are external: actions we perform that are visible to the outside world, to others.
- Go around the room and ask each participant to name an emotion.
- Next, go around the room and ask each participant to name a behaviour.

(Ensure that participants are clear about the difference between the two words/ concepts).

Activity for Identifying Problems & Contexts

Method: Case study analysis

Material: Flip chart sheets and markers; case studies (see below—or use any case studies that the group brings).

Process:

Tell the group that now that we have done a round of practice on inner voices, emotions and behaviours, and have some clarity on these concepts, we will proceed to doing the case study analysis in which they will apply these concepts.

- Divide participants into sub-groups of 2-3 members each and assign case studies to each sub-group.
- Ask participants to read each case study and analyze it using the concepts in the overview that you just provided and fill out the matrix below (concepts already discussed) i.e. to include the context, experience, inner voice, emotions and behaviours of the child in each case. (They may work backwards from behavior and/or forwards from context).

| Context | Experience | Inner Voice | Emotion | Behaviour |
|---------|------------|-------------|---------|-----------|
| | | | | |

Discussion:

- Ask each sub-group to share their analysis in plenary, inviting others to comment and provide additional viewpoints.
- Emphasize how a single context can lead to multiple behaviours and how multiple contexts can lead to a single type of behavior. So, a context and behavior need be understood by focusing on the inner voice of the child i.e. what meaning the child makes of her context and experiences, how this leads to the development of certain feelings or emotions and how she then chooses to express her inner voices and emotions through her behaviours.
- How interventions therefore need to focus on changing the inner voice of the child, for this is what will lead to changes in emotions, and consequently, changes in behavior. So the crux of problem analysis lies in being able to accurately identify or listen to the child's inner voice.

Case Studies for Analysis

- **Case 1:** Kumar is a 5-year-old boy who lives with his parents. His father is an alcoholic. He is always fighting, pushing other children. If he does not get what he wants, he hits and screams.
- **Case 2:** Saira is a 3½ -year-old girl who was physically abused by her teacher. She now refuses to go to anganwadi/pre-school and clings to her mother all the time; she wakes up crying at night; she refuses to leave the house to play with her friends too.
- **Case 3:** Aslam a 3-year-old boy lives with his parents and his new born sister. Recently he started to behave aggressively and push and pinch other children. He does not share his toys with other children.
- **Case 4:** Maria, a 4-year-old girl, lost her mother recently and lives with her maternal grandmother. She is always withdrawn from peers and staff of the anganwadi/ pre-school.
- **Case 5:** Asha, a 3-year-old girl, is always appears sad, cries frequently & easily, is irritable and easily upset. Her parents recently separated and she lives with her mother and elder brother.
- **Case 6:** John is a 4½ years old boy who is lives with his parents. He is always anxious, cries every day to come to school and does not engage in any activities in the anganwadi/ pre-school.

5.2. Representations of Childhood

Objectives:

- To reflect on images of childhood.
- To develop perspective on multiple childhoods and emerging psychosocial themes and narratives.

Concept:

Childhood is not a unitary phenomenon. No two children are the same and no two childhoods are the same. Two children from the very same context may have completely different emerging narratives. Two children with completely different contexts may have very similar challenges. It is this complex inter-play of factors that constitute the nature of multiple childhoods.

One of the ways in which we get people to reflect on issues of children and childhood is through use of films -- in which lives of children which have many psychosocial contexts and themes are represented.

Films can similarly be used with children also—to generate discussions and get the children to reflect on various themes and issues they found relevant to their lives and to take perspective on these (instead of instruction and lectures). So in this session, we are also introducing a creative methodology that you can use with children.

Activity for Representations of Childhood

Method: Film screening and perspective-taking

Materials: Any film that is about children, including films made for children.

Suggested films:

'Children of Heaven' (Iranian with English Sub-titles/ Directed by Majid Majidi)

'Tutturi' (Kannada/Directed by P. Sheshadri)

Process:

- Screen the film.

Discussion:

- Let us reflect on the film through 3 levels of processing:
 - i) Do an elemental emotive and empathic sharing of impactful and unforgettable characters/images/issues/scenes in the film.
 - ii) What psychosocial themes do you observe playing out in the film?
 - iii) How might we use the understanding of these themes to improve our work with children?
- What kinds of questions and themes would you discuss if you were using this film with a group of children?

6. UNDERSTANDING AND RESPONDING TO COMMON BEHAVIOUR IN EARLY CHILDHOOD

Objective:

- To enable teachers to learn signs and symptoms of common emotional and behavioural issues in young children.
- To enable teachers to develop skills to identify children with common emotional and behavioural problems.
- To enable the teachers to understand the importance of early identification and intervention of emotional and behavioural problems.
- To develop skills among teachers to work with children with common emotional & behavioural problems.

6.1. Signs and Symptoms Anxiety, Depression and Anger/Aggression in pre-school children.

Time: 2 hrs.

Concept:

Young children process, experience and respond to emotional & traumatic events in a very different way than older children. Thus, identification and diagnosis of mental health issues among young children is very difficult.

For the child to form relations/friendships, cope with adversities and achieve success academically, professionally and in their social life, it is very essential that a child while growing up has achieved age appropriate development and has no mental health issues. A pyramid of cards topples even if a single card is disturbed. Similarly, though child's mental health is just one of the many aspects of its wellbeing, even a small disturbance in the young child's mental health will have an impact on the overall development of the child and consequently the child's future. Thus, early identification and early intervention using appropriate resources is the most effective way to tackle/manage mental health issues at a very young age.

Signs and Symptoms of an Anxious Child

- clings to parent/ caregiver all the time and refuses to go anywhere on her own/ leave caregiver.
- refuses to go to school and/or shows clinging/crying behaviour at the time.
- has fears such as:

- being lost and unable to return to home or family.
- being abandoned (“If mom drops me off at school, she’ll never come back”)
- something bad happening to a parent or other loved one during, or because of, the separation.
- constantly complains of body aches and pains which, upon medical examination, may have no physical basis.
- has bed-wetting behaviours (recent onset i.e. was toilet trained but has reverted to bed wetting).
- Has thumb-sucking and nail-biting behaviours.

Signs and Symptoms of an Angry Child

- Often irritable and easily provoked into verbally or physically abusive behaviours.
- Anger is also expressed in the form of temper tantrums and demanding behaviours.
- Has difficulty controlling aggressive impulses.
- Has poor peer interaction skills.
- Frequently gets into fights with others.
- May not have developed empathy i.e. is unable to identify and respond to others’ feelings/ emotions (social skills deficit).

Signs and Symptoms of a Depressed Child

- Appears sad all the time.
- Cries frequently and easily.
- Is irritable and easily upset.
- Does not perform activities for daily living.
- Is not interested in play and other activities.
- Tends to keep to himself/herself and not engage with others.
- Has feeding problems.
- Has sleep problems.

Activity to learn Signs and Symptoms Anxiety, Depression and Angry/Aggression in pre-school children.

Method: Role play

Materials: None

Process:

- List down each of the 3 emotional/behavioural issues (Anxiety, Depression & Anger/Aggression) along with their respective symptoms on 3 separate sheets of paper (as given above) and, dividing the participants into three groups, handing out a sheet to each group.
- The aim of the activity is as follows: In each group one person has to assume the role of the child and others can be anganwadi/pre-school teacher, helper, parent, peer etc.
- The teachers have to role play the different scenarios imagining how the child with the listed symptoms would behave at home and at anganwadi/preschool and the response of people around it. Tell them not to provide any intervention/suggestions for the child's behaviour.
- Ask each team to role play.

Discussion:

- Thank and appreciate the teachers for their participation.
- Ask them to recount the reason behind this activity.
- After each team's role play, ask the rest to share their views/opinions about the same.
- Ask the teachers if they have children with these issues in their class and ask them how they deal with them, and what problems they face while dealing with them.

6.2. Different creative methods of responding to Emotional and Behavioural Concerns in young children

Time: 2 hrs.

Concept:

Children between the ages of 2½ and 6 years learn and gain skills through playing, singing, drawing etc. Dealing with young children needs special skills, which engage them and help them to be comfortable. Some of the creative methods used to work with young children are storytelling, play, art, using puppets/ dolls, sand play and so on.

Use of Art

- Young children's verbal abilities are not always developed enough to be able to communicate all they need to.
- Drawing is a natural mode of communication for children.
- It offers a way to express feelings and thoughts in a manner that is less threatening than verbal methods.

- It helps children express their emotions and describe events which they may find difficult to speak about (either because of their verbal ability or because the experience is too painful).
- Children's art work can also provide information on developmental, emotional, and cognitive functioning, and hasten expression of hidden traumas.

Use of Stories

- Story telling or the oral tradition of communication is one of the oldest customs.
- Most people and cultures are familiar.
- Most children love to listen to stories.
- Stories provide ways in which to entertain, relax as well as appeal to children's imaginative and cognitive processes.
- Getting children to tell stories encourages thinking and creative skills;
- It provides a space for children to project their own life experiences or tell their own stories—and in the process, find solutions to their own problems.

Use of dolls and puppets

- Children naturally project their thoughts and feelings onto dolls or puppets.
- They serve as a creative method by which children can verbalize feelings and experiences and seek solutions to problems.
- Puppets are also useful for rapport building with younger children when they are very anxious and withdrawn.
- Puppets serve as a medium to reflect understanding and provide corrective emotional experiences in the context of the children.
- By using the puppet to symbolically represent persons and events, the focus is removed from the child, thereby making the child feel safer & less threatened by the immediacy or personalization of emotions or situations.
- Puppet play also gives children the chance to bring inner stories outside.

Activity for Practicing Different creative methods of responding to Emotional and Behavioural Concerns

Method: Role play

Materials: Paper, colour pencils/pens, puppets, dolls, stories.

Process:

- Divide the participants into groups. And provide each group with a case of a child with either anxiety, depression or anger/aggression issues.
- Tell them each team has to use one of the creative methods – Art, Stories, Play, puppets. Using one of the creative methods they have to demonstrate how they would respond to a child with emotional behavioural issues (Anxiety, Depression & Anger/Aggression)
- The aim of the activity is similar to the previous activity: In each group one person has to assume the role of the child and others can be anganwadi/pre-school teacher, helper, parent, peer etc.

- The teachers have to role play the different scenarios imagining how the child with the listed symptoms would behave at home and at anganwadi/preschool and the response of people around it. Tell them the main focus will be to demonstrate how the teacher would respond to the child's behaviour using creative methods.
- Ask each team to role play.

Discussion:

- Thank and appreciate the teachers for their participation.
- Ask them to recount the intention behind this activity.
- After each team's role play ask them to share their views/opinions about the same.
- Ask the rest of the group to observe these role plays and state which of the concepts/ techniques discussed are reflected in these role plays—they can make suggestions on how to incorporate missing steps or on how they might do things differently
- Ask the teachers whether they would use these creative methods with the children, and whether they feel it will be useful in dealing with children with emotional and behavioural issues.

6.3. Managing the Aggressive and Oppositional Child

Objectives:

- Helping teachers to understand what constitutes corporal punishment.
- To enable teachers to understand the consequences of corporal punishment.
- To enable teachers to gain skills by providing alternative methods to manage the aggressive and oppositional child

Time: 2 hrs.

Concept:

Dealing with children with aggressive and oppositional behaviour is very challenging and, especially with young children, it is much more difficult. Usually we try to deal with an aggressive or oppositional child by threatening them or punishing them. But we need to be aware of the consequences it will have on the child's development and mental health. There are certain rules and regulations regarding corporal punishment in our country set by National Commission for Protection of Child Rights (NCPCR) - guidelines for eliminating corporal punishment.

What constitutes corporal punishment?

- Any form of physical punishment causing physical harm such as hitting, kicking, scratching, pinching, biting, pulling the hair, boxing ears, smacking, slapping, spanking or hitting with any implement (cane, stick, shoe, chalk, dusters, belt, whip, giving electric shock etc.)
- Making children assume an uncomfortable position (standing on bench, standing against the wall in a chair-like position, standing with schoolbag on head, holding ears through legs, kneeling etc.)
- Forced ingestion of anything (for example: washing soap, mud, chalk, hot spices etc.)
- Detention in the classroom, library, toilet or any closed space in the school.
- Mental Harassment & Discrimination, using sarcasm etc. that hurts or lowers the child's dignity

- Calling names and scolding using humiliating adjectives, intimidation
- Using derogatory remarks on the child, including pinning of slogans
- Ridiculing the child with regard to his/her background or status or parental occupation or caste
- Ridiculing the child with regard to his/her health status or that of it's family – especially HIV/AIDS and tuberculosis.
- Belittling a child in the classroom due to his/her inability to meet the teacher's expectations of academic achievement
- Punishing or disciplining a child, not recognising that most children who perform poorly in academics are actually children with special needs.

Consequences of Corporal Punishment

- Increased aggressive and destructive behaviour in and outside classroom.
- Poor attention span and poor school achievement (due to fear/ anxiety).
- Increased drop-out rate, avoidance and phobia towards school,
- Low self-esteem, anxiety, somatic complaints.
- Depression and retaliation against teachers.
- Preference for aggressive conflict resolution strategies with peers and siblings.
- Children tend to interpret that hitting/physical aggression are acceptable and continue to practice this in their adult lives too.

Alternative methods to manage the aggressive and oppositional child

It is essential to connect with the children; try to understand why they behave that way first and then try to correct them. We have to ensure that we ourselves behave in ways from which children can learn and correct themselves. We need to lay out the rules and instructions what is acceptable and what is not. We need to reinforce the appropriate behaviour.

We need to incorporate positive discipline methods – these include some of immediate responses and also long-term planning and prevention methods.

When we observe a child who is being aggressive or with oppositional behavior, there 6 steps we need to take immediately:

1. Stop the action immediately – can use timeout/freeze, verbal instruction or physically separate.
2. Check whether children are hurt and attend to it immediately.
3. Always look for positive intent in the child – and try to understand the reason.
4. Validate the children's feelings and emotions.
5. Explain about the effect of his/her behaviour on others and themselves.
6. Also explain what consequences they have to face because of their behaviour.

Long-term planning and prevention methods:

1. Set rules that every child in the classroom has to follow from the time they enter the classroom – not hurting others by pushing, hitting, pinching, pulling etc., one should not snatch other's things, always ask the teacher if they need anything etc.

2. Ignore small/minor mis-behaviours on the child's part, and always focus on the positive behaviour and appreciate & praise the children.
3. Leading by example i.e. Modelling the behaviour you expect from the children.
4. Using star chart – a chart prepared which has a list of desired behaviours and if the child behaves positively, he/she will get a star. At the end of the week, the child will be awarded for achieving so many stars.

Activity for Practicing Methods to Manage an Aggressive and Oppositional Child

Method: Role play

Materials: None

Process:

- Divide the participants into groups of 4 – 5 each. In each group, one participant assumes the role of an aggressive child, one participant the teacher and the others, that of other children in the school.
 - Ask the participants to role play a situation where the child is angry and exhibits oppositional behavior and the teacher uses different approaches as detailed below:
 - Round 1: The teacher uses corporal punishment/negative reinforcement methods to manage the child behaviour.
 - Round 2: The teacher uses all the positive reinforcement skills explained during the session i.e. the 6 immediate steps namely –
 1. Stop the action immediately – can use time out/ freeze, verbal instruction or physically separate.
 2. Check whether children are hurt and attend to it immediately.
 3. Always look for positive intent in the child – and try to understand the reason.
 4. Validate the children's feelings and emotions.
 5. Explain about the consequences of his/her behaviour on others and themselves.
 6. Also explain what consequences they have to face because of their behaviour.
- * Ask them to present in plenary.

Discussion:

- Discuss the differences they noticed between negative reinforcement methods and positive reinforcement methods in managing children with aggression and oppositional behavior, and their opinions about their effectiveness.
- Invite the rest of the group to share feedback and comments on the role play. Was the teacher able to use positive reinforcement methods? If so, how? If not, what could have been done better?
- Thank and appreciate the teachers for their participation.

6.4. Management of children with Temper Tantrums

Objectives:

- To understand what temper tantrum means, and help teachers to identify its symptoms.
- To enable teachers to understand when temper tantrums can be considered as normal course of development and how it is presented.
- To enable teachers to gain skills by providing methods to manage temper tantrums.

Time: 2 hrs.

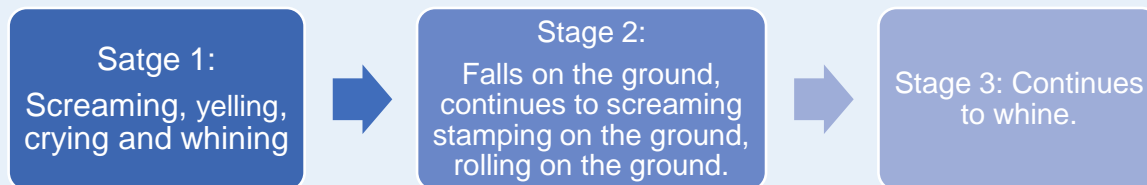
Concept:

Temper tantrums are unpleasant and disruptive emotional outbursts. It occurs because children cannot regulate their anger that arises when they are prevented from doing something they want to or having something they desire. There are instances where children modify their emotional expression to serve personal needs and exaggerate true feelings of anger and distress to get attention.

Family environment and parental practices which increase children's temper tantrums are – inconsistency in parenting i.e. one parent being extremely strict and the other being very permissive, excessive strictness, unreasonable expectations form the child, use of corporal punishment, negligence, and overindulgence. Temper tantrums are considered a normal part of the course of development in toddlers – 1.5 to 5 years, occurring on an average once a day lasting 5 minutes.

However, temper tantrums are considered abnormal when – the outbursts seem irrelevant and unwarranted i.e. for even minor issues, and feature severe agitation & outbursts which pose a danger to the child as well as others like head banging, throwing stuff at others etc.

A tantrum episode can be divided into three stages. Understanding these stages helps us to respond effectively.



There are certain principles that we have to adapt to help us to respond/manage temper tantrum behaviour in a child. They are – disregarding, ignoring the child's attention seeking behaviour, comforting & soothing, nurturing the child after the tantrum subsides. We need to intervene early by distracting, negotiating etc.

Activity to Practice Management of Temper Tantrum

Method: Role play

Materials: None

Process:

- Divide the participants into groups. Tell them one participant has to assume the role of 'child' and the other that of the 'teacher'.
- Ask the participants to role play a situation where the child is throwing a temper tantrum – depicting the three stages as explained.
- The "teacher" has to respond to the child's behaviour using the management principles of temper tantrum – Disregard, Ignore, Comfort and Soothe, Nurture the child after the temper tantrum has subsided, & intervene early on by distracting and negotiating

* Ask them to present in plenary.

Discussion:

- Discuss about what that they felt was the best management skill for handling the temper tantrum.
- Invite the rest of the group to share feedback and comments on the role play. Was the teacher able to use the management principles effectively? If so, how? If not, what could have been done better?
- Thank and appreciate the teachers for their participation.

6.5. Identifying and Understanding an Hyperactive or an ADHD child

Objectives:

- To understand and identify a child who is hyperactive/ has ADHD.
- To provide basic skills to manage a hyperactive pre-school child.

Time: 1 hr 30 mins

Concept:

ADHD stands for Attention Deficit Hyperactivity Disorder. It is a neuro-developmental problem. Children with ADHD show a persistent pattern of inattention and/or hyperactivity–impulsivity that interferes with functioning or development. Other symptoms are –

- inattention – low attention span
- restlessness – is often restless. Fidgets with hands or feet, squirms in seat.
- often gets up from seat when remaining in seat is expected.
- excessive running/climbing (more than other kids).
- is often "on the go" or often acts as if "driven by a motor."
- difficulty sticking to & completing tasks,
- is disruptive, and intrudes with other's activities.

- uncontrolled aggressive behavior / poor emotional regulation
- poor social skills.

Pre-school children are quite often hyperactive and may have difficulty waiting for their turn or paying attention. This might be normal & age-appropriate or severe and need evaluation for ADHD. Children with ADHD will generally have trouble learning as they have trouble paying attention. They can be disruptive and due to their behaviour, other children can get easily distracted.

In some children the symptoms are so severe that teachers are not able to manage the child in the classroom. With such children, neither punishment nor threatening will work as the child's behaviour is not within his/her own control.

The nerve activity in these children's brain is akin to a fan regulator which is broken - either the fan stops working or spins with full speed due to lack of regulation. Similarly, attention in children with ADHD is not regulated and constantly on the move, and is unable to sustain attention.

Thus, children with these symptoms need to be referred for evaluation and treatment. Along with this, some positive engagement can be done as listed below:

- Seat the child in front of the class, near the teacher to limit distractions.
- Provide frequent one-to-one attention
- Seat the child with another child who is of low risk for such behaviour.
- Give the child an opportunity to explain his/her actions/behaviour.
- Notice the children being good and appreciate them verbally.
- Focus on the positives of every child, even the most difficult ones.
- Identify good efforts even if ultimately unsuccessful.
- Use star charts for good behaviour.

7. CONCEPTUAL UNDERSTANDING OF CHILD PROTECTION IN EARLY CHILDHOOD

Objectives:

- To enable teachers to understand child protection issues specific to early childhood.
- To introduce the teachers to government systems and programs available for child protection.

7.1. Introduction to child protection issues specific to early childhood

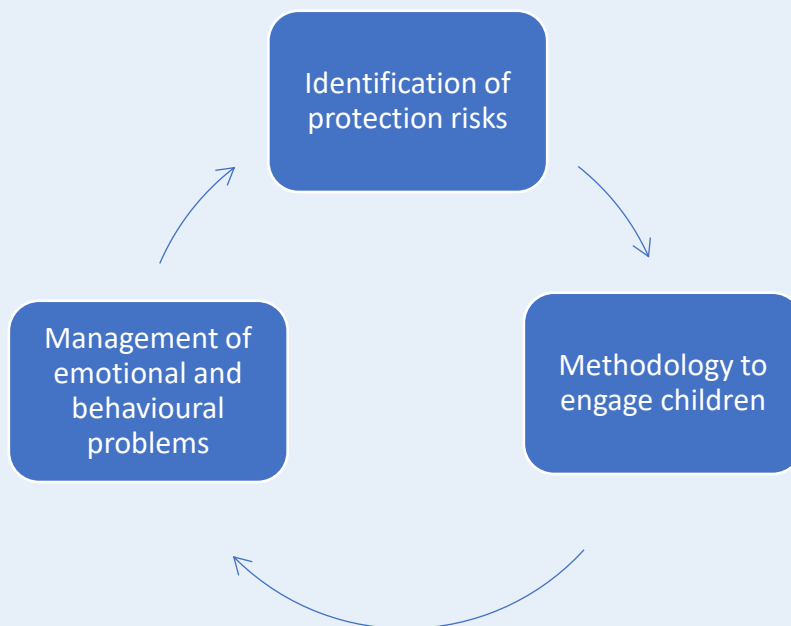
Time: 1 hr 30 mins

Concept: Explain the following concepts to the participants:

Child protection essentially means protecting children from violence, exploitation, abuse and neglect. Prevention of and protection of young children from socio-emotional vulnerabilities is critical to ensuring early childhood care, development and protection. (Refer back to the activity 2.2 for the impacts abuse & neglect can have on the child's development)

In order to protect children, we need to learn – Use figure given below to explain.

- identification of protection concerns in young children;
- methods to engage children in developmentally appropriate activities on a daily basis in order to build readiness skills;
- management of young children's emotional and behavioural problems, including addressing their traumatic experiences through use of play and child-friendly communication methods.



What is Child Abuse and Maltreatment?

Childhood abuse and maltreatment refers to any interaction or lack thereof by adults, whether families, caregivers or others that results in harm to the physical, mental and developmental states of children. Child abuse can be broadly categorized as follows:

a) Acts of omission: Consist of things caregivers should do to children but choose not to — which amounts to neglect.

- Comprise of psychological neglect, sustained parental non-responsiveness and physical /psychological unavailability.
- For instance, parents/caregivers who do not respond to children with love, affection and caring; parents/caregivers who do not take care of the physical/medical/ nutritional needs of children.
- It also entails depriving children of educational, play/recreational and other opportunities they require for optimum growth and development.

b) Acts of commission:

- Things caregivers should not do to children but do them, and in doing so, hurt children.
- Involves actual trauma directed toward the child in the form of acts of abuse, whether physical, sexual or emotional/psychological.

More specifically, child abuse may be of the following types:

Neglect & Physical Abuse

- Entails inadequate parenting or caregiving where there is potential for injury resulting from omissions by caregivers.
- Involves poor hygiene, lack of compliance with medical therapy, malnutrition that occurs due to lack of proper feeding practices by caregivers.
- Any non-accidental physical injury to the child. Can include striking, kicking, burning, or biting the child, or any action that results in a physical impairment of the child.
- Includes corporal punishment—which refers to use of physical punishment, force or threat aimed to decrease the frequency of child's misbehaviour, but one that results in (risk of) injury to the child.

Sexual Abuse:

- Is an interaction between a child and an adult where the child is used for sexual stimulation.
- Entails exploration of sexuality with a minor, traditionally understood as below 18 years of age; could be exploitative if the age difference between them is more than 5 years.
- Includes but is not restricted to rape/penetrative genital contact (whether by using the body or any other external object).

- May involve digital handling of the child's genitalia, non-genital forms of sexual touching as well as non-contact forms of abuse for the pleasure of the perpetrator such as exposing the child to pornography or taking nude pictures of the child.

Emotional Abuse:

- Behaviours, speech, and actions of parents, caregivers, or other significant figures in a child's life that have a negative mental impact on the child or seriously damage the emotional health and development of a child.
- Examples of emotional abuse include: name calling, insulting or humiliating, discriminating against a child based on caste, gender, (lack of) abilities/talents or any other issue, threatening violence (even without carrying out the threats), allowing children to witness the physical or emotional abuse of another, and withholding love, support, or guidance.
- Children who are neglected or physically/sexually abused also suffer emotional abuse.

7.2. Introduction to Government Systems and Programs available for Child Protection

Time: 1 hr.

Concept:

We discussed child protection issues in the previous session, now let us learn about the various child protection systems present in our country.

A child protection system is that which includes a set of policies, laws, regulations, services across social welfare, education, health, security and justice and other social sectors aimed at supporting prevention and response to protection related risks.

Most of the responsibilities is spread across government agencies with services delivered by local authorities, non-State providers, and community groups, making coordination between sectors and levels, including routine referral systems etc. a necessary component of effective child protection systems.

Ministry of Women and Child Development through the Integrated Child Development Scheme (ICDS), Integrated Child Protection Scheme (ICPS), and other agencies such as -- National Commission for Protection of Child Rights (NCPCR), Child Rights Commission, Childline, Non-Government Organizations (NGOs) etc. all work to protect children.

Through the ICPS, each district has a Child Welfare Committee (CWC) & District Child Protection Unit (DCPU) which work for the sole purpose of protecting children. According to the Juvenile Justice (Care and Protection) Act - 2015, each state government constitutes Child Welfare Committees in districts who are responsible to protect all children who are in need of care and protection.

If a pre-school/anganwadi teacher comes across a child with need of protection then they can approach the following agencies—

- Seek help of the Supervisor and the Child Development Program Officer (CDPO) of the ICDS scheme.
- They can directly approach the Child Welfare Committee (provide address of the district's CWC).
- They can contact CHILDLINE 1098. It is a service of Ministry of Women and Child Development. Childline India foundation operates a telephone helpline called Childline, for children in distress. It is a 24-hour toll free phone outreach service for children which is available all over India.
- Contact the police and the Special Juvenile Police Unit (SJPU).
- Contact State Child Protection Commission.

8. UNDERSTANDING CHILD SEXUAL ABUSE IN EARLY CHILDHOOD

Objectives:

- To understand the ABCs of child sexual abuse from a psychosocial perspective in young children.
- To recognize the dynamics of abuse including the various ways in which abuse is perpetrated among young children.
- Informing about various child sexual abuse prevention services and laws of our country (CWC, POCSO, SJPU etc.).
- To enable the teachers to respond to child sexual abuse.
- Introducing and practicing child sexual abuse prevention module.

8.1. Child Sexual Abuse Basics

Time: 2 hrs.

Concept:

1. What is CSA (Child Sexual Abuse)?

- An interaction between a child and an adult where the child is used for sexual stimulation.
- Exploration of sexuality with a minor, traditionally understood as below 18 years of age, could be considered exploitative if the age difference between them is more than 5 years.
- Not restricted to rape/penetrative genital contact.
- Includes digital handling of the child's genitalia.
- Includes non-genital forms of sexual touching.
- Includes non-contact forms of abuse for the pleasure of the perpetrator such as exposing the child to pornography or taking nude pictures of the child.

2. How CSA Plays Out...What Happens then...?

| CSA Process | Child/ Family Reactions |
|--|---|
| <ul style="list-style-type: none">• Injury/ hurt inflicted on child• Child rewarded for sexual behavior in inappropriate-to-developmental level• Offender exchanges attention and affection for sex• Pressure on child for secrecy from the offender• Trust and vulnerability manipulated• Violation of expectation that others will provide care and protection• Child's well-being is disregarded• Repeated experiences of fear | <ul style="list-style-type: none">• Pain due to injury• Child infers attitude of shame about activities• Child blamed for events• Child feels unable to protect self and halt abuse• Child is unable to make others believe• Lack of support and protection from parents |

Activity for Understanding CSA Basics

Method: Discussion

Materials: Statements regarding CSA (below)

Process & Discussion:

- Read each set of statements and ask participants in plenary whether they agree or disagree.
- Discuss why they agree or disagree with each of these statements.

Statements:

- Child sexual assault is a rare occurrence.
- It can only be considered abuse only if it is violent.
- Most children who are sexually abused do something to cause the abuse to occur.
- Perpetrators are those who...
 - Suffered physical/ sexual abuse themselves as children.
 - Are from lower socio-economic strata, or from difficult or deprived family circumstances.
 - Poor educational level/ not professionals.
 - 'Dirty old men'
 - Always men (never women).
 - Strangers.
 - Mentally ill people.
- CSA is more or most likely to occur...
 - In places where risk of detection is low.
 - In lonely, isolated places that are unfamiliar to the child, or where there are no people nearby.
 - Where there are no CCTV cameras.
 - Anywhere because actual abuse incident can occur quickly (commonly 5 to 15 minutes).
 - Within the home (especially if the perpetrator is a family member).
In places the child regularly visits or performs routine activities, such as schools, tutorials, playgrounds and other public spaces.
- Discussions/ information on child sexual abuse will scare children.
- The most common form of abuse suffered by children at home is sexual abuse.
- Children who disclose abuse and later retract their stories were lying about the abuse.

3. How to Recognize Sexual Abuse in Pre-School Children

- Overt physical injury (if soon after abuse)
- Anxiety & fear
- Misery & unhappiness/depression
- Shyness, sensitivity & withdrawal
- Refusal to go to school
- Decreased scholastic performance
- Mutism
- Acting out behaviors
- Sexualized behaviour
- Aches and pains

Note: Abuse is often not the presenting complaint

4. What is POCSO Act?

To deal with child sexual abuse cases, the Government has brought in a special law, namely, The Protection of Children from Sexual Offences (POCSO) Act, 2012.

The POCSO Act, 2012 is a comprehensive law to provide for the protection of children from the offences of sexual assault, sexual harassment and pornography, while safeguarding the interests of the child at every stage of the judicial process by incorporating child-friendly mechanisms for reporting, recording of evidence, investigation and speedy trial of offences through designated Special Courts.

The said Act defines a child as any person below eighteen years of age, and defines different forms of sexual abuse,

- Includes penetrative and non-penetrative assault,
- Includes sexual harassment and pornography,
- deems a sexual assault to be “aggravated” under certain circumstances, such as when the abused child is mentally ill or when the abuse is committed by a person in a position of trust or authority vis-à-vis the child, like a family member, police officer, teacher, or doctor.
- People who traffic children for sexual purposes are also punishable under the provisions relating to abetment in the said Act.

The said Act prescribes stringent punishment graded as per the gravity of the offence, with a maximum term of rigorous imprisonment for life, and fine.

POCSO Act also provides for mandatory reporting of sexual offences. This casts a legal duty upon a person who has knowledge that a child has been sexually abused to report the offence; if he fails to do so, he may be punished with six months’ imprisonment and/ or a fine.

5. Why are there a greater number of young children being sexually abuse recently?

In recent times, due to the increasing reports of incidents of child sexual abuse (CSA) there has been a flurry of efforts in the area of child sexual abuse awareness and prevention programs. Most of these programs, however, have been developed for older children, mostly neuro-typical children who are school-going and above the age of 7 to 8 years of age. This is because many child care service providers, including pre-school teachers,

special educators and indeed mental health professionals are uncertain about how to work with young children and children with intellectual disability. They are, perhaps, daunted by the complexities of talking to young or disabled children about what is essentially an adult issue i.e. sexuality, and by what methodologies they need to use to communicate with children. Thus, no CSA prevention steps have been taken for young children.

- Younger children are increasingly being targeted for sexual abuse, due to their lower physical and mental capacities to resist or report abuse. Pre-schoolers are still at the early stages of physical, speech & language, social and cognitive development as a result of which they have lesser ability to comprehend and verbalize their experiences, as compared to older children or adolescents.
- Their developmental vulnerability is compounded by the fact that they are far more susceptible to simple material lures and rewards that perpetrators use to entice them into secluded spaces or into performing sexual favours.
- Thus, young children are not aware what the perpetrator is doing to them.

6. What should be our response and steps we need to take when we come across a child sexual abuse incident?

When a child reports (or we come to know) he/she has been sexually abused we need to do the following: (Refer the Figure given below and use it for explanation)

Step 1: Attending to medical emergency (treatment of injuries), referring the child to District Hospital or any Tertiary Care Center.

Step 2: Reassuring the child that he/she is safe and need not worry as help is available and you will be with the child to support. Appreciating the child for reporting and seeking help.

“You did a great job by telling me; it shows how brave you are. We are there to help you; you need not worry”

Step 3: Informing the child’s parents about the incident (if they are not aware).

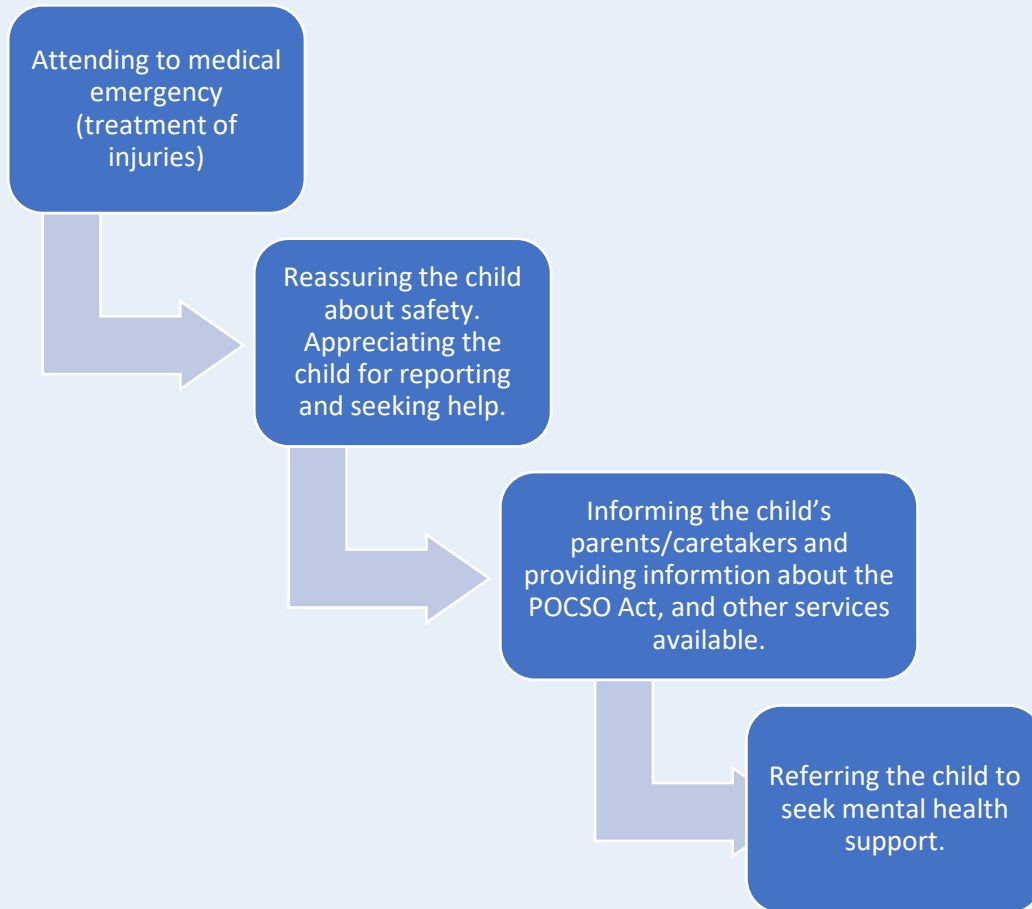
Talking to them regarding how they can seek help and justice for the child.

Informing about the POCSO Act, and other services available.

Giving details about the Child Welfare Committee, Childline from whom they can seek help.

They can also contact Police Department – Special Juvenile Police Unit, District Child Protection Unit (DCPU)

Step 4: Referring the child to seek mental health support.



Diagrammatic representation of 4 steps to be taken when we come across CSA.

7. How can we overcome the resistance to report CSA and convince the parents/ caregivers?

We need to discuss using the following key points.

- If we do not report, the chances of the sexual abuse continuing is high.
- The chances of the perpetrator/abuser abusing other children is high. Thus, as our responsibility and duty to this child, and a social responsibility towards other children, we need to report.
- Now there are various systems in place to ensure fast tracking and making the medical and legal process easier such as one stop center, Special courts, special laws etc.
- The issue of hesitation needs to be discussed with the parents and caregivers – the person who actually abused the child should be afraid/shameful as it is his mistake, it is not the child's mistake. Thus, there's absolutely no reason for the child or the person (parent/caregiver) who is trying to help and protect the child to be afraid and hesitant.
- It is not related to child's dignity or respect. The child has been abused; it's an injustice to the child. And we need to act and protect the child as it is our duty.

Activity to Teach Child Sexual Abuse Basics

Methodology: Audio/ video clip viewing and discussion

Note: Using the information given above prepare an audio or a video clip, where issues/questions regarding Child Sexual Abuse are being discussed by a Child Protection/Child Mental health professional. Just like a talk/radio show. Set a scenario where the Child Protection/Child Mental health professional will be sharing information to a group of audience who will be asking the above 7 questions. The audience are comprised of parents, pre-school teachers, anganwadi workers, child care institution staff etc.

Time: 1 hour

Process:

- Inform the participants that they are now going to listen to a talk by a Child Protection/Child Mental health professional who will be sharing information about Child Sexual Abuse (CSA) and POCSO Act.
- Ask them to listen carefully as the information shared will be discussed later.
- Play the audio/video clip.

Discussion

- Ask the participants to summarize what they heard.
- Ask the participants questions and respond to any questions they have.

8.2. Introduction and Practice of the Child Sexual Abuse Prevention and Personal Safety Module

Objectives

- To provide an introduction to Child Sexual Abuse Prevention and Personal Safety Module.
- To learn how to conduct activities and use different methodologies to teach young children about personal safety.

Time

3 hours (could be longer if facilitator and participants wish to try out more activities, in which case, it can even extend to a day).

Concept:

Introduction to Child Sexual Abuse Prevention and Personal Safety Module

The activity book has 5 themes, each of which comprise of 4 - 5 activities. Thus, a single theme may have many aspects to its learning and understanding — as outlined in its **Objectives**. Each activity first describes the **Methods** and **Materials** it will use; and then lays out the **Process** or the steps to be followed on how to implement the activity, including discussions to be had with the children to process and summarize thoughts & learning derived from the activity. The themes

and their corresponding activities are organized in sequence and need to be implemented following the same. This is because acquisition of concept and skills from a given activity is dependent on the 'successful' completion and understanding of the previous activity i.e. the understanding of an activity is predicated on that of the previous one. This activity book is accompanied by a set of materials, which are organized into folders (in soft copy) labelled with the activity name/number that they correspond to.

The first theme is 'Body Shapes and Actions' wherein the activities focus on getting children to be comfortable with and appreciate their bodies because of all the fun and interesting things they can do with their bodies.

This is followed by the theme on 'Body Parts and Functions' wherein there are a series of activities that give children a language to be able to name body parts, especially private parts (which children often have no names for), and to be comfortable with naming body parts including private parts. This section is particularly important as children are often unable to report abuse experiences because they have inadequate vocabulary on body parts. Activities on the functions of various body parts further help them to perceive the importance of keeping the body safe. Building on this basic understanding of the body, the third theme focuses on 'Physical Safety' or things we do to keep the body safe and protected.

The next theme is 'Privacy and Boundaries' wherein activities help children understand concepts of privacy, and which actions we perform in privacy and why; further, the concept of personal boundaries (an issue related to privacy) is also introduced.

The fifth theme is a more complex one, for it moves on to people safety. Through story-telling activities, children will be able to obtain an understanding of stranger safety and safety from known people; the latter is particularly important as most child sexual abuse occurs within homes and families and/or by known people—thereby creating the need for children to understand and maintain privacy and boundary rules even with people they know. This theme also touches on the issue of disclosure through discussions on secrets, for children are often lured or threatened into secrecy, by abusers.

The activities use a range of innovative and creative methods that allow for children & adolescents to understand and reflect on situations and experiences (vs. mere information and instruction giving), and derive their conceptual understanding on personal safety from daily life situations. Thus, the activities use methods such as movement games, body mapping, Art, board games, adaptation of common children's group games (hopscotch), story-telling and narratives, and film clips to make learning a participatory and entertaining experience for children.

Activity for Introducing the Practice of Life Skills Methodologies

Method: Practice and demonstration

Material: Child Sexual Abuse Prevention and Personal Safety Module - Activity-Based Awareness & Learning for Pre-schoolers & Children with Developmental Disabilities (Translated and Printed along with the materials required)

Process:

- Divide participants into sub-groups (of 6 per group depending on the total number).
- Allot one thematic area from the series (such as Body Shapes and Actions, physical safety etc.) to each sub-group, asking them to do the following:
 - Read the activities one by one (pertaining to the theme allotted to them).
 - Discuss how they would execute it with a group of children.
- Request each sub-group to come forward in plenary and briefly do the activities allotted to them—they may use the larger group as the child group.

[The idea is just to familiarize themselves with the methodologies and the practice].

Discussion:

Invite participants to ask questions about the activities and methods, and to anticipate the challenges they may face while working with children—so that the same may be discussed.

Alternatively, the facilitator may also demonstrate some activities.

The number of activities you decide to do will determine the time required—you could actually spend a whole day looking at the materials and trying them out!

9. *Assessing Children for Developmental, Mental health and Protection Issues in Early Childhood*

Objectives

- To learn how to administer Developmental, Mental Health and Protection assessments for young children
- To be able to develop a summary and recommendation on the information obtained through assessment.

Time: 2 hours

Concept:

Why do we need to do a detailed Developmental, Mental Health and Protection assessment of each child in the anganwadi/preschool? What are the objectives of the assessment?

- To identify what are the developmental delays and disabilities of a given child, if any.
- To learn about protection concerns and issues of the child
- To check for any psychiatric/mental health issues that the child requires to be treated for.
- To develop a care plan that will assist the child.

The proforma included the following sections:

- a) **Basic information:** (Name/Age/Sex/Anganwadi name.)
- b) **Family History**(living arrangements/parental relationships/illness in the family/Domestic violence/Family conflicts/Substance use by the parent)
- c) **Medical/ Sensory needs and issues identified**
- d) **Protection related vulnerabilities:** Physical abuse, Emotional abuse, Sexual abuse, and Neglect.
- e) **Developmental functions and skills:** Physical, Speech and language, cognitive, social, and emotional.
- f) **Under stimulation concerns**
- g) **Checklist Emotional and behavioural issues**
- h) **Summary & Diagnosis** (Developmental delays/ Under-stimulation/ Emotional and Behavioural problems)
- i) **Care plan** (Immediate interventions/ first level responses/ recommendations for further evaluation/ interventions)

Activity for Developmental, Mental Health and Protection assessment

Method: Practice and discussion

Material: 1 copy to each participant, preferably translated into the language of their use.
(Refer Annex)

Process and Discussion:

- Help participants familiarize themselves with the assessment proforma.
 - Discuss each question in the assessment proforma i.e. go through it ensuring that participants understand how to ask questions and record information on various items.
 - Also discuss the nature of information emerging from each question and how it is going to be used/ how it will feed into intervention plans.
 - Allow participants to use the assessment proforma.
 - Divide participants into pairs, wherein one person assumes the role of the preschool/anganwadi teacher, and the other person, the child.
 - The person playing the preschool/anganwadi teacher role administers the assessment proforma to the person playing the child—to allow participants to practice using the proforma.
 - Half way through, the roles may be reversed so that all participants have a chance to practice using the assessment proforma.
 - Encourage participants to check with you about questions that are hard to ask/ not clear.
- **NOTE:** This activity can be done all together at the end of the training or can be also done by splitting the topics. For example: After finishing the training sessions on Development (i.e. after module 4), the developmental check list in the assessment proforma can be discussed. Similarly, whenever a particular topic is finished, that part of the assessment proforma can be done.

Annexure : Developmental, mental health and Protection Assessment Formats

Initiating Community-Based Psychosocial & Protection Services for Early Childhood Care & Development

Dept. of Child & Adolescent Psychiatry, NIMHANS

Supported by UNICEF

Developmental, Mental Health and Protection Assessment Format

for Children (Aged 0 - 1years)

A. Basic Information

Name of Child:

Date:

Sex:

Age:

Name of the Anganwadi/Institution:

B. Family Context

1. Who is the child's primary caregiver? Parents / Grandparents / Extended Family
2. More than 2 children in the family? Yes/ No
3. Context of the family pertaining to the primary caregiver of the child.

| Sl No | Family Context | Yes | No |
|-------|--|-----|----|
| a. | Single Parent: Separated/ Divorced/ Widowed | | |
| b. | Death of an immediate family member | | |
| c. | Substance use by the parent/ primary care giver | | |
| d. | Domestic Violence in the family | | |
| e. | Conflicts and fights in the family (incl. Physical violence) | | |
| f. | Chronic Illness in the parents/ primary care giver (Tuberculosis, HIV/AIDS, Cancer etc.) | | |
| g. | Mental Illness in the parents/ primary caregiver | | |
| h. | Disability in the parents/ primary caregiver | | |
| i. | Criminality in the parents/ primary caregiver | | |

3. Any other issues and concerns in the family context.

C.1. Medical Problems/ Sensory Needs & Issues:

| Sl No | Medical Problems/ Sensory Needs & Issues | Yes | No |
|-------|--|-----|----|
| a. | Are there any behavioural indicators to suggest visual impairment? (One or both eyes consistently turn in or out / Persistent tearing, eye drainage, or sensitivity to light and droopy eyelids / Has difficulty calming self, cries for long periods of time / Does not react to new environments and people | | |
| b. | Hearing Impairment? (Does not turn head to locate sounds by 4 months / Does not respond to general sounds / Does not follow instructions given from the back or when the speaker's face is not visible / Asks for repetition of instructions / Turns one side of head towards to the speaker / has running ear or waxy ear) | | |
| c. | Likes to maintain odd postures? (Does not seem very stiff with tight muscles / Seems very floppy, like a rag doll / Head still flops back when body is pulled to sitting position (by 5months, still exhibits head lag / Can't crawl / Drags one side of body while crawling (for over one month) / Cannot stand when supported / Has difficulty getting objects to mouth / Does not sit steadily by 10 months / Doesn't push down with legs when feet are placed on a firm surface by 4 months) | | |
| d. | Has the child been Malnourished and been in treatment for more than 6 months? | | |

If any of the above problems and issues are present, mention the details.

D. Check list for Physical Signs for Assessing Physical Abuse, Sexual Abuse, Emotional Abuse, Neglect and Nutrition

| Sl No. | Signs and Symptoms | Yes | No |
|----------------|---|-----|----|
| Physical Abuse | | | |
| a. | Bruises, welts, black eyes or other injuries that can't be explained or don't match with the child's story. | | |
| b. | Burns that cannot be explained. | | |

| | | | |
|--|--|--|--|
| c. | Injury marks that have a pattern, like from a hand, belt, or other objects. | | |
| d. | Injuries that are at different stages of healing (bruises change colour over time) | | |
| e. | Fractures and dislocations. | | |
| f. | Wear clothing that doesn't match the weather -- such as long sleeves on hot days -- to cover up bruises. | | |
| Sexual Abuse (to be asked with the helper/teacher) | | | |
| a. | Genital injuries | | |
| b. | Physical injuries | | |
| c. | Pain/burning sensation/ infection/ itching in the genital region | | |
| d. | Urinary tract infections | | |
| Neglect | | | |
| a. | Skin infections and sores | | |
| b. | Appears dirty and has severe body odour | | |
| c. | Has poor dental hygiene | | |
| d. | Lacks sufficient clothing for the weather | | |
| Signs of Malnutrition | | | |
| a. | Respiratory and other infections/ illness | | |
| b. | Skin is thin, dry, inelastic, pale, and cold | | |
| c. | Cheeks appear hollow and the eyes sunken, as fat disappears from the face | | |
| d. | Hair is dry and sparse | | |
| Emotional & Behavioural Signs | | | |
| a. | Sudden unexplained change in behaviour: School refusal, people avoidance | | |
| b. | Sudden onset of bed wetting, aches, pains, general ill health | | |
| c. | Symptoms of depression and Post-Traumatic Stress Disorder | | |
| d. | Appear dull, listless and inactive | | |
| Avoidance of any kind of touch or physical contact | | | |

| | | | |
|----|---|--|--|
| a. | Fearful appearance always seeming to be on high alert. | | |
| b. | Withdrawal from friends and activities. | | |
| c. | Sexualized behaviour (applicable only to sexual abuse). | | |

E. Developmental Functions/ Skills Checklist

| Developmental Functions and Tasks | | | | Ability to Perform Developmental Functions and Tasks | | |
|-----------------------------------|---|--|--|--|----------------|---------------------------|
| | | | | To high Extent | To Some Extent | To Low extent /Not at all |
| Sl no | 1.PHYSICAL DEVELOPMENT | | | | | |
| | 1.1. Motor Skills | | | | | |
| a. | 0-3 Months. | Opens and closes hands (folding palm) | o/s | | | |
| b. | | Able to use hand to hold on to an object | o/s | | | |
| c. | | Able to bring hands together when lying on his/her back | o/s | | | |
| d. | | Able to push down on his/her legs when his/her feet are placed on firm surface | o/s | | | |
| e. | | Stretches legs out when lying on stomach or back | o/s | | | |
| f. | | Supports upper body with arms when lying on stomach | o/s | | | |
| g. | | Balances neck for a few minutes while lying or sitting with support | o/s | | | |
| h. | | Follows moving objects | o/s | | | |
| i. | | Grasps objects dangling in front of him/her | o/s | | | |
| j. | | 4-7 Months. | Transfers objects from one hand to another, squeezing fingers against palm | o/s | | |
| k. | Grasps feet | | o/s | | | |
| l. | Routinely rolls over from stomach to back and back to stomach | | o/s | | | |

| | | | | | | |
|----|---------|---|-----|--|--|--|
| m. | | Pulls to sitting position with no head lag (with neck control) | o/s | | | |
| n. | | Sits without support if made to sit | o/s | | | |
| o. | | Tracks moving objects with ease (visual tracking) | o/s | | | |
| p. | 8-12 | Crawls forward on belly | o/s | | | |
| q | Months. | Gets to sitting position without assistance | o/s | | | |
| r. | | Pulls himself/herself up to standing position using furniture | o/s | | | |
| s. | | Stands momentarily without support | o/s | | | |
| t. | | Uses pincer grasp to pick up small objects (grasp using thumb and index finger) | o/s | | | |
| u. | | Bangs two small objects together | o/s | | | |
| v | | Puts and takes small objects into and out of container | o/s | | | |
| w. | | Tries to imitate scribbling | o/s | | | |

2. LANGUAGE DEVELOPMENT

| | | | | | | |
|----|-----------------|--|-----|--|--|--|
| a. | 0-3 | Makes sucking sounds | o/s | | | |
| b. | Months. | Makes cooing noises; vocal play | o/s | | | |
| c. | | Attends to sound/ Startles to loud noise | o/s | | | |
| d. | 4-7 Months. | Laughs and squeals out loud | o/s | | | |
| e. | | Responds to sound by making sounds | o/s | | | |
| f. | | Responds to songs and rhythms/rhymes by clapping hands; | o/s | | | |
| g. | | Uses voice to express joy and displeasure (gurgling vs crying) | o/s | | | |
| h. | | Distinguishes emotions by tone of voice (recognizes happy/excited tones or angry ones) | o/s | | | |
| i. | 8-12 Months. | Babbles “da da da....” and “ma ma ma....” (9 months) | o/s | | | |
| j. | | Says “dada” and “mama” for specific person (11 months) | o/s | | | |
| k. | | Responds to simple verbal requests, such as “Give me” (12 months) | o/s | | | |

| | | | | | | |
|--------------------------|-----------------|--|-----|--|--|--|
| l. | | Responds to “no” by briefly stopping activity and noticing adult (10m) | o/s | | | |
| m. | | Makes simple gestures such as shaking head for “no” (12 months) | o/s | | | |
| n. | | Uses exclamations such as “oh-oh” (12 months) | o/s | | | |
| 3. COGNITIVE DEVELOPMENT | | | | | | |
| a. | 0-3 Months. | Watches face intently when spoken to | o/s | | | |
| b. | | Responds to voice i.e. turn to, wiggle, reacts | o/s | | | |
| c. | | Recognize or know the bottle or breast | o/s | | | |
| d. | 4-7 Months. | Looks for a family member when named | o/s | | | |
| e. | | Looks for fallen toys | o/s | | | |
| f. | | Plays peek-a-boo | o/s | | | |
| g. | 8-12 Months. | Enjoys looking at pictures in books | o/s | | | |
| h. | | Engages in simple games of rhymes, Peek-a-Boo or rolling ball to another | o/s | | | |
| i. | | Imitates gestures | o/s | | | |
| 4. SOCIAL DEVELOPMENT | | | | | | |
| a. | 0-3 Months. | Makes eye contact | o/s | | | |
| b. | | Smiles at the sound of caregiver’s voice | o/s | | | |
| c. | 4-7 Months. | Knows faces of family/ caregivers | o/s | | | |
| d. | | Enjoys playing with others | o/s | | | |
| e. | 8-12 Months. | Responds to spoken “bye-bye” by waving hands (10 months) | o/s | | | |
| f. | | Shy/ anxious around strangers | o/s | | | |
| g. | | Enjoys imitating people in play | o/s | | | |
| h. | | Repeats sounds or gestures for attention | o/s | | | |
| 5. EMOTIONAL DEVELOPMENT | | | | | | |
| a. | | Enjoys playing with other people and may cry when playing stops | o/s | | | |

| | | | | | | |
|----|-----------------|--|-----|--|--|--|
| b. | 0-3 Months | Becomes more communicative and expressive with face and body | o/s | | | |
| c. | 4-7 Months. | Able to calm down when soothed or distracted | o/s | | | |
| d. | | Responds to other people's expression of emotion | o/s | | | |
| e. | | Cries when mother or father leaves | o/s | | | |
| f. | 8-12 Months. | Prefers mother and/or regular caregiver over all others | o/s | | | |
| g. | | Shows specific preferences for certain people and toys | o/s | | | |

Note: o/s stands for observation/staff; T/A stands for Task/ Ask

2. Any other information reported by the parent/ Anganwadi teacher or your own observations of the child with regards to emotional and behavioural problems

F. Service Provider's Interpretations/ Summary (incl. Recommendations & Care Plan)

Initiating Community-Based Psychosocial & Protection Services for Early Childhood Care & Development
Dept. of Child & Adolescent Psychiatry, NIMHANS
Supported by UNICEF
Developmental, Mental Health and Protection Assessment Format
for Children (Aged 1 – 3 years)

A. Basic Information

Name of Child:

Date:

Sex:

Age:

Name of the Anganwadi/Institution:

B. Family Context

1. Who is the child's primary caregiver? Parents / Grandparents / Extended Family
2. More than 2 children in the family? Yes/ No
3. Context of the family pertaining to the primary caregiver of the child.

| Sl No | Family Context | Yes | No |
|-------|--|-----|----|
| a. | Single Parent: Separated/ Divorced/ Widowed | | |
| b. | Death of an immediate family member | | |
| c. | Substance use by the parent/ primary care giver | | |
| d. | Domestic Violence in the family | | |
| e. | Conflicts and fights in the family (incl. Physical violence) | | |
| f. | Chronic Illness in the parents/ primary care giver (Tuberculosis, HIV/AIDS, Cancer etc.) | | |
| g. | Mental Illness in the parents/ primary caregiver | | |
| h. | Disability in the parents/ primary caregiver | | |
| i. | Criminality in the parents/ primary caregiver | | |

3. Any other issues and concerns in the family context.

C.1. Medical Problems/ Sensory Needs & Issues:

| Sl No | Medical Problems/ Sensory Needs & Issues | Yes | No |
|-------|--|-----|----|
| a. | Are there any behavioural indicators to suggest visual impairment? (One or both eyes consistently turn in or out / Persistent tearing, eye drainage, or sensitivity to light and droopy eyelids / Has difficulty calming self, cries for long periods of time / Does not react to new environments and people | | |
| b. | Hearing Impairment? (Does not turn head to locate sounds by 4 months / Does not respond to general sounds / Does not follow instructions given from the back or when the speaker's face is not visible / Asks for repetition of instructions / Turns one side of head towards to the speaker / has running ear or waxy ear) | | |
| c. | Likes to maintain odd postures? (Does not seem very stiff with tight muscles / Seems very floppy, like a rag doll / Head still flops back when body is pulled to sitting position (by 5months, still exhibits head lag / Can't crawl / Drags one side of body while crawling (for over one month) / Cannot stand when supported / Has difficulty getting objects to mouth / Does not sit steadily by 10 months / Doesn't push down with legs when feet are placed on a firm surface by 4 months) | | |
| d. | Has the child been Malnourished and been in treatment for more than 6 months? | | |

If any of the above problems and issues are present, mention the details.

D. Check list for Physical Signs for Assessing Physical Abuse, Sexual Abuse, Emotional Abuse, Neglect and Nutrition

| Sl No. | Signs and Symptoms | Yes | No |
|----------------|--|-----|----|
| Physical Abuse | | | |
| a. | Bruises, welts, black eyes or other injuries that can't be explained or don't match with the child's story | | |

| | | | |
|--|--|--|--|
| b. | Burns that cannot be explained | | |
| c. | Injury marks that have a pattern, like from a hand, belt, or other objects | | |
| d. | Injuries that are at different stages of healing (bruises change colour over time) | | |
| e. | Fractures and dislocations | | |
| f. | Wears clothing that doesn't match the weather -- such as long sleeves on hot days -- to cover up bruises | | |
| Sexual Abuse (to be asked with the helper/teacher) | | | |
| a. | Genital injuries | | |
| b. | Physical injuries | | |
| c. | Pain/burning sensation/ infection/ itching in the genital region | | |
| d. | Urinary tract infections | | |
| Neglect | | | |
| a. | Skin infections and sores | | |
| b. | Appears dirty and has severe body odour | | |
| c. | Has poor dental hygiene | | |
| d. | Lacks sufficient clothing for the weather | | |
| Signs of Malnutrition | | | |
| a. | Respiratory and other infections/ illness | | |
| b. | Skin is thin, dry, inelastic, pale, and cold | | |
| c. | Cheeks appear hollow and the eyes sunken, as fat disappears from the face | | |
| d. | Hair is dry and sparse | | |
| Emotional & Behavioural Signs | | | |
| a. | Sudden unexplained change in behaviour: School refusal, people avoidance | | |
| b. | Sudden onset of bed wetting, aches, pains, general ill health | | |
| c. | Symptoms of depression and Post-Traumatic Stress Disorder | | |
| d. | Appears dull, listless and inactive | | |

| Avoidance of any kind of touch or physical contact | | | |
|--|---|--|--|
| a. | Fearful appearance always seeming to be on high alert. | | |
| b. | Withdrawal from friends and activities. | | |
| c. | Sexualized behaviour (applicable only to sexual abuse). | | |

E. Developmental Functions/ Skills Checklist

1. Developmental Functions and Tasks Checklist

| Developmental Functions and Tasks | | | Ability to Perform Developmental Functions and Tasks | | |
|-----------------------------------|----------|--|--|----------------|---------------------------|
| | | | To a high Extent | To Some Extent | To Low extent /Not at all |
| SI | | | 1.PHYSICAL DEVELOPMENT | | |
| no | | | | | |
| a. | 1-2 yrs. | Climbs onto and down from furniture unsupported (16-24 mos.) | T/A | | |
| b. | | Pulls toys behind him while walking and Carries large toy or several toys while walking (13-16 mos.) | T/A | | |
| c. | | Begins to run stiffly (16-18 mos.) | T/A | | |
| d. | | Walks up and down stairs holding on to support (18-24 mos.) | T/A | | |
| e. | | Can open doors by turning knobs (18-24 mos.) | T/A | | |
| f. | | Can drink from open cup, with some spilling (18-24 mos.) | T/A | | |
| g. | | Scribbles spontaneously (14-18 mos.) | T/A | | |
| h. | | Turns over container to pour out contents (12-18 mos.) | T/A | | |
| i. | | Starts to feed self with spoon, with some spilling (18-24 mos.) | T/A | | |
| j. | | Builds tower of four blocks or more (20-24 mos.) | T/A | | |

| | | | | | | |
|----|----------|---|-----|--|--|--|
| k. | | Completes simple knobbed wooden puzzles of 3 to 4 pieces (21-24) | T/A | | | |
| l. | | Goes to toilet during day time with some help (36) | T/A | | | |
| m. | | Can feed self if mixed and given (3 years) | T/A | | | |
| n. | 2-3 yrs. | Walks down stairs alone, placing both feet on each step | T/A | | | |
| o. | | Walks upstairs alternating feet with support (24-30 mos.) | T/A | | | |
| p. | | Swings leg to kick ball (24-30 mos.) | T/A | | | |
| q. | | Runs easily (24-26 mos.) | T/A | | | |
| r. | | Pedals tricycle (30-36 mos.) | T/A | | | |
| s. | | Bends over easily without falling (18-24 mos.) | T/A | | | |
| t. | | Makes vertical, horizontal, circular strokes with pencil or crayon (30-36 mos.) | T/A | | | |
| u. | | Turns book pages one at a time (24-30 mos.) | T/A | | | |
| v. | | Builds a tower of more than 6 blocks (24-30 mos.) | T/A | | | |
| w. | | Draws circle or identifiable shapes (30-36 mos.) | T/A | | | |
| x. | | Can pull pants down with help (24-36 mos.) | T/A | | | |
| y. | | Screws and unscrews jar lids, nuts, and bolts (24-30 mos.) | | | | |
| z. | | Turns rotating handles (door knob) (24-30 mos.) | T/A | | | |

2.SPEECH AND LANGUAGE DEVELOPMENT

| | | | | | | |
|----|----------|---|-----|--|--|--|
| a. | 1-2 yrs. | Says "no" with meaning (14-18 mos.) | T/A | | | |
| b. | | Follows simple, one-step instructions (18-24mos.) | T/A | | | |
| c. | | Says 4-5 meaningful, single words (14-18 mos.) | T/A | | | |
| d. | | Points to object or picture when it's named for them (18-24 mos.) | T/A | | | |
| e. | | Repeats words overheard in conversations and uses two-word sentences (18-24 mos.) | T/A | | | |
| f. | | Uses pronouns (I, you, me, we, they) (24-30 mos.) | T/A | | | |
| g. | | Understands simple sentences (24-40 mos.) | T/A | | | |

| | | | | | | |
|----|----------|--|-----|--|--|--|
| h. | 2-3 yrs. | Can say name, age, and sex (36 months) | T/A | | | |
| i. | | Uses words to communicate wants and needs (30-36 mos.) | T/A | | | |
| j. | | Knows simple rhymes and songs (30-36 mos.) | T/A | | | |
| k. | | Understands prepositions like on, in, under, out, up (24-36 mos) | T/A | | | |

3. COGNITIVE DEVELOPMENT

| | | | | | | |
|----|----------|--|-----|--|--|--|
| a. | 1-2 yrs. | Will listen to short story book with pictures (15-20 mos.) | T/A | | | |
| b. | | Identifies two to three body parts (14-18 mos.) | T/A | | | |
| c. | | Begins to sort shapes and colours (20-24 mos.) | T/A | | | |
| d. | | Begins make-believe play (20-24 mos.) | T/A | | | |
| e. | 2-3 yrs. | Makes mechanical toys work (30-36 mos.) | T/A | | | |
| f. | | Matches an object in hand or room to a picture in a book (24-30m.) | T/A | | | |
| g. | | Sorts objects by color (30-36 mos.) | T/A | | | |
| h. | | Completes puzzles with 3 or 4 pieces (24-36 mos.) | T/A | | | |
| i. | | Recognizes and identifies common objects and pictures (26-32 mos.) | | | | |
| j. | | Knows several body parts (24-36 mos.) | T/A | | | |
| k. | | Understands concept of "two" (26-32 mos.) | T/A | | | |

4. SOCIAL DEVELOPMENT

| | | | | | | |
|----|----------|---|-----|--|--|--|
| a. | 1-2 yrs. | Imitates behaviour of others, especially adults and older children. | T/A | | | |
| b. | | Enjoys playing with other children | T/A | | | |
| c. | 2-3 yrs. | Uses the word "mine" often | T/A | | | |
| d. | | Begins to follow simple rules of play | T/A | | | |

5. EMOTIONAL DEVELOPMENT

| | | | | | | |
|----|----------|--|-----|--|--|--|
| a. | 1-2 yrs. | Demonstrates increasing independence by wanting to do things on their own (18-24 mos.) | T/A | | | |
|----|----------|--|-----|--|--|--|

| | | | | | | |
|----|---------|---|-----|--|--|--|
| b. | | Begins to separate more easily from parents by 2 years) | T/A | | | |
| c. | | Begins to show defiant behaviour (18-24 mos.) | T/A | | | |
| c. | 2-3 yrs | Objects to major changes in routine, but is becoming more compliant | T/A | | | |
| d. | | Says “no” but will still do what is asked (24-36 mos.) | T/A | | | |
| e. | | Expresses a wide range of emotions such as joy, sadness, anger | T/A | | | |

2. Under-stimulation in the domains of development

| Sl. No | Domain of Development | Yes | No |
|--------|----------------------------------|-----|----|
| a. | Physical Gross Motor Development | | |
| b. | Physical Fine Motor Development | | |
| c. | Speech and Language Development | | |
| d. | Cognitive Development | | |
| e. | Social Development | | |
| f. | Emotional Development | | |

| Sl. No | Problems | Yes | No |
|---------------|--|------------|-----------|
| a. | Interferes with other children's activities (snatching/poking/pinching...) | | |
| b. | Poor concentration in performing activities (lack of focus/poor sitting tolerance) | | |
| c. | Unclear speech (speech articulation issues/ stammering) | | |
| d. | Difficult to manage the child (does not sit/ does not follow instructions or obey) | | |
| e. | Not liked by peers, as often doesn't share, and fights and teases with them | | |
| f. | Fights: physical assault | | |
| g. | Withdrawn from peers, doesn't play/participate/ engage with peers | | |
| h. | Total reluctance to speak | | |
| i. | Withdrawn from staff | | |
| j. | Miserable: always unhappy, cries easily and frequently | | |
| k. | Habits – Nail biting, thumb sucking, hair pulling, pica, repetitive behavior etc. | | |
| l. | Wets – not toilet trained, doesn't indicate when he/she needs to go to bathroom | | |
| m. | Soils - dirty their pants, or go to the toilet in inappropriate places. | | |
| n. | Destructive-deliberately breaking toys/furniture | | |
| o. | Temper tantrums- typically involve stamping feet, holding breath, yelling, becoming easily frustrated, falling out, or melting down. | | |
| p. | Fearful | | |
| q. | Difficult to sooth the child when upset | | |

F. Service Provider's Interpretations/ Summary

Initiating Community-Based Psychosocial & Protection Services for Early Childhood Care & Development
Dept. of Child & Adolescent Psychiatry, NIMHANS
Supported by UNICEF
Developmental, Mental Health and Protection Assessment Format
for Children (Aged 3 – 6 years)

A. Basic Information

Name of Child:

Date:

Sex:

Age:

Name of the Anganwadi/Institution:

B. Family Context

1. Who is the child's primary caregiver? Parents / Grandparents / Extended Family
2. More than 2 children in the family? Yes/ No
3. Context of the family pertaining to the primary caregiver of the child.

| Sl No | Family Context | Yes | No |
|-------|--|-----|----|
| a. | Single Parent: Separated/ Divorced/ Widowed | | |
| b. | Death of an immediate family member | | |
| c. | Substance use by the parent/ primary care giver | | |
| d. | Domestic Violence in the family | | |
| e. | Conflicts and fights in the family (incl. Physical violence) | | |
| f. | Chronic Illness in the parents/ primary care giver (Tuberculosis, HIV/AIDS, Cancer etc.) | | |
| g. | Mental Illness in the parents/ primary caregiver | | |
| h. | Disability in the parents/ primary caregiver | | |
| i. | Criminality in the parents/ primary caregiver | | |

3. Any other issues and concerns in the family context.

C.1. Medical Problems/ Sensory Needs & Issues:

| Sl No | Medical Problems/ Sensory Needs & Issues | Yes | No |
|-------|--|-----|----|
| a. | Are there any behavioural indicators to suggest visual impairment? (One or both eyes consistently turn in or out / Persistent tearing, eye drainage, or sensitivity to light and droopy eyelids / Has difficulty calming self, cries for long periods of time / Does not react to new environments and people) | | |
| b. | Hearing Impairment? (Does not turn head to locate sounds by 4 months / Does not respond to general sounds / Does not follow instructions given from the back or when the speaker's face is not visible / Asks for repetition of instructions / Turns one side of head towards to the speaker / has running ear or waxy ear) | | |
| c. | Likes to maintain odd postures? (Does not seem very stiff with tight muscles / Seems very floppy, like a rag doll / Head still flops back when body is pulled to sitting position (by 5months, still exhibits head lag / Can't crawl / Drags one side of body while crawling (for over one month) / Cannot stand when supported / Has difficulty getting objects to mouth / Does not sit steadily by 10 months / Doesn't push down with legs when feet are placed on a firm surface by 4 months) | | |
| d. | Has the child been Malnourished and been in treatment for more than 6 months? | | |

If any of the above problems and issues are present, mention the details.

D. Check list for Physical Signs for Assessing Physical Abuse, Sexual Abuse, Emotional Abuse, Neglect and Nutrition

| Sl No. | Signs and Symptoms | Yes | No |
|----------------|--|-----|----|
| Physical Abuse | | | |
| a. | Bruises, welts, black eyes or other injuries that can't be explained or don't match with the child's story | | |
| b. | Burns that cannot be explained | | |
| c. | Injury marks that have a pattern, like from a hand, belt, or other objects | | |
| d. | Injuries that are at different stages of healing (bruises change colour over time) | | |

| | | | |
|--|--|--|--|
| e. | Fractures and dislocations | | |
| f. | Wears clothing that doesn't match the weather -- such as long sleeves on hot days -- to cover up bruises | | |
| Sexual Abuse (to be asked with the helper/teacher) | | | |
| a. | Genital injuries | | |
| b. | Physical injuries | | |
| c. | Pain/burning sensation/ infection/ itching in the genital region | | |
| d. | Urinary tract infections | | |
| Neglect | | | |
| a. | Skin infections and sores | | |
| b. | Appears dirty and has severe body odour | | |
| c. | Has poor dental hygiene | | |
| d. | Lacks sufficient clothing for the weather | | |
| Signs of Malnutrition | | | |
| a. | Respiratory and other infections/ illness | | |
| b. | Skin is thin, dry, inelastic, pale, and cold | | |
| c. | Cheeks appear hollow and the eyes sunken, as fat disappears from the face | | |
| d. | Hair is dry and sparse | | |
| Emotional & Behavioural Signs | | | |
| a. | Sudden unexplained change in behaviour: School refusal, people avoidance | | |
| b. | Sudden onset of bed wetting, aches, pains, general ill health | | |
| c. | Symptoms of depression and Post-Traumatic Stress Disorder | | |
| d. | Appears dull, listless and inactive | | |
| Avoidance of any kind of touch or physical contact | | | |
| a. | Fearful appearance always seeming to be on high alert | | |
| b. | Withdrawal from friends and activities | | |

| | | | |
|----|--|--|--|
| c. | Sexualized behaviour (applicable only to sexual abuse) | | |
|----|--|--|--|

E. Developmental Functions/ Skills Checklist

1. Developmental Functions and Tasks Checklist

| Developmental Functions and Tasks | | Ability to Perform Developmental Functions and Tasks | | | | |
|-----------------------------------|--------------------------------|--|----------------|--------------------------|--|--|
| | | To high Extent | To Some Extent | To Low extent/Not at all | | |
| Sl no | 1. Physical Development | | | | | |
| | 1.1. Motor Skills | | | | | |
| a. | 3-4 yrs | Able to climb stairs one foot at a time. | T/A | | | |
| b. | | Stand briefly on one foot | T/A | | | |
| c. | | Can run | T/A | | | |
| d. | | Can hop using one foot | T/A | | | |
| e. | | Kick/ throw and catch a ball | T/A | | | |
| f. | | Can pick up small objects and place them elsewhere (such as coins, beads) | T/A | | | |
| g. | | | | | | |
| h. | 5-6 yrs | Stands on one foot for longer duration | T/A | | | |
| i. | | Hops using both the legs | T/A | | | |
| j. | | Able to colour within the lines. | T/A | | | |
| k. | | Can copy simple patterns such as circle, square | T/A | | | |
| l. | 1.2. Self Help skills | | | | | |
| m. | 3-4 yrs | Can eat with a spoon/hand | S | | | |
| n. | | Can undress themselves (button large buttons on their own) | T/A | | | |

| | | | | | | |
|----|-----|---|---|--|--|--|
| o. | | Goes to toilet during day time with some help | S | | | |
| p. | 5-6 | Can feed self independently | S | | | |
| q. | yrs | Can dress and undress independently | S | | | |
| r. | | Can go to toilet independently | S | | | |

2. Speech and Language Development

| | | | | | | |
|----|------------|--|---|-----|--|--|
| a. | | Says his/her names | T/A | | | |
| b. | 3-4 yrs | Answers simple questions (what did you eat today? what do you like to play?) | T/A | | | |
| c. | | Can speak complete sentences(3-4 words) | T/A | | | |
| d. | | Names 3 common objects if pointed to | T/A | | | |
| e. | | States what action is being performed when a picture is shown | T/A | | | |
| f. | | 5-6 | Able to describe pictures/events/tell small stories | T/A | | |
| g. | yrs | Can recite a simple 2-3 line nursery rhyme | T/A | | | |

3. Cognitive Development

| | | | | | | |
|----|------------|--|-----|--|--|--|
| a. | 3-4 yrs | Comprehends and executes simple instructions (shut the door, brings object as asked) | T/A | | | |
| b. | | Identifies sizes/ age (big-small, younger-older) | T/A | | | |
| c. | | Identifies at least 4-5 body parts (can name/ point) | T/A | | | |
| d. | | Can name/identify some common fruits/vegetables/animals | T/A | | | |
| e. | 5-6 yrs | Identifies functions of objects (such as telephone, glass of water, vehicle) | T/A | | | |
| f. | | Able to sort/ differentiate between colour and shapes | T/A | | | |

4. Social Development

| | | | | | | |
|----|-----|--|-----|--|--|--|
| a. | 3-4 | Recognizes family members/ familiar people like teacher | T/A | | | |
| b. | yrs | Recognizes spaces (kitchen/bathroom/street) and their function | T/A | | | |

| | | | | | | |
|----|-----|--|-----|--|--|--|
| c. | | Plays cooperatively with other children | S | | | |
| d. | | Understands rules of simple games (passing a ball or taking turns) | T/A | | | |
| e. | 5-6 | Is aware of gender | T/A | | | |
| f. | yrs | Can enumerate routine/ daily activities | T/A | | | |

5. Emotional Development

| | | | | | | |
|----|---------|---|-----|--|--|--|
| a. | 3-4yrs | Can recognize common emotions (when pictures of faces are shown) | T/A | | | |
| b. | | When upset/ frustrated, can be easily comforted | T/A | | | |
| c. | 5-6 yrs | Able to describe emotions in simple situations and ascribe causalities to emotions | T/A | | | |
| d. | | Ability to report emotions (when do you cry/when are you happy?) | T/A | | | |
| e. | | Helpful and caring of other children (shares toys/ comforts others when hurt or crying) | S | | | |

2. Under-stimulation in the domains of development

| Sl. No | Domain of Development | Yes | No |
|--------|----------------------------------|-----|----|
| a. | Physical Gross Motor Development | | |
| b. | Physical Fine Motor Development | | |
| c. | Speech and Language Development | | |
| d. | Cognitive Development | | |
| e. | Social Development | | |
| f. | Emotional Development | | |

F. Emotional and Behavioural Indicators

1. Ask the teacher whether any of these behaviours are present in the child

| Sl No | Problems | Yes | No |
|-------|--|-----|----|
| a. | Interferes with other children's activities (snatching/poking/pinching...) | | |
| b. | Poor concentration in performing activities (lack of focus/poor sitting tolerance) | | |
| c. | Unclear speech (speech articulation issues/ stammering) | | |
| d. | Difficult to manage the child (does not sit/ does not follow instructions or obey) | | |
| e. | Not liked by peers, as often doesn't share, and fights and teases them | | |
| f. | Fights: physical assault | | |
| g. | Withdrawn from peers, doesn't play/participate/ engage with peers | | |
| h. | Total reluctance to speak | | |
| i. | Withdrawn from staff | | |
| j. | Miserable: always unhappy, cries easily and frequently | | |
| k. | Habits – Nail biting, thumb sucking, hair pulling, pica, repetitive behavior etc. | | |
| l. | Wets – not toilet trained, doesn't indicate when he/she needs to go to bathroom | | |
| m. | Soils - dirty their pants or go to the toilet in inappropriate places. | | |
| n. | Destructive-deliberately breaking toys/furniture | | |
| o. | Temper tantrums- typically involve stamping feet, holding breath, yelling, becoming easily frustrated, falling out, or melting down. | | |
| p. | Fearful | | |
| q. | Difficult to sooth the child when upset | | |
| r. | Self-injury: biting hands/lips, scratching, pulling hairs, face slapping, head banging etc. | | |
| s. | Sexualized behaviours: rubbing body against others, touching private parts of others etc. | | |
| t. | Irregular to preschool | | |

2. Any other information reported by the parent/ Anganwadi teacher or your own observations of the child with regards to emotional and behavioural problems

G. Service Provider's Interpretations/ Summary