



Short Communication

Assessment of knowledge on psychosocial care children in difficult circumstances; TOT workshop for community level volunteers

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Abstract

Children in difficult circumstances are vulnerable and engage in various unacceptable behaviours that is harmful to themselves as well as the society. Children in various social epicentres devoid of conducive environment may exhibit certain ways of behaviours. That lead to social disasters and this hampers their growth and development as responsible individuals. The development progress will ensue with the support of pro-social activists in each and every society. Children are one of the key groups directing future of the nation hence it becomes essential to address the psychosocial needs of children in difficult circumstances to ensure holistic care and development by providing through psychosocial care. NIMHANS has collaborated with Jyothis charitable society (NGO), Kerala for providing five days TOT workshop based on psychosocial care for children in difficult circumstances. The current study is to find out the pre and post knowledge of TOT workshop on psychosocial care on children in difficult circumstances for community level Volunteers (CLVs). A quasi experimental study with pre and post assessment was conducted to demonstrate the results. The current study was to assess the knowledge among community level workers on Children in Difficult Circumstances (CDCs). There were 28 participants who were part of the TOT from Jyothis Charitable Society working with children across India. Socio demographic details of the participants was collected knowledge on psychosocial care, life skills and student enrichment programs was assessed using a continuum scale of 1 to 10. Descriptive and inferential statistics was carried out for the analysis. The results of the assessment carried out revealed that the knowledge of the participants on Psychosocial care for children in difficult circumstances. Life Skills Education as well as Student Enrichment Programs has increased. The paired sample t-test carried showed significant increase in knowledge among participants in psychosocial care for children in difficult circumstances ($t=-11.01$, $df=25$, $P=.000$), Life skills education ($t=-21.28$, $df=25$, $P=.000$) and Student enrichment programme ($t=-14.02$, $df=25$, $P=.000$). Preparing the community level volunteers on integration of psychosocial care for children in difficult circumstances in their existing activities for children would equip them in providing holistic care for children in addressing the emerging psychosocial problems among children and preventing the same at social epicentre there by arresting social disasters of varied nature.

Keywords: Psychosocial care, children in difficult circumstances, TOT workshop, CLVs.

Introduction

India is the largest democracy of world and also home of the largest number of children. Children are highly vulnerable to physical abuse, sexual abuse, poor malnutrition, academic stress, lack of family support, difficulties in studies, mentally illness, substance use etc. There were various problems under the term of difficult circumstances for children and the problems are more among the adolescents, especially among boys from poor socio economic back ground¹. The children who are homeless, migrant, on street and runaway, orphaned or abandoned, working, children in sex trade, trafficked, jails/prisons, affected by disasters and conflict, HIV/AIDS, terminal diseases, disabled, belonging to the lower caste will lead to difficult circumstances and they were the marginalised

groups in the society². The varied nature of difficulties experienced by children include physical abuse, sexual abuse, poor malnutrition, academic stress, lack of family support, difficulties in studies, mentally illness, substance use etc. Children experiencing these difficulties especially adolescent boys as compared to girls have higher chances of involving in antisocial activities followed by the consequence were decisive social problems, man-disaster/under developed society^{1,2}.

Difficult circumstances expose children to multiple risks including physical and mental health. Recent studies indicate higher prevalence of mental health issues among children and adolescents in schools and institutional settings^{3,4}. Other factors such as cultural practices, beliefs, social, political, economical factors of particular region also influence the child and it

challenges their daily life¹. The millennium development goals also address the need to protect children from conflict, violence, abuse and exploitation⁵. The guidelines of National policy for children, 2013 point out that safety and security of all children are essential to their well being and to be protected from all harms, violence, malnutrition and misused including institutions, schools, hospitals, families and communities⁶.

The child who is in difficult circumstances need care and protection, especially in a developing and world largest child population country like India where the social epicentre leading to social disasters are high and varied in nature. The child has the right to survive, quality of education, freedom of expression, good health, ensure physical, psychological and social development will leads to care and protection. Mental health is also one of the major aspects similar to the physical care and protection. Therefore, need to promote and practice knowledge and skill based psychosocial care to children is essential⁷. A study based on the training needs of NGO workers working with street children found that maximum number of training they got regarding the education related issues enhanced their performance and mental health problems of children is an essential area to be addressed⁸.

In the current study, a five days TOT workshop was conducted for the community level volunteers working with children through the NGOs at NIMHANS. The module was divided in to three sections. First section, the curative aspects of mental health problems among children focused on psychosocial care for children in difficult circumstance. The training on this module was conducted for 2 days focusing on developing skills among the CLVs to address psychosocial problems experienced by children through case work and group work approaches using psychosocial care mediums^{9,10,11}. Second section on the life skills education for CDCs was focused on 10 core life skills was essential for adaptive and positive behaviour¹¹. Five pairs of LSE are decision making and problem solving, creative thinking and critical thinking, communication and interpersonal skills, self-awareness and empathy, coping with emotion and coping with stress which is essential for the overall development of children^{9,12}. Third section focused on student enrichment program which was developed by community mental health unit of NIMHANS under the guidance of R Parthasarathy¹³ and further modified for children in difficult circumstances by incorporated various areas such as effective study methods, preparation of examination, healthy habits, interpersonal relationships, student teacher relationship, motivation, eliminating distractions, effective learning and improving concentration¹⁴.

These models look at holistic care for children by addressing their issues at individual, family and community levels towards making it a holistic care and support model. The current training focused on understanding and addressing issues of children at individual level through psychosocial care for children in difficult circumstances, preventive intervention through life

skills and promotive intervention through student enrichment program.

Methodology

NIMHANS associated with Jyothis charitable society working with marginalised society especially among children through child sponsorship and education programs to train the community level volunteers in psychosocial care for children in difficult circumstances. The NGO is directly working with 1500 children and reaching out to more than 25000 children in Trivandrum, Kottayam, Kozhikode, Kannur, Idukki, Bhopal, Delhi and Assam through various camps. The aim of the program is to incorporate psychosocial care for children in their regular activities as well as in the camps, thereby enhancing the mental health of children through CLVs.

Quasi experimental study was carried out with pre and post assessment. The current study is to find out the knowledge gain among participants from the TOT workshop on psychosocial care on children in difficult circumstances for CLVs. A five TOT was conducted for the 28 community level volunteers from Jyothis Charitable Society. Participatory methodology was adopted to impart training to the participants.

Socio demographic details like age, educational qualification, occupation etc were included. Continuum scale developed by Sekar et al was used to assess the knowledge level of the participants on children in difficult circumstances¹⁵, life skills education⁹ and student enrichment programme¹⁴. The scale can be used with teachers, volunteers, community level workers, health workers etc. In each set consist of a continuum of question from '1' as the lower level to '10' as the higher level of knowledge. The questionnaire requires participants to go through all the ten statements in each set (Children in Difficult Circumstances, Life Skills Education and Student Enrichment Programme) given in it and mark their knowledge. Descriptive and inferential statistics was carried out for the analysis.

Results and discussion

The results of the assessment on socio demographic variables and the knowledge gain the areas of psychosocial care for child rein difficult circumstances, life skills education and student enrichment program was assessed. Results are given in Table-1.

Table-1: Socio demographic details of participants.

Socio demographic details		N	%
Education	Under graduate	14	53.8
	Post graduate	10	38.5
	M.Phil.	02	07.7
Occupation	Social worker/counsellor	22	84.6
	Teacher	04	15.4

Out of 28 participants from Jyothis Charitable Trust (NGO), 26 participants who completed the pre and post assessment were included in analysis. All the participants were female and the mean age was 43 ± 13.09 . The average year of work experience with children was 8 ± 7.65 .

Educational qualification of the participants showed that majority were under graduate (53.8%) who had different background like B.Sc., B.A., B.S.W. and 38.5% had Masters degree in social work (n=10) whereas 7.7% had M.Phil. degree (n=2) Table-1.

Table-2: Knowledge of CLVs on psychosocial care for CDCs.

Knowledge	Pre N (%)	Post N (%)
I don't know anything about PSC for CDC	12 (46.2)	00 (0)
Providing basic amenities to the children is more important than PSC	01 (03.8)	00 (0)
Psychosocial care is not crucial in helping children deal with distress	00 (0)	00 (0)
Psychosocial care is only for children with mental illness	06 (23.1)	00 (0)
I know the need of PSC for children but know very little of how to provide it	07 (26.9)	00 (0)
I know the importance of PSC and how to provide the same to the children in the general community	00 (0)	08 (30.8)
I know the importance of PSC and how to provide the same to vulnerable group and children	00 (0)	05 (19.2)
I know about the PSC and how to help the CLVs in hand holding the activities on the field	00 (0)	03 (11.5)
I understand the importance of holistic care and will able to provide same to special groups and disabled	00 (0)	06 (23.1)
I am confident that I understand the concepts dealing with PSC for CDC and will be able to train others on the same	00 (0)	04 (15.4)

All participants reported below average knowledge Table-2. In the post assessment all the participants reported knowledge above average ranging from being aware on the importance of psychosocial care for children in difficult circumstances and how to provide the same to the children in the general community (30.8%).

Capacity to provide psychosocial care for vulnerable group of children (19.2), supporting CLVs in provision of psychosocial care for vulnerable children (11.5%) to understand the concepts

dealing with PSC for CDC and will be able to train others on the same (15.4%).

Table-3: Knowledge of CLVs on Life Skills Education (LSE) for CDCs.

Knowledge	Pre N (%)	Post N (%)
I don't know anything about life skills education for CDC	10 (38.5)	00 (0)
I have read about Life skills education but I don't know about it	05 (19.2)	00 (0)
I have seen others doing Life skills education program but I don't know about it	07 (26.9)	00 (0)
I know very little about life skills education programme	03 (11.5)	00 (0)
I have read about life skills education programme	01 (03.8)	00 (0)
I know the Importance of life skill education but don't know how to impart it	00 (0)	00 (0)
I can do general lecture based on knowledge about life skills education	00 (0)	10 (38.5)
I can provide life skills education to children in general community	00 (0)	10 (38.5)
I can do life skills education for special group children	00 (0)	03 (11.5)
I am confident that I understand the concepts dealing with life skills education for children in difficult circumstances and will be able to train others on the same	00 (0)	03 (11.5)

The post assessment results show a positive result where all the respondents reported above average score in the knowledge level ranging from doing general lecture on life skills (38.5%), providing life skills education to children (38.5%), conducting life skills to special groups of children (11.5%) and to the level of understanding the concepts dealing with life skills education for children in difficult circumstances and train others (11.5%) in Table-3.

Though 18% of participants reported average level of information about the program. All participants reported above average in their knowledge after the training that ranged between knowing importance of the program (3.8%) can speak generally the programme (26.9%) can provide student enrichment program to CDC (46.2%), providing sep to special group of children (7.7%) and understand the concepts dealing with student enrichment programme and train others in the topic (15.4%) in Table-4.

Table-4: Knowledge of CLVs on Student Enrichment Programme among CDCs.

Knowledge of CLVs	Pre N (%)	Post N (%)
I don't know anything on Student Enrichment Programme (SEP)	11 (42.3)	00 (0)
I have heard about student enrichment but I don't know about it	07 (26.9)	00 (0)
I have seen others conducting programs on student enrichment but I don't know about it	01 (03.8)	00 (0)
I know very little about student enrichment programme	02 (07.7)	00 (0)
I have read about student enrichment programmes	03 (11.5)	00 (0)
I know the importance of SEP but I don't know how to implement it	02 (07.7)	01 (03.8)
I can speak generally about student enrichment programme	00 (0)	07 (26.9)
I can provide student enrichment programme to CDCs	00 (0)	12 (46.2)
I can do student enrichment programme for special group of children	00 (0)	02 (07.7)
I am confident that I understand the concepts dealing with student enrichment programme and will be able to train others in the same	00 (0)	04 (15.4)

Table-5: Comparison between pre and post assessment of the CLVs on the scores of knowledge level questionnaire on CDCs, LSE and SEP.

Knowledge level questionnaire	Pre assessment		Post assessment		t value	df	P value
	Mean	SD	Mean	SD			
Children in Difficult Circumstances	2.81	1.81	7.73	1.51	-11.01	25	.000**
Life Skills Education	2.23	1.21	7.96	.99	-21.28	25	.000**
Student Enrichment Programme	2.42	1.72	8.04	1.07	-14.02	25	.000**
N=26; SD=Standard Deviation; **highly significant							

Comparison of level of knowledge among ht participants on three modules were psychosocial care for CDCs, life skills education for CDCs and student enrichment program for CDCs was assessed though paired sample t-test Table-5. The results exposed that there were significant improvement in knowledge level among the participants in all the three topics., psychosocial care for children in difficult circumstances (t=-11.01, df=25, P=.000), Life skills education (t=-21.28,df=25,P=.000) and Student enrichment programme (t=-14.02, df=25, P=.000). This indicates that the CLVs knowledge level increased, it will help them to help the children in difficult circumstances.

Discussion: The current training focused on participatory methodology to ensure the knowledge and skill gain towards transferring the same in training the fellow workers by the community level volunteers and providing services for children. Training methodology included games, group discussion, activity, role play case analysis etc. The methodology will be beneficial to retain children attention and break the monotony of sessions there by capturing attention of children and ensuring their interest to gain knowledge through different activities and practice the same in their life.

The five days workshop was divided in to three parts, first and second day focused on psychosocial care for children in difficult circumstances. The topics covered were bio-psycho-social development, impact of events on children, techniques for

psychosocial care for children, working with children in difficult circumstances using psychosocial mediums and Spectrum of psychosocial support. This session aimed to educate the participants on curative aspect of psychosocial care that will help to reduce the vulnerability of children in difficult circumstances.

The day three focused on the life skills education for CDCs are essentials for the daily life and individual's ability to adaptive and positive behaviour¹¹. The five core pairs of life skills education for CDCs were addressed in the third day session as its importance and significance in overall development of children is well explained by Prajapathi et al¹² and the preventive intervention will further support children to address the difficult circumstances positively. The student enrichment programme covered areas such as study related problems, factors affecting studies, healthy living, motivation, memory, elimination distraction, assertiveness, group study, exam preparation, improving concentration were included in the fourth and fifth day sessions aiming at the developing goal and achievement in children. The need of holistic care for child is well reported in various studies carried out in similar areas^{10,16,7,1,13}. Hence the current workshop included the curative, preventive and promotive models suggested in the studies mentioned above to develop holistic training module for training community level volunteers to provide psychosocial care for CDCs.

The study revealed that enrich knowledge among CLVs who would further train the community level workers and directly impart psychosocial services for vulnerable children. Percolation model mentioned here is found to be effective in reaching out to children in various difficult circumstances to improve the bio-psycho-social development of children and bringing in positive changes in family, school and community through the direct intervention by community level workers and volunteers by similar studies from Southern part of India^{17,7,16}. Imparting knowledge to the grass root level workers and reaching out to the unreached population is the focus of the social development that will be achieved by training the community level volunteers through this program.

Conclusion

The current study on the efficacy of training of trainers to impart knowledge for community level volunteers working with vulnerable children in various difficult circumstances showed positive results in improving knowledge among the master trainers in major three areas of curative, preventive and promotive services in psychosocial care for children in difficult circumstances. The knowledge and skills gained by the community level volunteers from Jyothis charitable society will be transferred to other community level workers at grass root level with children. That will enable the services reaching to unreached population there by supporting vulnerable children to ensure and enhance their mental health.

Abbreviations: CDC – Children in difficult Circumstances, CLVs – Community Level Volunteers, LSE – Life Skills Education, NIMHANS – National Institute of Mental Health and Neuro Sciences, NGO - Non Governmental Organisation, PSC – Psychosocial Care, SEP – Student Enrichment Programme, TOT – Training of Trainers.

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