

# SASHAKT

## MANUAL TO EMPOWER SCHOOL COUNSELLORS



Central Board of Secondary Education  
New Delhi

## PREFACE

The COVID pandemic has affected all sections of the society in one way or the other. As per UNICEF, the 2020 lockdown led to the closure of almost 1.5 million schools in India. This brought chaos to the lives of over 247 million learners of elementary and secondary schools.

As Educators, we understand that this unprecedented situation could have a profound impact on the mental and social-emotional well-being of children. This further has a deterring effect on academic achievement and learning. The pandemic has brought an urgency to nurture generations to inculcate human values such as kindness, compassion, gratitude, etc., giving it the same importance as cognitive/scholastic skills.

Academic performance is an indicator of success of the teaching and learning process. It is a complex construct that is influenced by numerous components/factors, including personal (cognitive capacity and personality) and educational factors. In addition, academic performance is associated with social and psychological wellbeing. One way to address these factors is through Life Skills Education in schools. A Life Skills based approach provides a strong theoretical base for the design and implementation of intervention programmes to improve students' ability to face adversities and achieve a higher level of holistic wellness.

CBSE has mandated its schools to integrate Life Skills Education in the curriculum of classes VI-X to develop a sense of self confidence, eco-sensitivity and right approaches to life processes etc. among the students. The Board had also brought out Resource Material for teachers to provide them broad guidelines and activities on Life Skills, Health and Wellbeing Education. While efforts are being made by schools, still there is need to focus more on curriculum integration and capacity building of stakeholders.

So for the effective implementation of Life Skills, Health and Wellbeing Programmes in schools, this Training Programme has been designed. This programme aims at sensitizing the School Counsellors towards the socio-emotional well-being of the students and empowering them to be the advocates of Life Skills Education.

It further reaffirms the importance of implementation of Life Skills Education as a part of school education programme and brings out the role of the School Counsellors for its effective implementation in the schools.

The programme also focuses on the usage of the existing CBSE resource material i.e. Life Skills Manuals, Adolescent Education Programme, Handbook on 21st Century Skills, Mental Health and Well Being Manual, Revised Health Manuals for providing diverse

opportunities to the students to equip them with relevant values, attitudes and skills that will enable them to participate fully in their society and deal with the demands of the increasingly vulnerable situations.

Throughout this training programme, the School Counsellors will be engaged in meaningful and purposeful activities enabling them to design instructional practices to meet the needs of all learners.

## **ACKNOWLEDGEMENTS**

### **ADIVSORY**

1. Smt. Nidhi Chhiber, IAS, Chairperson, Central Board of Secondary Education
2. Dr. Joseph Emmanuel, Director Academics, Central Board of Secondary Education
3. Dr. Jitendra Nagpal, Sr. Consultant Psychiatrist, Moolchand Medcity

### **CONTENT DEVELOPERS**

1. Ms. Aprajita Dikshit, Consultant Child and Adolescent Psychologist, Expressions India, Delhi
2. Mrs. Rekha Chauhan, Counsellor Incharge, Presidium Group of Schools, Delhi
3. Ms. Sangeeta Bhatia, Head Mistress and Counsellor, MGN School, Jalandhar, Punjab

### **EDITORIAL TEAM**

1. Ms. Ramandeep Kaur, Deputy Secretary, Academics, Central Board of Secondary Education
2. Dr. Geetanjali Kumar, Practicing Counsellor, Life Skill Trainer and Parenting Coach
3. Ms. Usha Anand, Retd. PGT Psychology, St. Thomas School, Mandir Marg, New Delhi
4. Ms. Manashvi Palan, Senior Manager, Dream a Dream Foundation
5. Sh. Avichal Pathik, Context Facilitator, Dream a Dream Foundation
6. Ms. Tania, Context Facilitator, Dream a Dream Foundation

## BACKGROUND

The integration of Life Skills into school curriculum has gained increasing importance in recent years. The importance of Life Skills in a person's life lies in their ability to adapt to all circumstances and navigate through the fast-changing pace of time. These skills include personal, interpersonal, and social skills such as communication, problem-solving, decision-making, empathy, self-awareness, resilience, and critical thinking.

NEP 2020 suggests, *“With the quickly changing employment landscape and global ecosystem, it is becoming increasingly critical that children not only learn, but more importantly learn how to learn. Education thus, must move towards less content, and more towards learning how to think critically and solve problems, how to be creative and multidisciplinary, and how to innovate, adapt, and absorb new material in novel and changing fields rooted in Indian context.”*

*“Education must build character, enable learners to be ethical, rational, compassionate, and caring, while at the same time prepare them for gainful, fulfilling employment.”*

Life Skills Integration in classroom helps learners build confidence in communication, cooperative and collaborative skills, provide them with tools important for development, find new ways of thinking and problem-solving and provide methods on how to socialise, make new friends and recognise the impact of their actions and behaviours.

Life Skills also help learners to take action in situations where their parents or teachers may not be available and make themselves take responsibility for what they do, instead of blaming others.

The COVID pandemic has affected all sections of the society in one way or the other. As per UNICEF, the 2020 lockdown led to the closure of almost 1.5 million schools in India. This brought chaos to the lives of over 247 million learners of elementary and secondary schools.

As Counsellors, we understand that this unprecedented situation could have a profound impact on the mental and social-emotional well-being of children. This further has a deterring effect on academic achievement and learning. The pandemic has brought an urgency to nurture generations to inculcate human values such as kindness, compassion, gratitude, etc., giving it the same importance as cognitive/scholastic skills.

We are aware that the National Education Policy 2020 as well as international agencies such as UNESCO and WHO have emphasised on the crucial role of Life Skills in nurturing learners to be ‘future-ready’.



Embedded in Sustainable Development Goals (SDGs), there is broad consensus on **type of skills needed**

**FOUNDATIONAL**

Literacy, Numeracy and Digital Skills

**TRANSFERABLE**

Can be applied in different situations such as communication, creativity, problem solving, empathy, respect for diversity and critical thinking

**JOB SPECIFIC**

Allows performance in particular job such as carpentry, coding, accounting or engineering. Can become outdated

Source: UNICEF: Comprehensive Life Skills Framework - Rights based and life cycle approach to building skills for empowerment retrieved online <https://www.unicef.org/india/media/2571/file/Comprehensive-lifeskills-framework.pdf>

Academic performance is an indicator of success of the teaching and learning process. It is a complex construct that is influenced by numerous components/factors, including personal (cognitive capacity and personality) and educational factors. In addition, academic performance is associated with social and psychological wellbeing. One way to address these factors is through Life Skills Education in schools. A Life Skills based approach provides a strong theoretical base for the design and implementation of intervention programmes to improve students' ability to face adversities and achieve a higher level of holistic wellness.

This Manual, therefore, focuses on building the skills of the School Counsellors who play an important role in shaping better human beings and supporting development of skills to increase learner's success.

## **WHO SHOULD USE THIS MANUAL?**

This manual is **for** the Master Trainers and Resource Persons (RPs), who are skilled to train a group of Schools Counsellors coming from diverse backgrounds, context and sections of society.

### **FACILITATION TIPS (FOR RESOURCE PERSONS)**

- Go with a calm and open mind.
- Be patient with the participants.
- Lead by example. What you would want participants to do, do it yourself first.
- Build a safe space for all.
- Nudge the participants to think by asking them reflective questions.
- Use gender neutral terms and inclusive language.
- One size may not fit all, therefore before responding to any of their queries, be clear about the context of their school setting.
- Give them a space to explore, learn and bring forward their knowledge.
- Be supportive. When participants discuss their difficulties, do not jump to conclusions, try to listen to the challenges faced by them.
- Give participants an opportunity to speak more than you. Have a good balance of speaking and listening.

## SCHEDULE OF THE PROGRAMME

SESSIONS	TIMINGS	DURATION
<b>Registration and Sharing of Agenda</b>	9.00 am – 9.30 am	30 mins
<b>SESSION I – BRINGING OUT THE NEED AND IMPORTANCE OF LIFE SKILLS, HEALTH AND WELLBEING PROGRAMMES</b>		
<b>Activity 1:</b> Setting the Context <b>Handout:</b> 1A	9.30 am – 10.15 am	45 mins
<b>Activity 2:</b> Orientation to Life Skills <b>Handouts:</b> 1B and 1C	10.15 am – 11.00 am	45 mins
<b>TEA BREAK (11.00 AM – 11.30 AM)</b>		
<b>SESSION II – MENTAL HEALTH AND WELLBEING</b>		
<b>Activity 3:</b> Understanding Psychosocial Safety and Psychological First Aid <b>Handouts:</b> 2A, 2B, 2C and 2D	11.30 am – 1.00 pm	90 mins
<b>LUNCH BREAK (1.00 PM – 2.00 PM)</b>		
<b>SESSION III: ENHANCING THE KNOWLEDGE OF THE COUNSELLORS- GETTING FAMILIARISED WITH ACTS</b>		
<b>Activity 4:</b> Understanding Acts <b>Handout:</b> 3A	2.00 pm – 3.30 pm	90 mins
<b>TEA BREAK (3.30 PM – 4.00 PM)</b>		
<b>SESSION IV: UNDERSTANDING THE CHANGING ROLES OF THE SCHOOL COUNSELLORS</b>		
<b>Activity 5:</b> Role of a School Counsellor <b>Handouts:</b> 4A, 4B, 4C, 4D and 4E	3.30 pm – 5.00 pm	90 mins
<b>Closure of the Programme</b> Key Takeaways Feedback and Feedforward	5.00 pm – 5.30 pm	30 mins

**SESSION I**  
**BRINGING OUT THE NEED AND IMPORTANCE**  
**OF LIFE SKILLS, HEALTH AND WELL BEING**  
**PROGRAMME**

## **INTRODUCTION**

**Time Required:** 10 Minutes

### **Objectives:**

- To create a friendly training atmosphere
- To establish good rapport between the participants and the facilitators
- To share agenda of the Advocacy Programme

### **General Guidelines for the Resource Person:**

- Welcome Participants, introduce yourself as the Resource Person for the training workshop and share the agenda of the programme. This is a Capacity Building Programme for the School Counsellors for the implementation of Life Skills, Health and Wellness Programme in schools. It is designed to enhance the skills of the Counsellors to integrate Life Skills Education, Health and Wellness Programme in school and create a suitable environment for health and wellbeing among learners in the school.
- Distribute Training Workshop Manual to each participant (For Master Trainers' Workshop).
- Invite the participants to share their name, location and one thing they hope to gain from this workshop. If time permits, ice breaker activity can be taken up during the introduction. Suggested ice breaker activity has been given.

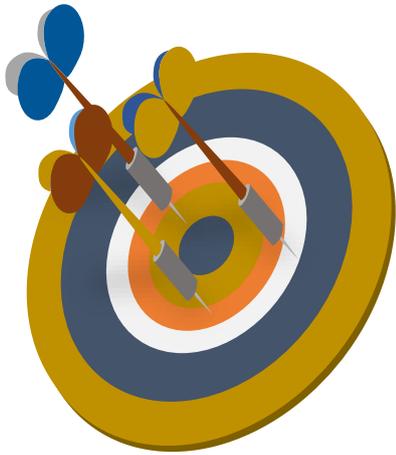
## ICE BREAKER ACTIVITY

All of you have some skills and strengths. Circle the positive traits as given below that apply to you.

It is alright if you do not circle all the squares here. Please be noted that your strengths may be beyond these below given strengths.

I'm articulate	I'm a good writer	I'm observant	I'm detail oriented
I'm friendly and warm	I'm a good listener	I'm understanding	I'm good with numbers
I'm organised	I'm good with IT	I take good care of my body and soul	I'm confident

## OBJECTIVES OF THE TRAINING PROGRAMME



1. Enable School Counsellors to comprehend Life Skills and establish their relevance in the context of children and adolescents.
2. Empower School Counsellors with the understanding of Life Skills, Health and Wellness Programme as a preventive and responsive tool to promote well-being and minimise adolescent mental health concerns.
3. Empower School Counsellors with skills, tools and techniques for the effective implementation of life Skills, Health and Wellbeing programme in their schools.

## **ACTIVITY 1**

### **SETTING THE CONTEXT**

**Time Required:** 40 minutes

#### **Objectives:**

- To make participants aware of the alarming situation of Mental Health issues in the country by sharing Mental Health Statistics
- To establish the need for Life Skills, Health and Wellbeing Programmes in schools.

**Mode:** Individual Activity

#### **Materials Required:**

- PowerPoint Presentation, A4 sheets, White Board, Markers
- Handout 1A (Setting The Context)

#### **Process:**

1. Set the context by sharing the facts and research data with the participants.
2. Invite any findings or data related to mental health issues from the participants.
3. Discuss with them the importance of mental health services and support to be provided to students to ensure their physical and psychological safety.
4. Highlight the fact that Life Skills, Health and Wellbeing Programmes are the need of the hour to ensure physical and psychological safety of our children.
5. Discuss with them the significance of Skills Based Well Being Model in Schools.
6. Invite participants to share the model/approach adopted by them in their schools to ensure psycho social wellbeing of their students.
7. Distribute handout 1A for further reading by the participants.
8. Close the activity by bringing out the key messages.

## **HANDOUT 1A (INDIVIDUAL ACTIVITY)**

### **PSYCHOSOCIAL WELLBEING IN SCHOOLS**

Mental health and psychosocial wellbeing are one of the most neglected areas in our country. The National Mental Health Survey (2016), reports that almost 150 million citizens of our country need care and support for their mental health wellbeing. Additionally, it was discovered that between 70-90 percent of these people failed to receive early, timely and quality intervention. According to World Health Organisation (WHO) the self-harm rate in the adolescent age group is extremely high at a global level. Emotional stress and other concerns are a major contributing factor for most physical illnesses. Mental healthcare providers like psychiatrists, clinical psychologists, counsellors and allied professionals agree that early intervention can prevent many mental health problems.

#### **Mental Health Statistics**

- A countrywide study by National Institute of Mental Health & Neurosciences (NIMHANS) has revealed the prevalence of mental illness in India.
- At least 13.7 percent of India's general population has been projected to be suffering from various mental illnesses. 10.6 percent of this requires immediate intervention.
- Nearly 150 million Indians are in a need of active medical intervention (National Mental Health Survey of India 2015-16 by NIMHANS)
- The Mental Health and Well-being of School Students survey (2022) reported that a majority of school students' mental health declined in secondary school primarily due to anxiety from academic stress. The survey further stated that 50 percent of students felt a sharp decline in their happiness quotient. NCRB data states that students' deaths by suicide in India have increased by 77% from 2010-21.

To ensure physical and psychological safety of our children, easy access to mental health service and support in schools is the first step. The ambit of mental health must encompass the emotional, behavioural, and social wellbeing of a child. The most important feature of mental health is 'adaptability', the ability to cope with daily life challenges effectively.

#### **Why do schools need to address the wellbeing paradigm**

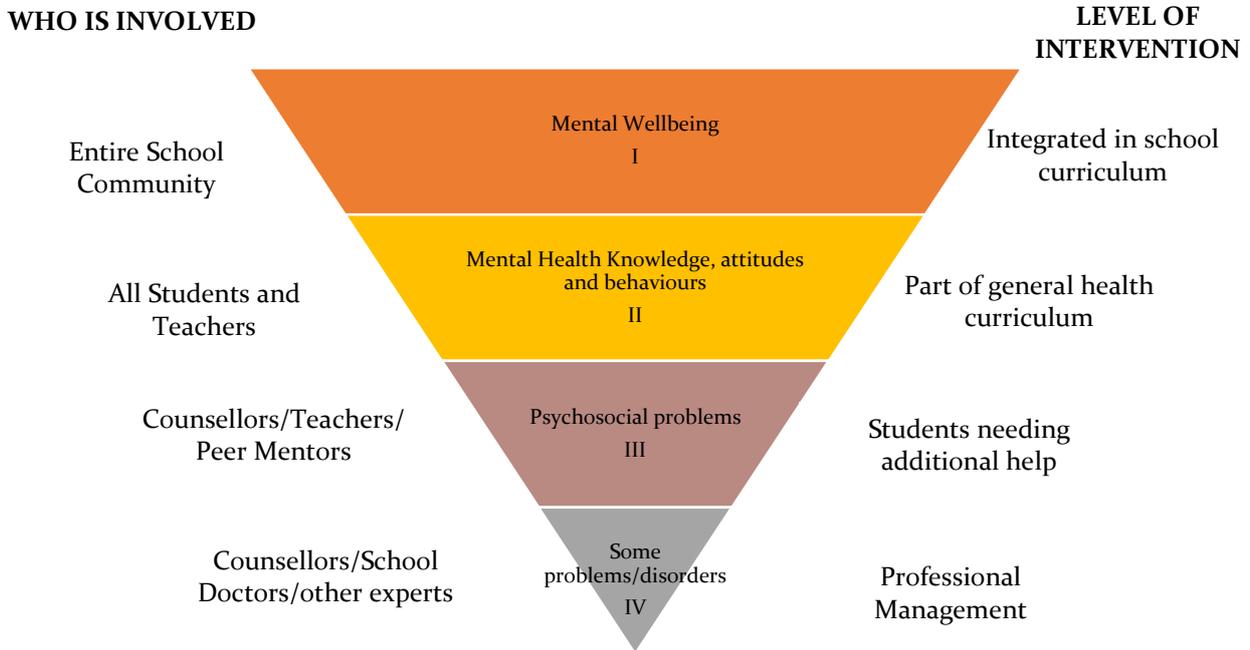
- Education and health are linked.
- Prevention programmes work.
- There is a need to address physical, mental, social, and emotional health simultaneously.
- Most effective approaches are coordinated and comprehensive.

## **Significance of Life Skills Based Wellbeing Model in Schools**

- Delays the onset age of using alcohol, tobacco and other drugs (Griffin & Svendsen, 1992).
- Reduces the chances of children engaging in delinquent behaviour, interpersonal violence (Tolan & Guerra, 1994)
- In India today's adolescents are exposed to more information and cultural alternatives than in earlier periods. This provides the adolescent with culturally diverse choices, which cannot be easily exercised due to economic dependence on parents and significant others. The adolescent has to prepare for a global successful adult life of competition and independent functioning which is possible only through enhancing their psychosocial competencies through life skills training. (Vranda, M., & Rao, M., 2011)
- Life Skills Education, as an effective mode of education, which does enhance social, emotional and thinking skills, and helps the 21st- century youngsters to achieve their goals, by strengthening their abilities to meet the needs and demands of the present society and be successful in life. (Prajapati, Ravindra, et al., 2016)
- Creativity and a child's ability to be resilient despite life's unpredictable challenges will be among the most in-demand skills that today's learners need in a rapidly changing world. (WEF., 2020. This is how we make education fit for the post-COVID world)

## SUGGESTIVE MODEL FOR PSYCHOSOCIAL WELLBEING

A whole school life skills approach – Integrated Multiagency Model for enriching the climate of psychosocial wellbeing in schools



## ACTIVITY 2 ORIENTATION TO LIFE SKILLS

**Time Required:** 40 minutes

**Objectives:**

- To enable participants to identify Life Skills used in different situations and categorise them.

**Mode:** Individual Activity

**Materials Required:**

- PowerPoint Presentation, A4 sheets, White Board, Markers, Video
- Handouts - Handout 1B (Activity Sheet) and Handout 1C (Life Skills Education)

**Process:**

1. Set the context for discussion on challenges faced by an individual in day-to-day life.
2. Mention the impact of such events/challenging situations one has in life.
3. Share any one such experience faced by the participants with a larger group.
4. Acknowledge your own and other individual's struggle as unique to each person.
5. Ask participants to recall:
  - a. any one challenging life situation. It could be from any point in life and could be a personal or professional experience. Challenging experiences during the pandemic are also welcome.
  - b. what did they do to handle or respond to that situation? Something as significant as taking concrete action towards it or as little as patiently waiting for it to pass.
  - c. any one thing they learnt about themselves or developed in themselves while handling that situation. (10 minutes)

**Note to RP:** *The idea is to get them to reflect on the life skills they would have learnt while handling or responding to a challenging situation.*

6. Distribute Handout 1B – Activity Sheet to complete the task.
7. Encourage participants to share their experiences. Take a couple of responses from the participants, who feel comfortable sharing. (10 minutes)
8. Write the responses (key words) on the board. The key words can be some of the life skills they used, for example communication, self-regulation, perspective taking, decision making, emotional regulation, showing empathy etc.

9. Ask the participants to identify the name for all these skills they collectively have used to handle problems/difficulties/challenges in their lives. *NOTE: RP to probe the participants to come to the term LIFE SKILLS. One of the suggested probes could be – “So, what do you think all of these could be labelled as?”*
10. Introduce the concept of Life Skills and ask the participants to categorise their responses under the umbrella of the following categories of Life Skills by the World Health Organisation (WHO).
  - a. Emotional Skills
  - b. Social Skills
  - c. Thinking skills
11. Display the WHO definition of Life Skills.
12. Explain the WHO definition of Life Skills to the participants highlighting the three key words – Adaptive, Positive and Wellbeing - in relation to their personal/classroom experiences.
13. Highlight the fact that all the Life Skills are interrelated and reinforce each other.
14. Engage in a brief discussion by asking the participants on how these sets of skills can be helpful for learners in their life.
15. Give **Handout 1C** to all the participants. Give them a few minutes to go through the content and use it for further reference.

**Closing Reflection Question:** The intention of this question is to leave them with food for thought, help them get in touch with themselves and can also be used as a fun closing ritual. Invite the participants to put their imaginary hats on and respond to the following reflective question using one or two words:

***What is that one life skill they wish to have more of, inside them, to navigate through life?***

**HANDOUT 1B (INDIVIDUAL ACTIVITY)  
ACTIVITY SHEET**

**Instructions:** Please recall the following and record them in the activity sheet.

<b>Challenging Situation Faced</b>	<b>Your Response to the Situation</b>	<b>Key Learnings/Skills developed while responding to the situation</b>

## HANDOUT 1C (INDIVIDUAL ACTIVITY)

### LIFE SKILLS EDUCATION

Life Skills Education is not a new concept. It has been implemented in several countries in the world and has been a crucial component of international declarations including the Dakar Framework for action on Education for All: Meeting our Collective Commitments (2000) and the UNGASS Declaration of Commitment on HIV and AIDS (2001).

### LIFE SKILLS

Life Skills are defined as *“The abilities that will help learners to be successful in living a productive life. They help learners improve their personal and social qualities”*.

WHO (1997) has defined Life Skills as, *“The abilities for adaptive and positive behaviour that enable the individuals to deal effectively with the demands and challenges of everyday life.”*

Here 'adaptive' means that a person is flexible in approach and is able to adjust in different circumstances and 'positive behaviour' implies that a person is forward looking and even in challenging situations, can find a ray of hope.

Life Skills include psychosocial competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathise with others and manage their lives in a healthy and productive manner.

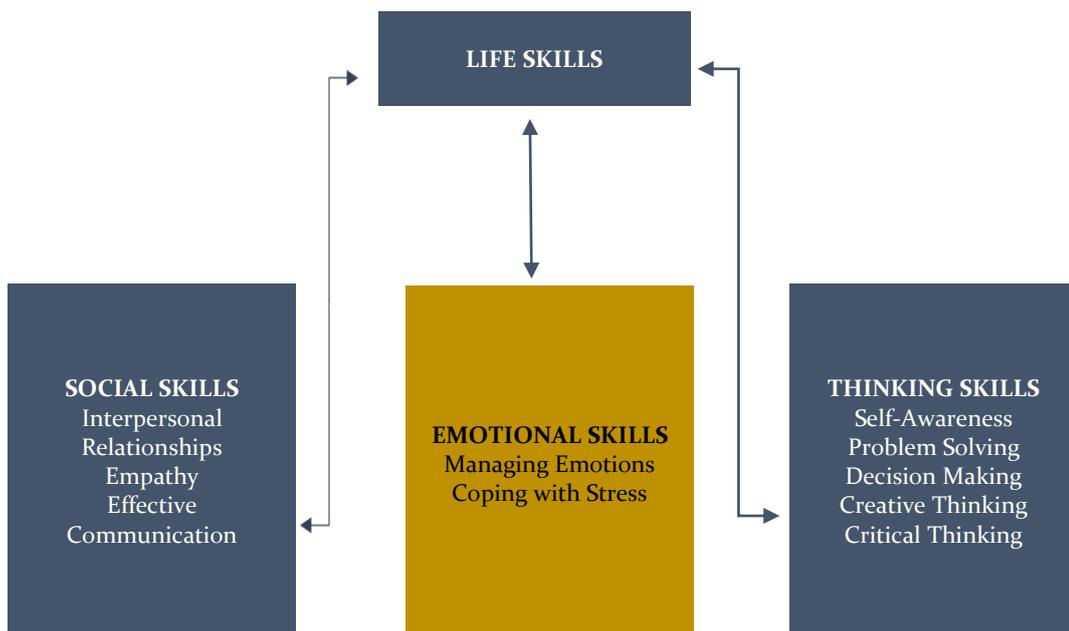
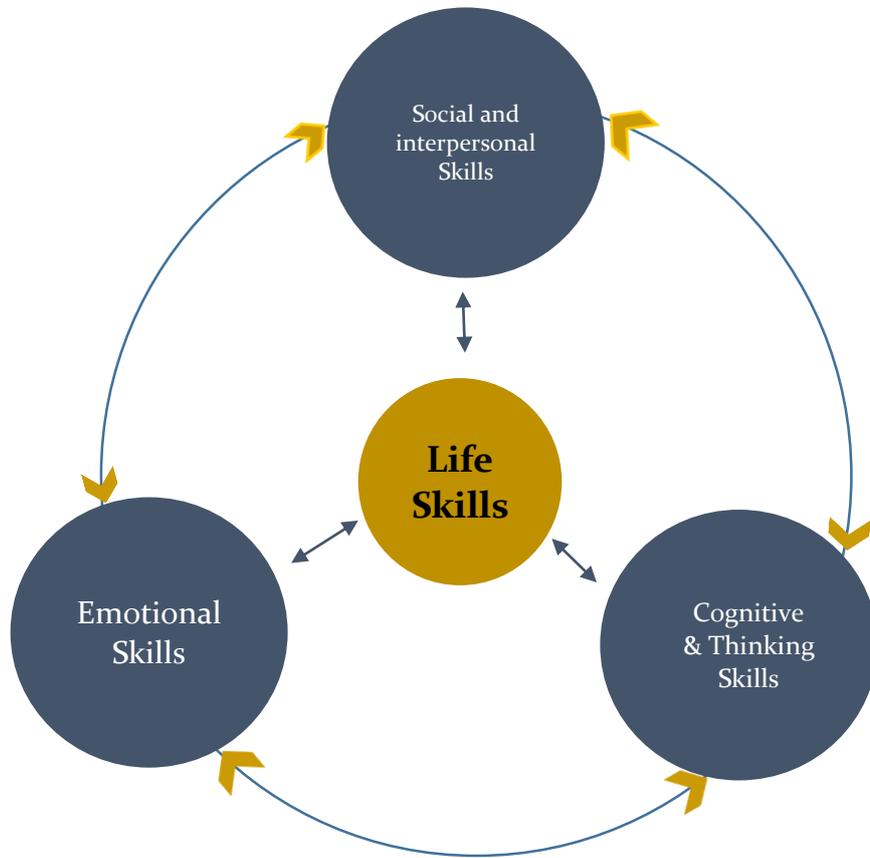
### CATEGORISING LIFE SKILLS

Life Skills encompass a wide-ranging set of skills and attitudes. A number of related terms are used in this context; some of these are:

- Life Skills
- 21<sup>st</sup> century skills
- Non-cognitive skills
- Non-academic skills
- Character skills
- Soft skills
- Social and Emotional Learning (SEL)

## Categorisation of Life Skills by WHO

Life Skills fall into three basic categories which compliment, supplement and reinforce each other:



<b>Self-Awareness</b>	Includes the recognition of 'self', our character, our strengths and weaknesses, desires and dislikes. Developing self-awareness can help us recognise when we are stressed or under pressure. It is often a prerequisite to effective communication and interpersonal relations, as well as for developing empathy.
<b>Empathy</b>	Required to develop a successful relationship with our loved ones and society at large. It is the ability to imagine what life is like for another person. Without empathy, our communication with others will not be effective. It can help us accept others, who may be very different from ourselves. This can improve social interactions, especially, in institutions of ethnic or cultural diversities. Empathy can also encourage nurturing positive behaviour towards people in need of care and assistance, or tolerance, as is the case with AIDS sufferers, or people with mental disorders, who may be stigmatised and ostracised by the very people they depend upon for support.
<b>Critical Thinking</b>	An ability to analyse information and experiences in an objective manner. Critical Thinking can contribute to a well-balanced way of life by helping us recognise and assess the factors that influence attitudes and behaviour, such as values, peer pressure and the media.
<b>Creative Thinking</b>	A novel way of seeing or doing things and is made up of four components - fluency (generating new ideas), flexibility (shifting perspective easily), originality (conceiving of something new) and elaboration (building on others' ideas).
<b>Decision Making</b>	Helps us to deal constructively with decisions about our lives. As in a WHO report, "helps us to deal constructively with decisions about our lives. This can have consequences for health if learners actively make decisions about their actions in relation to health by assessing the different options, and what effects different decisions may have.
<b>Problem Solving</b>	Helps us to deal constructively with problems in our lives. Significant problems that are left unresolved can cause mental stress and give rise to accompanying physical strain.
<b>Interpersonal skills</b>	Help us to relate in positive ways with people we interact with. This may mean being able to make and keep friendly relationships, which can be of great importance to our mental and social well-being. It may mean maintaining good relations with family members who are the most important source of social support. It may also mean the ability to end relationships constructively.
<b>Effective Communication</b>	Enables us to express ourselves, both verbally and non-verbally, in ways that are appropriate to our cultures and situations. This means being able to express opinions and desires, and also needs and fears. And, it would also mean being able to ask for advice and help in the time of need.
<b>Coping with Stress</b>	Means recognising the sources of stress in our lives, recognising how they affect us, and how we act in a way that helps us control our levels of stress by changing our environment or lifestyle, and learning how to relax
<b>Managing Emotions</b>	Means recognising emotions within us and others, being aware of how emotions influence behaviour and being able to respond to emotions appropriately. Intense emotions like anger or sadness can have negative effects on our health, if we don't respond to them appropriately.

(The definitions of the ten Life Skills as mentioned above have been adapted from "Life Skills Education for Children and Adolescents in Schools" - Programme on Mental Health, World Health Organization, Geneva, 1997)

**All these skills are interrelated and reinforce each other. Together, they are responsible for our psychosocial competence; build our self-esteem and self-efficacy and nurture holistic development.**

The various Life Skills work best in conjunction. Life Skills are required to manage a particular situation and cope with it effectively. One particular skill may be effectively utilized in diverse situations. The appropriate combination of Life Skills at a given moment is an art. Adolescents learn their Life Skills from Parents/teachers/Counsellors/significant others act as role models in enhancing the Life Skills amongst the adolescents.

CBSE introduced life skills education as an integral part of the curricula through Continuous and Comprehensive Evaluation (CCE) for classes 6 to 10 and has developed life skills manuals for teachers teaching classes 6, 7 and 8. These manuals provide teachers broad guidelines for each of the ten core life skills identified by WHO.

### **Categorisation of Life Skills by other organisations**

<b>Hilton-Pellegrino Framework</b>	<b>Collaborative for Academic, Social and Emotional Learning (CASEL)</b>
<p><b>Cognitive Competencies</b></p> <ul style="list-style-type: none"> <li>• Cognitive Processes</li> <li>• Knowledge</li> <li>• Creativity and Innovation</li> </ul> <p><b>Intra-personal Competencies:</b></p> <ul style="list-style-type: none"> <li>• Work Ethic</li> <li>• Positive Self-Evaluation</li> <li>• Intellectual Openness</li> </ul> <p><b>Inter-personal Competencies</b></p> <ul style="list-style-type: none"> <li>• Teamwork and Collaboration</li> <li>• Leadership</li> </ul>	<p><b>Self-awareness</b></p> <ul style="list-style-type: none"> <li>• Accurately assessing one's feelings, interests, values and strengths</li> </ul> <p><b>Self-management</b></p> <ul style="list-style-type: none"> <li>• Regulating one's emotions to handle stress and controlling impulses</li> </ul> <p><b>Social awareness</b></p> <ul style="list-style-type: none"> <li>• Being able to take the perspective of and empathise with others</li> </ul> <p><b>Relationship skills</b></p> <ul style="list-style-type: none"> <li>• Establishing and maintaining healthy and rewarding relationships, resisting inappropriate social pressure, resolving conflict</li> </ul>

	<p><b>Responsible decision-making</b></p> <ul style="list-style-type: none"> <li>• Making decisions, respect for others, applying decision making skills to academic and social situations</li> </ul>
--	---

**Source:** Central Square Foundation, Life Skills in India - An Overview of Evidence and Current Practices in our Education System (April 2016)

### HOW DO LIFE SKILLS HELP?

Social Skills	<ul style="list-style-type: none"> <li>• Demonstrates the ability to identify, verbalise and respond effectively to others' emotions in an empathetic manner</li> <li>• Get along with others</li> <li>• Take criticism constructively</li> <li>• Listen actively</li> <li>• Communicate effectively using appropriate words and body language</li> </ul>
Thinking Skills	<ul style="list-style-type: none"> <li>• Demonstrate the ability to be original, imaginative and flexible.</li> <li>• Raise questions and think critically, identify and analyse problems</li> <li>• Implement a well thought out decision and to take responsibility</li> <li>• Feel comfortable with one's own self at the same time accept or try to overcome weaknesses while building on the strengths for positive self</li> </ul>
Emotional Skills	<p>Help person to:</p> <ul style="list-style-type: none"> <li>• identify causes and effects of stress in oneself</li> <li>• deal with stress without prejudices</li> <li>• express and respond to emotions with an awareness of the consequences.</li> </ul>

## Importance of Life Skills for Learners:

Many research studies have demonstrated that Life Skills Education is very effective in:

- Promoting positive attitudes and behaviours among the young adolescents
- Improving communication abilities
- Promoting healthy decision making
- Promoting greater sociability
- Increasing self-esteem and self confidence
- Improving academic performance
- Adding capabilities to aid young people in transitioning to an evolving world of work

**Research studies also show that students who develop social-emotional skills and academic mind-sets are better equipped to succeed in school and are able to transfer theoretical concepts to real-life situations early on.** <sup>1</sup>

Well designed and well delivered Life Skills Programme can help young adolescents become more responsible, healthy and resilient both during adolescence and adulthood.

## Key Messages

1. Life Skills are psycho-social abilities that empower individuals to connect with themselves as well as others and develop healthy lifestyles and positive behaviours.
2. Life Skills equip individuals with competence to manage challenging situations and utilise existing opportunities optimally. These skills enhance the personal and social competencies of individuals.
3. Life Skills development is a life long process that helps individuals grow and mature; build confidence in their decisions taken on the basis of adequate information and thought, and discover sources of strength within and outside.
4. From times immemorial, every culture and society has invested in educating and empowering its younger generation to lead fulfilling and responsible lives.
5. School education plays a vital role in Life Skills development among individuals, as it exposes them to varied experiences in their formative years and has abundant potential to provide them with relevant simulated situations to learn and practice.
6. Life Skills are generic abilities, which can be effectively integrated into educational processes and can be contextualised to any specific setting.

---

<sup>1</sup> Carneiro, Crawford and Goodman, *The Impact of Early Cognitive and Non-Cognitive Skills on later Outcomes* (2007).

**SESSION II**  
**MENTAL HEALTH AND WELLBEING**

## ACTIVITY 3

### UNDERSTANDING PSYCHOLOGICAL SAFETY AND PSYCHOSOCIAL FIRST AID

**Time Required:** 90 minutes

**Objectives:**

- To enable participants to bring out the relevance of Psychological Safety in the life of children.
- To empower participants with the ways and means to ensure psychosocial safety of the children.

**Mode:** Individual and Group Activity

**Materials Required:**

- PowerPoint Presentation, Chart paper, Sketch Pens, A4 sheets, White Board, Markers
- Handouts - Handout 2A (Common Mental Health Concerns among Children and Youth), Handout 2B (Case Study), Handout 2C (Creation of Psychosocial Safe Environment in Schools) and Handout 2D (Psychosocial First Aid)

**Process:**

**Part 1: *Blindfold Trust Walk***

1. Let participants be in pairs.
2. Guide the participants to the open space arranged with some obstacles (such as cardboard boxes or balls or balloons etc.). Ensure that the obstacles are not sharp edged/protruding and not harmful for the participants.
3. Instruct one partner to be the guide (navigator) and the other to be blindfolded. Once the blindfolded partner is ready, ask the navigator to slowly spin the blindfolded person around a few times so that they are not aware of the direction they are heading towards. RP to make sure the blindfolded participant is warned if there are any chances of getting hurt. From this point on, the guide (navigator) should not touch the partner at all, but rely solely on verbal cues. (e.g. “*In approximately five steps ahead, there will be a card box. Step aside slowly and then move forward.*”) The guide (navigator) has to support the partner to reach from point A to point B. Remember that the guide (navigator) is solely responsible for his or her partner’s safety. They will try their best to steer their partner away from the obstacles. (10 minutes)
4. Do not force any participant to do this activity.
5. Bring the participants back to the circle. Ask them about their experience, first from those who were navigating and then from those who were walking blindfolded. Use the following sample questions to stimulate discussion:

- a. *What was it like to be the 'guide', being fully responsible for the safety of your partner?*
  - b. *Did you have any difficulty trusting your partner while blindfolded? Why or why not?*
  - c. *Was there anything stopping you as a blindfolded partner or were you resisting or making it difficult? (Take in some factors like lack of trust, no confidence in oneself, scared of getting hurt, etc.)*
  - d. *What would have helped you feel more confident in walking?*
  - e. *Did you feel unsafe?*
  - f. *What would make you feel safer?*
  - g. *How does this relate to the Psychological Safety?*
6. List the responses of the participants under two headings:
- a. Factors contributing to resistance (external or internal)
  - b. Factors that helped (external and internal)

**Note to the RP:** By the end of this activity, a few experiences and factors that contribute to making people safe will be listed.

### **Part 2: Introducing Psychological Safety**

7. Summarise the responses of the participants and share that some of the participants felt safe enough to walk and some did not. State a few reasons contributing to both the situations.
8. Show them a video [Talking Mental Health By Anna Freud](#) to generate discussion on Mental Health.
9. Ask the following questions to the participants regarding Mental Health Concerns of the Students
  - a. *What influences a learner's mental wellbeing?*
  - b. *What mental health concerns do you observe in the learner?"*
  - c. *What is the impact of these mental health concerns on the learners?*
  - d. *What are the probable causes of these mental concerns?*
10. Keep writing the responses of the participants on the white board. Add on to the missing points, if any.
11. Distribute Handout 2A (Common Mental Health Concerns amongst Children and Youth). Give them a few minutes to read the handout.
12. Let participants be in groups.
13. Instruct them to brainstorm and write the measures which can be taken to help a learner overcome these mental health challenges. (Measures to be written on the space provided for the same in Handout 2A.
14. Invite responses from a few group representatives.
15. Add on to the missing points, if any.
16. Distribute Handout 2B – Case Study to each participant.

17. Initiate discussion about the creation of psychosocial safe school through the case study (Handout 2B).
18. Once the case study has been shared with all, ask them the question, “*what can be done for Sheelam?*”
19. Instruct them to brainstorm within their groups and record their responses in the space provided under the case study under the following 3 columns:
  - a. Ways/measures to provide psychological safety directly to the child in one-on-one interaction.
  - b. Ways/measures to make classrooms safe for Sheelam, for her to feel safe enough.
  - c. Ways/measures at the school level for many such children to feel psychologically safer in school.
20. Invite each group representative to present their responses to the larger group.
21. Invite comments from the other groups, if any.
22. Keep recording these measures on a Chart paper under the above given three columns. This will create a list of different ways to make child feel psychologically safe, ways to make a classroom safe and ways to make a school a safe place.
23. Distribute Handout 2C for their further reference.

### **Part 3: Familiarising with Psychosocial First Aid**

24. Ask the participants to
  - a. share their understanding of the word “Psychological First Aid”
  - b. bring out its importance.
25. Ask them about the ways/ means which they adopt as Counsellors in their schools to provide Psychological First Aid.
26. Share Handout 2D on Psychosocial First Aid with the participants for their reference. Allow them to read the handout. Invite a few volunteers to share the highlights.
27. Summarise the points shared by the participants.

### **Closure of the Activity**

28. Share with the participants:
  - a. a few questions that might be helpful to ask self when feeling emotionally low.
  - b. A few strategies that support students and even teachers to cope up in such situations/times when feeling emotionally low
29. Encourage them to use CBSE Health Manuals and Life Skills Manuals to conduct activities for ensuring Health and Wellbeing of the students.

**For RP:**

Here are **some questions** that might be helpful to ask self if feeling emotionally low:

- Have you been withdrawing and not feeling like socialising lately?
- Have you been distancing yourself from friends, family and classmates?
- Have you felt that your academic, sporting or extracurricular performance hasn't been where you'd like it be recently?
- Have you experienced a significant change in your eating habits - having a much smaller, or bigger, appetite than usual?
- Have you noticed that you're sleeping more than usual, finding it difficult to fall asleep or having difficulty staying asleep?
- Have you found it more of a struggle to take care of your personal appearance lately?

**A few strategies** that support students and even teachers are:

- Getting into a good sleep routine
- Regular sleep and wake up times
- Reduce screen time before bed
- Do something to relax before bed like yoga or reading
- Using an alarm clock rather than their phone, to reduce temptation to sit and scroll in the morning
- Keeping their room tidy and change your bedsheets regularly
- Write down to-dos and worries before bed so it's easier to switch off
- Thinking about food
- Eat a balanced diet; a diet to boost wellbeing
- Treat self!
- Cook for self and learn a new skill
- Drink lot of water

**HANDOUT 2A**  
**COMMON MENTAL HEALTH CONCERNS AMONG CHILDREN AND YOUTH**

Mental Health Concerns	Areas Impacted / Outcome	Probable Causes	Possible Solutions to overcome these Mental Health Concerns
<ul style="list-style-type: none"> <li>• Experiencing anxiety, low mood and extreme distress.</li> </ul>	<ul style="list-style-type: none"> <li>• School attendance and schoolwork.</li> <li>• Social withdrawal can exacerbate isolation and loneliness. This can lead to depression.</li> <li>• Depression can lead to suicide.</li> </ul>	<ul style="list-style-type: none"> <li>• Adversity, pressure to conform with peers and exploration of identity.</li> <li>• Media influence and gender norms can exacerbate the disparity between an adolescent's lived reality and their perceptions or aspirations for the future. Other important determinants include the quality of their home life and relationships with peers.</li> </ul>	
<ul style="list-style-type: none"> <li>• Difficulty sustaining attention and hyperactivity</li> <li>• Behaviour related concern for example: being defiant, damaging property.</li> <li>• Experimenting with substances.</li> </ul>	<ul style="list-style-type: none"> <li>• Adolescents' academics, Difficulty sustaining attention in the classroom.</li> <li>• May invite students to engage in high risk-taking behaviours.</li> </ul>	<ul style="list-style-type: none"> <li>• Violence (especially sexual violence and bullying), harsh parenting and severe and socioeconomic problems are recognised risks to mental health.</li> </ul>	
<ul style="list-style-type: none"> <li>• Feeling suicidal, or ideations or self-harm tendencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Feeling hopelessness, and helplessness. This can lead to depreciating self-worth and sense of self-value.</li> <li>• This can lead to tendencies towards suicide.</li> </ul>		

	<ul style="list-style-type: none"><li>• Difficulty sustaining social connections due to isolation.</li><li>• Lack of interest in otherwise pleasurable activities.</li></ul>		
--	--	--	--

**HANDOUT 2B**  
**CASE STUDY**

Sheelam is in Grade 7. She is often labelled as a difficult child. She sees her parents fighting late in the night. When in school she is sometimes found picking up fights with her classmates, and sometimes she is found not talking to anybody at all. As per the school policy, there is zero-tolerance for students getting into fights, so she would often be asked to get out of the class or miss her games period as a consequence. Her grandmother loves her, but she also says that she is very difficult and can't help her much.

*What can be done for Sheelam?*

Write your responses in the table given below:

<b>Ways/measures to provide psychological safety directly to the child in one-on-one interaction</b>	<b>Ways/measures to make classrooms safe for Sheelam, for her to feel safe enough</b>	<b>Ways/measures at the school level for many such children to feel psychologically safer in the school</b>

## HANDOUT 2C

### CREATION OF PSYCHOSOCIAL SAFE ENVIRONMENT IN SCHOOLS

A psychologically safe environment for the students is one where they know that everyone around them supports them to be their best selves. They are proud of their identity and are confident that they are not judged on the questions they ask and the mistakes they make. They know asking questions and making mistakes are crucial for learning. They feel accepted and that they matter to the environment.

Psychologically safe members feel confident that no one in the class will embarrass or punish anyone else for admitting a mistake, asking a question, or offering a new idea.

#### **Objective:**

- To develop skills among learners to enable them to be confident, self-directed, creative and problem solvers.

#### **Creation of Psychologically Safe School Environment**

1. Ensure children are not discussed in staffroom in any negative frame and confidentiality is maintained. They are growing and so entitled to make mistakes. It is a passing phase of their lives and they will move ahead in life.
2. Have a Redressal System in place to deal with every situation.
3. Keep bullying under constant check. Display posters and educate students about cyber bullying.
4. Follow POCSO guidelines and ensure every staff member is aware of the code of conduct while interacting with the students.

#### **Creating a Psychologically Safe Classroom Environment**

##### **1. Develop an Open Mind set**

- a. Let students reflect on their own mistakes and those made by others so that they can learn from them and they know what to do when they encounter a similar situation again.
- b. Enforce the idea that feedback is not a criticism or a judgment of a student's personality or future ability but a positive experience, as it offers an opportunity for new ideas and knowledge to be gained.

##### **2. Ask Questions**

- a. A psychologically safe classroom is one in which students feel comfortable in asking questions and experiences a positive feeling while doing so.

##### **3. Create a Sense of Shared Identity**

- a. Enable teachers create a sense of belonging by identifying common aspects or goals that the class share, hence initiating the development of a team environment where all students are equal.

## HANDOUT 2D PSYCHOLOGICAL FIRST AID

### Psychological First Aid

1. A tool that each of us can use to reduce our stress level. By understanding your stress reactions and utilizing Psychological First Aid principles, you can enhance resilience in yourself, your family, workplace, and community.
2. Is comforting someone who is in distress and helping them feel safe and calm.
3. Provides emotional support and helps people to address immediate basic needs and find information, services and social support.

### Objectives of Psychological First Aid

- To provide a sense of safety to an individual (in need of psychological first aid)
- To empower and individual in distress or emotionally disturbed to gain confidence and be resilient

### When can we use Psychological First-aid?

Psychological First Aid is a strategy to reduce the painful range of emotions and responses experienced by students in the face of unusual experiences.

Reactions manifest differently at different periods of time during and after the incident.

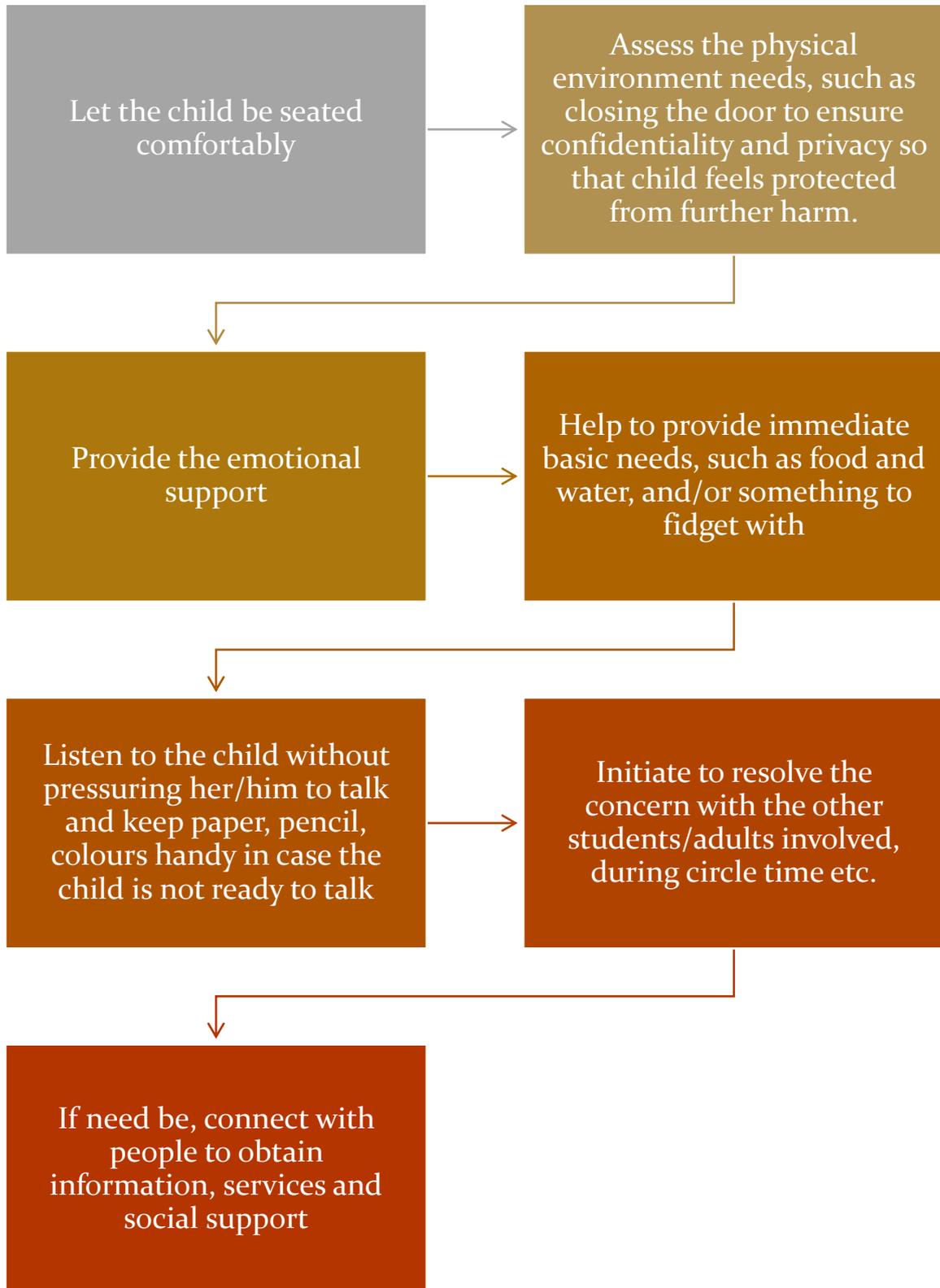
Some common stress reactions include:

<ul style="list-style-type: none"><li>○ Confusion</li><li>○ Fear</li><li>○ Feelings of hopelessness and helplessness</li><li>○ Sleep problems</li><li>○ physical pain</li><li>○ anxiety</li><li>○ Anger</li></ul>	<ul style="list-style-type: none"><li>○ Grief</li><li>○ Shock</li><li>○ Aggressiveness</li><li>○ Withdrawal</li><li>○ Guilt</li><li>○ Shaken religious faith</li><li>○ Loss of confidence in self or others</li></ul>
---	---

### Psychosocial First Aid includes:

- Providing a listening ear to the learner, without asking too many questions.
- Comforting and helping a learner to feel calm with your warm and regulated presence
- Assessing the needs and concerns of the concerned learner
- Validating the learner's emotions, behaviours and reactions to any distressing situation being shared
- Avoiding to analyse or interpret their situation, or causes of problem
- Ensuring they are safe and checking for any further harm by self or others

## How to facilitate a Psychological First Aid?



**SESSION III**  
**ENHANCING THE KNOWLEDGE OF THE**  
**COUNSELLORS**  
**GETTING FAMILIARISED WITH ACTS**

## ACTIVITY 4 UNDERSTANDING ACTS

**Time Required:** 90 minutes

**Objectives:**

- To make participants aware of important acts to ensure Psychosocial Safety of learners and all other concerned.
- To empower participants to assess and draft SOP(s) to ensure psychosocial safety of learners.

**Mode:** Individual and Group Activity

**Materials Required:**

- PowerPoint Presentation, A4 sheets, White Board, Markers
- Handouts - Handout 3A (Acts)

**Process:**

1. Share the following case with the participants:  
*A girl from class 7 informed the school counsellor that she is scared of her uncle who visits her house daily. After probing further, it was revealed that he has been touching her inappropriately and she feels uncomfortable about it. She further shared that he had also clicked her obscene pictures and threatened to make them viral. All this was putting a grave mental pressure on her. At times, she felt like ending her life.*
2. Now ask them the following questions:
  - a. *Do you think the case is serious?*
  - b. *What is urgent and important to be addressed first?*
  - c. *How can the Counsellor deal with this situation?*
3. Discussing the above scenario, introduce the POCSO Act to the participants.
4. Tell them that the Govt. of India has brought out many acts to ensure psychosocial safety of our children.
5. Distribute handout 3A to all the participants.
6. Let participants be in 07 groups.
7. Assign one act to each group:
  - a. Group 1: POCSO Act
  - b. Group 2: JJ Act
  - c. Group 3: RPWD Act
  - d. Group 4: Mental Health Act
  - e. Group 5: IT Act (Cybercrimes, cyber safety)
  - f. Group 6: POSH
  - g. Group 7: Prevention of Suicide
8. Instruct them to:
  - a. read the assigned Act thoroughly

- b. think of any one school scenario wherein the act applies
  - c. make a presentation depicting the usage of the act through a role play (20 minutes for preparation and 3 mins for role play)
9. Invite each group to highlight the main points of the Act and then make a presentation depicting its usage. (2 mins for presenting the highlights of the Act and 3 mins for role play).
  10. Invite comments from the other groups.
  11. Conclude the activity with the key messages.

**Note for RP:**

1. RPs to go through the complete acts before taking programme.
2. Participants assigned with the POSH Act may be asked to go through the complete act available at the following link after the training programme for their further reference as only relevant aspects of the Act have been included in the Handouts.

<https://wcd.nic.in/act/handbook-sexual-harassment-women-workplace>

## **HANDOUT 3A**

### **ENHANCING KNOWLEDGE ABOUT ACTS**

#### **I. PROTECTION OF CHILDREN FROM SEXUAL OFFENCES (POCSO) ACT, 2012**

To deal with child sexual abuse cases, the Government has introduced a special law “The Protection of Children from Sexual Offences Act, 2012”. The Act has come into force with effect from 14th November, 2012 along with the rules framed there under.

The Act is a comprehensive law to provide for 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 Act defines a child as any person below eighteen years of age, and defines different forms of sexual abuse, including penetrative and non-penetrative assault, as well as sexual harassment and pornography, and 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-a-vis the child, like a family member, police officer, teacher, or doctor.

#### **Need for POCSO Act, 2012**

- The existing laws (IPC, IT Act, 2000 and JJ Act, 2000) are not enough to address sexual offences.
- There are no specific provisions or laws for dealing with sexual abuse of male children.

#### **Offences covered under the Act**

- Penetrative Sexual Assault (Section 3)
- Aggravated Penetrative Sexual Assault (Section 5)
- Sexual Assault (Section 7)
- Aggravated Sexual Assault (Section 9)
- Sexual Harassment of the Child (Section 11)
- Use of Child for Pornographic Purposes (Section 13)

#### **Punishments Under the Act**

People who traffic children for sexual purposes are also punishable under the provisions relating to abetment in the Act. The Act prescribes stringent punishment graded as per the gravity of the offence, with a maximum term of rigorous imprisonment for life, and fine. In keeping with the best international child protection standards, the 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.

Offence	Punishment	Section in the Act
Penetrative Sexual Assault	7 years to imprisonment for life	Section 4
Aggravated Penetrative Sexual Assault	10 years to imprisonment for life	Section 6
Sexual Assault	3 years to 5 years	Section 8
Aggravated Sexual Assault	5 years to 7 years	Section 10
Sexual Harassment of the Child	3 years	Section 12
Use of Child for Pornographic Purposes	5 years and in case of subsequent conviction, 7 years	Section 14 (1)
If along with pornographic acts offence also committed under -	Section 3: 10 years to life imprisonment Section 5: Life imprisonment Section 7: 6 years to 8 years Section 9: 8 years to 10 years	Section 14 (2) Section 14 (3) Section 14 (4) Section 14 (5)

The Act also casts the police in the role of child protectors during the investigative process. Thus, the police personnel receiving a report of sexual abuse of a child are given the responsibility of making urgent arrangements for the care and protection of the child, such as obtaining emergency medical treatment for the child and placing the child in a shelter home, should the need arise. The police are also required to bring the matter to the attention of the Child Welfare Committee (CWC) within 24 hours of receiving the report, so the CWC may then proceed where required to make further arrangements for the safety and security of the child.

The Act makes provision for the medical examination of the child in a manner designed to cause as little distress as possible. The examination is to be carried out in the presence of the parent or other person whom the child trusts, and in the case of a female child, by a female doctor.

The Act provides for Special Courts that conduct the trial in-camera and without revealing the identity of the child, in a child-friendly manner. Hence, the child may have a parent or other trusted person present at the time of testifying and can call for

assistance from an interpreter, special educator, or other professional while giving evidence; further, the child is not to be called repeatedly to testify in court and may testify through video-link rather than in a courtroom. Above all, the Act stipulates that a case of child sexual abuse must be disposed of within one year from the date the offence is reported. It also provides for the Special Court to determine the amount of compensation to be paid to a child who has been sexually abused, so that this money can then be used for the child's medical treatment and rehabilitation.

### **Child Sexual Abuse Includes**

- An adult exposing his/ her genitals or touching the child's genitals and persuading the child to do the same.
- An adult involving the child in pornography.
- Adult having oral- vaginal intercourse with the child.
- Any verbal or other sexual suggestion made to a child by an adult.
- Adult inserting foreign objects into a child's body for his/ her own sexual gratification.

### **Risk Factors for Child Sexual Abuse**

#### **COMMUNITY RELATED**

- High crime rate
- Lack of or few social services
- High poverty rate
- High unemployment

#### **CHILD RELATED**

- Weak child
- Sick child
- Handicapped child
- Emotional child

#### **PARENT RELATED**

- Personal history of physical or sexual abuse as a child
- Teenage parents
- Single parent
- Emotional immaturity
- Poor coping skills
- Low self- esteem
- Lack of social support
- Domestic violence
- Lack of parenting skills
- History of depression or other mental health problems
- Multiple young children
- Unwanted and/or denial of pregnancy

## Signs of Child Sexual Abuse

Child sexual abuse is a ruthless combination of sexual, emotional and physical abuse. The child victim of abuse may show a cluster of physical, behavioral and emotional changes as listed below:

Physical Symptoms	Behavioral Changes	Emotional Changes
<ul style="list-style-type: none"> <li>• Bite marks</li> <li>• Unusual bruises</li> <li>• Lacerations</li> <li>• Burns</li> <li>• High incidence of accidents or frequent injuries like swellings on face and extremities</li> <li>• Discoloration of skin</li> <li>• Sleep, speech disorders</li> <li>• Complaints of pain upon movement or contact</li> <li>• Bed wetting</li> <li>• Continuous loose motions and passing stools on bed</li> <li>• Recurrent abdominal pain</li> <li>• Constant throat and urinary infections</li> <li>• Irritation in throat, anal and genital areas</li> <li>• Sexually transmitted diseases</li> <li>• Masturbation</li> <li>• Genital, urethral or anal trauma</li> <li>• Pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Avoids physical contact with others</li> <li>• Avoids certain adults</li> <li>• Wears clothing to purposely conceal injury, i.e. long sleeves</li> <li>• Gives inconsistent versions about occurrence of injuries, burns, etc.</li> <li>• Often late or absent from school</li> <li>• Comes early to school, seems reluctant to go home afterwards</li> <li>• Not concentrating in school</li> <li>• Compulsions, obsessions, phobias, hysterical reactions</li> <li>• Temper tantrums, aggressive over demanding behavior</li> <li>• Negative statements about self</li> <li>• Attempting to physically hurt oneself</li> <li>• Constant rubbing of body parts against objects</li> <li>• Sexual exploration and abuse of others</li> <li>• Substance abuse</li> <li>• Precocious sexual behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Apprehensive when other children cry</li> <li>• Depression, anxiety</li> <li>• Seems frightened by parents</li> <li>• Has difficulty getting along with others</li> <li>• Deep sense of isolation</li> <li>• Little respect for others</li> <li>• Overly compliant, shy, passive, withdrawn, gives in readily</li> <li>• Plays aggressively, often hurting peers</li> </ul>

## Prevention of Child Sexual Abuse

A number of prevention and intervention efforts have been designed to help decrease the scope and frequency of child sexual abuse. Knowledge is the first step to prevention of child sexual abuse. Early detection of abuse starts with schools, day care centers, hospitals, and other agencies that serve children and families. Professionals who work with children must be educated about identifying the abuse. General practitioners managing child sexual abuse need to be more familiar with and apply the central

principles of confidentiality and safety of children. Health professionals, including doctors, are increasingly being encouraged to screen for child abuse, which is a serious health problem.

Primary prevention is defined as both the prevention of disease before it occurs and the reduction of its incidence. In the context of child sexual abuse, primary prevention is defined as any intervention designed for the purpose of preventing child sexual abuse before it occurs.

### **Societal Prevention**

- At the societal level, it is important to provide appropriate training for police, health professionals and teachers to help them identify and respond better to different types of violence. Improved trauma services to cope with the aftermath of violence are required.
- Modifications of the environment, such as improving street lighting and creating safe routes for children and youths on their way to and from the school, and reducing the availability of alcohol can prevent mishaps.
- Establishing help lines to provide support for parents and child victims of abuse can be a support in rehabilitation process.
- Making health care more accessible and affordable. Strengthening police, and judiciary & educational reforms can play a vital role in prevention of child abuse.
- Responsible media campaigns and coverage designed to spread information on child sexual abuse, child development, parenting skills can be educational and preventive as well.

### **Preventive Measures which can be taken by Parents and Teachers**

- Remember that child sexual abuse is a crime in which fact, is known only to the abuser and abused, where abuser enjoys the advantage of age, relationship and prestige.
- Establish a free atmosphere at home that encourages children to disclose anything and everything.
- Don't tell your child to always do everything that any adult (teacher, relative, and neighbor) tells him to do.
- In simple language, initiate child's understanding for his/her own body & explain child abuse to the child without misleading him.
- Teach the child difference between "good touch and bad touch"
- Help the child to understand his right over his own body especially, the right to say no.
- Do not force child to hug and kiss others, if he/she is uncomfortable.
- Tell children that "if someone tries to touch your body and do things that make you feel uneasy, say no to that person and tell me right way".

- Teach them not to go near strangers or being friendly with them, even if they offer gifts or chocolates.
- Train your child to be in touch with you whenever and wherever he is going.
- Be familiar with your child's friends and daily activities.
- Initiate an understanding in the neighborhood's children to keep an eye on one another while playing outside.
- Have faith in all what your child tells you and be alert to small changes in his/her behavior.
- Be observant of any child/adult paying unusual attention or affection to your child.
- Equip your child with emergency telephone numbers.
- Encourage professional preventive programmes in the schools of the children.

### **Healthy Practices**

For effective management of child sexual abuse, a multi-pronged approach aiming at increasing awareness about different forms of abuse and their clinical management is required. The organizations and the caregivers should be committed and dedicated for protecting the children against abuse. Some of the healthy practices which can be adopted are:

- Making school environment child friendly
- Advocacy with teachers and parents on understanding child development.
- Increasing awareness among caregivers and teachers on sexuality.
- Enhancing the willingness of the teachers to accept child protection and guidance roles.
- Organizing school workshops with children on understanding rights and violations of their body.
- Diluting the stigma surrounding the child sexual abuse by not blaming the child for it.
- Advocating the use of legal action.
- Building community rapport with police, NGOs and teachers.
- Developing network and mutual support among organizations and NGOs resulting in replication of support and interventions.
- Shunning the practice of getting the abused child and the perpetrator married.
- Not hesitating in seeking help of professionals having expertise in counseling.
- Encouraging teachers, caregivers and all adults to change methods of discipline from corporal punishment and a correctional approach to identifying problems and promoting positive behaviors.

## Punishment for offences for using child for pornographic purposes:

Offence	POCSO Act, 2012	2019 Bill
Use of child for pornographic purposes	Maximum: 5 years	Minimum: 5 years
Use of child for pornographic purposes resulting in penetrative sexual assault	Minimum: 10 years Maximum: life imprisonment	Minimum: 10 years (in case of child below 16 years: 20 years) Maximum: life imprisonment
Use of child for pornographic purposes resulting in aggravated penetrative sexual assault	Life imprisonment	Minimum: 20 years Maximum: life imprisonment, <i>or</i> death.
Use of child for pornographic purposes resulting in sexual assault	Minimum: Six years Maximum: Eight years	Minimum: Three years Maximum: Five years
Use of child for pornographic purposes resulting in aggravated sexual assault	Minimum: Eight years Maximum: 10 years	Minimum: Five years Maximum: Seven years

**Note:** Punishment for using child for pornographic purposes resulting in any form of sexual assault is in addition to minimum five years for use of child for pornographic purposes.

**Sources:** Protection of Children from Sexual Offences (Amendment) Bill, 2019; Protection of Children from Sexual Offences Act, 2012; PRS.

### Storage of pornographic material

The Act penalizes storage of pornographic material for commercial purposes with a punishment of up to three years, or a fine, or both. The Bill amends this to provide that the punishment can be imprisonment between three to five years, or a fine, or both. In addition, the Bill adds two other offences for storage of pornographic material involving children. These include:

- failing to destroy, or delete, or report pornographic material involving a child
- transmitting, displaying, distributing such material except for the purpose of reporting it.

## II. JUVENILE JUSTICE ACT, 2015

(Care and Protection of juveniles between 16-18 years)

### What is it?

The Juvenile Justice (Care & Protection of Children) Act, 2000 has replaced and came up with the Juvenile Justice (Care & Protection of Children) Act, 2015 which came into force on 15 January, 2016.

This act has a provision that a child in conflict with law cannot be treated as an adult. If a child is convicted for any offence, he may spend a maximum of three years in institutional care. This act empowered the Child Welfare Committees (CWCs) to deal with child in need of care and protection. Juvenile Justice Boards (JJB) were empowered to deal with child in conflict with law.

### Who is this law applicable to?

The term “Juvenile” means a person who has not completed 18 years of age & is below the age of 18 years. Therefore, “Juvenile” i.e child in conflict with law means a child who has committed an offence but has not completed 18 years of age on the date when the offence took place.

### Salient Features of the Act

The JJ Act 2015 deals with the following two categories of children:

- Children in conflict with law
- Children in need for care and protection

### Children in conflict with law

- It treats all the children below 18 years equally, except that those in the age group of 16-18 can be tried as adults if they commit a heinous crime.
- A child of 16-18 years age, who commits a lesser offence (a serious offence), may be tried as an adult if he is apprehended after the age of 21 years.
- A heinous offence attracts a minimum seven years of imprisonment. A serious offence attracts three to seven years of imprisonment and a petty offence is treated with a three-year imprisonment.
- No child can be awarded the death penalty or life imprisonment.
- It mandates setting up of Juvenile Justice Boards (JJBs) in each district with a metropolitan magistrate and two social workers, including a woman. The JJBs will conduct a preliminary inquiry of a crime committed by a child within a specified time period and decides whether he should be sent to rehabilitation centre or sent to a children’s court to be tried as an adult. The board can take the help of psychologists and psycho-social workers and other experts to take the decision.

- A Children's court is a special court set up under the Commissions for Protection of Child Rights Act, 2005, or a special court under the Protection of Children from Sexual Offences Act, 2012. In absence of such courts, a juvenile can be tried in a sessions court that has jurisdiction to try offences under the Act.

### **Children in need for care and protection**

- Child Welfare Committees (CWCs) should be set up in each district with a chairperson and four other members who have experience in dealing with children. One of the four members must be a woman. The committee decides whether an abandoned child should be sent to care home or put up for adoption or foster care.

### **Some of the recent notable changes made to the Act**

- Any child that found committing any crime will now be send for a preliminary assessment for a period of three months, up from the earlier one month. A clarification is added that the preliminary assessment is not a trial, but to assess the child's capacity to commit the crime
- A new clause on fair trial is added, under which the assessment will look into the special needs of the child, under the tenet of fair trial under a child-friendly atmosphere.
- The child will not suffer from any disqualification that arises from any conviction under the Act.
- The records of any conviction will be destroyed after the expiry period of appeal, except in the case of heinous crimes.
- Biological parents giving up children for adoption, will be given three months to rethink their decision, instead of the existing one month.
- The aftercare of the child in institutional care will not be restricted to only one time.
- Any child leaving institutional care can now receive financial support more than one time.
- Disabled children will be given precedence in inter-state adoption.
- Abandoned children, found by the childcare facilities, will be kept for 60 days before being given up for adoption or foster care, instead of the existing 30 days.
- Any child who has been abandoned by biological parents due to unavoidable circumstances will not be considered to be wilfully giving up the child.
- In acting on an appeal against an order passed against the child, the board will now take help of experienced psychologists and medical specialists.
- There will now be proper training of special juvenile units in the police force.
- NCPDR and SCPCR will be the nodal authorities to be responsible for monitoring implementation, the publicity of the amended act, and to look into cases that arise out of the Act.

### III. MENTAL HEALTH ACT, 2017

#### What is MHCA 2017?

Mental health care act 2017 (MHCA 2017) received assent from the President of India on April 2017 and came into force on 7th April 2018. The act was described as an act to provide mental health care and services to protect, promote and fulfill the rights of such persons during delivery of mental health care and services and for matters connected there with or incidental there to. It superseded the previously existing mental health act 1987 (MHA 1987).

#### Who is mentally ill?

Chapter 1 of the MHCA 2017 defines mental illness a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgement, behavior, capacity to recognize reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence.

#### Who is a Mental Health Professional?

As per MHC act 2017, mental health professional (MHP) includes psychiatrist, professionals having a postgraduate degree including Ayurveda in Mano Vigyan Avum Manas Roga or Homoeopathy in Psychiatry or Unani in Moalijat (Nafasiyatt) or Siddha in SirappuMaruthuvam, and also a professional registered with the concerned State Authority under Section 55 (clinical psychologists, mental health nurses [MHNs], and psychiatric social workers) and they will become eligible for assessing mental capacity and eventually for admitting them as inpatient in independent admissions as per the 2017 act.

#### Salient Features

- **Decriminalization of Suicide:** According to Section 309 of the Indian Penal Code, “whoever attempts to commit suicide and does any act towards the commission of such offense, shall be punished with simple imprisonment for a term which may extend to 1 year or with fine, or with both.” However, accepted as a progressive move, the MHCA entails that the person attempting the commission of suicide shall be presumed to have severe stress and shall not to be tried and punished unless proved otherwise. The Act also bestows a duty upon the government to provide care, treatment, and rehabilitation to such persons in order to reduce the risk of recurrence of the same.
- **Right to make an advance directive:** As per the MHCA, the patient now has the right to decide the way s/he should or should not be treated. Along with this, the right also enables the patients to choose a nominee who could take decisions on their behalf with respect to treatment or for any other purposes.

- **Right to access healthcare services:** The PMI have the right to access mental health services funded by the government under this Act. In case the government is unable to provide such kind of facilities in the district where the PMI reside, then the government should ensure that they can access such facilities at any other centre and shall bear the entire cost of the treatment. Further discrimination on any grounds such as gender, sex, sexual orientation, class, religion, caste, etc. is prohibited in the rendering of mental health care services.
- **Right to free healthcare services:** All the persons who are either homeless or destitute or live below the poverty line have the right to avail all the mental healthcare facilities and services free of cost in all the government funded institutions. This provision is a welcome step towards ensuring the well-being of the underprivileged who are unable to access and afford even basic health facilities, let alone mental healthcare.
- **Right not to be treated under prohibited treatment:** The Act, in all its form, prohibits electroconvulsive therapy for children and in the case of adults, the therapy has to be performed by taking certain precautions such as using muscle relaxants and anesthesia.
- **Right to confidentiality:** The Act provides the PMI a right to confidentiality under which the details of his/her mental illness and the treatment which they are undergoing would be kept confidential unless it is to prevent any harm in the interest of public safety etc. However, the same could be revealed to the nominee and the mental health professionals in order to enable them to provide a proper treatment to the PMI.
- **Effective implementation:** To ensure the effective implementation of the rights given under this Act, the Act entails specific duties of the appropriate government and also the establishment of the Central Mental Health Authority.

## Conclusion

The main purpose of the legislation is to ensure that people with serious mental disorders which threaten their health or safety or the safety of the public can be treated irrespective of their consent where it is necessary to prevent them from harming themselves or others.

Mental health is different from general health as in certain circumstances mentally ill people may not be in a position to make decisions on their own. Those who suffer rarely get access to appropriate medical treatment as their families try to hide their condition out of a sense of shame. According to a study conducted by the National Institute of Mental Health and Neurosciences, 1 in 40 and 1 in 20 people are suffering from the past and current episodes of depression in India. In spite of this big burden of mental health issues, unfortunately, it continues to be misunderstood in developing countries like India.

#### IV. RPWD ACT, 2016

Rights of Persons With Disabilities Act, 2016 (RPWD Act)

Also known as Divyangjan Adhikaar Kanoon 2016 in Hindi

##### The salient features of the Act:

1. Disability has been defined based on an evolving and dynamic concept.
2. The types of disabilities have been increased from existing 7 to 21 and the Central Government will have the power to add more types of disabilities. The 21 disabilities are given below:

i. Blindness	xi. Muscular Dystrophy
ii. Low-vision	xii. Chronic Neurological conditions
iii. Leprosy Cured persons	xiii. Specific Learning Disabilities
iv. Hearing Impairment (deaf and hard of hearing)	xiv. Multiple Sclerosis
v. Locomotor Disability	xv. Speech and Language disability
vi. Dwarfism	xvi. Thalassemia
vii. Intellectual Disability	xvii. Hemophilia
viii. Mental Illness	xviii. Sickle Cell disease
ix. Autism Spectrum Disorder	xix. Multiple Disabilities including deaf & blindness
x. Cerebral Palsy	xx. Acid Attack victim
	xxi. Parkinson's disease

3. Speech and Language Disability and Specific Learning Disability have been added for the first time. Acid Attack Victims have been included. Dwarfism, muscular dystrophy have been indicated as separate class of specified disability. The New categories of disabilities also included three blood disorders, Thalassemia, Hemophilia and Sickle Cell disease.
4. In addition, the Government has been authorized to notify any other category of specified disability.
5. Responsibility has been cast upon the appropriate governments to take effective measures to ensure that the persons with disabilities enjoy their rights equally with others.
6. Additional benefits such as reservation in higher education, government jobs, reservation in allocation of land, poverty alleviation schemes etc. have been provided for persons with benchmark disabilities and those with high support needs.
7. Every child with benchmark disability between the age group of 6 and 18 years shall have the right to free education.

8. Government funded educational institutions as well as the government recognized institutions will have to provide inclusive education to the children with disabilities.
9. For strengthening the Prime Minister's Accessible India Campaign, stress has been given to ensure accessibility in public buildings (both Government and private) in a prescribed time-frame.
10. Reservation in vacancies in government establishments has been increased from 3% to 4% for certain persons or class of persons with benchmark disability.
11. The Bill provides for grant of guardianship by District Court under which there will be joint decision – making between the guardian and the persons with disabilities.
12. Broad based Central & State Advisory Boards on Disability are to be set up to serve as apex policy making bodies at the Central and State level.
13. Office of Chief Commissioner of Persons with Disabilities has been strengthened who will now be assisted by 2 Commissioners and an Advisory Committee comprising of not more than 11 members drawn from experts in various disabilities.
14. Similarly, the office of State Commissioners of Disabilities has been strengthened who will be assisted by an Advisory Committee comprising of not more than 5 members drawn from experts in various disabilities.
15. The Chief Commissioner for Persons with Disabilities and the State Commissioners will act as regulatory bodies and Grievance Redressal agencies and also monitor implementation of the Act.
16. District level committees will be constituted by the State Governments to address local concerns of PwDs. Details of their constitution and the functions of such committees would be prescribed by the State Governments in the rules.
17. Creation of National and State Fund will be created to provide financial support to the persons with disabilities. The existing National Fund for Persons with Disabilities and the Trust Fund for Empowerment of Persons with Disabilities will be subsumed with the National Fund.
18. The Bill provides for penalties for offences committed against persons with disabilities and also violation of the provisions of the new law.
19. Special Courts will be designated in each district to handle cases concerning violation of rights of PwDs.

The New Act will bring our law in line with the United National Convention on the Rights of Persons with Disabilities (UNCRPD), to which India is a signatory. This will fulfill the obligations on the part of India in terms of UNCRD. Further, the new law will not only enhance the Rights and Entitlements of Divyangjan but also provide effective mechanism for ensuring their empowerment and true inclusion into the Society in a satisfactory manner.

## V. PREVENTION OF SUICIDE

### SUICIDE PREVENTION: PLAN OF ACTION FOR SCHOOLS

Prevention of suicide requires a comprehensive approach, wherein the entire school as a team works to address the issue. Actions towards prevention of suicide involve:

- Taking proactive steps to identify students exhibiting warning signs and thereby at risk for self-harm, creating a dedicated team in school, promoting a supportive school environment, and building capacity of the stakeholders.
- Responding immediately to situations where a student is at risk (either displaying warning signs or has been seen taking actions leading to self-harm).

#### WARNING SIGNS OF STUDENTS AT RISK

##### FEELINGS

- Hopelessness: Statements such as, “Things will never get better”, “There is no point in trying anymore”
- Helplessness: Statements such as, “No one can help me with my problems, “I cannot see a way out”
- Worthlessness: Statements such as, “I’m useless”, “I am not important to anyone”
- Guilt, Shame, Self-hatred: Statements such as, “I am a burden on others”, “I am ashamed of myself”
- Irritability, Exhaustion: Statements such as, “I feel so tired physically and emotionally”
- Persistent Sadness: Statements such as, “I feel sad all the time, and I don't know how to stop this feeling”

##### BEHAVIOURS

- Withdrawal from Social Interactions: Withdrawing from friends, classmates, family
- Lack of Concentration: Such as being absent-minded, forgetful, and/or restlessness in class
- Sudden Mood Changes: Sudden mood shifts without any known cause, Sudden spurts of anger/crying
- Verbal Cues: Statements such as, “I won’t be around for long”, “All my problems will end soon”
- Change in Appetite/Sleeping Pattern: Increased or decreased appetite and/or disrupted sleep schedule
- Neglecting Personal Care: Such as uncombed hair, ruffled clothes, not taking care of belongings

##### ACTIONS

- Lack of Participation: Losing interest in previously enjoyed school activities
- Indulging in Reckless Behaviour: Being careless about safety, Use of substances (smoking, alcohol, etc.)
- Talking about Self-Harm or Ending Life/ Destroying Belongings: Talking, writing and/or using social media to share thoughts of self-harm, destroying personal belongings, etc.
- Decline in Performance in School Activities: Poor attendance, Decline in overall quality of academic and other school work
- Becoming Detached: Returning gifts to friends for no reason, Saying goodbye to classmates, No excitement expressed in meeting friends

## **Plan of Action for Schools**

1. Setting up of School Wellness Team (SWT)
2. Promoting positive school environment
3. Building capacity for different stakeholders
4. Responding immediately and supporting students at risk, and
5. Appraisal of actions taken by school

### **1. Setting up of School Wellness Team (SWT)**

Preventing suicide requires implementation of effective measures, which is a collective responsibility shared by the entire school community. Therefore, schools need to adopt a comprehensive team approach in identifying those students who are at risk and in taking immediate action when a student proceeds to harm oneself. To make effective efforts towards preventing suicide in schools, a dedicated team is most essential. A School Wellness Team (SWT) may be formed under the leadership of the School Principal, where each member of SWT is oriented in handling crisis situations. When a student displaying warning signs has been identified by any stakeholder, they need to be reported to the SWT, which takes immediate action. The SWT will also play an important role in implementation of school activities directed towards creating awareness about mental well-being, leading towards suicide prevention. However, SWT alone will not suffice in a school's efforts towards prevention of suicide and would require the support of all stakeholders.

It is suggested that depending on the resources available within school the SWT be reconstituted on a regular basis to give all stakeholders in the school the opportunity to build awareness and capacity. Additionally, it is important for the school to review the effectiveness of SWT and its functioning on an annual basis.

### **2. Promoting Positive School Environment**

To be prepared for responding to a crisis situation, it is also important to promote and strengthen the protective factors and reduce the risk factors. A positive school environment can play a pivotal role in supporting student well-being and reducing the risk of suicide. Raising awareness about mental health is an integral part of creating a positive school environment. It promotes open dialogue, which can reduce stigma associated with seeking help and encourage students to reach out for support without fear of judgment or isolation.

Schools by promoting a positive environment, can reduce the risk of isolation, despair, discrimination and the occurrence of suicide and at the same time equip students with the necessary skills and support to cope with various challenges.

### **Actions for promoting a positive school environment:**

- Encouraging Peer Support  
(Reinforce peer interactions, learning, support, etc. through group activities, clubs, events, etc.)
- Organising Activities on a regular basis for Relaxing /Reducing Stress  
(Yoga, Meditation, Art, Music, Gardening, Dance, etc.)
- Providing Channels for Expression  
(Outlets such as access to a trained counsellor, help boxes or suggestion boxes to express concerns and seek help)
- Compiling Resources to Seek Support  
(Helpline numbers, phone numbers and email ids of Counsellors and SWT members, brochures and pamphlets on causes, risk factors, protective factors, warning signs, etc.)
- Integrating Mental Well-being in School Functioning  
(Including aspects of mental well-being in daily interactions, open discussions, assembly time, different programmes, subject-teaching, etc.)
- Creating a Safe Environment in School and Beyond  
(In school: Locking empty classrooms, lighting up dark corridors, cleaning gardens and areas with excess growth of grass)
- Places beyond school: Vigilance at railway tracks, river banks, bridges, cliffs, medical shops, etc.)
- Encouraging School-Community Partnerships  
(Collaboration among all stakeholders: School administrators, teachers, counsellors, students, medical staff, supporting staff, parents, and community)
- Building Awareness about Mental Well-being among all Stakeholders for
  - Understanding Protective Factors and limiting Risk Factors for Mental Health and
  - De-stigmatising mental health concerns (such as anxiety, depression, suicide, substance abuse) and encouraging talking/sharing about them  
(Through Role plays, Storytelling, Nukkad natak, Rallies, Posters, Exhibitions, Annual Day themes, etc.)

### **3. Building Capacity for Suicide Prevention**

In order to effectively prevent suicides and ensure appropriate and timely response in situations of crisis, schools must actively work towards building the capacity of all stakeholders which includes all teachers and school staff, students, families of students and other stakeholders. An important step in this direction is to enhance their knowledge and skills in recognising warning signs, providing support, and responding promptly to students at risk. The chart below delineates the various areas for capacity building of all stakeholders in the school.

For Whom	Areas to be Covered	How and When	By Whom
<b>All School Teachers</b>  <b>Non-Teaching Staff</b>  <b>Students</b>  <b>Parents and Community</b>	<b>Recognising Risk Factors and Protective Factors and Identifying Warning Signs:</b> Understanding and Recognising: <ul style="list-style-type: none"> <li>• Risk Factors and Protective Factors</li> <li>• Self-harm or suicidal intentions, changes in behaviour or appearance which indicate that a student is at risk</li> </ul> <b>Immediate Response for Student At-Risk</b> <ul style="list-style-type: none"> <li>• The immediate action to be taken on identifying a student at risk</li> </ul>	<b>Orientation (minimum one) in the academic year,</b> preferably in the beginning of the school academic session. An experiential session for 'Immediate Response for Supporting Student at Risk'  Orientation with Parents can be conducted during PTMs, Community collaborations can be sought with Local Community Heads	School Counsellor or Psychologist /Counsellor/ Social Worker identified by the school (may consider those who are from immediate school community)
	<b>Information about School's Referral and Support Resources:</b> <ul style="list-style-type: none"> <li>• Contact details of local referrals (such as Mental Health Professionals, Counselling helplines, etc.) including name, address and contact number compiled by School</li> <li>• Contact details (Phone Numbers and Email ids) of SWT members</li> <li>• Database to be available at school website, notice board outside office/counselling room</li> </ul>		School Staff in charge of collating the resources
<b>All SWT Members</b>	<b>Handling Crisis Situation:</b> The steps for managing the situation and providing adequate support when a student is at risk  <b>Supporting Parents/Family of Students at Risk:</b> <ul style="list-style-type: none"> <li>• Extending support to parents/family of student at risk in providing a safe and supportive environment at home</li> </ul>	<b>Orientation (minimum one) in the academic year,</b> for all SWT members, preferably immediately once the team is set up/ beginning of the academic session	School Counsellor or Psychologist /Counsellor/ Social Worker identified by the school (may consider those who are from immediate school community)
	<b>Using Referral and Support Resources:</b> <ul style="list-style-type: none"> <li>• Collating Information by school about resources for referral</li> <li>• How and when to make use of referral</li> <li>• Based on the assessment by the counsellor, the SWT to take a decision on referral which will be</li> </ul>	<b>Orientation (minimum one ) in the academic year</b>	School Staff in charge of collating the resources

	communicated by the Principal to the parents		
Parents, Family and Community	<p><b>Supporting Students during Stressful Experiences:</b></p> <ul style="list-style-type: none"> <li>• Know-how of situations which can be stressful for a student (These vary for each student; some commonly reported concerns are due to exams, results, transitions between classes, re-joining school after vacation, discrimination, family problems, community/society related issues, bullying, harassment, humiliation, etc.)</li> <li>• Supporting the child at home and informing in school</li> </ul>	Orientation (minimum one) in the academic year	School Counsellor or Psychologist /Counsellor/ Social Worker identified by the school (may consider those who are from immediate school community)

#### 4. Immediate Response for Supporting Students at Risk

Immediate response to at-risk students at risk can be categorised into two levels. The first pertains to students who are displaying warning signs and due to prevalence of risk factors in their life, makes them more vulnerable/prone to self-harm. The other addresses those students who are actively taking steps to harm themselves. Immediate action is required in both situations of at-risk behaviours, i.e., when the student is:

- a. Displaying warning signs
- b. Attempting self-harm

Remember if a student displays any warning sign(s) even once, it is important to take immediate action. In such situations following actions may be taken to support the student.

##### a. Immediate Response to Student Displaying any Warning Sign

**Action by any Individual in School (Peers/Friends/Classmates/Teachers/Other School Staff, etc.)**

- i. Approach the student with care. Stay calm\*, do not show any distress.
- ii. Gently talk to the student and try to understand how the student is feeling.
- iii. Listen attentively and provide them a safe space to express their feelings.
- iv. Suggest the student to talk to a teacher/ counsellor/SWT member or anyone the student feels comfortable with.
- v. Inform a SWT member about the student/situation.

### **Action by SWT Member**

- i. Stay calm\* and do not show any signs of distress. Make the student feel that you are there to help them. Do not give any judgment/comment on the situation/action/expression of feelings exhibited by the student.
- ii. Ensure confidentiality and gently ask the student about the warning signs you noticed. For example, "I noticed that/I came to know that you are very upset (any other warning sign noticed). Is there something that you would like to share with me?"/"Can I help you in any way?"
- iii. Encourage the student to talk. Let the student know that any information shared by them will be kept confidential (only be shared with concerned people who can help). This will help the student to calm down and express their feelings. Ask in a considerate manner - "How are you feeling now? Is something bothering you?" (If the student is not willing, do not force them to share). Let the student feel supported.
- iv. Listen attentively to the student. Encourage the student to talk to the school counsellor and seek support for their feelings/behaviours/actions in concern.
- v. Share the information about the student's warning signs and their responses with the school counsellor. Also, inform the school Principal about the incident and the actions taken so far.

The counsellor will take forward interaction with the student in the counselling sessions. In case a counsellor is not available in school, Principal in discussion with SWT will refer the student to a counsellor outside the school. The Principal will inform the parents, and share details of referral for taking further steps. Also, maintenance of records and follow up with the student will need to be taken up by the counsellor.

\*Staying calm and not showing distress or panic is essential and a prerequisite in providing support to the student.

In instances where warning signs go unnoticed or unreported, the student may prepare for the ultimate steps of taking their life. In such situations, the following actions may be taken to prevent suicide and save the student.

### **b. Immediate Response to a Student Attempting Self-harm**

#### **Action by any Individual in School (Peers/Friends/Classmates/Teachers/Other School Staff, etc.)**

- i. Stay calm\*, do not show any panic. Approach the student with caution.
- ii. Address the student by name. Calmly remove all means of harm, if any, without using force. e.g., "I see there is .... in your hand/ with you. Please give it to me." or "Would you please give me the pills or any other means of self-harm?"
- iii. Offer the student water/something to eat to stall immediate harm by diverting their attention.

- iv. Simultaneously inform any SWT member about the action being displayed by the student.
- v. Gently continue talking to the student and try to understand their intent for self-harm.
- vi. Do not leave the student alone until a SWT member arrives.

### **Action by SWT Member**

- i. Reach the student's location as soon as possible.
- ii. Provide the student with a quiet and comfortable place which is well-ventilated and well-lit (like the counsellor's room) to sit and talk freely without the fear of others overhearing.
- iii. Assure that you are there to listen to their concerns. e.g.: "I am here for you. I will try to help you."
  - a. If the student seems open to talking, then gently inquire about their concerns, e.g.: "You seem sad/anxious/stressed. Would you like to talk about it with me?"
  - b. However, if you feel that the student does not want to share their concern, respect their choice, and explore with whom the student wants to talk, such as another teacher, parent, friend/classmate, etc.
  - c. Note: In case of a medical emergency, inform the medical officer and the Principal immediately. Further, the Principal will inform the student's parents/ guardian with due sensitivity and care.
- iv. If you feel that immediate harm has been stalled provide comfort to the student by listening and gaining an understanding of the problem. During the conversation explore if the student has planned or prepared for other modes of self-harm. e.g., "I'm sure you're going through a difficult time... Please continue. I am listening to what you are sharing."
- v. Once self-harm has been prevented, accompany the student to the counsellor. Here, the counsellor may begin the counselling process and if required take steps for referral and follow-up along with the maintenance of records.
- vi. Principal informs parents with sensitivity and assures support from school for counselling, referral, care in school, etc.

**Maintaining Records:** Ensure keeping a record of at-risk behaviours of a student and corresponding actions taken by school. Records are to be maintained by the school ensuring confidentiality and access by SWT members/ concerned persons only.

**Follow-up:** This is an essential step required in not only ensuring the safety of the student but also to understand the challenges. The SWT members need to connect with parents after the incident to follow up on the student. This understanding would help in extending need based support to the student and avoid any such situation in the future.

## **5. Appraisal of Actions taken by School**

Periodic assessment needs to be undertaken by the school for continuous reflections on actions taken towards prevention of suicide. SWT and other stakeholders of school should meet at regular intervals to reflect on their experiences in implementing the guidelines and analyse the feedback received to identify areas that require improvement. This assessment should include a comprehensive review of existing practices related to promoting awareness, fostering a positive school environment, staff orientation, sensitization, recognizing warning signs, reporting protocols, and provision of immediate response.

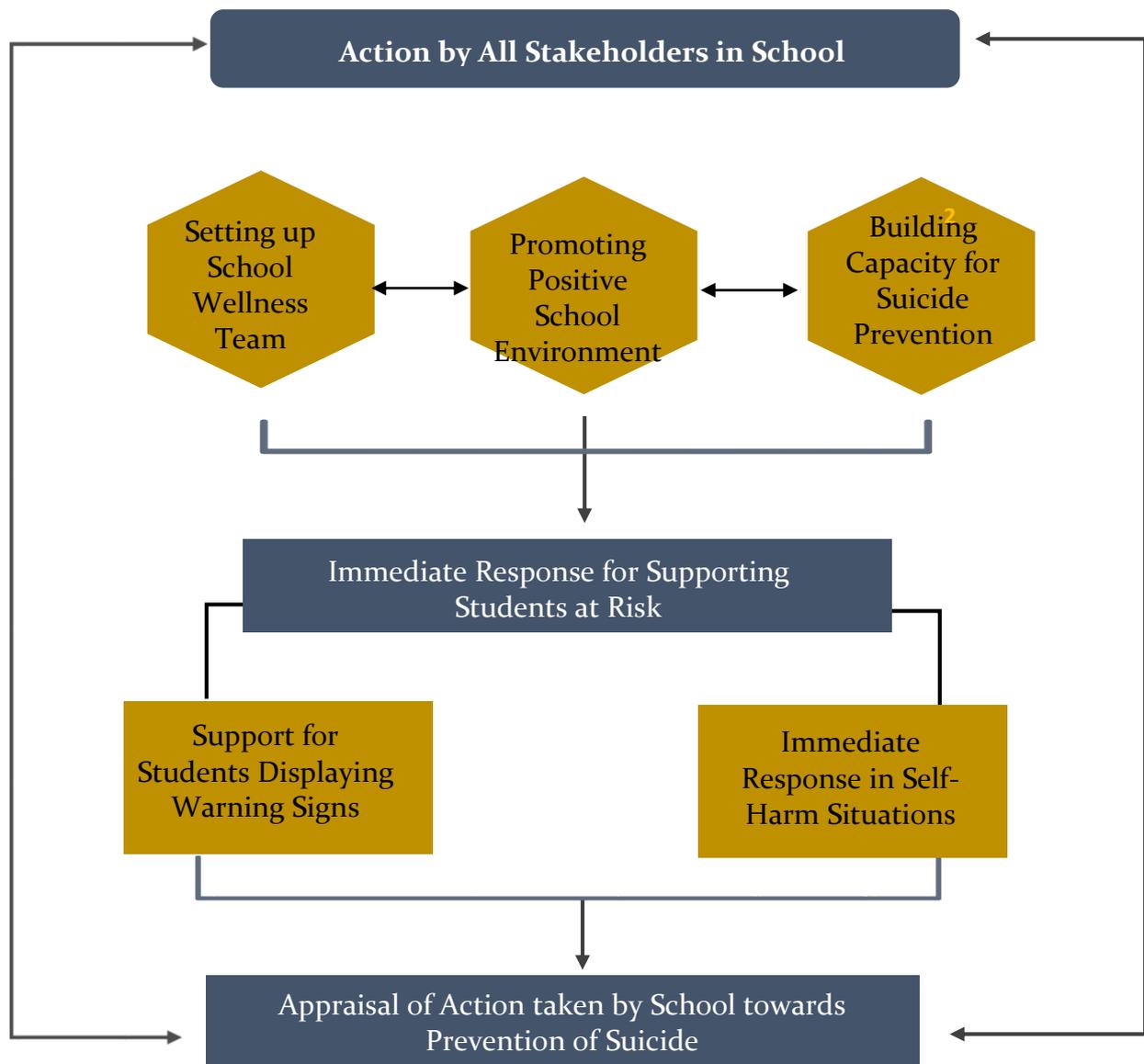
Furthermore, feedback should be actively sought from various stakeholders including teachers, parents, and the wider community regarding the school's action for suicide prevention. Based on the insights gained from the evaluation and stakeholder feedback, improvements in the school plan can be initiated.

## **ROLE OF PRINCIPAL**

As in-charge of school and SWT leader, the Principal is the guardian of all students in the school, a leader of the teachers and responsible for the well-being of all. It is important that the Principal,

- a. Ensures that all concerned stakeholders in school community are sensitised and oriented to extend support to any student at risk.
- b. Sensitises concerned stakeholders to maintain confidentiality and support the student as and when required. In a situation of self-harm/attempted suicide or display of warning signs by any student, ensure that either the Principal or a SWT member reach the location/ contact the person as soon as possible and provide support.
- c. Ensures that medical services are provided in case of a medical emergency.
- d. Informs parents or guardians immediately with sensitivity, ensuring privacy, and avoiding the presence of others not involved. School Counsellor/SWT member should be directed to support the parents.
- e. If a parent/guardian is impacted by the incident and requires support, asks the school counsellor to provide support through few sessions or recommend them to visit a mental health professional for further expert intervention.
- f. Extends support to counsellor/ SWT for following up and supporting a student once referred.
- g. Informs the class teacher and subject teachers about the incident in a sensitive manner. SWT member and class teacher can work collaboratively to establish a system for providing peer support to the student at school.
- h. Ensures that SWT should maintain regular contact and connection with the student and their family to ensure on-going support and well-being.
- i. Schedules weekly meetings of SWT with the parents and class teacher to check on the student's well-being.

## Comprehensive School Plan for Suicide Prevention



**Source:** UMMEED (Understand, Motivate, Manage, Empathize, Empower, Develop, Prevention of Suicide, Guidelines for Schools by Department of School Education & Literacy, Ministry of Education, Govt. of India

## **VI. POSH PREVENTION OF SEXUAL HARASSMENT**

The POSH Act has been enacted with the objective of preventing and protecting women against workplace sexual harassment and to ensure effective redressal of complaints of sexual harassment.

The law on Sexual Harassment is governed by the Sexual Harassment at the Workplace (Prevention, Prohibition and Redressal Act, 2013) hereinafter referred to as the “Sexual Harassment Act”. It is mandatory for all organizations (private sector as well as the public sector) to ensure that women are protected against any form of sexual harassment while at work. To this effect, each employer or organization is required to constitute a committee to enquire into and address complaints of Sexual Harassment of their workforce.

As per provisions of Section 4 of the Act, every employer is required to constitute a committee by the name “Internal Complaint Committee” (the ICC) to address complaints of Sexual Harassment.

### **WHAT IS SEXUAL HARASSMENT AT THE WORKPLACE?**

“Sexual Harassment” includes anyone or more of the following unwelcome acts or behaviour (whether directly or by implication), namely:

- Physical contact or advances;
- A demand or request for sexual favours;
- Making sexually coloured remarks;
- Showing pornography;
- Any other unwelcome physical, verbal or non-verbal conduct of a sexual nature

### **KEY ELEMENTS OF WORKPLACE SEXUAL HARASSMENT**

Very often situations that start off innocently end up in inappropriate and unprofessional behaviours. It is important to remember that workplace sexual harassment is sexual, unwelcome and the experience is subjective. It is the impact and not the intent that matters and it almost always occurs in a matrix of power. It is possible that a woman may experience a single instance of sexual harassment or a series of incidents over a period of time. It is important also to remember that each case is unique and should be examined in its own context and according to the surrounding circumstances as a whole.

The following table highlights the subjective nature of the experience and the impact it may have on the person involved, irrespective of the intent of such behaviour.

To enable prevention of sexual harassment at the workplace, it is critical to recognize and differentiate between welcome and unwelcome sexual behaviour. Listed are some examples of how “unwelcome” and “welcome” behaviour is experienced.

### **THE FIRST STEP TO PREVENTION IS RECOGNITION**

Workplace Sexual Harassment is behaviour that is

**UNWELCOME**

**SEXUAL** in nature

A **SUBJECTIVE** experience

**IMPACT** not intent is what matters

Often occurs in a matrix of **POWER**

### **EXAMPLES OF BEHAVIOURS AND SCENARIOS THAT CONSTITUTE SEXUAL HARASSMENT**

Below are examples of behaviour that may or may not constitute workplace sexual harassment in isolation. At the same time, it is important to remember that more often than not, such behaviour occurs in cluster. Distinguishing between these different possibilities is not an easy task and requires essential training and skill building.

**Some examples of behaviour that constitute sexual harassment at the workplace:**

- Making sexually suggestive remarks or innuendos.
- Serious or repeated offensive remarks, such as teasing related to a person's body or appearance.
- Offensive comments or jokes.
- Inappropriate questions, suggestions or remarks about a person's sex life.
- Displaying sexist or other offensive pictures, posters, mms, sms, whatsapp, or e-mails.
- Intimidation, threats, blackmail around sexual favours.
- Threats, intimidation or retaliation against an employee who speaks up about unwelcome behaviour with sexual overtones.
- Unwelcome social invitations, with sexual overtones commonly understood as flirting.
- Unwelcome sexual advances which may or may not be accompanied by promises or threats, explicit or implicit.
- Physical contact such as touching or pinching.
- Caressing, kissing or fondling someone against her will (could be considered assault).
- Invasion of personal space (getting too close for no reason, brushing against or cornering someone).
- Persistently asking someone out, despite being turned down.
- Stalking an individual.

- Abuse of authority or power to threaten a person's job or undermine her performance against sexual favours.
- Falsely accusing and undermining a person behind closed doors for sexual favours.
- Controlling a person's reputation by rumour-mongering about her private life.

**Some examples of behaviour that may indicate underlying workplace sexual harassment and merit inquiry:**

- Criticizing, insulting, blaming, reprimanding or condemning an employee in public.
- Exclusion from group activities or assignments without a valid reason.
- Statements damaging a person's reputation or career.
- Removing areas of responsibility, unjustifiably.
- Inappropriately giving too little or too much work.
- Constantly overruling authority without just cause.
- Unjustifiably monitoring everything that is done.
- Blaming an individual constantly for errors without just cause.
- Repeatedly singling out an employee by assigning her with demeaning and belittling jobs that are not part of her regular duties.
- Insults or humiliations, repeated attempts to exclude or isolate a person.
- Systematically interfering with normal work conditions, sabotaging places or instruments of work.
- Humiliating a person in front of colleagues, engaging in smear campaigns.
- Arbitrarily taking disciplinary action against an employee.
- Controlling the person by withholding resources (time, budget, autonomy, and training) necessary to succeed.

**Some examples of workplace behaviours that may not constitute sexual harassment:**

- Following-up on work absences.
- Requiring performance to job standards.
- The normal exercise of management rights.
- Work-related stress e.g. meeting deadlines or quality standards.
- Conditions of works.
- Constructive feedback about the work mistake and not the person.

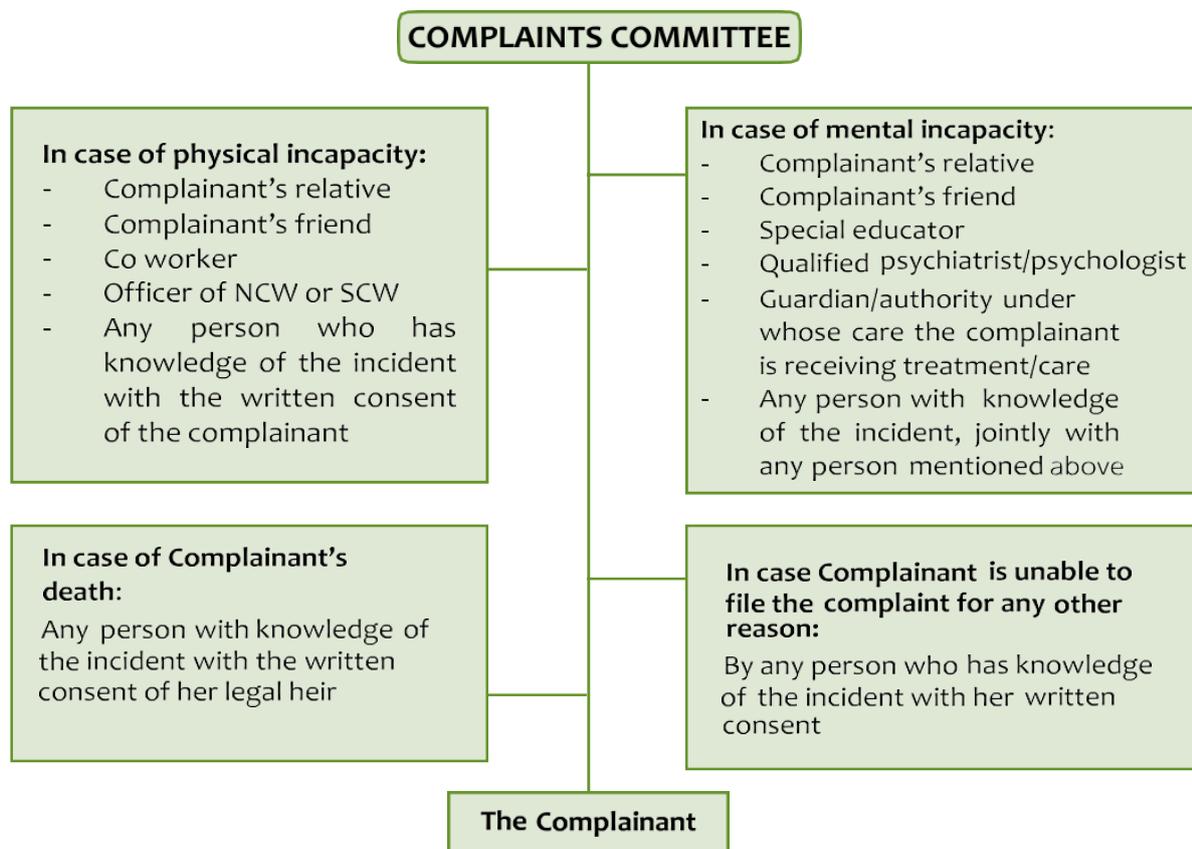
**FORMS OF WORKPLACE SEXUAL HARASSMENT**

- Generally workplace sexual harassment refers to two common forms of inappropriate behaviour:
- Quid Pro Quo (literally 'this for that')

- Implied or explicit promise of preferential/detrimental treatment in employment
- Implied or express threat about her present or future employment status
- Hostile Work Environment
- Creating a hostile, intimidating or an offensive work environment
- Humiliating treatment likely to affect her health or safety

## REDRESSAL

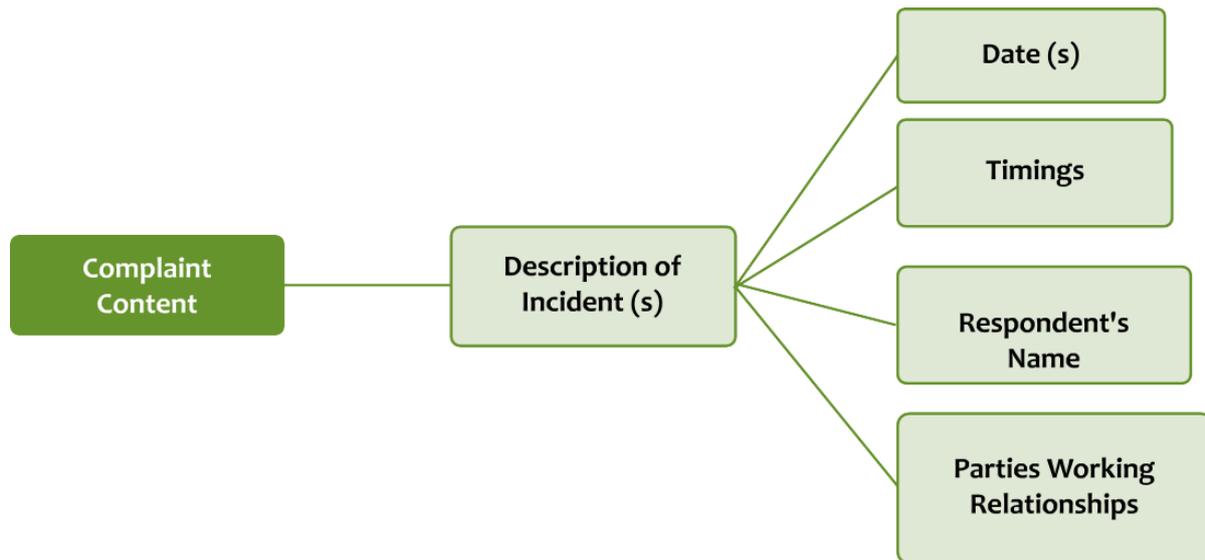
### WHO CAN COMPLAIN AND WHERE?



Generally, where there are less than ten workers, any woman employee can complain to the Local Complaints Committee with the support of the Nodal Officer, when required. It is the responsibility of the District Officer to designate a person as the Nodal Officer in every block, taluka and tehsil in rural or tribal areas and wards or municipalities in the urban areas, to receive the complaints of workplace sexual harassment from women. The Nodal Officer will forward all such complaints within seven days of its receipt to the concerned Complaints Committee for appropriate action. In most other workplaces, a woman employee can make a complaint to the Internal Complaints Committee.

## WHAT SHOULD THE COMPLAINT CONTAIN?

The written complaint should contain a description of each incident(s). It should include relevant dates, timings and locations; name of the respondent(s); and the working relationship between the parties. A person designated to manage the workplace sexual harassment complaint is required to provide assistance in writing of the complaint if the complainant seeks it for any reason.



## WHAT CAN AN EMPLOYEE/WORKER EXPECT?

When it comes to redress for workplace sexual harassment, employee/worker has a right to expect a trained, skilled and competent Complaints Committee, a time bound process, information confidentiality, assurance of non-retaliation, counselling or other enabling support where needed and assistance if the complainant opts for criminal proceedings.

### A. RIGHTS OF THE COMPLAINANT

- An empathetic attitude from the Complaints Committee so that she can state her grievance in a fearless environment
- A copy of the statement along with all the evidence and a list of witnesses submitted by the respondent
- Keeping her identity confidential throughout the process
- Support, in lodging FIR in case she chooses to lodge criminal proceedings
- In case of fear of intimidation from the respondent, her statement can be recorded in absence of the respondent
- Right to appeal, in case, not satisfied with the recommendations/findings of the Complaints Committee

## **B. RIGHTS OF THE RESPONDENT**

- A patient hearing to present his case in a non-biased manner
- A copy of the statement along with all the evidence and a list of witnesses submitted by the complainant
- Keeping his identity confidential throughout the process
- Right to appeal in case not satisfied with the recommendations/findings of the Complaints Committee

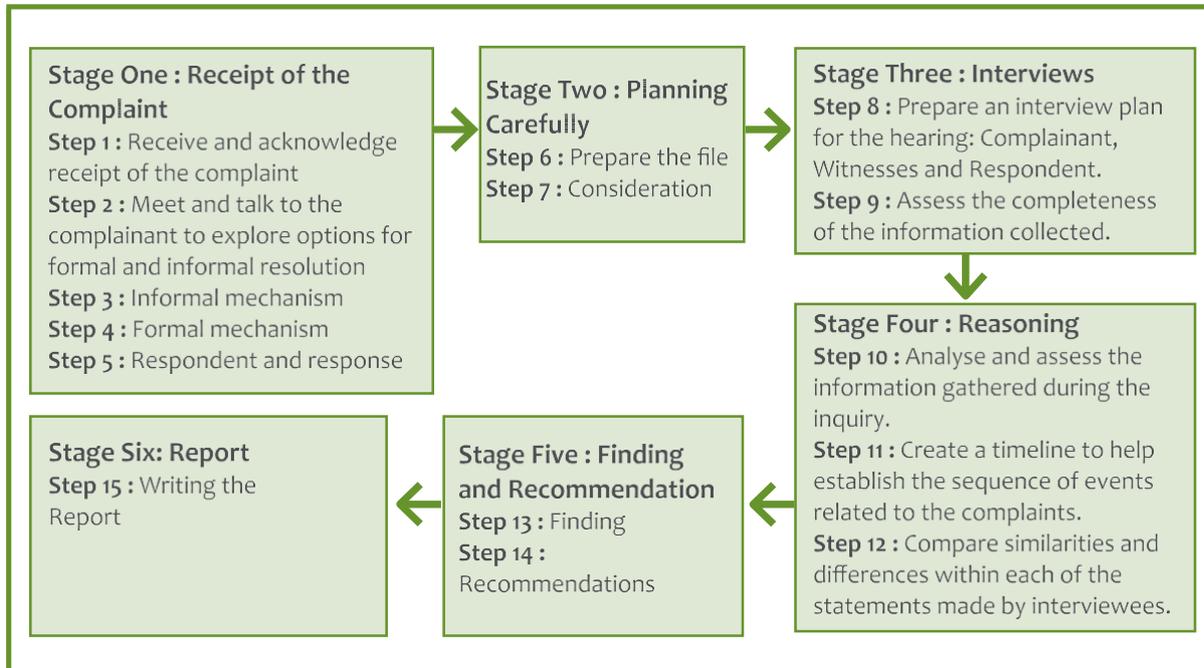
## **KEY RESPONSIBILITIES**

To effectively address workplace sexual harassment complaints, a Complaints Committee must first be aware of their key responsibilities, some of which are highlighted below:

- Be thoroughly prepared
- Know the Act, Policy and/or relevant Service Rules
- Gather and record all relevant information
- Determine the main issues in the complaint
- Prepare relevant interview questions
- Conduct necessary interviews
- Ensure parties are made aware of the process and their rights/responsibilities within it
- Analyse information gathered
- Prepare the report with findings/recommendations

## THE SEXUAL HARASSMENT COMPLAINT PROCESS

The Complaints Committee/s needs to have information on the six stages (including fifteen steps), detailed below, for addressing a complaint of workplace sexual harassment.



**Source:** Handbook on Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 for Employers / Institutions / Organisations/ Internal Complaints Committee / Local Complaints Committee, Ministry of Women and Child Development, Govt. of India, November 2015

## VII. IT ACT THE INFORMATION TECHNOLOGY ACT, 2000

### **Introduction:**

The Information Technology Act, 2000 provides legal recognition for transactions carried out by means of electronic data interchange and other means of electronic communication, commonly referred to as "electronic commerce", which involve the use of alternatives to paper based methods of communication and storage of information, to facilitate electronic filing of documents with the Government agencies and further to amend The Indian Penal Code, The Indian Evidence Act, 1872, The Banker's Books Evidence Act, 1891 and The Reserve Bank of India Act, 1934 and for matters connected therewith or incidental thereto. The Information Technology Act, 2000 extend to the whole of India and it applies also to any offence or contravention there under committed outside India by any person.

### **Salient Features of The Information Technology Act, 2000**

The salient features of The IT Act, 2000 are as follows –

- Digital signature has been replaced with electronic signature to make it a more technology neutral act.
- It elaborates on offenses, penalties, and breaches.
- It outlines the Justice Dispensation Systems for cyber-crimes.
- The Information Technology Act defines in a new section that cyber café is any facility from where the access to the internet is offered by any person in the ordinary course of business to the members of the public.
- It provides for the constitution of the Cyber Regulations Advisory Committee.
- The Information Technology Act is based on The Indian Penal Code, 1860, The Indian Evidence Act, 1872, The Bankers' Books Evidence Act, 1891, The Reserve Bank of India Act, 1934, etc.
- It adds a provision to Section 81, which states that the provisions of the Act shall have overriding effect. The provision states that nothing contained in the Act shall restrict any person from exercising any right conferred under the Copyright Act, 1957.

### **Applications of The Information Technology Act, 2000**

Nothing in The Information Technology Act, 2000 shall apply to documents or transactions specified in the First Schedule: Provided that the Central Government may, by notification in the Official Gazette, amend the First Schedule by way of addition or deletion of entries thereto. Every notification issued shall be laid before each House of Parliament. Following are the documents or transactions to which the Act shall not apply –

- **Negotiable Instrument** (Other than a cheque) as defined in The Negotiable Instruments Act, 1881;

- A **power-of-attorney** as defined in The Powers of Attorney Act, 1882;
- A **trust** as defined in The Indian Trusts Act, 1882;
- A **will** as defined in The Indian Succession Act, 1925 including any other testamentary disposition;
- Any **contract** for the sale or conveyance of immovable property or any interest in such property;
- Any such class of documents or transactions as maybe **notified by the Central Government**.

### **Amendments Brought in The Information Technology Act, 2000**

The Information Technology Act, 2000 has brought amendment in four statutes vide section 91- 94. These changes have been provided in schedule 1-4.

- The first schedule contains the amendments in the Penal Code. It has widened the scope of the term “document” to bring within its ambit electronic documents.
- The second schedule deals with amendments to the India Evidence Act. It pertains to the inclusion of electronic document in the definition of evidence.
- The third schedule amends the Banker’s Books Evidence Act. This amendment brings about change in the definition of “Banker’s-book”. It includes printouts of data stored in a floppy, disc, tape or any other form of electromagnetic data storage device. Similar change has been brought about in the expression “Certified-copy” to include such printouts within its purview.
- The fourth schedule amends the Reserve Bank of India Act. It pertains to the regulation of fund transfer through electronic means between the banks or between the banks and other financial institution. A major amendment was made in 2008. Amendment introduced the Section 66A which penalized sending of “offensive messages”. It also introduced the Section 69, which gave authorities the power of “interception or monitoring or decryption of any information through any computer resource”. It also introduced penalties for child porn, cyber terrorism and voyeurism. Amendment was passed on 22 December 2008 without any debate in Lok Sabha. The next day it was passed by the Rajya Sabha. It was signed by the then President (Pratibha Patil) on 5 February 2009.

### **Objectives of the Amendments in The Information Technology Act, 2000:**

- With proliferation of information technology enabled services such as e governance, e-commerce and e-transactions, protection of personal data and information and implementation of security practices and procedures relating to these applications of electronic communications have assumed greater importance and they require harmonization with the provisions of the Information Technology Act. Further, protection of Critical Information Infrastructure is pivotal to national security, economy, public health and safety,

so it has become necessary to declare such infrastructure as a protected system so as to restrict its access.

- A rapid increase in the use of computer and internet has given rise to new forms of crimes like publishing sexually explicit materials in electronic form, video voyeurism and breach of confidentiality and leakage of data by intermediary, ecommerce frauds like personating commonly known as Phishing, identity theft and offensive messages through communication services. So, penal provisions are required to be included in the Information Technology Act, the Indian Penal Code, the Indian Evidence Act and the Code of Criminal Procedure to prevent such crimes.
- The United Nations Commission on International Trade Law (UNCITRAL) in the year 2001 adopted the Model Law on Electronic Signatures. The General Assembly Computer Education-II UNIT-IV of the United Nations by its resolution No. 56/80, dated 12th December, 2001, recommended that all States accord favorable consideration to the said Model Law on Electronic Signatures. Since the digital signatures are linked to a specific technology under the existing provisions of the Information Technology Act, it has become necessary to provide for alternate technology of electronic signatures for bringing harmonization with the said Model Law.
- The service providers may be authorized by the Central Government or the State Government to set up, maintain and upgrade the computerized facilities and also collect, retain appropriate service charges for providing such services at such scale as may be specified by the Central Government or the State Government.

### **Offences under The Information Technology Act, 2000**

The Information Technology Act, 2000 has specified that Tampering with computer source documents, Hacking computer system, Publishing of information which is obscene in electronic form or failure of a CA or its employees to follow the directions/ Orders of the CCA, failure to comply with Directions of Controller to a subscriber to extend facilities to decrypt information, accessing a protected system without proper authorization, material mis-representation, Penalty for publishing Electronic Signature Certificate false particulars, Publication for fraudulent purpose, sending of grossly offensive information, false information, etc. will be offences. The various offences and corresponding punishments thus summarized and tabulated below with detailed explanation in the following:

Section	Offence	Description	Penalty
65	Tampering with computer source documents	If a person knowingly or intentionally conceals, destroys or alters or intentionally or knowingly causes another to conceal, destroy or alter any computer source code used for a computer, computer program, computer system or computer network, when the computer source code is required to be kept or maintained by law for the time being in force.	Imprisonment up to three years, or/and with fine up to ₹200,000
66	Hacking with computer system	If a person with the intent to cause or knowing that he is likely to cause wrongful loss or damage to the public or any person destroys or deletes or alters any information residing in a computer resource or diminishes its value or utility or affects it injuriously by any means, commits hack.	Imprisonment up to three years, or/and with fine up to ₹500,000
66A	Publishing offensive, false or threatening information	Any person who sends by any means of a computer resource any information that is grossly offensive or has a menacing character; or any information which he knows to be false, but for the purpose of causing annoyance, inconvenience, danger, obstruction, insult shall be punishable with imprisonment for a term which may extend to three years and with fine.	Imprisonment up to three years, with fine.
66B	Receiving stolen computer or communication device	A person receives or retains a computer resource or communication device which is known to be stolen or the person has reason to believe is stolen	Imprisonment up to three years, or/and with fine up to ₹100,000
66C	Using password of another person	A person fraudulently uses the password, digital signature or other unique identification of another person.	Imprisonment up to three years, or/and with fine up to ₹100,000

66D	Cheating using computer resource	If a person cheats someone using a computer resource or communication	Imprisonment up to three years, or/and with fine up to ₹100,000
66E	Publishing private images of others	If a person captures, transmits or publishes images of a person's private parts without his/her consent/knowledge.	Imprisonment up to three years, or/and with fine up to ₹200,000
66F	Acts of cyber terrorism	If a person denies access to authorized personnel to a computer resource, accesses a protected system or introduces contaminant into a system, with the intention of threatening the unity, integrity, sovereignty or security of India, then he commits cyber terrorism.	Imprisonment up to life
67	Publishing information which is obscene in electronic form	If a person publishes or transmits or causes to be published in the electronic form, any material which is lascivious or appeals to the prurient interest or if its effect is such as to tend to deprave and corrupt persons who are likely, having regard to all relevant circumstances, to read, see or hear the matter contained or embodied in it.	Imprisonment up to five years, or/and with fine up to ₹1,000,000
67A	Publishing images containing sexual content	If a person publishes or transmits images containing a sexual explicit act or conduct.	Imprisonment up to seven years, or/and with fine up to ₹1,000,000
67B	Publishing child porn or predating children online	If a person captures, publishes or transmits images of a child in a sexually explicit act or conduct. If a person induces a child into a sexual act. A child thus defined as anyone under 18.	Imprisonment up to five years, or/and with fine up to ₹1,000,000 on first conviction. Imprisonment up to seven years, or/and with fine up to ₹1,000,000 on second conviction
67C	Failure to maintain records	Persons deemed as intermediately (such as an ISP) must maintain	Imprisonment up to three years, or/and

		required records for stipulated time. Failure is an offence.	with fine.
68	Failure/refusal to comply with orders	The Controller may, by order, direct a Certifying Authority or any employee of such Authority to take such measures or cease carrying on such activities as specified in the order if those are necessary to ensure compliance with the provisions of this Act, rules or any regulations made there under. Any person who fails to comply with any such order shall be guilty of an offence.	Imprisonment up to three years, or/and with fine up to ₹200,000
69	Failure/refusal to decrypt data	If the Controller is satisfied that it is necessary or expedient so to do in the interest of the sovereignty or integrity of India, the security of the State, friendly relations with foreign States or public order or for preventing incitement to the commission of any cognizable offence, for reasons to be recorded in writing, by order, direct any agency of the Government to intercept any information transmitted through any computer resource. The subscriber or any person in charge of the computer resource shall, when called upon by any agency which has been directed, must extend all facilities and technical assistance to decrypt the information. The subscriber or any person who fails to assist the agency referred is deemed to have committed a crime.	Imprisonment up to seven years and possible fine.
70	Securing access or attempting to secure access to a protected system	The appropriate Government may, by notification in the Official Gazette, declare that any computer, computer system or computer	Imprisonment up to ten years, or/and with fine.

		network to be a protected system.  The appropriate Government may, by order in writing, authorize the persons who are authorized to access protected systems. If a person who secures access or attempts to secure access to a protected system, then he is committing an offence.	
71	Misrepresentation	If anyone makes any misrepresentation to, or suppresses any material fact from, the Controller or the Certifying Authority for obtaining any license or Digital Signature Certificate.	Imprisonment up to three years, or/and with fine up to ₹100,000

## LEGAL RECOGNITION OF ELECTRONIC RECORDS AND SIGNATURE

### Recognition of electronic records:

The Information Technology Act, 2000 also aims to provide the legal framework under which legal sanctity is accorded to all electronic records and other activities carried out by electronic Information Systems Control and Audit means. The Act states that unless otherwise agreed, an acceptance of contract may be expressed by electronic means of communication and the same shall have legal validity and enforceability.

### Digital Signature (Amended Vide ITAA 2008):

Section 3 gives legal recognition to electronic records and digital signatures. The digital signature is created in two distinct steps. First the electronic record is converted into a message digest by using a mathematical function known as “hash function” which digitally freezes the electronic record thus ensuring the integrity of the content of the intended communication contained in the electronic record. Any tampering with the contents of the electronic record will immediately invalidate the digital signature. Secondly, the identity of the person affixing the digital signature is authenticated through the use of a private key which attaches itself to the message digest and which can be verified by anybody who has the public key corresponding to such private key. This will enable anybody to verify whether the electronic record is retained intact or has been tampered with since it was so fixed with the digital signature. It will also enable a person who has a public key to identify the originator of the message.

**Electronic Signature:**

Electronic signature has also been dealt with under Section 3A of the IT Act, 2000. A subscriber can authenticate any electronic record by such electronic signature or electronic authentication technique which is considered reliable and may be specified in the Second Schedule. An Amendment to the IT Act in 2008, introduced the term electronic signatures. The implication of this Amendment is that it has helped to broaden the scope of the IT Act to include new techniques as and when technology becomes available for signing electronic records apart from Digital Signatures.

**SESSION IV**  
**UNDERSTANDING THE CHANGING ROLES OF**  
**THE SCHOOL COUNSELLORS**

## ACTIVITY 5 ROLE OF A SCHOOL COUNSELLOR

**Time Required:** 90 minutes

**Objectives:**

- To make participants aware of their role in the promotion of mental health and creation of safe and secure environment for the learners

**Mode:** Individual and Group Activity

**Materials Required:**

- PowerPoint Presentation, A4 sheets, Chart Paper, Sketch Pens, White Board, Markers
- Handouts - Handout 4A (Role of Counsellors), 4B (Role of School Counsellors in Promoting a Caring School Climate), 4C (Creating a Positive School Environment), 4D (Self-Assessment Questionnaire) and 4E (Me as a School Counsellor)

**Process:**

1. Initiate the activity by inviting responses about the role of a School Counsellor from the participants.
2. Keep noting the responses on a chart paper.
3. Make three columns on a Board – Prevention, Promotion and Intervention.
4. Discuss with them the meaning of these three terms.
5. Now instruct them to categorise their work as described earlier and noted on the chart paper under these three headings.
6. Encourage the participants to add on more tasks which they are taking up as a Counsellor in the schools from the lens of Life Skills, Health and Wellbeing programme.
7. Let participants be in 04 Groups.
8. Assign one Stakeholder to each group.
  - a. Group 1 – Parents
  - b. Group 2 – Teachers
  - c. Group 3- Students
  - d. Group 4 – Whole School
9. Instruct each group to brainstorm their role to be performed or action to be taken in collaboration with the assigned stakeholder in order to build/enhance skills among the students to lead a successful life. Instruct them to categorise each action identified under the three headings – Promotion, Prevention or Intervention. Let them do this task on a chart paper. Give 15 mins for this task.
10. Invite the group representatives to share their work with the larger group. Invite comments from the other groups. Add on the missing points, if any.

11. Distribute handout 4A to all the participants for their further reference. Give them a few minutes for reading the handout.
12. Highlight their role as Life Skills, Health and Wellbeing Ambassadors. Sensitize them about the CBSE Adolescent Peer Educators Leadership Programme for Life Skills, Holistic Health and Wellbeing. Encourage them to participate in this programme along with the students for creation of suitable, safe and secure environment in their schools.
13. Distribute Handout 4B to the participants. Instruct them to work in groups and complete the activity sheet which focuses on actions to be taken by the School Counsellors in promotion and creation of a Caring School Climate. Assign 10 minutes for this task.
14. Invite any one or two volunteer groups to present their work with the larger group. Invite comments from rest of the groups. Add on the missing points, if any.
15. Distribute handout 4C (Creating a Positive School Environment) to each participant for their reference. Give them a few minutes to read the content. Invite one or two volunteers to share the main highlights of the handout.
16. Also share with them handout 4D (Self-Assessment Questionnaire) to enable the school counsellors to know their students' growth and school progress. Give them a few minutes to read the questionnaire.
17. Invite a few volunteers to share the highlights of the questionnaire with the larger group.
18. Distribute handout 4E to each participant to fill in the details as asked for in the handout to conclude the activity. Invite a few participants to share their work with the larger group.

### **For Resource Person**

Suggested Action to be taken by the School Counsellors in the areas mentioned in Handout 4B.

<b>School Counsellor Roles</b>	<b>Involved Stakeholders</b>	<b>Action</b>
Facilitating psychoeducational trainings and imparting information	Teachers, school personnel, parents or caregivers, and students	Topics: social skills, self-efficacy communication skills, stress and time management, interpersonal connectedness, conflict resolution, marketing the counselling program, etc

Minimizing barriers to student learning	Teachers, school personnel, parents or caregivers, and students	Spearheading initiatives to improve school climate; provision and referral services for students with academic, behavioural, emotional, and/or familial concerns.
Collaboration and consultation	Teachers, school personnel, parents or caregivers, and students	Team-building and consultation on a school, classroom, and individual student level
Family engagement	Parents or caregivers, school personnel, teachers, and students	Spearheading school-based activities that include the school-home connection such as family social outings and parent trainings/workshops
Mentoring	Teachers, school personnel, and students	Serving as a leader in the school and role-modelling positive character attributes
Assessment and program evaluation	Teachers, school personnel, parents or caregivers, and students	Assisting with the identification, development, dissemination, and evaluation of assessment measures (e.g., school satisfaction, classroom environment, teaching efficacy, needs identification)
Advocacy	Students, parents or caregivers, teachers, school personnel	Supporting and assisting all students and their families to achieve to their potential
Mediation Students	teachers, school personnel, and parents/caregivers	Leading peer mediation programs, fostering communication, and supporting systemic change

## HANDOUT 4A ROLE OF A SCHOOL COUNSELLOR

The counsellor in school plays an integral role in ensuring the psychosocial safety of the students by providing comprehensive counselling programme in consultation with teachers, parents and other staff members.

### MAJOR JOB RESPONSIBILITIES

1. **Conduct classroom guidance activities** in each teacher's class and/or systematically conduct developmental counselling groups for each grade level throughout the year in consultation with teachers.
2. **Have Group Counselling sessions with students on different topics** like academic failure, family issues, child abuse, attendance and/or behaviour problems, peer problems, and substance abuse.
3. **Consult with and train teachers**, parents and staff regarding children's needs: provide opportunities for parent education program; assist families on school-related problems.
4. **Refer children with problems** and their parents to special programs, specialists and outside agencies: consult and coordinate with school administrators, nurses, school psychologists, community based psychologists, service agencies, and physicians.
5. Participate in and **facilitate the intervention team process**: assume an active role in designing, implementing, monitoring, and adjusting educational plans for individual students.
6. Plan and evaluate the counselling program: **review the counselling program annually** with staff and administration; establish the counselling department master calendar; evaluate learning activities as they are implemented; complete an annual counselling program evaluation.
7. Act as a **Life Skills, Health and Wellbeing Ambassador** for creation of safe and secure environment for the learners. Also identify students who can act as Life Skills, Health and Wellbeing Ambassadors inside and outside school.
8. **Pursue continuous professional growth**: attend capacity building programmes; join associations of like-minded people who are working for ensuring safety and security of our children; read professional journals and contribute to professional literature; attend relevant workshops and conferences.

## WHAT SCHOOL COUNSELLOR DOES AND DOES NOT

School Counsellor Does	School Counsellor Does Not
Work with ALL students to encourage a safe school climate of trust and respect.	Work with only special or 'problem students'.
Deliver classroom lessons according to School calendar structured lessons.	Assign grades after lessons or touch academic subjects.
Facilitate small groups.	Facilitate therapy groups.
Meet individually who are struggling to do brief, solution-focused counselling.	Meet individually with students to do long -term mental health counselling/therapy.
Help students who are struggling to make positive behaviour classes.	Handle the discipline alone or assign consequences.
Collaborate with parents/guardians, teachers and administration.	Collaborate with only one person. A team approach including the school counsellor works best.
Maintain confidentiality of students and their families unless there is a need to know or a safety concern.	Share information about students and their families to appease the curiosity of others.
Provide education and information about students social -emotional needs.	Tell teachers how to teach in their classroom or tell parents how to parent at home.

## SPECIFIC ROLES

Role	Who all benefit?	What will the Counsellor be doing?
<b>As a Facilitator</b>	Students Teachers Parents	Facilitate the activities for enhancing Life Skills and other Health related activities (Activities as mentioned in CBSE Life Skills and Health Manuals can be taken up by the Counsellors in collaboration with the teachers. These manuals are available on CBSE website <a href="https://cbseacademic.nic.in/lifeskills/resources-manuals.html">https://cbseacademic.nic.in/lifeskills/resources-manuals.html</a> Transact knowledge, skills, and attitude through different activities to make youth aware, responsible, and empowered. Hold sessions for parents and teachers, building their capacity for the advocacy of Life Skills, Health and Wellbeing Programme.
<b>As a Trainer</b>	Fellow teachers Nodal teachers	Sensitize teachers about the need for Life Skills, Health and Wellbeing Programme and their role in empowering children with skills for leading a successful life. Train the teachers creating safe spaces through Life Skills, Health and Wellbeing Programme.
<b>As a Mentor/ Coach/ Counsellor</b>	Students Parents Teachers And other staff members	Mentor and provide psycho-social support to those struggling with social and emotional concerns.
<b>As an Advocate</b>	Principal Teachers Parents	Take initiatives at the school level to build the narrative for the importance of life skills in the school system. Coordinate with key stakeholders for the implementation of Life Skills, Health and Wellbeing Programme Supervise the whole Life Skills, Health and Wellbeing Programme in collaboration with other concerned Staff to ensure the effectiveness of the whole programme.

**HANDOUT 4B**  
**ROLE OF SCHOOL COUNSELLORS IN PROMOTING A CARING SCHOOL CLIMATE**

**Instructions:** Identify the stakeholders and the action to be taken by the School Counsellor against the areas as given in the worksheet below. The first one has been done for reference.

School Counsellor Roles	Involved Stakeholders	Action
Facilitating psychoeducational trainings and imparting information	Teachers, school personnel, parents or caregivers, and students	Topics: social skills, self-efficacy communication skills, stress and time management, interpersonal connectedness, conflict resolution, marketing the counselling program, etc.
Minimizing barriers to student learning		
Collaboration and consultation		
Family engagement		
Mentoring		
Assessment and program evaluation		
Advocacy		
Mediation Students		

## HANDOUT 4C

### Creating a Positive School Environment

#### (Building A Caring School – Implications for Professional School Counsellors)

School climate incorporates the physical and emotional safety of students and teachers; this sense of safety is a necessary element for building caring schools.

Research suggests that in a positive school climate, there is an emphasis on

- a. academic learning
- b. effective discipline policies
- c. respect for others in school
- d. attention given to students' safety
- e. involvement of the family and community in the students' lives.

A caring school environment can increase:

- a. students' feelings of empathy for others
- b. reduce inter-group tensions and antisocial behavior
- c. improve moral judgment
- d. build positive feelings towards others.

Additionally, school climates have critical impact on students' perceptions and behavior with particular impact on students "at-risk" of being labelled with emotional and behavioral disorders.

Further, peer relationships are important contributors to students' development. Emotional bonding among students (i.e., attachment, commitment, involvement, and belief; classroom management; responsiveness to students; academic goals) has a significant positive relationship to students' academic achievement and attendance.

#### **I. Exemplar activities for integrating Life Skills, Health and Wellbeing Programme into the school culture**

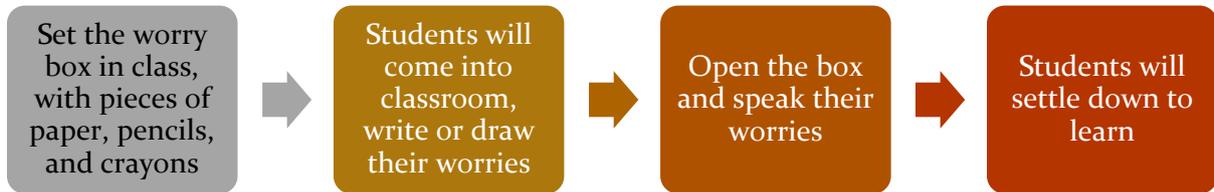
##### **1. For senior school:**

**Celebration of Wellness Week-** As students develop physically, rapid changes in their mood or behavior can leave teachers wondering whether certain behavior is a normal or a cause for deeper concern. School counsellors have been trained to ask the questions that get at the heart of what's really going on. And a fun, non-judgmental way is to incorporate the Wellness week in the school calendar.

##### **2. For Primary/middle school:**

**Worry Box:** When students cannot get along in class despite the teacher's attempts to separate them or diffuse tension, allow a counsellor to mediate and work out a plan for how the two parties can peacefully coexist.

Worry Boxes/Jars give the worry a boundary. The worries are still there. They have been acknowledged and expressed by words or pictures, but they are filling a space other than the child's mind.



### **Outcome of the Activity:**

The children will be more attentive than they had been before the Worry Box and less attention-seeking behavior will be displayed and definitely more time on task.

**Note for the School Counsellor:** Check the box each day, talk to children about their worries during circle time, and when necessary, make a referral to the school counsellor.

### **II. Helping students handle their emotions:**

Step 1: Help children identify their Emotions

Step 2: Take Action

- Build positive emotions.
- Physical Exercise and class stretches.

Step 3: Give support with Difficult Emotions by stories, discussions and ample use of worry boxes.

### **III. Handling Difficult Situation(s) - Class disturbance and classroom management**

Emotional and Behavioral Disorders in the Classroom: These disorders are also termed "emotional disturbance" and "emotionally challenged." According to children with emotional and behavioral disorders exhibit one or more of these characteristics:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstances.

Classroom Management that works:

#### **a. Rules and Routines**

Rules need to be established at the beginning of the school year, and must be written in such a way as to be simple and understandable. The wording of rules

should be positive: "Respect yourself and others" is a better rule than "Don't hurt anyone." Keep it simple: 6 rules or less.

**b. Positive Peer Review**

Students are asked to watch their peers, and identify positive behavior. Both the students – the one who is behaving positively and the student who identifies are rewarded. This is the exact opposite of "tattle-telling," and fosters a sense of teamwork and social support in the classroom.

**HANDOUT 4D**  
**SELF ASSESSMENT QUESTIONNAIRE**

**Instructions:** All these questions are to be answered honestly by you. It will help you know your student's growth and school progress.

1. **Why do you want to become a school counsellor?** (Try to speak about the future, not about the past—what you want to do, what value you want to bring to the school and to the students as a school counsellor, the positive difference you hope to make on your position.)
2. **What do you want to accomplish on this position?** (Again, focus on the goals from the perspective of the school, and the students. How you want to improve the position of the students, their access to opportunities, the relationships between them and the teachers)
3. **What did you like the most on your studies?**
4. **Why counselling, and not teaching?** (You can talk about your strengths and skills on why you went for counselling instead of teaching.)
5. **What is it that you like about working with (grade level) students?** (You can say that you feel close to the target group, or that you simply believe to have a better understanding for them, and the problems they experience. Or you can say that you feel ready to work with any grade level.)
6. **How would you gain the trust of the students?** (You can go with friendly approach, fair and transparent behavior, individual approach, active participation in events and discussions, etc.)
7. **How do you handle criticism?** (School counsellors are often subject to criticism, from both students and teachers. You can also emphasize that you do not take criticism personally, and it will not affect your relationship with the colleagues.)
8. **What goals would you set for yourself?** (Your goals should relate to helping them with addressing the problems.)
9. **How would you approach individual student planning?**
10. **How important is the paperwork for you?** (The actual work and talks with the students are your focus, and you do the paperwork for reporting.)
11. **How do you imagine a typical day in work as a counsellor?**
12. **How will you evaluate your school counselling program?** (Setting goals, e.g, helping to eliminate most of conflicts, or helping some students to improve their grades, and then monitoring your progress in achieving each goal, is a good way of evaluating your program. Or you can describe your own idea...)
13. **What is the role of the school counselor in relation to teachers, parents, administrators and other counselors?**

14. **How would you work with irate/angry/ passive parent?** (Try to show that you have a clear system of work, that you are ready for each and every situation that can happen in your job of a school counselor. On the other hand, you should be aware of your limits. If a parent is not interested in their child's education, and does not react to your prompts, there's not much you can do apart from continuing working with the child, regardless of the attitude of their parent.)
15. **How would you work with children from orphanage/EWS/CWSN?**
16. **What would you do if one your students told you she was pregnant?** (Support, support, support. Emotional, rational, all kind of support and encouragement. That is your goal with students that face difficult situations in their personal life, and decide to confide in you.)
17. **What would you do if a student shared with you their suicide plans?** (You should definitely take the situation seriously—since it is serious. You can suggest calling the parents (guardian) immediately in lower grades, or asking students to call their parents. Waiting with the student until the parents arrive and ensuring that they will take the student to some mental health facility (or accompanying them to mental health counselor, if appointed at school), is the best course of action.)
18. **One student wanted to drop out of school. What would you do?** (The key is to show understanding for their emotions, and situation. Write that at first you would only listen, trying to understand their reasons. Then you would try to convince them of an importance of the education in their life, and help them to reconsider their decision...)
19. **If there was a conflict between a student and a teacher (or one of the school administrators), on which side would you stand?**
20. **Remember a time when you explained something difficult to someone. How did you get your message over?**
21. **Think about a time when you struggled with motivation in work. How did you overcome the crisis?**
22. **Describe a goal you achieved in your counseling (teaching) practice, and who helped you with achieving the goal.**

#### **Conclusion, answers to all questions**

At the end of the day, you should demonstrate an honest interest for the problems the students deal with, for their life, for the challenges the teachers and the administrators face at school.

