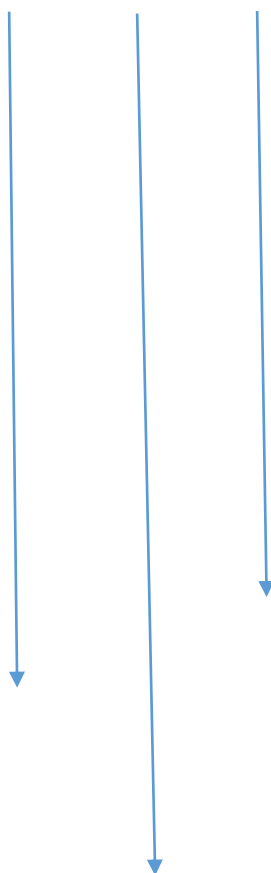


Report on
Two Days Training of Trainers to Social Worker and Child Psychologist on
"Psychosocial Counselling to the Children Released from Child Correction Homes, their
Parents and Caregivers during COVID-19 Pandemic"



Report Submitted to UNCIEF NEPAL
By
Secretariat of Central Child Justice Committee

Background:

As the COVID-19 pandemic is increasing rapidly in Nepal also, one of its negative but major impact is on psychosocial wellbeing of children. Children who are in correction home are more vulnerable group of society, therefore the children who are/ were in correction homes are likely to be affected psychologically, especially during the period of pandemic.

The Secretariat of Central Child Justice Committee designed a program of Training of Trainers for the child psychologists and social worker to give psychosocial counselling for the children and family who were reintegrated during COVID-19, after the decision of Supreme Court on 2076-12-07. It was felt necessary to conduct this program to reduce possible recidivism and depression in such situation.

Since the mobility from one place to another was not possible, TOT training was given virtually and therefore the counselling for the children by social worker and child psychologists was also to be done through telephone conversation. Number of Participants were 17 (09 Social workers and 08 Child Psychologists) and 13 districts were selected to counsel the children who are reintegrated during COVID -19 (Jumla, Lalitpur, Banke, Jhapa, Bardia, Chitawan, Makawanpur, Sunsari, Parsa, Kathmandu, Siraha, Rupandehi and Kaski).

Methodology:

First Phase

17 social workers and child psychologists are short listed through purposive sampling. The selected child psychologist and social workers from various provinces would be provided 2 days TOT via online medium.

Second Phase

The trained social workers and child psychologist would coordinate with the registrar of concerned District Court and collect the information of the children and their family. They will conduct one and half hour counselling sessions to the children released from child correction homes and their parents through tele-communications.

Third Phase

The report of the psychosocial wellbeing, behavior and progress of the children will be recorded and reported to the concerned Registrar. The Registrars of the concerned District Courts would then submit reports to the Secretariat of Central Child Justice Committee. **(Report from the social workers are being compiled. We shall provide the separate report for this by 20 August 2020)**

Day 1:

Mr. Bidhan Khaniya, Program Manager of the Secretariat highlighted on the objective of the program, after the brief introduction of participants. He briefed on objective of the program and explained about the remuneration and procedure of reporting after counseling the children.

Stress Related to Covid 19- Module for Children

This session consists of how to have sessions with children and adolescents, with the aim to address worries and stress including Covid-19. It is also to empower parents and care givers to empower parents to be able to support on mental health of their own children, while in the phase of counseling to their children, especially when they are the returnee of Correction Home.

Rumors related to COVID-19, bullying , academic difficulties, distance from home, parental fear, financial issues during lockdown by losing job, domestic violence ,overcrowding, illness, death, lack of proper and lack of awareness, discrimination, stigmatization, illness safety, can cause distress at different levels. The counselor is to initiate an environment for open discussion that will lead to explore about what they know about Coronavirus. During the discussion clarifying misconceptions they might have, with facts and figure will help child to identify good or bad source of information. Factors to identify, evaluate and assist to manage stress in children and adolescents are:

Ventilation: First the counselee should feel comfortable and safe. To make him/her comfortable he/she should be convinced that it is safe and conversation between them will be confidential. Allow the child to ventilate in their own thoughts and do not force to talk unless he/she wants to. Engage with them in fun-games & creative activities. It may take time, may be a day or weeks. Allow them to express their thoughts and feelings and allow them to talk about their worries and feelings.

Acknowledge and be attentive to the thoughts, feelings and concerns the counselee has expressed. If they want to scribble something stationeries should be provided.

Empathize and validate his/her thoughts, feelings and concerns by thanking them for sharing with you.

Universalize by saying “similar things have been felt by people all over the world, and that it is okay to feel like these because it is difficult time for everyone, and that he/she is not the only one to feel this way”. When answering to the questions and concerns of counselor should be careful and sometimes should be precise to make them understand and not to place him/her in false expectation.

In case of adolescents, emphasize the importance of identify and respect the similarities and differences among themselves inside family or community. This can help them to be supportive towards one another.

Symptoms of Stress in Children and Adolescents:

Emotional, Behavioral and Physical symptoms are seen in the children when they are in certain stress.

Emotional symptoms-

Constant Sadness, anger, irritability, crying, fearful and anxious are some emotional symptoms when children and adolescents are in certain stress. During counseling the counselor should tell that it is normal to have emotions and emotions are not bad or good. Everyone has such kinds of feeling one or another time.

Physical Symptoms-

Headaches, stomach aches, body aches, fainting, trembling, weakness of limbs, etc, are few physical symptoms. Discussing about physical symptoms like aches and pain, dizziness, palpitation will make the child to help understand how it affects our body when you have the emotional symptoms. Many children are familiar with changes in the body when they are scared, ask them to identify it.

Behavioral symptoms- Change in the behavior like e.g. tantrums, regressive behaviors (clinginess, excessive crying), aggression, demanding behaviors, substance use, school refusal, self-harm or suicidal behaviors, etc. There can be sleep and appetite disturbances. When they are stressed, they may not enjoy things they used to. Staying alone decreased interest in playing and engaging in playful activities, avoid going outside are some other behavioral change.

Helping Children and Adolescents Manage Stress related to COVID- 19

- Discuss with the methods they have tried to manage the stress of children and adolescents in current situation.
- Acknowledge, validate and empathize the thoughts, feelings and concerns of children and adolescents.
- Have a structured routine- but being flexible. Make learning activities fun.
- Participation in making the routine is important.
- Keep the classes short in the beginning or have some fun activities in the beginning of classes, gradually increase the duration.
- Allow breaks when needed.
- Provide positive reinforcement to keep up motivation- use praises tokens, etc.
- Keep homework to the minimum. Instead, advice children to spend quality time with family.
- Encourage indoor games (during pandemic), art, music, dance, singing, drawing & coloring, writing stories and poems, playing musical instruments, dancing, singing, etc.
- Encourage children and adolescents to take up hobbies or learn new skills.
- Encourage engagement in house hold chores.
- Encourage a time for academic activities in the day time.
- Ensure them to get adequate rest every day.
- Discuss about the harm of excessive use of gadgets, and help them limit it to 1-2 hours/ day. Encourage quality family time instead.

When to Seek Help?

- If the emotional, behavioral, physical symptoms persist longer days along with sleep and appetite disorder, loose interest in talking to friends or family, doing any school activities, etc.
- If any symptoms relating to risk of harm to self or others.
- It is important to convince the child that, mental health specialists are someone who works with children and Adults. Many children and adult have some difficulty or problem and not sure how to deal with, they may have questions and confusions about things that have happened with them, Mental health specialist work with children to help them to resolve some of these issues and make things better and easier for themselves.”
- Inform them about the availability of Free Telephone and Online Tele-video consultation services through Child and Adolescent Psychiatry out Patient Unit, Kanti Children’s Hospital for any child or adolescent, or parents, teachers or care givers, on issues related to child and adolescent mental health.
- 9808522410- CAP KCH Hotline

End of the session/ Closing (10 minutes):

- Summarize what was discussed in brief.
- Mention the key points of the session
- Praise and thank the child for their participation and trusting

Day2

Stress Related to COVID-19 – Module for Parents and Care givers

This section of the manual consists of discussions on how to have sessions with parents and caregivers of children and adolescents, with the aim to address COVID 19 related worries and stress in the children and adolescent population. Although the sessions are addressed to the adults’ parents and caregivers, we need to remember that the target population is children and adolescents.

Objectives:

- Emphasize on parents/guardians and caregivers roles to assist children and adolescents.
- To empower parents/guardians and care givers to be able to provide support for the promotion of mental health of children and adolescents as to as to themselves.

Ventilation:

It is important to ensure about the confidentiality to respect each other's privacy. Allow the participants to ventilate on their own thoughts, feelings and expectations about the COVID 19 pandemic. Ask the participants to express these feelings and note down the key words.

Acknowledge, Universalize, Validate and Empathize

Acknowledge the thoughts, feelings and concerns that have been shared. Universalize that such feeling have been felt by people all over the world in this present situation and that it is okay to feel in such a way". Validate their thoughts, feelings and concerns and thank them for sharing.

Empathize with the participants;

Mention that "anyone in this situation would be feeling similar things, that is understandable. Discuss that some concerns expressed can be similar and some can be different. Emphasize the importance of identifying and respecting these similarities and differences between themselves. This can help them to be supportive towards one another.

Stress during COVID-19 Pandemic

Discuss with the participants that it is normal to feel stressed sometime to ease the feeling of stress it is normal reaction to an abnormal situation. To identify and manage stress in children and adolescents for detailed evaluation and assistance it is important to manage one's own stress.

First Level response

Focusing on- Acknowledging, Universalizing, Validating and Empathizing, the first level response can be developed by gaining trust from the children that will determine how further we can assist the child. We should be very careful not to give advice.

Encourage Participants to:

Acknowledge the thoughts, emotions and feelings that children and adolescents express. Discuss that there can also be similarities and difference in the concerns expressed by children and adolescents about the COVID- 19 pandemic. When answering to the questions and concerns of

Children and adolescents, provide correct information keeping in mind that the child is in a transition phase and should not be placed in any false expectations.

Identify and Manage Stress in Children and adolescents

There are levels of stress created at home and Community.

Parental fear and distress due to financial issues (lockdown, losing job/ work), over-crowding, substance use, domestic violence, illness, death, etc. are the stress at Domestic Level

And rumors related to COVID-19 bullying, corporal punishment, academic difficulties, and distance from home, transportation, discrimination, stigma, illness, death, safety, etc are the stress at Community Level.

The counselor should make a list of symptoms they have noticed when children and adolescents are stressed. Emotional, Behavioral and Physical symptoms are kinds of symptoms seen when children and adolescent are stressed.

Emotional symptoms- e.g.: sadness, anger, irritability, crying, fearful and anxious.

Physical Symptoms- e.g.: headaches, stomach aches, body aches, fainting- like episodes, trembling, weakness of limbs, etc.

Behavioral symptoms- e.g.: tantrums, regressive behaviors (clinginess, excessive crying, incontinence, etc.), aggression, demanding behaviors, substance use, school refusal, self-harm or suicidal behaviors, etc. There can be sleep and appetite disturbances.

Discussion on how children themselves have helped to cope with the stress in current situation will be effective discussion. Discuss the management of stress in children and adolescents.

It is important to identify and manage one's own stress by "Self-care activities" such as Physical self-care, Psychological or Emotional self-care, Social self-care, Spiritual self-care and Professional self-care

Refer Children and adolescents for more detailed Evaluation and assistance: and identification of this need.

If the emotional, behavioral and physical symptoms persist, along with sleep/ appetite disturbances, and doesn't not improve with the measures to manage stress, if the counselee previously diagnosed mental health and the if the condition is worsening due to the current stressful events, he/she should be referred to the mental health specialist or further evaluation immediately.

Helpline for free Counselling:

Look, Listen and Link are the three pillars that should be grounded on which basis the counselor should be well-prepared to counsel someone who seeks counselling.

Observe the current situation, the risk factors, what are the needs, emotional response. Effective listening, understanding and acknowledging him/her will make the counselee feel comfortable to open up further. Sooner the counselee opens ups his/her inner feeling, it will be easy to give counseling.

During the conversation the counselor may have to note down some points, for that it is necessary to take the permission from the counselee. Asking how he /she is feeling in between conversation is ok to the counselling further, and it is important to make clear about imitations you are with.

The counselor should be precise when answering the questions, if you do not know the answer you should say it clearly rather than giving then wrong information.

Link with institutions, use network for possible solution of problems. Search and inform genuineness of the source of information and tell about this to the counselee, especially rumors and news related to COVID-19. Help to be in touch with their family in friends if needed. To help religious support if needed and seek by the counselee. To make them aware about the help they can get in the pandemic period. Following are few numbers that can be circulated for help that any need.

Compilation of Reports from Social Worker and Child Psychologists on

"Psychosocial Counselling to the Children Released from Child Correction Homes, their Parents and Caregivers during COVID-19 Pandemic"

| S. N | District where Children were Re-integrated | Positive and Negative Observations | No. of children | Social Workers and Child Psychologists | Recommendations |
|------|--|---|-----------------|--|---|
| 1 | Kathmandu | <p><u>Positive</u></p> <ul style="list-style-type: none"> • Most of the children have realized about their legal obligations and social responsibilities. • Most of them have learned anger management. • Most of the children have returned home with positive attitudes like helping in household chores; some of them have also learnt cooking, being obedient to parents than before, stopped hanging out with bad companies. • Both children and their family members does not have psychological stress relating to COVID-19. • In most of the cases the neighbors and family readily accepted the child and seems supportive towards their rehabilitation. • Most of the children have positive experience during their stay at Child Correction Homes. <p><u>Negative:</u></p> <ul style="list-style-type: none"> • Most of the families are from marginal group; due to lockdown, they have lost their daily income sources, and sometimes they even do not have food to eat. One of the children, whose father works at brick-Kiln, has to work by | 50 | Ms Suchita Subedi and Ms Rema Sharma | <ul style="list-style-type: none"> • Mentally challenged children should be admitted in a similar kind of school. Such children are worth, giving special attention. • The children and family living under extreme poverty should be provided vocational training and life skills. • Conduct awareness program about Sexual and reproductive health and moral education. • Regular follow-up and counseling to children and family members. • Proper monitoring and supervision to avoid recidivism. • Provide psychological training to parents and guardians so that they can understand the behavior of the child and intervene |

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| | | <p>himself and is deprived from education and proper parental care.</p> <ul style="list-style-type: none"> • Some children still use to wander smoking marijuana and inked tattoos in their bodies. Some of the child involved in drug cases are still taking drugs and acts impulsively. • In one case, a child is suffering from certain level of mental stress due to separation from family. (Family are staying at Baglung for business and the child is residing at Kathmandu with his Aunt) • One of the children is going through depression as he was beaten at CCH. • One of the children said that staffs used to get angry when parents comes for visit. • Communities and neighbors are not acceptant towards the family members and the children charged with rape cases. They are facing humiliation from neighbors which causes mental stress both to family members and children. (at Kathmandu one family faced severe mental torture and stigma by the community and are forced to leave for their village.) • Some children and family members are worried about their ongoing cases. (Stress of returning back to CCH) | | <p>in case of deviant behavior.</p> <ul style="list-style-type: none"> • Intervention from responsible institutions at local level like village development committees, district development committees etc at certain level in family and community is also the need of present scenario. |
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| 2 | Sunsari | <p><u>Positive :</u></p> <ul style="list-style-type: none"> • No psychosocial problem in most of the children and families. • Communities are acceptant towards the returnee and the family members. • Some have positive experience about CCH • Positive behavior change in the children after returning from CCH • Children have stopped hanging out with bad companies. <p><u>Negative:</u></p> <ul style="list-style-type: none"> • One child has a psychosocial problem with no positive behavioral change. • No sign of improvement. • Negative opinion about Child Correction home. • Apprehensive about ongoing cases and stressed with possibility of returning to CCH. • One of the children is facing certain level of stigma from his friends. | 12 | Mr .Beshweshowr Prasad | Recommendation not stated |
| 3 | Makawanpur | <p><u>Positive :</u></p> <ul style="list-style-type: none"> • No psychosocial problems seen in the children and their family members. • Experience in Child Correction Home is Positive. Children have mentioned positive aspects of CCH like good hygiene, Yoga classes and library etc. • Positive behavioral changes in the child after returning from CCH. • No psychological or physical problem due to COVID-19. • Stopped using drugs and prefers staying at home doing musical activities, started self-study in the situation of pandemic as schools and colleges are closed. • Parents are happy to see the positive changes in the child. | 4 | Child Psychologist Ms. Lalita Shrestha | Recommendation not stated |

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| | | <ul style="list-style-type: none"> Communities are positive and acceptant towards the returnees and their family. | | | |
| 4 | Jumla | <p><u>Positive:</u></p> <ul style="list-style-type: none"> No psychosocial problems in the children and families. Mentioned Positive experience in CCH. Positive Behavioral change in the children. They have stopped hanging around in bad companions. Relatives and neighbors are acceptant about the returnee and their family members. <p><u>Negative:</u></p> <ul style="list-style-type: none"> Due to lockdown it was difficult for the labors and micro business runner to run the household. Sometimes they do not even have food to eat, therefore some level of stress is found in the family members. One of the children is going through mental stress because the bread earner of his family is suffering from serious neuro-illness. One of the children is physically handicapped (deaf and dump) does not heed to parents. <p>Relatives and neighbors are unhappy about the childs' return which added additional stress in the family.</p> | 6 | | <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> Case Study of the children is necessary to find out reasons behind the causes of the incident, it is also important to assess kind of childhood background, economic crisis and environment such children have been brought up. Orientation of positive thinking towards the life, psychological counseling to family and the children is much needed. For the children who are physically challenged (deaf and dumb) family members and community should be oriented how to communicate with such children so that they understand and vise versa. Information through the video of such children should be shown so that they know that such children are not curse but born with different |

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| | | | | | talents, if they are given special attention. |
| 5 | Siraha | <p><u>Positive:</u></p> <ul style="list-style-type: none"> • No stress found in the family members and children related to COVID-19. • Family members are happy to have the children back. • Positive changes like showing respects to elders in family and neighbors, had made neighbors more acceptant towards the children. • Children prefer to stay at home and read books and help in household chores rather than going outside, as they used to do before. Now, even if they have to go outside they take permission from parents. • Some Children are willing to pursue their further studies. • Some of the children are working furniture showroom, agriculture, and animal husbandry to support family earning during this lock down period. • Children shared positive experience about Child Correction Home. • One of the child is the only bread earner of the family and technically sound in the work like maintenance of electricity and mobiles. He also provide help in the community. He used to be the leader in child correction home. <p><u>Negative:</u></p> | 12 | Mr. Ram Kishore Yadav and Krishna Kumar Yadav | Counseling time and again would be helpful for the children and family. |

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| | | <ul style="list-style-type: none"> • Because of lockdown, daily wages worker such as mason, laborers etc. are badly affected. Sometime they do not have even food to eat, because of no income and no food to eat which led towards psychological stress in the family members and the children. • Some family and children are dissatisfied with the justice system as they were charged as guilty despite of their innocence. (the adult used them as transporter in drug cases) • Some communities are not positive about the return of the children. A girl child (returnee) is affected by the neighbors' negative behavior. | | | |
| 6 | Jhapa | <p><u>Positive:</u></p> <ul style="list-style-type: none"> • No psychological Problem found in the children and family members. • Some of the children have started working and earn their living. • Children have returned with positive changes in their behavior and are more disciplined than before. Children supports in household work. • Children said they had good experience of Child Correction home. • Acceptance from community. <p><u>Negative:</u></p> <ul style="list-style-type: none"> • Stress of not being able to attend exam of class 8. | 4 | Ms. Sabina Bista | Regular follow up and counselling should be provided. |

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| 7 | Banke | <p><u>Positive:</u></p> <ul style="list-style-type: none"> • Communities are acceptant towards children and their family. • No psychological problem with children and family members. • Children become aware about the acts against law and the consequences of breaching them. • Planning to continue further studies once school and colleges reopens. • The child is inquisitive about how to learn driving so that he can make earning for family is a positive sign of self-realization after returning from CCH. • Positive experience about Child Correction home. • Positive changes in behavior towards parents and guardians. Realization of mistakes done in the past. <p><u>Negative:</u></p> <ul style="list-style-type: none"> • Most of the families have to depend on daily wages. • One of the parents said that it is stressful when he has to present his child in court time and again, for that he has to shut down the workshop for whole day. Instead of earning their living they have to go for follow up of the cases. • One of the children has negative experience about CCH, since he had to be in the CCH for minor offence (theft) and hearing being elongated for no reason has made him feel bad about CCH. | 06 | Mr. Sudeep Kumar bhattarai | |
| 8 | Lalitpur | <p><u>Positive :</u></p> | 4 | Mr. Sunil Adhikari | |

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| | | <ul style="list-style-type: none"> • No psychosocial problems seen in parents and guardians. • Children have made themselves busy in agriculture, household chores, have started taking care of personal hygiene than before. • Realization of mistakes (intake of drugs) and positive change in behaviors. • Normal behavior and acceptance from neighbors. • Stopped wondering with the friends unnecessarily as before, takes permission before going out. | | | |
| 9 | Kaski | <p><u>Positive:</u></p> <ul style="list-style-type: none"> • In the two serious cases, neighbors seem to be understanding with the family though there is too much stress with-in the family. • After counseling, some of the children and family said, level of stress has been decreased. Most of the children adapted positive behavior. • Some of the children have positive experience about CCH. <p><u>Negative:</u></p> <ul style="list-style-type: none"> • Some children have stress thinking of returning back to CCH. • Experience in CCH is mixed. Complaint about lack of water in CCH. • Due to Covid- most of the family income has decreased. <p>In one of the case, the returnee child (previously charge in drug case) has continued drug abuse and started causing trouble to their family.</p> | | | <p>Provide psychological counseling to the family and children.</p> <p>Re-consider revision of laws in more violent cases where the children are troublesome and threat to the parents.</p> |

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| | | <ul style="list-style-type: none"> • A child who was involved in rape case is causing trouble to his family. He had past history of multiple arrests. Father of the child feels insecure with his child and wants him to be far away from his reach. • <u>One of the child involved in child marriage after returning from CCH. Does not obey his parents.</u> | | | |
| 10 | Parsa | <p>Positive :</p> <ul style="list-style-type: none"> • Economic, Social problems are manageable due to COVID-19. • No psychological stress related to child and family. • Realization of mistake and assurance of not repeating such mistake. • Children do not want to return to CCH. • Disciplined than before. | 3 | Mr. Rafat Shahin | |
| 11 | Chitwan | <p><u>Positive:</u></p> <ul style="list-style-type: none"> • No psychological stress found in the child and family. • Children have shared positive experience in CCH. • Stress is gradually being managed. • Relatives and neighbors have positive response. • All three have the realization of mistakes they have done. <p><u>Negative:</u></p> <ul style="list-style-type: none"> • 02 of them have Psychological stress found in the children and family members due to economic stress during lockdown. • Two of them have Negative experience of Child in CCH. • 02 of them have impulsive and aggressive behavior after the child came back from CCH | 3 | Sunita Khanal | |

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| 12 | Bardia | <ul style="list-style-type: none"> • No Psychosocial problem with the children. • Normal behavior from society and relatives. • Positive experience in CCH. • No economic problem with the family. | O2 | Hom Prasad Neupane | Regular monitoring and counselling as and when needed. |
| 13 | Rupandehi | <ul style="list-style-type: none"> • The Children have been living happily with the family members after coming back from CCH. • Children are taking care of personal hygiene than before. • Obey parents than before. • Do not go out of the house unnecessarily. • Positive behavior from neighbors • Stress with the possibility of being returned back to CCH again. | 04 | Sunil k Tripathi | |