


School Wellbeing & Life Skills

New Understanding... New Hope



**EDUCATION IS NOT PREPARATION FOR
LIFE. EDUCATION IS LIFE
ITSELF....PROGRESSIVE AND
EXPERIENTIAL. — JOHN DEWY**





When I was a child I had the freedom to make my own toys out of trifles and create my own games from imagination .

In my happiness my playmates had their full share.

- Rabindranath Tagore

Childhood is a journey... not a race





We need individuals who have an infinite capacity for not knowing what can't be done

- Henry Ford

Questions addressed by NATIONAL CURRICULUM FRAMEWORK 2005

- What educational **purposes** should the schools seek to achieve?
- What educational **experiences** can be provided that are likely to achieve these purposes?
- How can these educational experiences be **meaningfully organized?**
- How do we ensure that these educational purposes are indeed being **accomplished?**

The 8 Millennium Development Goals

1



ERADICATE
EXTREME POVERTY
AND HUNGER

2



ACHIEVE UNIVERSAL
PRIMARY EDUCATION

3



PROMOTE GENDER
EQUALITY AND
EMPOWER WOMEN

4



REDUCE
CHILD MORTALITY

5



IMPROVE MATERNAL
HEALTH

6



COMBAT HIV/AIDS,
MALARIA AND OTHER
DISEASES

7



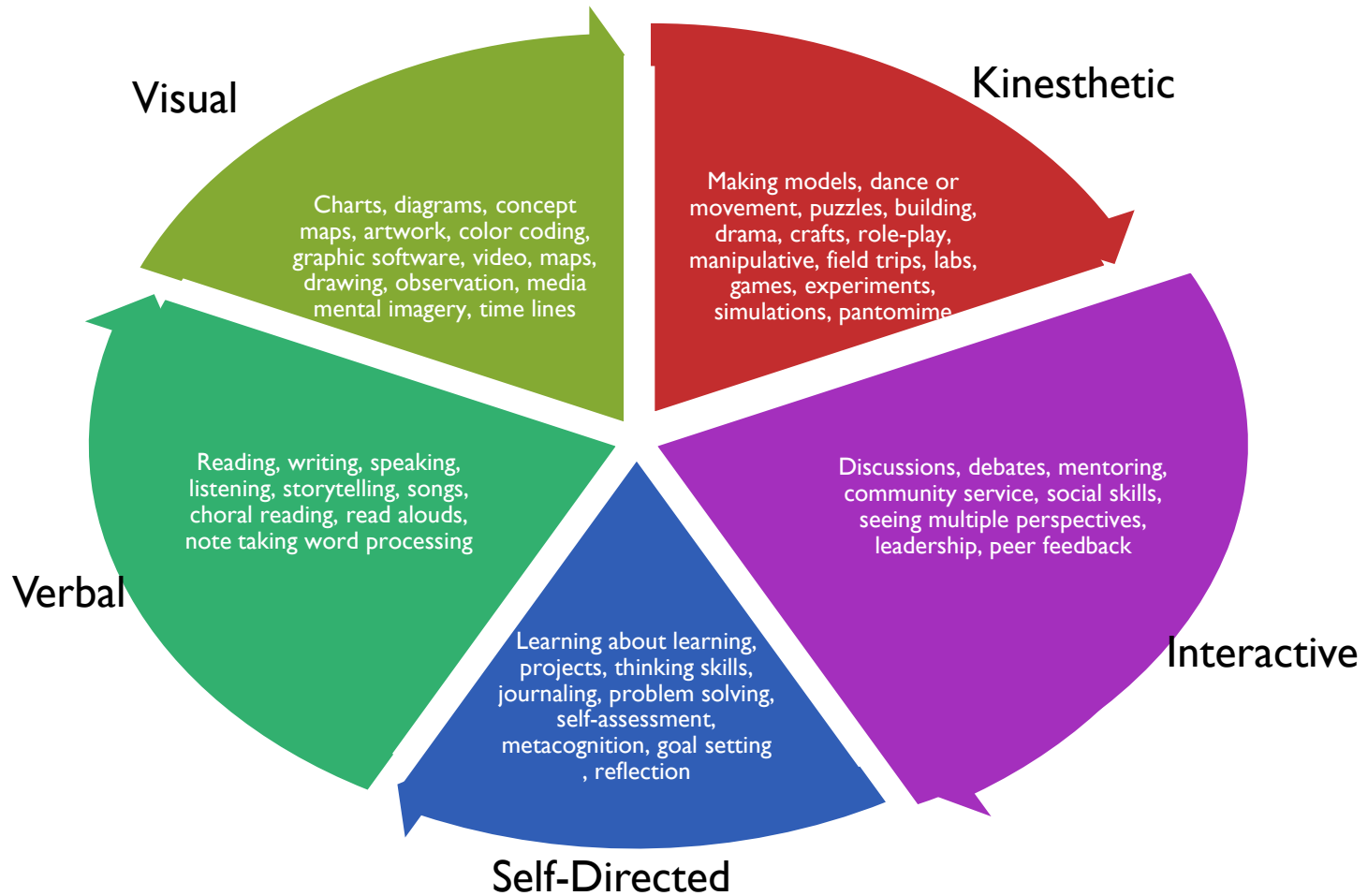
ENSURE
ENVIRONMENTAL
SUSTAINABILITY

8



GLOBAL
PARTNERSHIP FOR
DEVELOPMENT

The Active Learning wheel For Teachers and Students

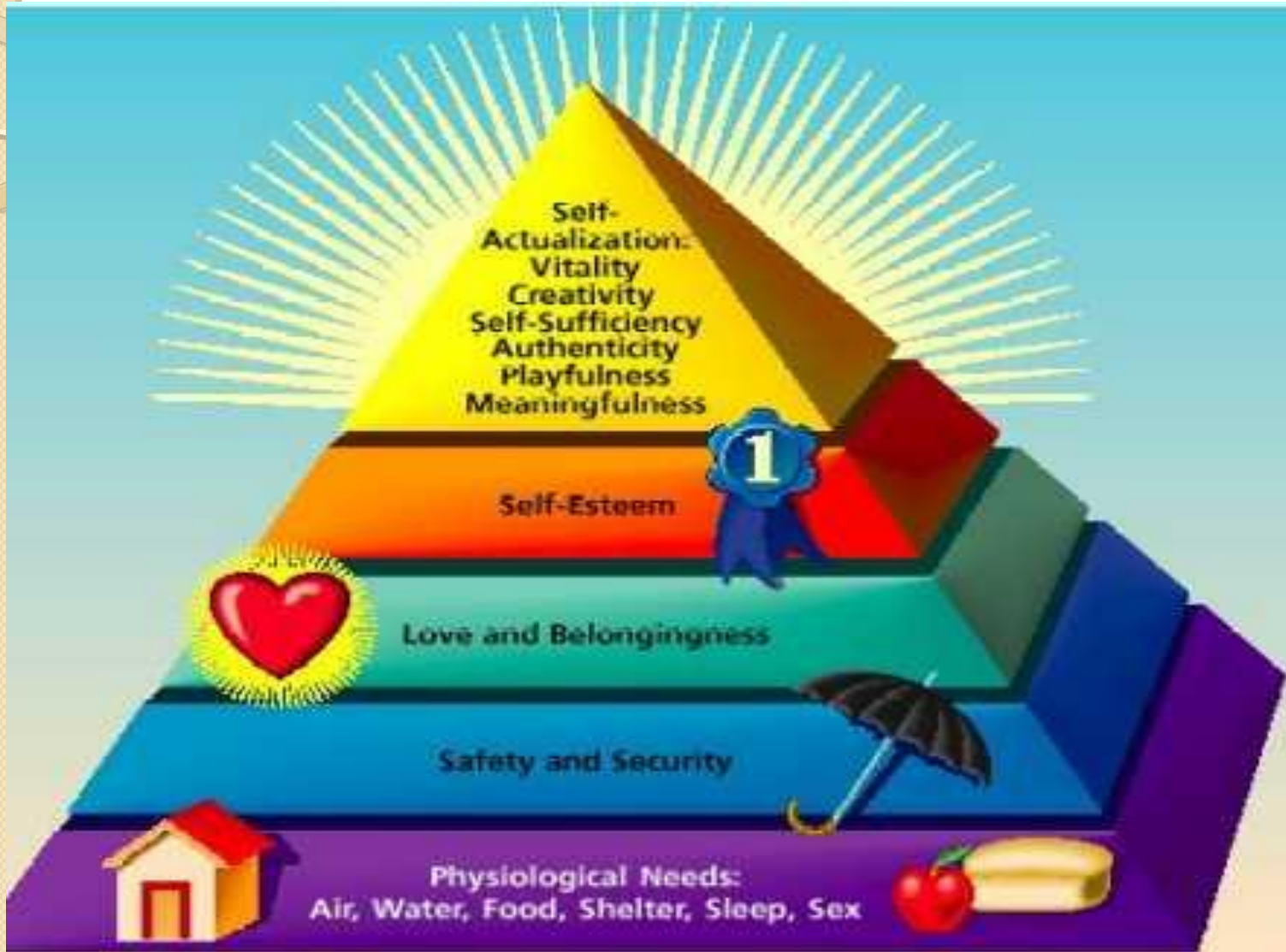


THE SCHOOLING TIMES...

Child-seeking and Child-centred

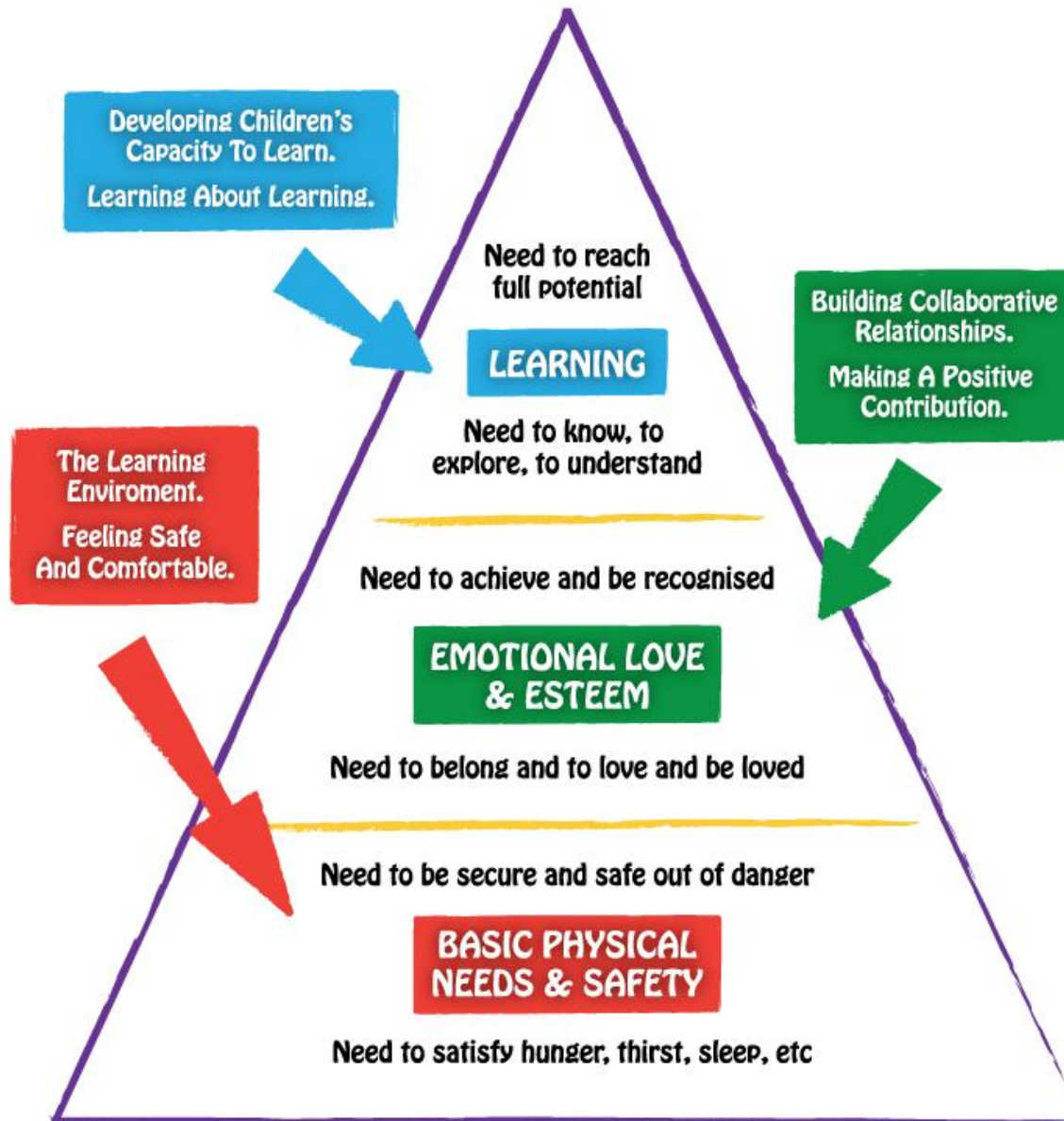
- From health to wellbeing
- From learning to experiencing
- From answering to questioning
- From observing to participation

HUMAN NEEDS



Glasllwch Pupil Voice & Wellbeing Framework

Based on Maslow's Hierarchy of Needs



Well Being

- Well being is generally used in *Philosophy* to describe the ultimate good of a person.



Health ↔ Wellbeing

- Defined in the WHO constitution of 1948 as *“A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity”*.

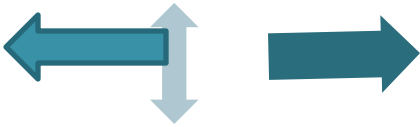
- Life skills

- Knowledge

Health

Welfare

Well Being



- Values

Education

- Attitudes

Travel The Wellbeing...

Unravel the life skills

- The development of self-concept is a lifelong learning.
- Wellbeing involves developing a sense of self-worth by feeling lovable and capable.
- The young ones travel this task uniquely, differently at different milestones

Towards

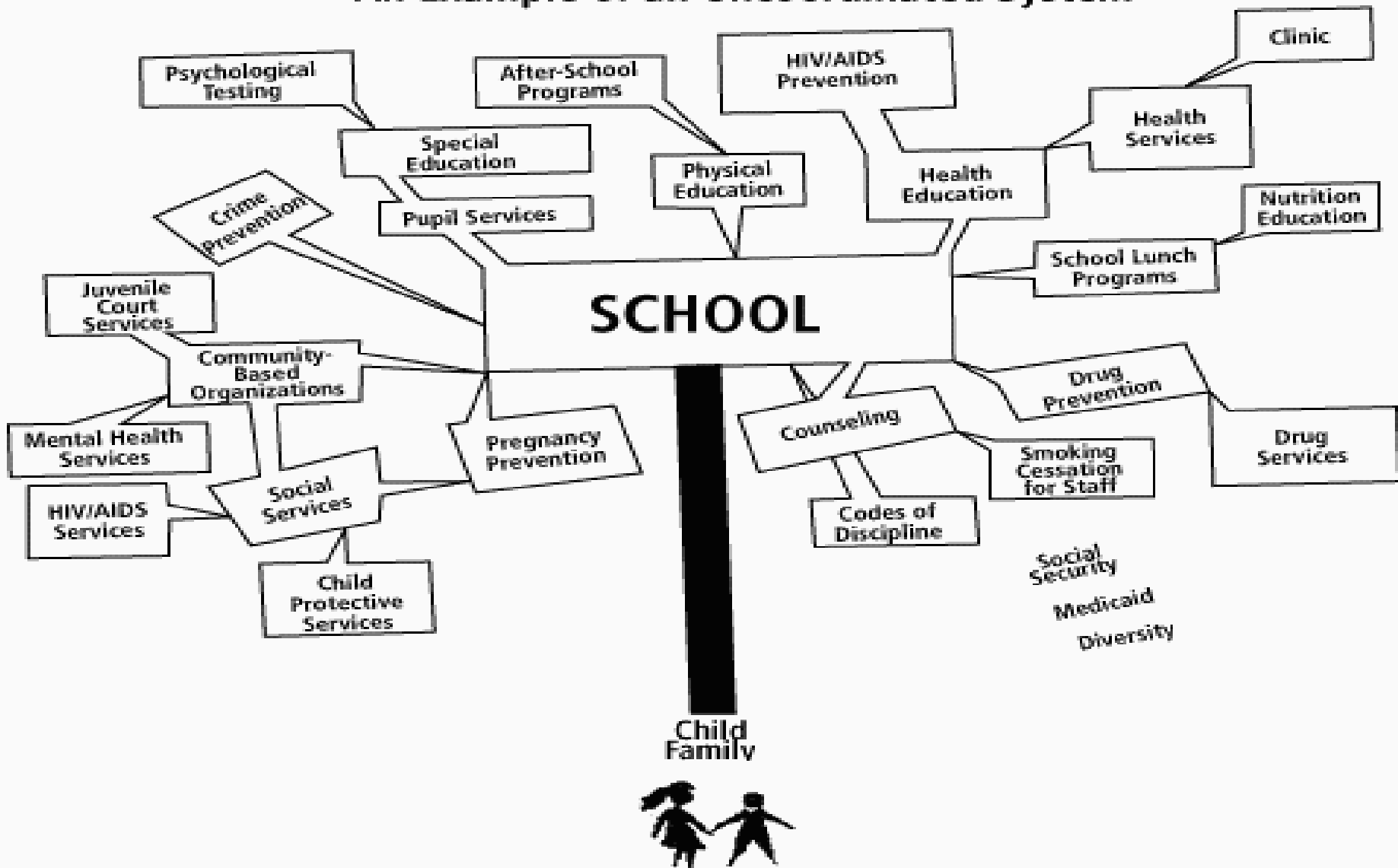
L I F E S K I L L S

School Health & Wellbeing

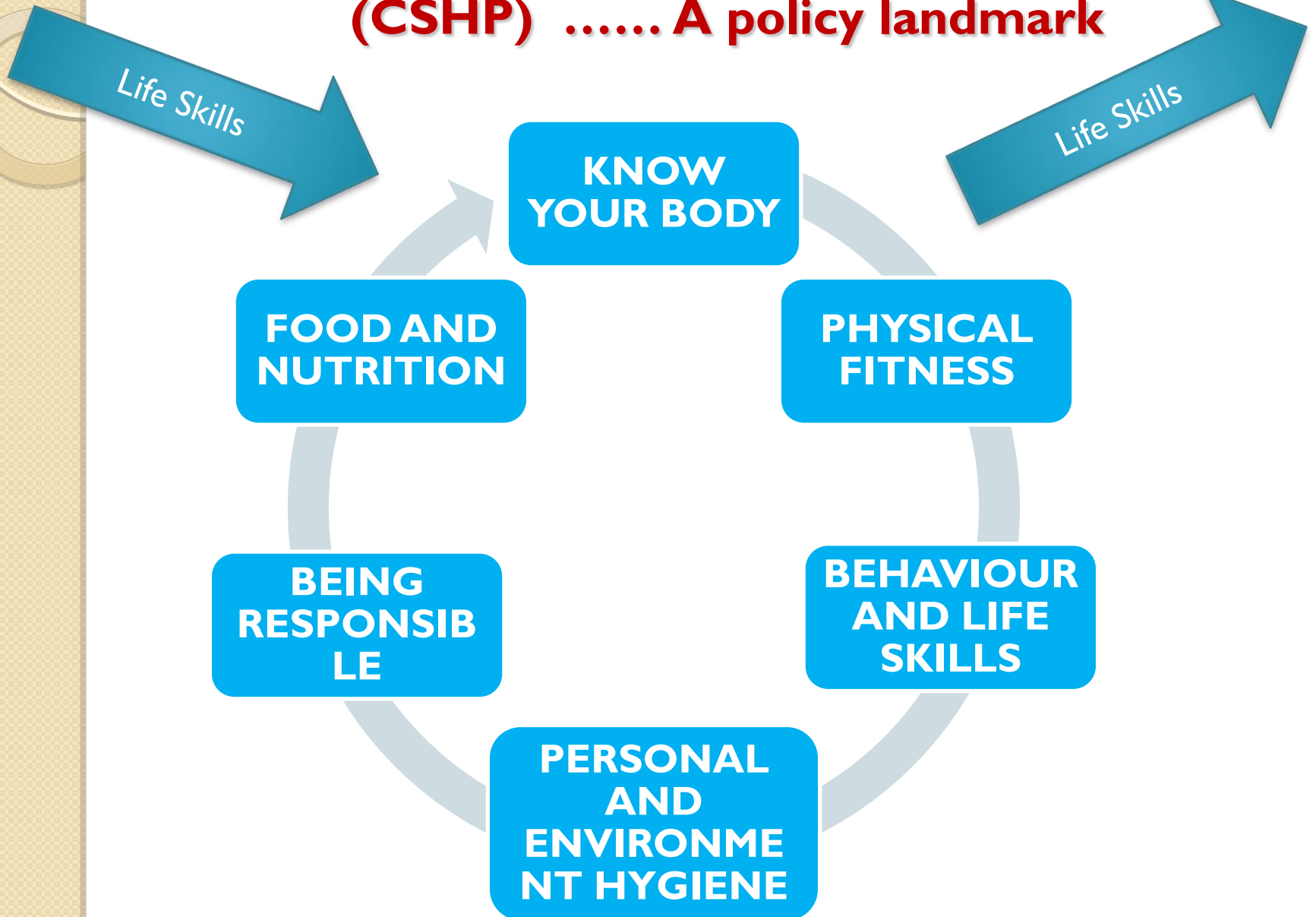
- **Aware**
- **Responsible**
- **Empowered**




An Example of an Uncoordinated System



CBSE – Comprehensive School Health Programme (CSHP) A policy landmark





**If you find a path with no
obstacles...
check to see if it leads anywhere**

-Attributed to Alan Joseph

Why do schools need to revise addressal ... for well being.

- Education and health are linked
- Prevention programs work
- To address physical, mental, social, and emotional health simultaneously.
- Most effective approaches are coordinated and involving the community.

School Health Promotion... Evidence!

- Schools have a tremendous role in influencing the students' health as the young spend much of their learning time there. It helps shape the young mind and can influence the development of healthy habits
- There is a growing recognition that children's health status directly affects their capacity to learn and achieve academic success. Therefore, schools and communities are seeking ways to bridge the gap between health and academics.
- As parents become more aware of and concerned about the health problems of children and youth, they naturally turn to community partners, including schools for solutions.
- Schools can play an important role in maintaining and improving the health of the children and youth they serve.
- Experience has shown that when schools involve parents and other partners from the community, the responsibility for students health and success can be successfully addressed.

Skills Based Health Promotionevidence

- Reduces the chances of children engaging in **delinquent behavior**, interpersonal violence (Tolan & Guerra, 1994)
- Delays the onset age of using **alcohol, tobacco**, and other drugs (Griffin & Svendsen, 1992).
- Reduce **high risk sexual behaviours** that can result in pregnancy or STI or HIV infection (Kirby, 1997, WHO metaanalysis (2003))
- Prevent **peer rejection** and **conflict** (Mize and Ladd, 1990 and bullying (Olewus, 1990))



Skills Based Health Promotionevidence

- Enhance **anger control** (Deffenbacher, Lynch, et.al, 1996)
- Promote **positive social adjustment** and reduce **school drop outs** (Elias, Gara, et.al, 1991) and reduce emotional disorders (McConaughy et.al, 1998).
- Improve **health-related behaviors** and **self-esteem** (Young et al, 1997)
- Improve **academic performance** (Elias. Gara et.al, 1991)

Skills Based Health Promotionevidence

Study	Sample size / grade level	Target drug (s)	Emphasis of intervention	Significant findings	Follow up (months)
Btovin, Baker, Dusenbury, Botvin & Diaz (1995)	3,597 / Grades 5-6	Tobacco, alcohol marijuana	Life skills training	Reduced use for all target drugs	36
Dielman, Shopel Leech & Butchart (1989)	1,505/ Grade 7	Alcohol	Resistance training	Students with prior use show less alcohol use and misuse	26
Hansen & Graham (1991)	2,135 / Grade 7	Alcohol, tobacco, marijuana	Resistance training; social norms; resistance training + social norms;	Self regulation and refusal skills + social norms teaching	12
Johnson et al. (1990)	1,607 / Grades 6-7	Tobacco, alcohol, marijuana	Comprehensive; school program + parent involvement + community activities + mass media	Reduced cigarette and marijuana use	36

Learning from history... Of SHP

- 1946-Bhore Committee highlights importance of SHS
- 1958- Central Health Education Bureau. (SHEC)
- 1960- Committee on School Health (known *popularly as the Renuka Ray committee*)
- 1977- Centrally sponsored National School Health Scheme was started in selected primary health centers in remote areas.
- 1984 – Plan to launch the National Programme for School Health. (Govt. of India.)
- 2006 – The Comprehensive school Health programme and policy (C.B.S.E)
- 2009 – Psychophysical requirements and Medical crises management in schools. (DCPCR)

Child Friendly Schools ??




Quality learners: healthy, well-nourished, ready to learn, and supported by their family and community

Quality content: curricula and materials for literacy, numeracy, knowledge, attitudes, and skills for life

Quality teaching-learning processes: child-centred; (life) skills-based approaches, technology

Quality learning environments: policies and practices, facilities (classrooms, water, sanitation), services (safety, physical and psycho-social health)

Quality outcomes: knowledge, attitudes and skills; suitable assessment, at classroom and national levels



If schools do not deal with children's health by design, they deal with it by default

Health is Acedemic, 1997

“War is too important to be left to the Generals alone”

(Winston S. Churchill)

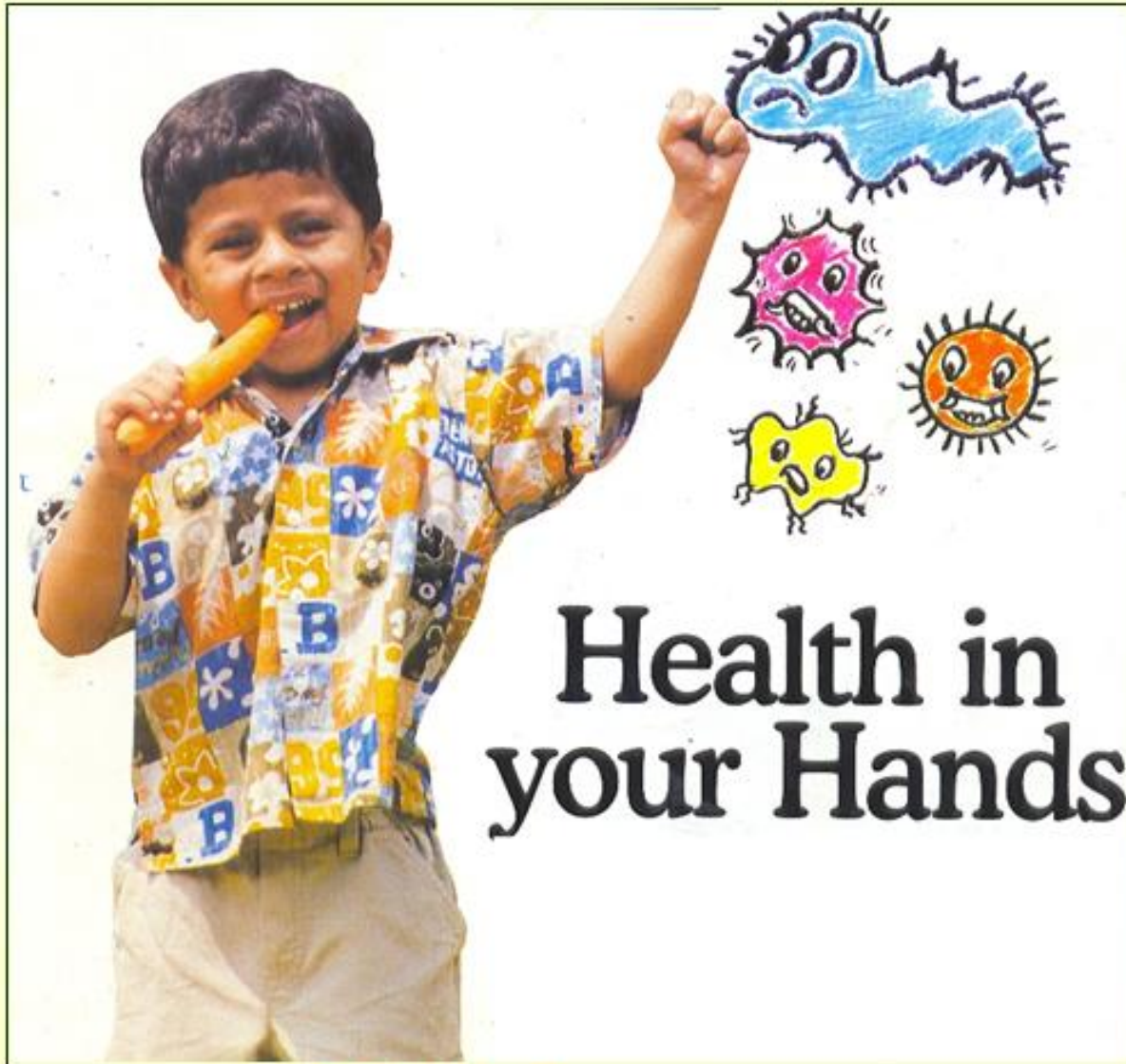
Paraphrased

“School Health & Wellbeing is too important to be left to health professionals alone”

DIMENSIONS OF HEALTH

Physical

Emotional



Social

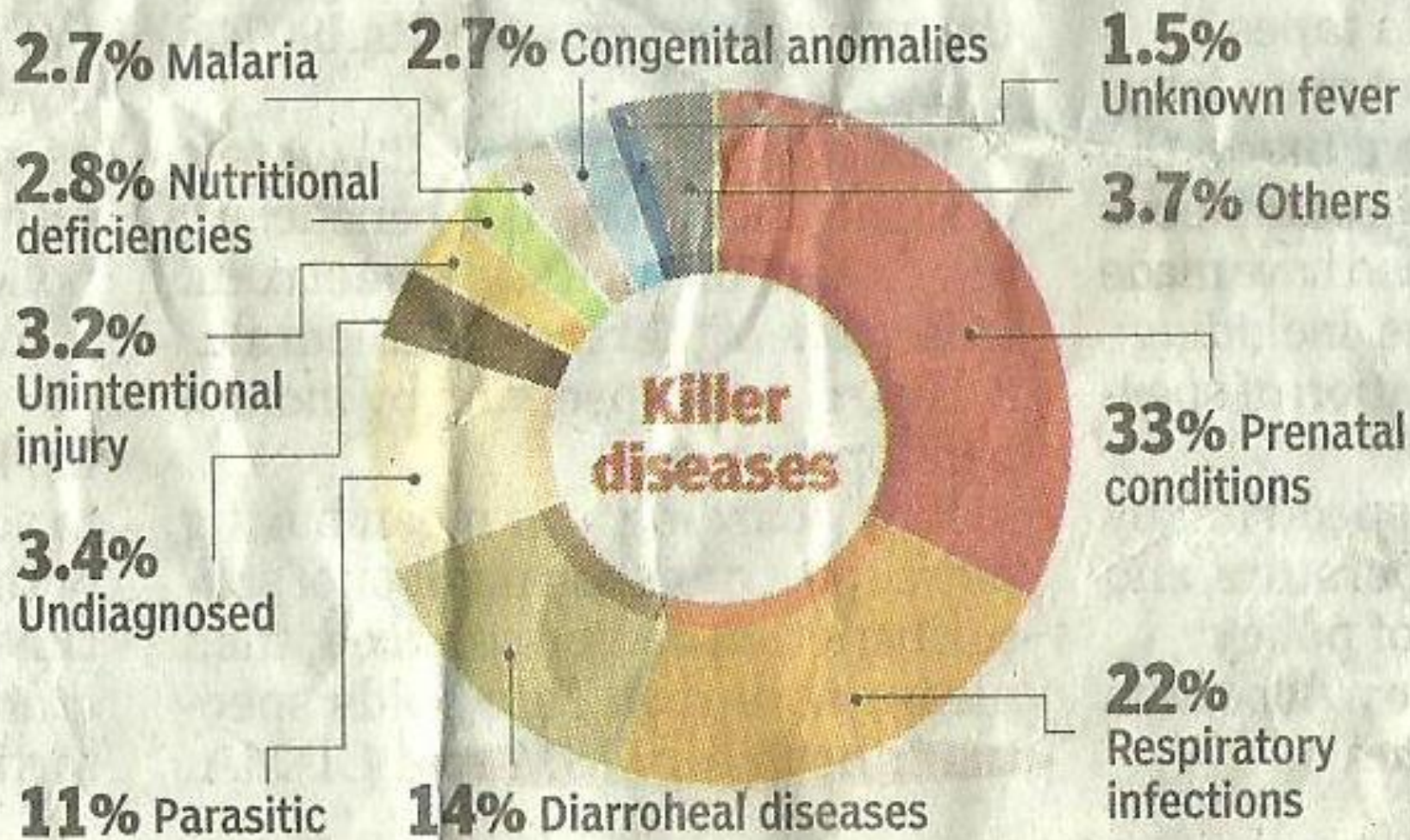
Health in
your Hands

Intellectual

Spiritual

DISEASES KILLING CHILDREN IN INDIA

23 lakh children die before the age of 5 in India every year



SOURCE: REGISTRAR GENERAL OF INDIA

Prevalence of Mental Health Disorders in Indian Children (Mental Health Research in India)

S. No	Diagnosis	0-5 years (N=188)		6-11 years (N=632)		12-16 years (N=1015)	
		No.	%	No.	%	No.	%
1.	Psychoses	4	2.1	45	7.1	412	40.6
2.	Hysterical neurosis	3	1.6	142	22.5	274	27.0
3.	Conduct disorders	12	6.4	83	13.1	72	7.1
4.	Emotional disorders of childhood and other neurosis	8	4.3	39	6.2	50	4.9
5.	Hyperkinetic syndrome of childhood	62	33.0	92	14.6	9	0.9
6.	Enuresis	3	1.6	39	6.2	19	1.9
7.	Stammering and stuttering	5	2.7	33	5.2	25	2.5
8.	Specific disorders of sleep	2	1.1	8	1.3	14	1.4
9.	Psychalgia (Tension headache)	0	0	12	1.9	10	1.0
10.	Academic problem (Scholastic backwardness)	1	0.5	46	7.3	20	2.0
11.	Adjustment reaction	3	1.6	5	0.8	10	1.0
12.	Others	10	5.32	30	4.7	50	4.9
13.	No psychiatric diagnosis in Axis I	75	39.9	58	9.2	50	4.9

GOI - National Programs on NCD'S

Considering the gravity of the situation, GOI has initiated following National Programs for prevention and control of Non – Communicable Diseases:

- 1.National Program for Prevention and Control of **Cancer, Diabetes, CVD and Stroke**
- 2.National **Mental Health** Program
- 3.National **Tobacco** Control Program
- 4.National Program for Health Care of the **Elderly**
- 5.National Program for Prevention & Control of **Deafness**
- 6.National Programme for Control of **Blindness**
- 7.Nutritional **Iodine Deficiency Disorders** Control Program
- 8.National Program for Prevention & Control of **Fluorosis**
- 9.Pilot Programmes on **Oral Health**
- 10.Management of **Trauma**

Prevention and Health Promotion are integral component of all these public health programmes

INDIA in Epidemiological Transition

...!!

- Demographic and epidemiological transition resulting in rising prevalence of chronic diseases, behavioral and lifestyle disorders, especially in the young
- The country is also facing the problems of emerging and re-emerging communicable diseases.
- As per World Health Statistics 2010, age standardized mortality rate per lakh population in India for non-communicable diseases was estimated to be amongst the highest **Especially for the young ones.**

NCD morbidity & mortality in India

Estimated Morbidity (millions)

- Cancer : 2.5 m
- Diabetes: 35 m
- Coronary Artery Diseases: 30 m
- Cerebro-vascular Diseases: 2 m
- COPD 39 m
- Mental Illness (severe): 1 m

Prevalence:

- *Hypertension* 15%
- *Diabetes* 6%
- *IHD* 3.7%

Estimated Mortality (25-69 yr)

(Source: Million Death Study)

Rank

1. Cardiovascular Diseases 24.8%
2. Respiratory Diseases 10.2%
(excluding TB)
3. Tuberculosis 10.3%
4. Malignant & other tumors 9.4%

- **Deaths due to Cancer: 6.3 lakh/year**
(Source: Globocan-2008)
- **53% of all deaths are due to NCD;**
expected to rise to 59% in 2015
(Source: ICMR)

Life Style Disorders on acute rise in India

- **Life style disorders on the rise:** Hypertension, Diabetes Mellitus, Cardiovascular Diseases, depression & anxiety, Stroke, Chronic Kidney Disease, Osteoporosis, Osteoarthritis, Dementia and Cancer
- **Modifiable risk factors:** Tobacco and alcohol, physical inactivity, unhealthy diet and stress
- **Non- modifiable risk factors:** Ageing and heredity
- **Behavioral change communication through health promotion reduces risk by targeting modifiable risk factors**

if you respect
now

they will
later



I.Q. < => E.Q.

- What are the measures
- What s' lasting better
- What s' nurtured
- How is it enriched

Proper diet can improve academic performance

Beyond socioeconomic factors, diet quality is important to academic performance, says a new study



A healthy diet can make all the difference to your kid's performance at school, says a new study. Researchers led by Paul J Veugelers, MSc, PhD of the University of Alberta conducted a survey that involved around 5,000 fifth grade students and their parents. They recorded information regarding dietary intake, height, and weight. Then the researchers used the Diet Quality Index-International (DQI-I) to summarise overall diet quality. The DQI-I score ranges from 0 to 100, with higher scores indicating better diet quality.

Less healthful dietary components included saturated fat and salt, while healthy foods were classified by fruits, vegetables, grains, dietary fibre, protein, calcium and total fat intake. After this, the researchers carried

out a standardised literacy assessment and used multilevel regression methods to examine the link between indicators of diet quality and academic performance.

They found that kids who had healthier diets tended to do better at school. "We demonstrated that above and beyond socioeconomic factors, diet quality is important to academic performance," the authors conclude. "These findings support the broader implementation and investment in effective school nutrition programs that have the potential to improve student's diet quality, academic performance, and, over the long term, their health." The study appears in the *Journal of School Health*. **ANI**

Cheeni Kum...

Diabetic? Don't worry! Today on World Diabetes Day (November 14), we give you some easy don'ts to deal with it...



A disease can change your life, obviously and more so if it's diabetes. Right from your platter to your lifestyle, everything could go through a sea change! But does being a diabetic mean bidding adieu to a happy life? Not really! You can still have a great life but as long as you take these precautions and AVOID

SIMPLE SUGARS: Yes! You know it, but when we talk about the don'ts, we can't skip this all important one. But if you have a sweet tooth then opt for sweets made out of artificial sweeteners instead of sugar.

FRIED FOOD: Fried foods lead to high intake of fat, which gets deposited in the arteries. The wisest thing to do is to use olive and mustard oil. Also, keep a tab on your cooking habits. Use a non-stick pan and replace deep-fried food with grilled and baked dishes.

SITTING IDLE: Jog, swim, run, walk, dance—do whatever you like for at least 30 minutes, 5 days a week. Remember, just dietary changes will not help. Move your body, baby!

According to The International Diabetes Federation, the number of diabetic patients in India doubled from 19million in 2007. It is projected to increase to 69.9 million by 2025

WHITE FLOUR: Increase the intake of fibre in your diet. Use whole wheat flour instead of maida. It's rich in fibre. You can also add soy flour, jwar and bajra flour to the wheat flour to enhance its fibre content.

LONG GAPS BETWEEN MEALS: Because they don't just cause a dip in blood sugar levels, but you end up bingeing a lot more than normal. Change this habit. How? Eat little but at regular intervals.

HEAVY MEALS: Divide your calories equally. Just because your body needs 1500 calories doesn't mean you have to get it in one go.

ALTERING MEDICATION: Doctors suggest that if you have diabetes you should never alter the course of your medication on your own, as this may fluctuate your blood glucose level. It's always better to seek your doctor's opinion first.

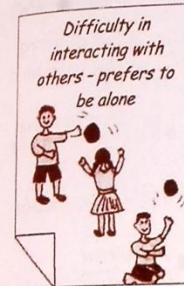
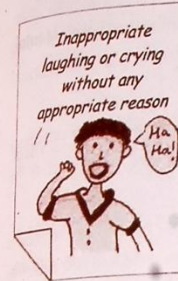
- ABHIRUCHI CHAND

Expert: Dr Ambrish Mithal, endocrinologist

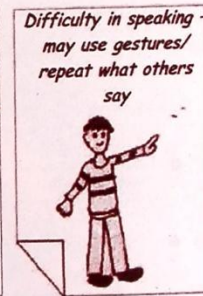


REALITY CHECK

Monitor your blood sugar. Very often, high blood sugar doesn't show any prominent symptoms. Ask your doctor and follow what he prescribes. Keep a glucometer (a device for determining the approximate concentration of glucose in the blood) handy. Also, keep a tab on your blood pressure and cholesterol levels. A rise in these two along with high blood sugar level can lead to kidney failure and heart attack. Pay attention!



Individuals with Autism may show the following traits in varying combinations



Aamir film sensitises schools

Neha Pushkarna | TNN

Aamir Khan's directorial debut, *Taare Zameen Par*, has made the state's education department rise to the need for recognising talent in students and not just their academic skills.

Inspired and 'sensitised' by the innovative teaching methods used in the film, adopting 'Building as Learning Aid (BaLA)' technique in government schools was the first step taken by the department. Earlier this month, the officials had watched Khan's film on the order of department secretary, Rina Ray.

The department has now prepared a manual with around 150

ideas of adopting BaLA techniques. Its recent meeting with school principals at the National Science Centre also threw up many concepts to make students learn even while they are walking around the school — like having slides in gardens and riddles on walls. "It was difficult to explain the BaLA concept to teachers initially, but when we linked it with *Taare Zameen Par*, there was no stopping them," said Ray. The department has empowered them with funds and ideas to design their school building so that all kinds of students can learn, added Ray. "Even the paints can be removed by turpentine oil, making it easy to change the ambience once students

get bored," she said.

The first BaLA project is to be launched in a school at Savda Ghevra in Kanjhawala on January 23. The department has also prepared a long list of activities to discover skills of students irrespective of how good or bad they are in studies. "Students will be taken on local tours on what their books contain. They read that the iron pillar near Qutab Minar does not rust, but they will learn this better if they see it for themselves," said Ray. The department is also organising a talent hunt for its 1.2 lakh students and 40,000 teachers starting next month.

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(Adapted)

Learning to laugh with special kids

The Times Of India, Jan. 21, 2008

Paulomi G Mehta | TNN

As a baby he had normal milestones, then suddenly at 18 months the spark in his eye was gone. His gaze became distant. He became increasingly withdrawn and the outside world didn't stimulate him anymore. For Anand Sharma, who the country knows as a minister of state for external affairs, the discovery that his son is autistic was no different from that of hundreds of parents like him.

The realisation brings with it the dreadful and gnawing feeling of irreversibility. However, in most cases, after journeying through denial, shock and social embarrassment, parents and families come to embrace the reality of altered expectations. In fact, as a parent of an autistic child remarked ironically, "We learn to laugh with them, sometimes at them; so the humour does not go away."

Indrani Basu, mother of a 15-year-

old, remembers how she learnt to cope with her son's disability. In the first few years she was at a loss, although her family and friends were most helpful. "Only after I got associated with Action for Autism did my outlook towards the disorder change. Now I enjoy my son's company for what he is. He has excellent taste in music. In fact, my husband and I get to listen to a lot of rock music since Ayan loves it. I've gone to so many concerts by people like Jethro Tull, Roger Waters and others with him. I'm convinced that when Ayan taps to a new number, it is likely to become the next international hit," Indrani says.

Indrani agrees that films like the recent *Taare Zameen Par* may play a role in sensitising the public about disabilities, but only if they portray facts accurately. 'Rainman' for example was a good film dealing with autism, but in it the ASD character was also shown to have mathematical abilities. Somehow, I felt the movie ended up giving the impression

that all autistic cases are good at mathematics," she says.

In many autistic cases, the families must come to terms with the child's 'strange' behaviour. "My son for some reason disliked scooters and sometimes, when we were not noticing, he would go to parking lots and topple any scooter that was parked there. This even happened with our guests. They were of course understanding, but we still had to step in and change my son's behaviour," says TN Baba, father of a 29-year-old son who falls on the moderate end of the autism spectrum. He loves cycling and excels in it. However, for Baba, there is no question of feeling embarrassed in such situations. As Indrani puts it, "The world sees your child through you. If you decide to make a scene in front of others when such behaviour shows up then obviously they will interpret the situation as an embarrassment. It's entirely up to you."

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(Adapted)

Learning something SPECIAL

Integrating special classes for slow-learners with mainstream schooling puts children with learning disorders on the fast track

Jaya Shroff
New Delhi

MOST PARENTS react to their child's poor grades by banning his or her television and computer time. In most cases, it is the worst thing you could do to improve your child's grades, say experts. Persistent poor classroom performance is sometimes not a sign of distraction, but an indication that the child is a slow learner. That, of course, does not mean that parents give up on their child. Albert Einstein was just one famous slow learner. Children who cannot adapt to regular classroom teaching often do very well attending classes designed for children with special needs — needs that can vary from Attention Deficit Hyperactivity Disorder to dyslexia (having trouble reading or spelling).

"As a society, we do not accept the idea of perceived limitation and tend to shun or ignore the children with specific needs. Early intervention is essential for filling up the learning gaps that these children are born with," says Sarbajit Rajpal, coordinator of the Special Needs Department at The Shri Ram School, Vasant Vihar. The school offers Early Intervention Services with speech and occupational therapies for newborns and children under six years to help pre-schoolers prepare for classroom teaching.

Most parents do not want to recognise their child's special need, and even when they recognise it, they don't want to accept it. Because no one talks about it, they don't know that learning disabilities are far more common than is widely believed. In India,

one in every 250 children has diagnosed disability that hampers learning. Globally, the figure stands higher at one in every 150 children. In most children, learning disorders are not apparent in the early years and are discernable only when children start classroom learning and are exposed to peers.

Once teachers or parents notice deviant behaviour in the children — it could be under-performance in a class or maybe their attitude with peers — they should discuss it with a paediatrician. If needed, they should also seek help from a psychiatrist or a child psychologist.

Identifying the need

Several conditions may lead to slow learning in children (see box). "The child could be suffering from Intellectual disability (mental retardation), learning difficulties, Attention Deficit Hyperactivity Disorder, or Autism Spectrum Disorder," says Dr. Amit Sen, a child psychiatrist at Sitaram Bhartiya Institute and Research Centre. These children may find it difficult to adjust with their peer group and show signs of hyperactivity, eccentricism, withdrawal or sometimes they may simply find it difficult to concentrate on something.

Slow-learners usually have a hard time adjusting in school. "Most children are used to isolated existence, which makes social interaction and processing information difficult. Sometimes they become violent when interfaced with peers, while in some cases, they may show signs of complete withdrawal," says Dr. Smriti Deshpande, senior psychiatrist at Ram Manohar Lohia Hospital. "Although things are gradually changing,



SCHOOLED TO THINK: Repetitive action is one of the tools used in the special needs classroom at The Shri Ram School, Vasant Vihar

Causes of learning disabilities

Global Intellectual Disability (mental retardation)

- Generic
- Difficulties at birth
- Nutritional deficits
- Attention Deficit Hyperactivity Disorder (ADHD)
- Lack of concentration/attention
- Hyperactive behaviour

Learning Difficulties

- In a particular area of learning such as spelling or reading (dyslexia), writing (dysgraphia), maths (dyscalculia), motor disability (dyspraxia)
- Cerebral Palsy
- Visual and hearing problems

Autism Spectrum Disorder (ASD)

- Problems in socialising and adjusting
- Problems in communication
- Autistic disorders
- Problems in processing information
- Inability to conceptualise
- Problem in abstract thinking



the bitter fact is that very few schools offer integrated education in India," she says.

Integrated schooling

The Shri Ram School is one of the few integrated schools where slow learners are prepared to gradually participate in the mainstream school curriculum. The teaching programme is inclusive and allows slow learners attend special classes as well as regular school because a lot of learning happens through imitation. "The idea really is to

make each special child self-reliant. We want to see each of them standing for themselves," says Rachna Mittal, a teacher at the school.

The teaching programme is not a cakewalk as the special educators, teachers, parents and children need to work as a team. "Each learns from the other. While the slow learners become quicker at adapting, the teachers become more sensitive and the children attending regular school learn tolerance," says Pooja M. Thakur, coordinator, The Shri Ram School.

"To convert more schools into the fold of its decade-old Special Education Needs Programme, The Shri Ram School is hosting a National Conference on Inclusive Education and Skills Training for the Differently Abled on October 30 and 31 in Gurgaon. "Some schools like Tagore International, British School, World Pathways, St. Mary's and Kangaroo Kids in Delhi have opened their doors to special children, but a lot more needs to be done," says Thakur.

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PRESIDENT'S RECIPE FOR A HEALTHY HEART

A study commissioned by President Kalam, when he was the DRDO boss, to see how lifestyle changes can help in keeping your heart healthy has established that a combination of walking, yoga and vegetarian diet can not only prevent heart disease, but can also help reverse it

THE FINDINGS



Low-fat, high-fibre vegetarian diet, an hour of yoga and long walk reduce disease by:

12%



Yoga reduces angina, chest pain and improves pumping of pure blood into the aorta by:

30%



Walking reduces bad cholesterol, production of stress hormones including Epinephrine by:

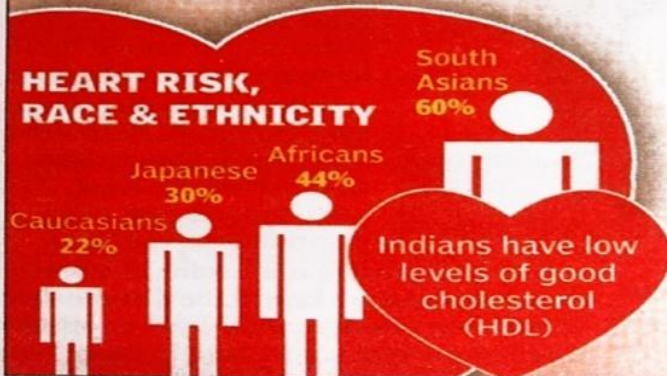
31%

- The prevalence of coronary artery disease in India has increased from 1% in 1960 to 11% in 2001. It afflicts about 15% of the adult population today
- CAD is 10 times more prevalent among Indians in the younger age group (30-40 years), compared with the rest of the world



HEART-BREAKING FACTS

Statistics show India is now in the middle of a heart disease epidemic



PREVENTION

- EXERCISE
- LOWER CHOLESTEROL
- EAT FIBROUS FOOD
- REDUCE STRESS

Challenges of autism

While over 4 million are living with autism in India, yet, the disorder has hardly got research attention, funding or efforts to create public awareness. At a recent conference, experts & families spoke about their disillusionment

the rise but action sadly missing, say voluntary organizations, experts and families, who had gathered for an international conference on the subject in the city. Individuals and families working with autistic children shared inspiring examples



of their experience as it was clear the city and woefully ill-equipped autistic as far as the vocational training area is concerned. The call centre by Action for Autism, the country's premier organization working focussed on the loop of the autistic while taking increasing awareness and therapy. In November, United Nations declared World Autism Awareness Day. Chaswal, director of AFA, feels that while autism's education is growing, the fact is accessible only to Today, it's mostly sector that provides education of children with autism spectrum disorder. "There are mainstream schools that admit ASD kids but happen to be the best ones. Sanskriti, Sri Ram are some of the best schools. Now it's very good schools are res and in fact, there are who can manage but what about those who barely afford the cost?" says Chaswal. The problem is that schools still an elite affair. ASD is concerned. city schools do exclusively to ASD also for the high bracket." Chaswal government is only autism, Chaswal sector too has a role echoed by minister external affairs. And is also father of a "The government of the private sector is responsibility too," perhaps, the expected corporate sector is false hopes. As was conference, even in with its greater sense of disability and welfare systems, that has not responded needs of ASD. Danish parent of an autistic child, spoke about his disillusion private sector. In fact to start his own v

A call centre run by the visually impaired

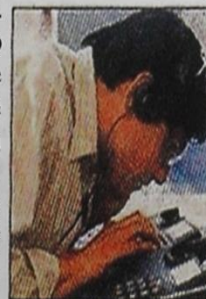
Aditya Ghosh
Mumbai, March 15

up in Ahmedabad and Delhi soon.

Suhas Karnik, in charge of NAB's employment cell, explains how the call centre operates: "a software reads out everything on a computer screen aided by specially designed voice-based commands used in the call centres, compatible with mobiles. These enhance the capabilities of the visually challenged," he says. Started in June last year with six operators, the number of employees has more than tripled and is 20 now. They take 100 calls a day, transcribe medical data, screen resumes and even organize interviews.

Take Mangesh Indulkar, 27, who does not mind travelling 60km a day between Kalwa and Worli. "This is the best thing that has happened to me," he says. "Other sectors have discouraged people like us. Now I can have a McBurger whenever I want," adds the self-confessed fast food fan.

aditya.ghosh@hindustantimes.com



SATISH BATE/HT

A DEVELOPING DISORDER

WHAT IS AUTISM

- Autism is a lifelong developmental disability characterised by impairment in social skills, communicative skills (both verbal and non-verbal) and restricted and repetitive behaviour.
- Typically, autism appears in the first three years of birth and is difficult to identify.
- Degree of autism disabilities vary among persons and hence it is properly referred to as Autism Spectrum Disorder (ASD). In some, the disability is mild while in others it is severe.
- Current research links autism to biological or neurological differences in the brain, but no single cause of ASD is known.
- There is no cure for ASD currently. The only effective treatment for autism is through a structured training programme that is appropriate and consistent.

HOW TO DETECT AUTISM

- Show delay or lack of language development.
- Repeat or echo words and questions, reverse 'you' and 'I'.
- Enjoy rotating or spinning objects, flapping hands or paper.
- Avoid eye contact.
- Be sensitive to sound or touch.
- Appear not to hear.
- Display good rote memory for nursery rhymes, commercial jingles, facts.

ASPERGER'S SYNDROME

Asperger's Syndrome is a milder variant of autistic disorders. Those affected are characterised by social isolation and eccentric behaviour. They are often obsessed with topics such as patterns, weather, history, trains etc. Their IQs fall along the full spectrum but many are in the above normal range in verbal ability and below normal in performance abilities.

IT'S NOT A CASE OF MENTAL RETARDATION

Autism is not the same as mental retardation (MR). In MR there is more or less even impairment in skills in all areas of development. In autism the skill development is uneven. An ASD person can therefore display skills below his age level as well as above his age level.

FIGURES SAY IT ALL

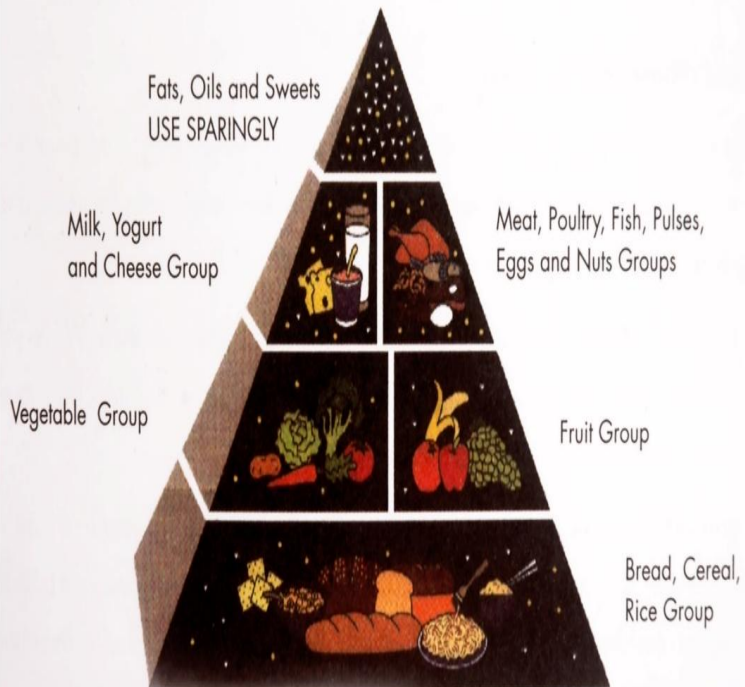
- 80% of those affected by autism are boys.
- The incidence of autism is growing at a steep rate. Current studies indicate that at least 1 child in every 250 newborns has ASD.
- There are over 4 million people in India with ASD.
- Autism is the 3rd most common disorder, more common than downs syndrome.

TIMES NEWS NETWORK

For nearly 15 minutes, three-year-old Akshay kept crying in pain as his mother frantically searched for possible bruises or ant bites on his body. She hadn't looked behind his knees though, badly burnt by crackers. "That's when I realised my son could not point to where it was hurting," she says. "He simply couldn't do it." Akshay was later diagnosed with autism, a

developmental disorder that affects the brain in the areas of language and social skills, imagination and activity. People with autism usually avoid eye contact, repeat or echo words and questions, appear not to hear, have difficulty in expressing needs, or, like Akshay, have no "joint attention", which means that they cannot point to tell. According to estimates, over four million people are living with autism in India. And more are being born with the disorder. Awareness on autism is on

Food Guide Pyramid



Times of India, November 26, 2006

FAT FACTS

One of the most reliable indicators of obesity is body mass index (BMI). It is also a pointer towards a person's risk for developing cardiovascular problems and diabetes



Know if you are at risk

Ideal daily
calorie intake
2,000
to
2,500 Kcal

Age	Boys	Girls
14	21.5	21.6
15	21.9	22.8
16	22.7	23.7
17	22.8	23.9
18	23.2	23.9



Calorie content in food items

Chapatti | 85
Dal (1 katori 30 gm) | 100
Egg (boiled 1, 50 gm) | 86
Curd (1 katori 100gm) | 75
Lassi (glass) | 79
Noodles (1 pkt 100 gm) | 435

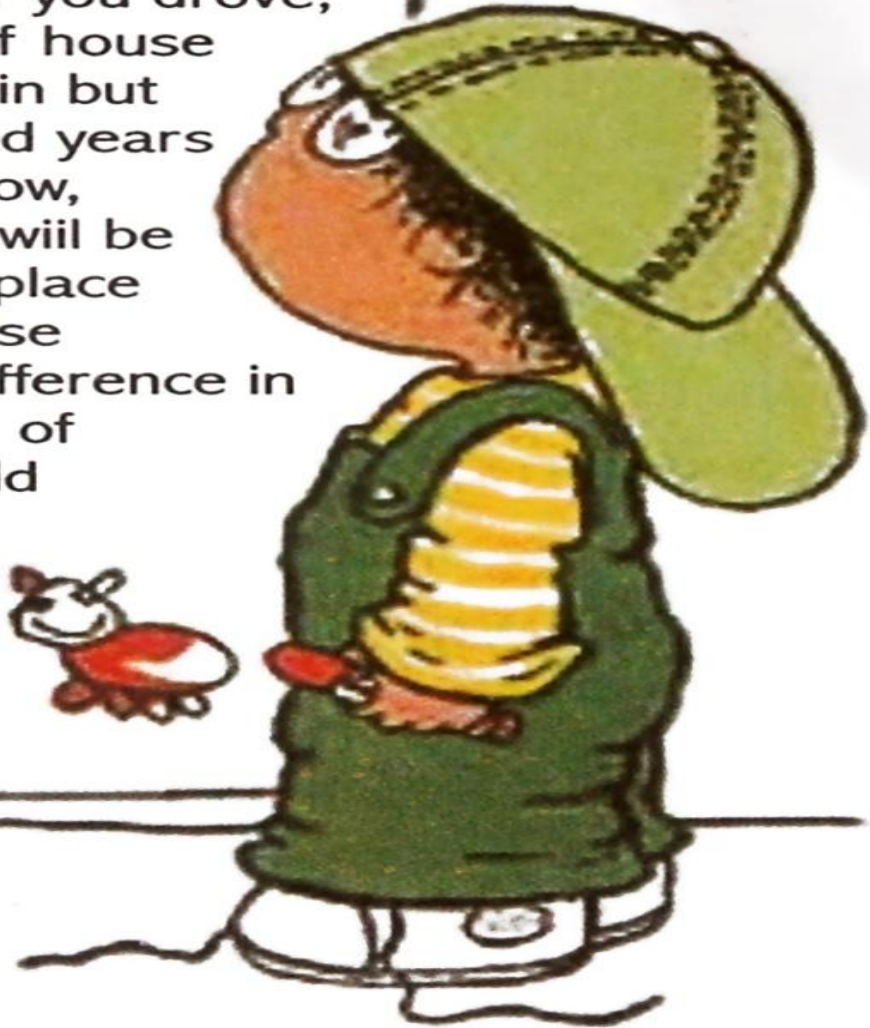
French fries (large) | 300
Butter popcorns (35 gm regular) | 160
Burger (1 piece) | 330
Pastry (1 piece) | 500

All figures in Kcal

BMI

Weight in kilograms/height
(in mtrs) square

One hundred years from now
it will not matter how much
money you made,
what kind of car you drove,
what sort of house
you lived in but
one hundred years
from now,
the world will be
a better place
because
you made a difference in
the life of
A Child



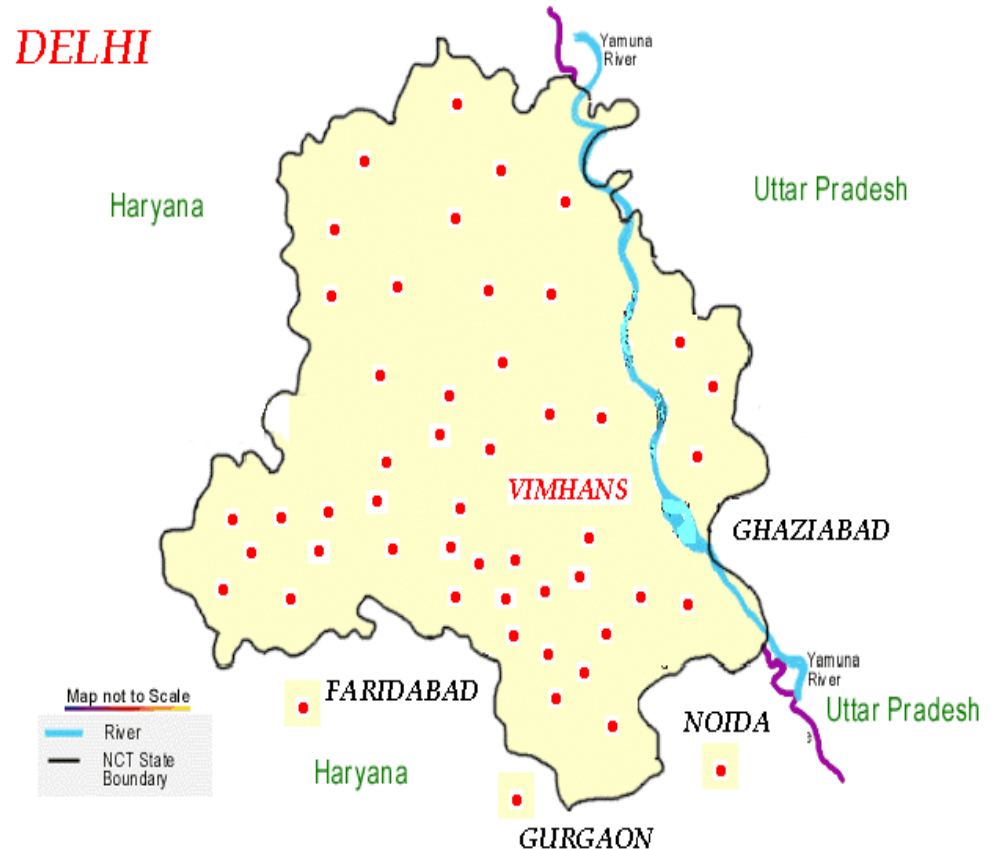
PARADIGM SHIFT..... In Reforms 'The School Counselor Interface'



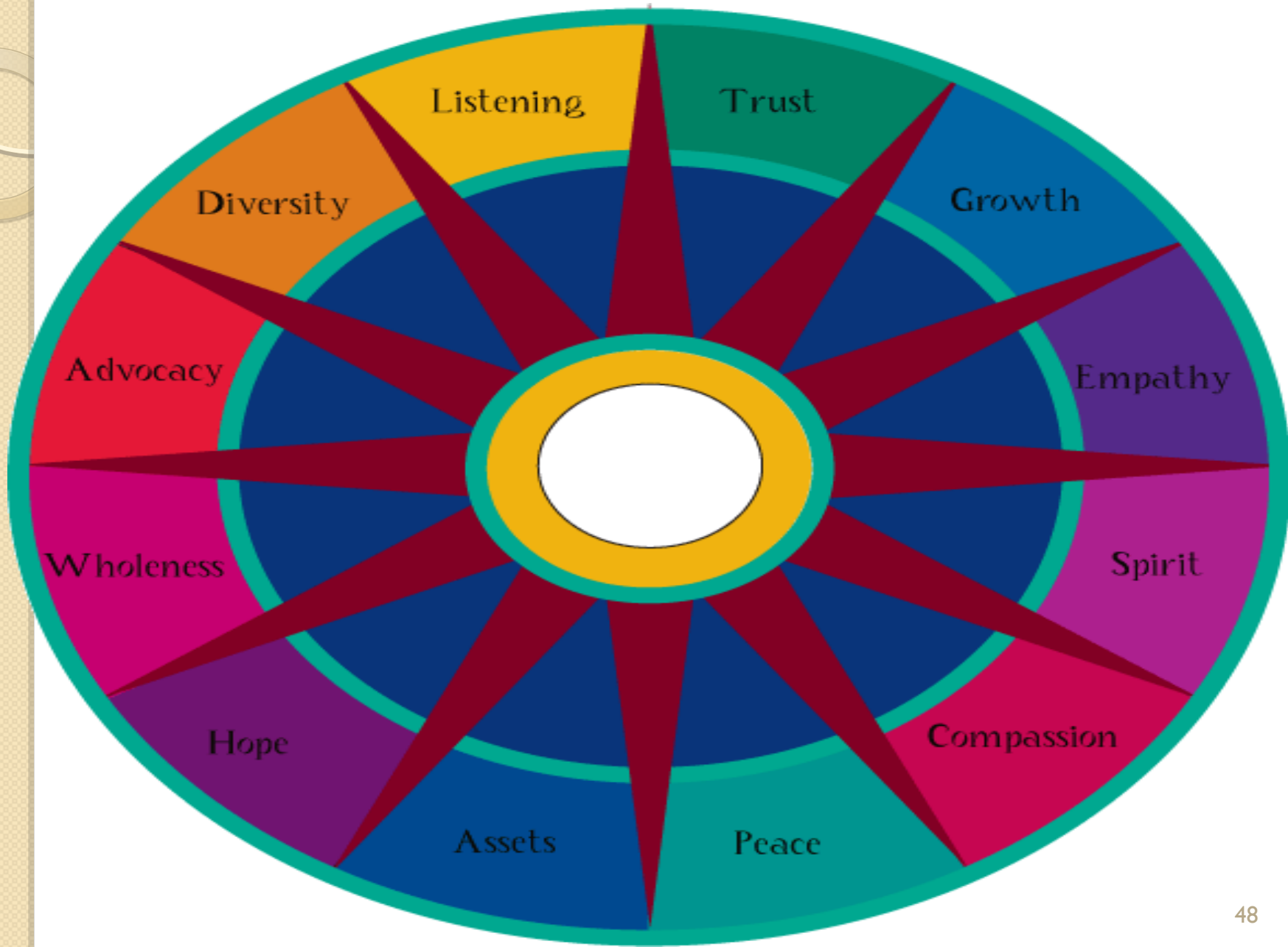
THE DELHI EXPERIENCE (NCT Region of Delhi)

**Over 2000
schools**

**Only 10%
Schools have
Inhouse
Counselors**



REQUISITE SKILLS AND ATTITUDE REQUIRED IN THE COUNSELOR



FROM:

- Emphasis on at-risk students
- Crisis-driven
- “On call” approach to use of time
- Delivered only by counselors

- Owned by counseling staff only

TO:

- Includes all students
- Curriculum-driven
- Calendared time

- Delivered collaboratively by counselors, faculty, parents, and community members

- Owned and supported by the community

POOR SCHOOL PERFORMANCE

CAUSES IN THE CHILD

(VISUALISE A CHILD IN YOUR CLASS)

① **PHYSICAL CAUSES**

Vision/Hearing
Epilepsy etc.

② **DELAYED MILESTONES OF
BRAIN DEVELOPMENT**

(Slow to start walking, talking etc.)

MR (Low IQ)
"Slow Learners"

③ **DEVELOPMENTAL (INBORN)
PROBLEMS OF LANGUAGE,
SPEECH, FINE MOTOR SKILLS**

Problems in Communication,
Expression of Ideas,
Pen grip, Handwriting etc.

④ **SPECIFIC DELAYS
OF ACADEMIC SKILLS**

(Reading, Writing, Spelling, Mathematics etc.)

LD ('Dyslexia')
Normal IQ;
Listens & Learns.
Tells Answers.
Unable to Write.

⑤ **INATTENTIVE,
OVERACTIVE CHILD**

ADHD
(Attention Deficit
Hyperactive Disorder)

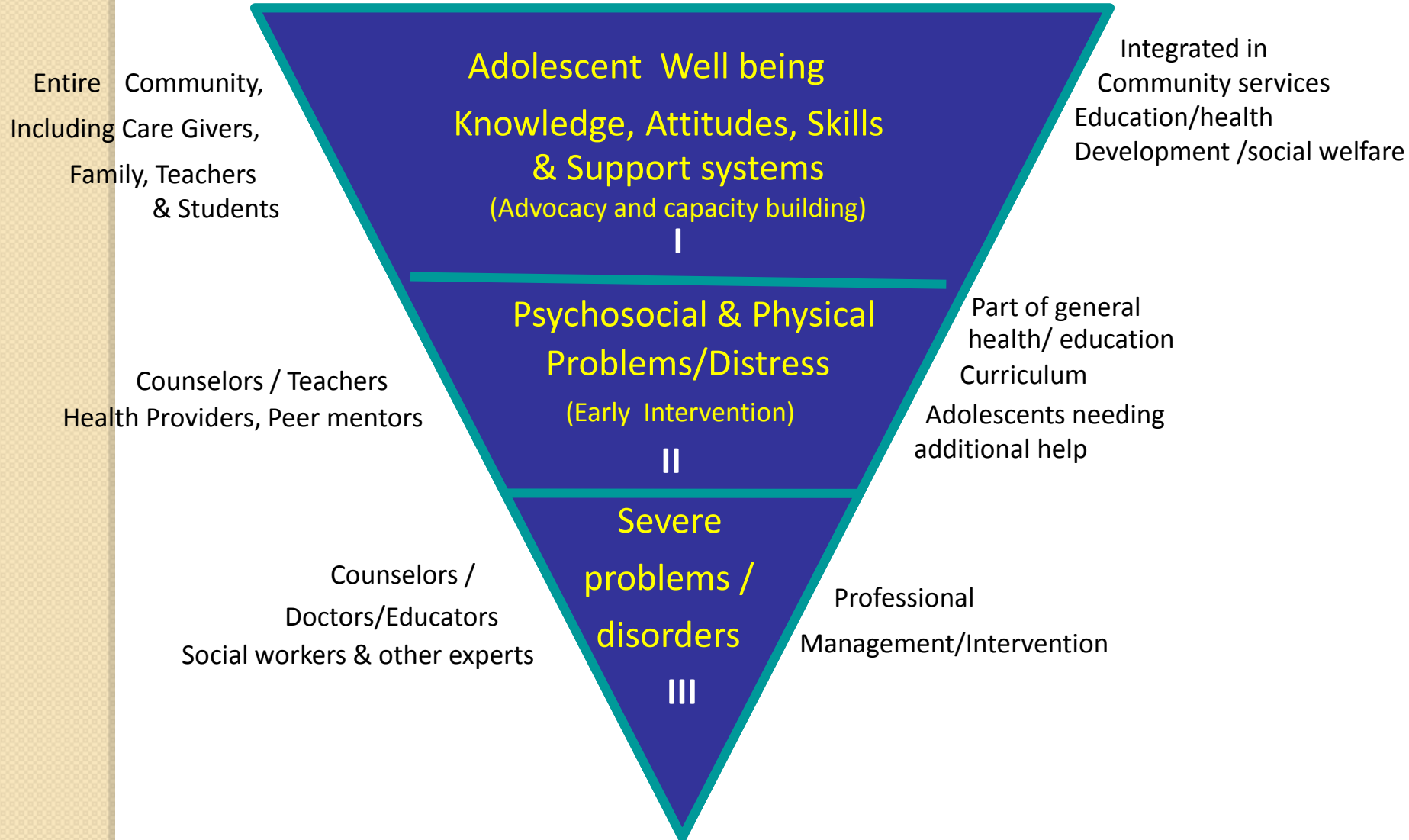
⑥ **EMOTIONAL AND
CONDUCT DISORDERS**

Anxiety, Depression,
Oppositional,
Defiant Disorder etc.

Community based Integrated Model For Adolescent Care & Wellbeing

WHO IS INVOLVED

LEVEL OF INTERVENTION

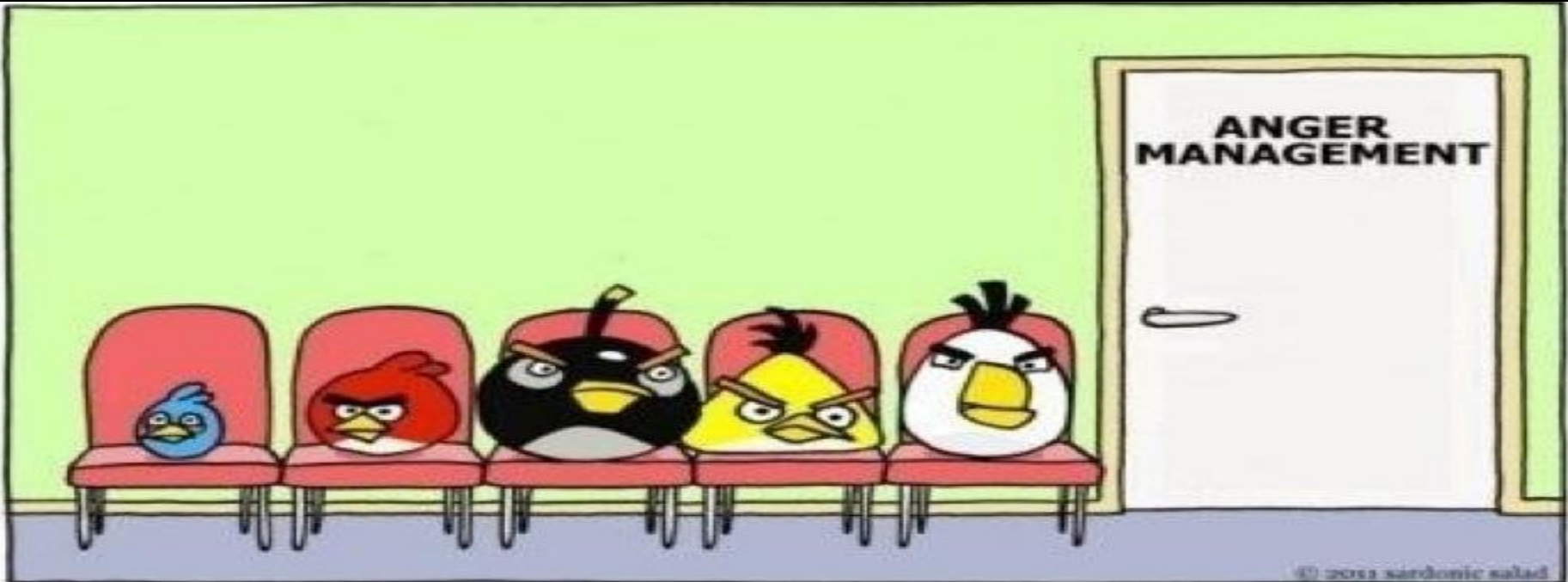




PROBLEM



SOLVED



LIFE SKILLS BUILDING BLOCKS FOR LIFE.....



SUPPORT & EDUCATION



... Portals of life skills

- **Unprecedented changes in developmental practices**
- **Viz., Multiple intelligences, EQ Vs IQ., etc...**
- **Teachers as early interventionists.**
- **Allied professionals as education facilitators.**
- **Skills do not develop in isolation**

Why Use a Life Skills Approach?

- Social, cognitive and emotional coping skills are **essential components for healthy development in childhood and adolescence**, and are needed for making a successful **transition from childhood to adulthood**.
- Life skills programs can specifically address the needs of **children growing up in disadvantaged environments** that lack opportunities to develop these skills.
- Social competence and problem-solving skills are among the characteristics that **define a resilient child**.
- Knowing how to manage emotions and interpersonal relationships is as important **to success in life** as intellect.
- Health promotion and prevention **programs focusing only on transferal of information are less effective** than programs incorporating skills development.

- The social, cognitive and emotional coping skills targeted by life skills programs are shown to be **mediators of problem behaviors**.
- Life skills have an impact on **multiple adolescent health and development needs**.
- A life skills approach helps schools address multiple demands for prevention education curricula by presenting a **comprehensive, unified approach** to meeting many needs.
- Communication skills, decision-making skills, critical thinking skills, and negotiation skills needed for healthy development are also **skills that are valued by employees in the workplace**.
- Life skills programs **promote positive social norms** that can impact the greater environment of adolescent health services, schools, staff and

What Research Shows

Life skills programs can:

- Delay the onset age of the **abuse of tobacco, alcohol, and marijuana** (Hansen, Johnson, Flay, Graham and Sobel, 1988)
- Prevent **high-risk sexual behavior** (Kirby, 1994; Schinke, Blythe and Gilchrest, 1981)
- Teach **anger control** (Deffenbacher, Oetting, Huff and Thwaites, 1995; Deffenbacher, Lynch, Oetting and Kemper, 1996; Feindler, et al, 1986)
- Prevent **delinquency and criminal behavior** (Englander-Golden et al, 1989)
- Improve health-related behaviors and **self-esteem** (Young, Kelley and Denny, 1997)
- Promote positive **social adjustment** (Elias, Gara, Schulyer, Branden-Muller and Sayette, 1991)
- Improve **academic performance** (ibid)
- Prevent **peer rejection** (Mize and Ladd, 1990)

LIFE SKILLS FRAMEWORK

Thinking Skills

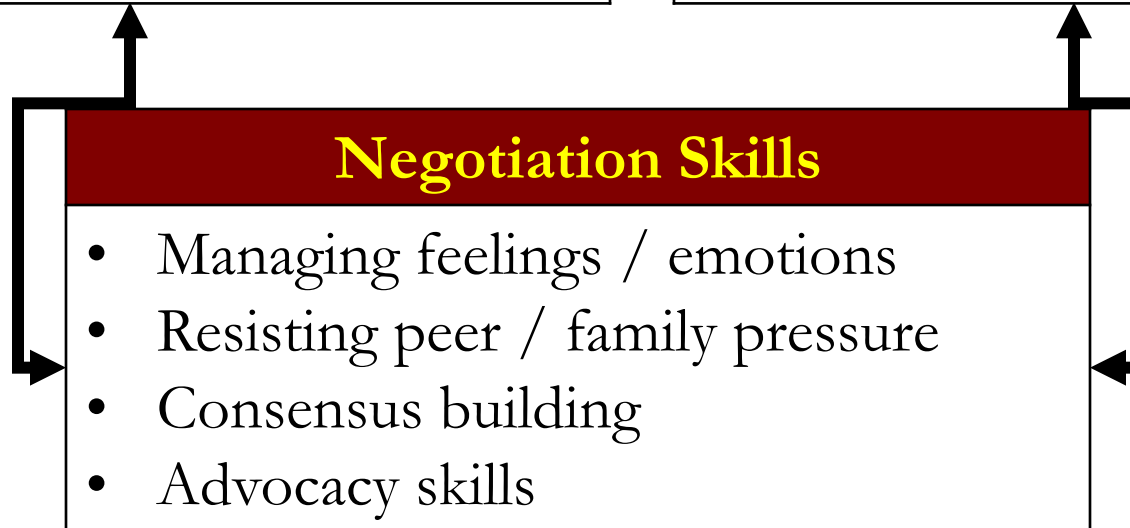
- Self awareness
- Problem solving/decision making
- Critical thinking/creative thinking
- Planning and goal setting

Social Skills

- Interpersonal relationships
- Communicating effectively
- Cooperation & teamwork
- Empathy building

Negotiation Skills

- Managing feelings / emotions
- Resisting peer / family pressure
- Consensus building
- Advocacy skills



Targeting Life Skills

HEART

HANDS

HEAD

HEALTH

Caring

Giving

Working

Relating

Thinking

Being

Living

Concern for Others

Empathy

Sharing

Nurturing Relationships

Community Service
Volunteering

Leadership

Responsible
Citizenship

Contributions to
Group Effort

Marketable Skills

Teamwork

Self-motivation

Self-esteem

Self-responsibility

Character

Managing Feelings

Healthy Lifestyle
Choices

Stress Management

Personal Safety

Disease Prevention

Learning to Learn

Decision Making

Problem Solving

Critical Thinking

Service Learning

Goal Setting

Planning/Organizing

Wise Use of
Resources

Keeping Records

Resiliency

Communication

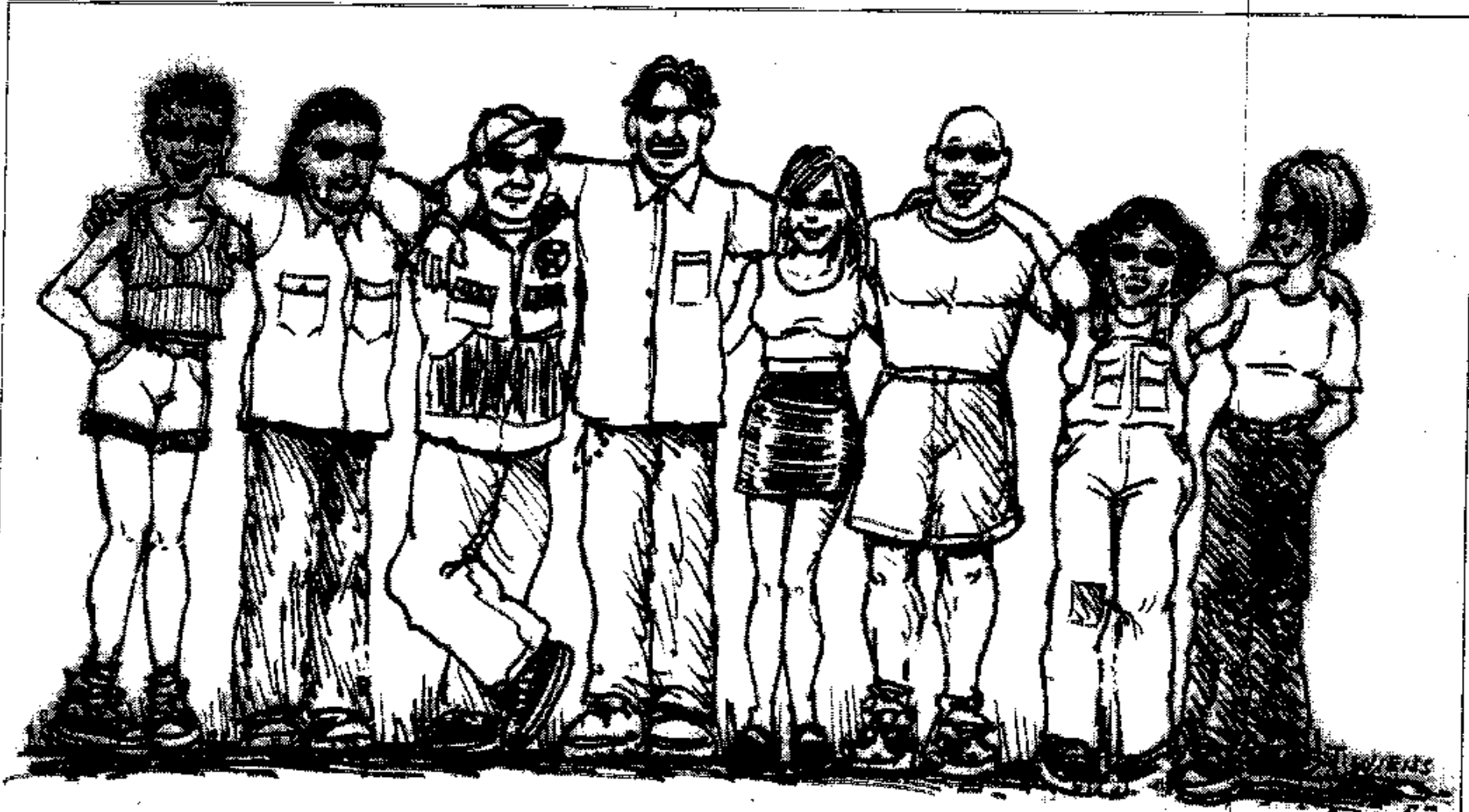
Cooperation

Social Skills

Conflict Resolution

Accepting
Differences

PEER EDUCATORS



The Group Statement

Peer Educators for Life skills....

An emerging landscape



Who are Peer Educators.....

- They can serve as role models for behavioural change processes.
- Peer education is based on the reality that many people today make changes based not only what that they know, but on the opinions and actions of their close, trusted peers.
- Young people listen more attentively and accept messages from respected peers.
- Peer leaders can support, encourage and help their peers both inside and outside the classrooms.

CELEBRATING WORLD HEALTH DAY.....



Peer educators mentoring neighborhood schools



The IXth Annual ADOLESCENT PEER EDUCATORS' ORIENTATION COURSE IN LIFE SKILLS

● AWARE ● RESPONSIBLE ● EMPOWERED

“The Five Part Hands-on Workshop Series”



April – September 2010
&
Launch of the
National Peer Educators Forum (NPEF)



Timing

8:30 a.m. to 1:00 p.m.

At

National Science Centre, New Delhi

SCHEDULE	THEMES
Workshop 1 April 23 rd	<ul style="list-style-type: none"> Adolescence – the context, charm and the challenge The Co-scholastic aspects & Life Skills Education in Schools
Workshop 2 July	<ul style="list-style-type: none"> Understanding & Coping with Anger, Loss & Sadness
Workshop 3 August	<ul style="list-style-type: none"> Preventing Substance Abuse & allied High Risk Behaviors, Adolescent Reproductive & Sexual Health
Workshop 4 September	<ul style="list-style-type: none"> Family Bonding & Relationship – Emerging Paradigms Aptitude, Career & Study Skills
Workshop 5 September	<ul style="list-style-type: none"> First Aid & CPR in schools – A Citizen's responsibility
Nov-Dec 2010	<ul style="list-style-type: none"> The Adolescent Charter & The National Adolescent Summit

Highlights:

The workshop series entails interface with National & International experts in the field of Adolescent Development and Life Skills Education.



Highlights:

The program is enriched by the WHO guidelines of Global School Health initiatives and Life Skills promotion across the world.

‘Expressions India’ - The Life Skills Education & School Wellness Program

Website: www.expressionsindia.org

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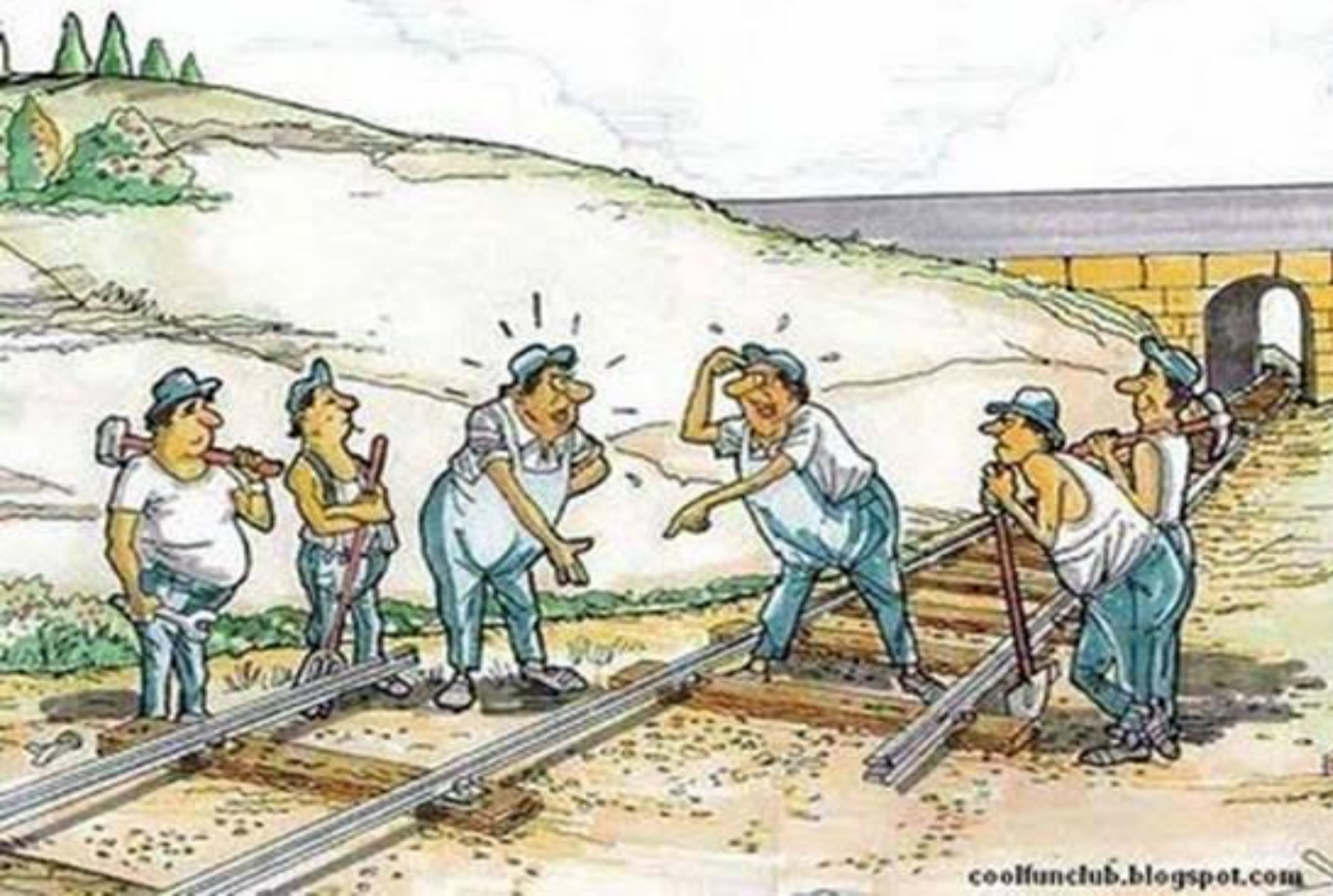
Ms Geeta Mehrotra: 9312269669
Ms Manju Madan: 9871053172



EXPECTED OUTCOMES

- **Peers to act as agents of change**
- **Positive coping strategies**
- **Effective empowerment**
- **Emotional and social sensitivity**
- **Improved stress management capacity**

Team Work





**Peer Master Trainers Orientation Course
New Delhi (Zone - 2) 2010**

Convocation Ceremony

IX ANNUAL ADOLESCENT PEER EDUCATORS' ORIENTATION COURSE IN LIFE SKILLS







Expressions India
Skills Education, School Health
Wellness Program, New Delhi

Ananya Gera Honored as peer Educator

By Dr. Kiran Bedi

CENTRAL BOARD OF SECONDARY EDUCATION

Invites the participation of your School in the Pioneering

INTERNATIONAL LIFE SKILLS, SCHOOL HEALTH & WELLBEING SUMMIT 2012

(Organized in Collaboration with *Expressions India*)

19th to 21st, APRIL 2012, IICC, LODHI ESTATE, NEW DELHI INDIA

GOOD PRACTICES & INNOVATIONS

RESEARCH & TRAINING

Hands on Workshops, Health Exhibitions, Research Papers, Socio Cultural Events
with Active Participation of Students & Teachers

Theme I

Health Services, School Safety & Sanitation

- Healthy environment
- Hygiene & sanitation
- Emergency services
- First Aid/training
- Health Check- ups/records
- Staff health policy

Theme II

Life Skills Education & Assessment

- Life skills enrichment programs & Values
- Healthy attitudes & values
- Process and impact evaluation
- Co – Scholastics appraisals.
- Developing Resilience with Life Skills Ambassadors

Theme III

Inclusive Practices & Integrated Learning

- Guidance & Counseling services
- Family- School partnerships.
- Counseling & Provisions/ Early -Intervention of SLD's & other disabilities

LAUNCH OF THE FIRST ANNUAL

“NATIONAL SCHOOL HEALTH & Wellbeing QUIZ”

HIGHLIGHTS

- Global School Health Exhibitions
- Youth Health Parliament
- The Wellness Elocution
- State of the Art Lectures & Hands On Training in 'Leadership for Life Skills'
- Jingles, Nukkad Natak/Role Plays

Contact Details (Registration is online only)

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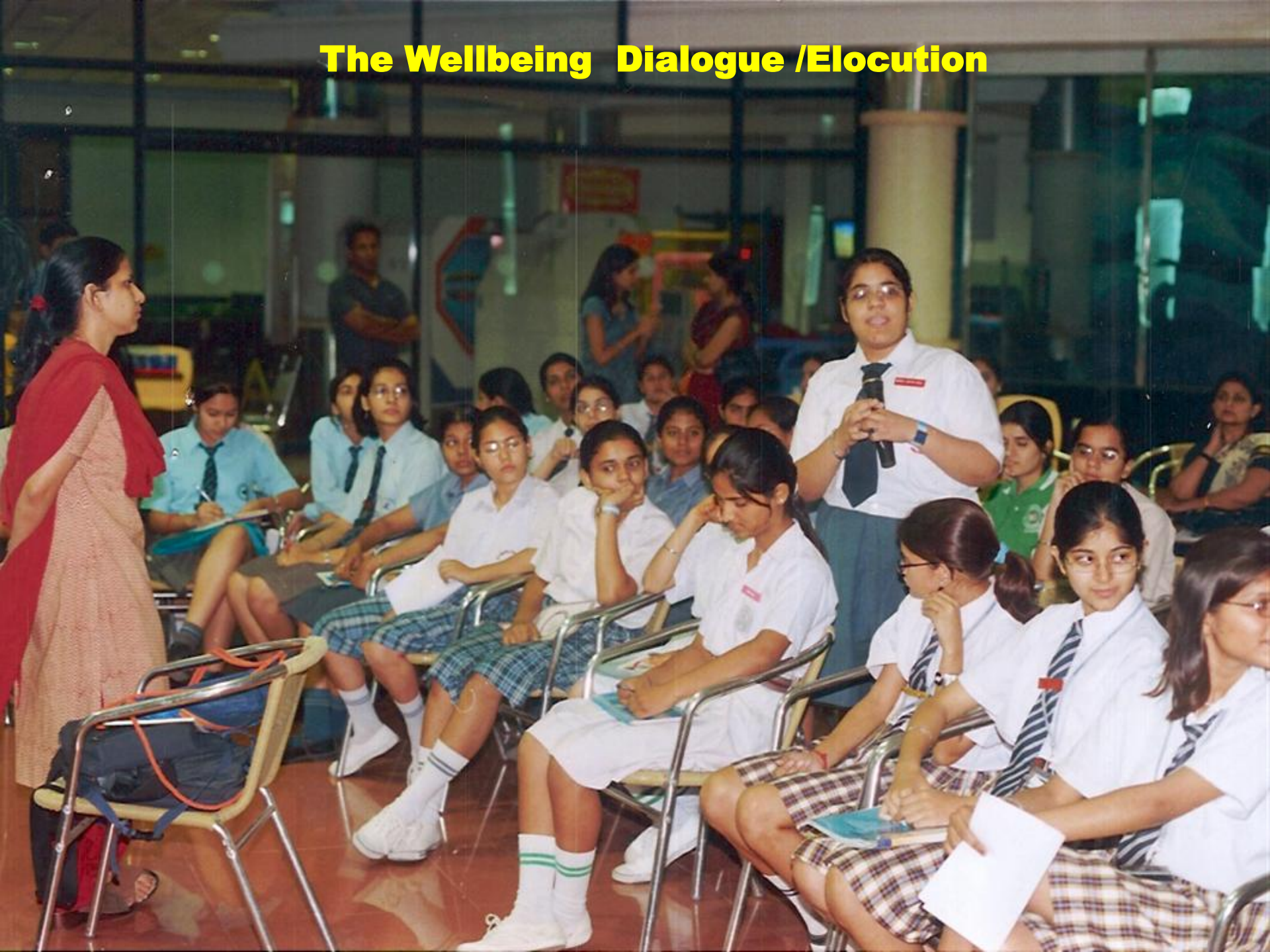


Adolefest - 2011

Jingles

025

The Wellbeing Dialogue /Elocution





Health Exhibitions



January - April 2011 Vol. 1 No.1
Supplementary Copy of
Youthosis- The Peer Educators' Dialogue

Indian Journal of School Health & Wellbeing

• Health Services • Life Skills Education • Healthy School Environment

*Advisory Group
Editorial Board
Executive Editorial
Editor's Message
Guidelines*

PRESIDENTIAL ARTICLE

- Comprehensive School Health Policy.

INTRODUCTORY ARTICLE

- The Concept of Well Being in the Context of School Education.

PERSPECTIVE-BUILDING ARTICLES

- Lifestyle Stress Altering Immunity Resulting in Poor Health.
- Be Cholesterol Fit in Young Age: To Have Healthy Heart and Healthy Brain
- First Aid: Mounting Concern in Schools.

REVIEW ARTICLES

- Strategies to Improve Teacher Training for Children with Attention Deficit Hyperactive Disorder (ADHD).
- School Mental Health in India: An Emerging paradigm on School Counseling Services
- Emerging Need for Media Literacy in Schools.
- Life Skills Based Capacity Building for Young Film Makers in Schools: An Innovative Methodology for Participatory Learning.

RESEARCH ARTICLES

- Attitude towards substance use: A Comparative Analysis of Male & Female School Students.
- How can we offer Education to Young People that give them the Happiness, Passion, Challenge and Satisfaction? Indian Music Reservoir of Education.

Launching Jan '12



Official publication of **EXPRESSIONS INDIA**
The Life Skills Education & School Health Program
Write to us at: expressionsindia@rediffmail.com
Visit us at: www.expressionsindia.org

*Healthy Schools
Healthy India*

wish my child to someday write this letter.....

(Excerpts from Dr. Wayne W. Dyer's collection)

.....You always seemed to know that I was a child, never expecting more from me than I was capable of giving.

.....You seemed to be always aware of the need to praise and encourage me.

.....You had this uncanny ability to help me to want to grow up, without being ashamed of being a child. I was always relieved that you did not blast me, like so many other parents, for making the typical mistakes. Instead, you always required me to take responsibility for any mistakes that I made.

Cont.....

Each day of life I am reminded of the phenomenal lessons you offered me by your example.

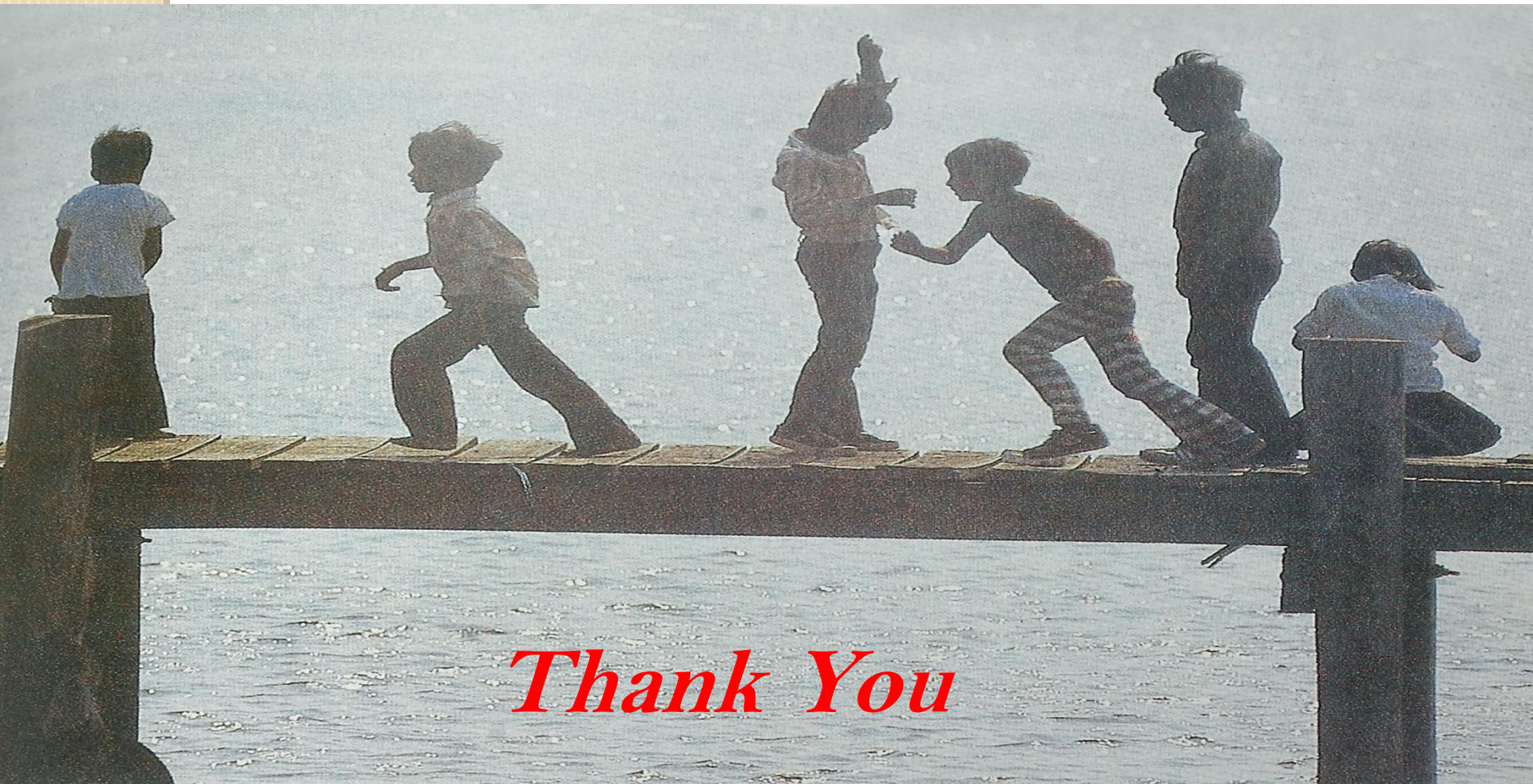
.....Each time I see a beautiful sunrise, I remember how you always exclaimed at the beauty around you, and you helped me to become a person who stops to see the beauty in everything and everyone around me.

When we talked about God, religion, or the mysterious in life, you told me the most important words I have ever heard: 'If you don't have a temple in your heart, you'll never find your heart in a temple'. Today I have a temple in my heart, and I thank you for helping me to put it there..... Thank You

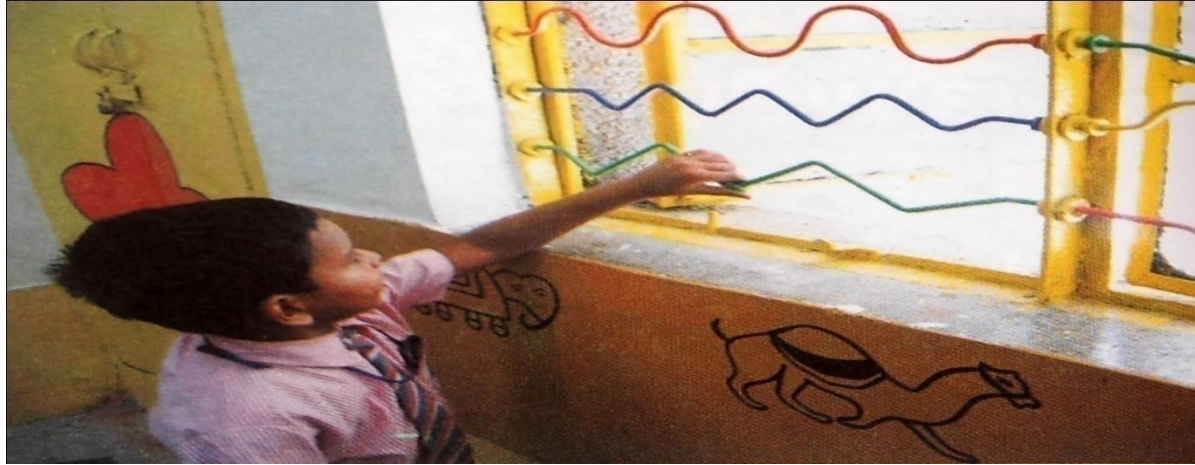
The most beautiful experience is the mysterious.

***It is this fundamental emotion which stands
at the cradle of true art and true science.***

Albert Einstein



Thank You



“We are guilty of many errors and many faults, but our worst... neglecting the foundation of life.

Many of the things we need, can wait. The children cannot.

Right now is the time his bones are being formed, his blood is being made and his senses are being developed..

To him we cannot answer “Tomorrow”. His name is “Today”.

Enriching the Journey... For the young ones

- ***To value themselves***
- ***To enhance their self image***
- ***To model self respect***
- ***To celebrate their present moments***
- ***To offer praise rather than criticism***
- ***To adopt nonjudgmental practices***
- ***To cherish a lifetime of wellness***

