

**BAPU TRUST FOR RESEARCH ON MIND AND DISCOURSE
ABT COURSE 2021-2022**

**BECOMING A DANDELION:
AN ARTS-BASED THERAPY INTERVENTION WITH
CHILDREN AT RISK**



**PREPARED AND PRESENTED BY
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2022**

Becoming a Dandelion

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Produced by: Bapu Trust for Research on Mind and Discourse, Pune

Front picture made by: Preet Kaur

ISBN: 978-93-92971-11-2

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Bapu Trust's engagement with this report is only with the teaching of Arts Based Therapy to the students of the course. In these reports, the practitioners bring their own perspectives, understanding, language and frameworks about mental health and well-being. The report's views are expressed by the author, not the Bapu Trust. This is a brief, edited version of the full report, to increase accessibility and to present key findings of the student's work.

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PREFACE

Arts-Based Therapy (ABT) is the evidence-based use of art forms, integrated in a way to offer choices for people with mental health problems and psychosocial disabilities, to accomplish their own individualized mental health goals within a safe, recovery-oriented, therapeutic relationship. The Bapu Trust for Research on Mind & Discourse runs a yearlong course, titled, 'BT-ABT - Psychosocial well-being in Development using ABT'.

In our experience, ABT serves as an Alternative Augmentative Communication (AAC) method for supporting all persons with disabilities, including vulnerable children and the elderly. In keeping with the overall scope of works of the Bapu Trust, the BT-ABT course provides the framework and skill sets for working in the mental health sector with a disability-inclusive development perspective, inspired by the Convention on the Rights of Persons with Disabilities (CRPD).

World Centre for Creative Learning Foundation (WCCLF) invented Arts Based Therapy in its present form; and in twelve years, has trained over two-fifty students to enable them to work in a number of disability and development areas. These include deaddiction, children and women at risk, persons with disabilities, especially children, mental health, cancer care, dementia, Parkinson's, etc. ABT founding figures include Ms. Asha Pillai Balsara, Mr. Zubin Balsara, Mr. Aanand Chabukswar and Ms. Deborah Daniels (Visit <https://wcclf.org> for more information). At this time, WCCLF's students have studied the day-to-day effectiveness of ABT in diverse settings among a diversity of people with needs. Bapu Trust is among the

WCCLF partners now hosting the course, adapting the format prescribed by WCCLF.

The ABT 'View' (ethics and value base of the Subtle Energy Guide) and integrated artistic skill sets that are taught in the course are congruent with the vision and practices of disability-inclusive development. The ABT framework offered by the Bapu Trust is interdisciplinary, including basic counselling, body psycho-therapies, trauma-informed counselling, Indian psychology, philosophy, research based on arts-based therapies, cognitive science and social justice theories. ABT is a safe way of approaching deep-rooted habitual behaviours, building insight, empathy, compassion and connection among individuals and families. Support interventions using ABT can be broken down into specific actions, based on therapeutic goals, so that support can be customized to the client's expressed needs. ABT addresses the low and high support needs of persons with mental health issues, psychosocial disabilities and indeed persons with disabilities in general. ABT helps a person mobilize social capital and support systems.

ABT as a creative modality fulfills to the maximum, the purpose and vision for which Bapu Trust was created: 'Healing environments will be creative, non-hazardous, non-violent and playful; and will respect to the dignity and autonomy of the person'.

The ABT Evidence Base Initiative of the Bapu Trust

The ABT course is an intensive year-long course, with 400 hours of theory, creative labs, assignments and projects. The student learns to

juggle multiple artistic mediums, purposively, to be able to assess the needs of their client group and to titrate interventions that will address those specific needs. The ABT course offers tools for assessment, which are specific to the use of arts and healing. Typically, a single support session would have a matrix of arts. For example, a session could start with an opening ritual of breathing practice, followed by memory game(s). This could be further followed by a rhythm session, ending with a visual art activity. An artistic 'grid' helps the student to match the session plan with the client's needs. Pre-test and post-test tools, observation sheets and various kinds of projective tools complete the ABT toolbox.

At the very foundation of ABT practice, is its 'View'- the Subtle Energy Guide (SEG), developed by the WCCLF drawn from Indian traditions of Mind Training, particularly Mahayana Buddhism. The SEG, as it is called, gives the value base and a worldview for the students, to have a purposiveness in what they deliver and to connect to something larger than themselves. The SEG is interwoven into every artistic practice and skill set. When a student is 'stuck' in the matrix, it is the SEG that comes in handy.

The evidence bases for 'art therapy' especially in Western contexts, has existed for some decades. Art therapy often uses one art form, for example, visual art therapy, music therapy or dance movement therapy. The therapist

usually 'specializes' in one art medium. Oftentimes, artistic expression is dissected in cognitive/behavioural terms. The theoretical framework for the analysis is derived from Western psychology, particularly those developed in the late 19th and early 20th centuries, during and after the War period.

However, the heady mix of Indian mind traditions, ritual healing and integrated arts based therapeutic modalities, along with its precision of practice with client groups, unfortunately, has remained unknown or invisible. These have a history of over 2500 years and counting. Our students' reports are the emerging evidence base for Arts Based Therapy. We humbly make an effort to bring the reading to the public and healers worldwide.

We acknowledge the transforming framework of Arts Based Therapy and the hundreds of venerable meditators, teachers, traditional healers, culturally grounded practitioners and trainers who led to the invention of this healing tradition.

We thank Vulkan Technology and Transforming Communities for Inclusion for financially supporting different segments of the BT-ABT teaching initiative.

**Bhargavi V Davar and Kavita Saju Nair
Pune**

PREFACE BY THE AUTHOR:

The metaphor used in the title of this report is a representation of the work carried out during twelve months starting from October 2021 till October 2022. By ‘work’, I intend to talk about the therapeutic journey that the children at Krishalaya Centre, *Salaam Baalak* Trust and I experienced together. After a considerable amount of introspection, I eventually concluded with "Becoming a Dandelion" as the title of my dissertation. I experience an affinity and a prominent association with this metaphor as it aptly describes the happening journey I have been through.

The probable reason why I discovered this title was the inspiration that I sought from the dandelion's journey.

Dandelion spirit is another harbinger of spring – one that brings a smile to our faces and youthful thoughts. It reminds us that wishes have power, but they also come with responsibility. They represent staying power visibly. Dandelions grow under the most challenging of circumstances, often making their home in extremely unlikely locations, flourishing despite adversities. The metaphor “becoming a dandelion” essentially signifies the phase of letting go of things, enduring hardships, abandoning distressing experiences and cherishing the auspicious ones. It typifies the notion of impermanence which has to be necessarily adopted by a facilitator while carrying out this ABT course and so did I.

Undoubtedly, it also goes back to the teaching of Buddhist philosophy which revolve around the conception that nothing is permanent in this eternal world; Everything is bound to change at a certain point in time; And therefore, we reside in a realm of optimism, constantly hoping for things to get recuperated and anticipating reinvigoration. Also, as preached by Buddha, life is full of sufferings (*Dukha*), there is a cause for these sufferings (*Dukha-samudaya*), it is possible to cease suffering (*Dukha-nirodha*) and most importantly there is a way to extinguish suffering (*Dukha-nirodha-marga*). So, to endeavour to extinguish these sufferings is the most informed decision one can make to overcome the circumstances one is going through. There exists a persistent hope that everything which surrounds us is dynamically changing, and we have a chance to grow and let go of our inhibitions.

Striving through these inhibitions and navigating a way out was a shared effort we altogether made, me as a therapy practitioner and the children at *Salaam Baalak* Trust. It was quite an unprecedented experience for me with such a community. So, I was occupied with plenty of insecurities initially- things were phasing out haphazardly, and the children were highly distracted and were uncooperative in the beginning. But then after a shared effort and mutual understanding, everything came to pace gradually. I got acclimatized to the newly introduced setting. I learned to deal with them and carry out my sessions. In addition to this, SEG (Subtle Energy Guide) has provided significant support in motivating me to keep lingering on in this situation, however challenging it gets.

ACKNOWLEDGEMENT

Foremost, I would like to express my sincere gratitude to the entire team of Babu Trust and WCCLF for bestowing this opportunity. I'm extremely grateful to Bhargavi and Kavita for their continuous support as course educators; the completion of this dissertation could not have been possible without their expertise. The core team members of CDSA are worthy of mention and have supported us with their great hospitality, generous food servings and warmth.

I offer my heartfelt gratitude to all the wonderful souls of *Katkatha* Puppet Arts Trust, New Delhi and Krishalaya Centre, *Salaam Baalak* Trust (SBT), New Delhi without whom this project would not have found its existence. I'm immensely grateful for their presence and the unconditional support they've provided on each step. All their input and enthusiasm enhanced my motivation to continue this journey full of learnings and insights. A debt of gratitude is also owed to the staff and the social workers of Krishalaya Centre, SBT who have been constant pillars of support.

Endless gratitude to my mother who has shown me the personified version of empathy, compassion and generosity and my mentor Anurupa Roy for her invaluable guidance; the completion of this project could not have been accomplished without her support.

A big thanks to Renuka, Arunida and Kavita for motivating me to keep going amidst all the chaos and encouraging me throughout. Lastly, it wouldn't have been possible without the constant support of my dear friends, Vareni and Parushi, who believed in me and my journey unconditionally.

My heartfelt thanks to all!

SECTION 1: ABSTRACT

This report describes the therapeutic relevance of arts-based interventions (ABT) for children at risk aged 7-13 years. An action research project was conducted from May 2022 to October 2022 using arts-based therapy sessions at Krishalaya Centre, Salaam Baalak Trust, New Delhi. The most predominant behavioural and emotional concerns of the participants included bullying behaviour, anger management issues, heightened aggression, low attention span, withdrawal from academic engagement and conflicting relationships with peers. The arts-based therapy sessions were conducted to enhance interpersonal interaction. Integrated arts-based therapy approaches were used as a resource to facilitate the mental well-being of the participants and to assist in their journey of discovering themselves.

Behavioural rating scales, personal anecdotes, one on one communication and group observations served as the basis for the data analysis of this report. Findings suggested enhanced cooperative play and improved interpersonal relationships. A visible change like participants was taken into account after the interventions were made. Participants showed improvements in self-expression, ability to identify their emotions and attempts at self-regulation. The study has implications for arts-based interventions for children and their parents. Therefore, the interventions made in the realm of arts-based training sessions led to a conspicuous outcome in the behaviour of children which was largely evident from their participation in it.

The thought behind the project was to create an opportunity and a safe space through skillful and accessible means of ABT for one such group of identified children at risk. This was done to facilitate healthy coping mechanisms and emotional growth and to bring them closer to their potential and recognize who they are.

SECTION 2: INTRODUCTION

‘There can be no keener revelation of a society’s soul than the way in which it treats its children.’ History will judge us by the difference we make in the everyday lives of children —

(Nelson Mandela Children's Fund; 8 May 1995)

2.1 The Larger Problem:

Having a comprehensive knowledge of the perilous circumstances of which children are a part, is the need of the hour. Addressing the notions of multiple childhoods, atrocities faced by a larger section of society, inaccessibility to education and the underlying causes behind such a contingency are crucial factors. Children living in disadvantaged conditions are a vital part of our understanding of these pertinent issues, which mostly cater to the concept of poverty and deprivation. Amplifying this arduous journey of children's ill-treatment and their helplessness is a heartfelt need.

Child poverty is a central aspect of global reality, with children around the world enduring tremendous suffering and deprivation of their most basic needs. It is estimated that over eight million children under the age of five in developing countries die each year, mainly from preventable causes (Black et al, 2010). The reasons why such large numbers of children die are linked directly to the severely deprived or absolutely poor living conditions in which 30% of the world’s children live (UNDP, 1998; UNICEF, 2004). Article 25 (1) of the Universal Declaration of Human Rights of the United Nations states that “Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services”. This right is further reaffirmed in the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights. But this basic right is not conferred on many people.

Poverty as the most serious issue is not just confined to economic terms: It also proliferates to the developmental aspects of children. Along with economic hardships, inadequate physical and psychological development is detrimental to the lives of these children at risk. The threatening effects of poverty and deprivation also include mental disorders which have a diverse and far-reaching social impact, including homelessness, poor educational opportunities and outcomes, involvement of children in risky behaviours like consumption of drugs, their addiction to them and a lot more.

Children Living in Poverty and Deprivation:

Nelson Mandela says that ‘[T]he children must, at last, play in the open field, no longer tortured by the pangs of hunger or ravaged by the disease or threatened with the scourge of ignorance,

molestation and abuse and no longer required to engage in deeds whose gravity exceeds the demands of their tender years' (Nelson Mandela; 10 December 1993).

Poverty is defined as an 'unacceptably low standard of living.' Child poverty is a global issue that affects around half the children in the world. It is inextricably bound to the poverty experienced by their families and has been identified by the United Nations as a human rights issue. Child poverty is of utmost concern. It is crucial in determining the vulnerability, of which the children at risk are an indispensable part.

Children at risk are not able to lead a normal healthy life. They don't have access to basic amenities including food requirements, living conditions, clothing and educational requirements. It is necessary to determine how a child's needs are taken care of. For this, it is important to consider how resources are shared and used within a household, the value of other services provided (e.g., child care, education) and parental influence. Children who lack housing facilities are most vulnerable. They are generally abandoned by their families or socially excluded because of inadequate financial resources in the household. So, they are mostly found on streets strolling for their survival needs, to earn a living, disconnected from the social world. Street children are defined as, "[T]hose for whom the street more than their real family has become their real home, a situation in which there is no protection, supervision or direction from responsible adults" (Ennew, 1994, p.15).

For these children, amidst their incapability of meeting their basic needs, educational requirements are perceived as secondary and almost undesirable. In such cases, the impact of a non-profit and non-governmental organization is perpetual. The position on the rights of children as individuals and in distinguishing their needs from those of adults has helped promote awareness of children as a particular group in society with rights and special needs for development and protection (White, 2002). It is important to note here that despite being offered universal rights to children in terms of a right to life, right to education, etc. there has been a disparity in the actual implementation of these rights.

Marking the needs and vulnerabilities of the millennials, a need to promote healthy development among children and adolescents seems like an emergency (Masten, 2014). In addition to this, negative emotions such as sympathy and pity can cause people to act with charitable sentiments to aid others, who are disadvantaged through no fault of their own.

Thus, the goal in the near future is to challenge systematic oppression and create safe spaces for these children where they could meet their basic needs and feel empowered enough to express themselves.

2.2 Review of Literature

Creative Arts Therapies: A Brief Overview

Purpose of this review: A systematic review of existing literature to examine the impact of creative arts therapies on children who are "at risk" and are residing in slums.

Our experiences shape who we are and how we relate to others (Bandura, 1977). Relationships are established as an infant before verbal communication is developed by hearing the music of communication through caregiver speech, looking and watching (Bowlby, Bowlby and Gaitling, 2005). Art therapy, a renowned technique that uses visual arts as a therapeutic intervention, emerged in the 1940s in Europe as a form of psychotherapy (Hogan, 2001). This modality came into existence in Australia through a group of several local and international artists, psychologists, educators and psychiatrists between the 1950s and 1990s. Several of these practitioners undertook training in the UK and USA before returning to Australia (Westwood & Linnell, 2011). The peak bodies for art therapy in Australasia are The Australian and New Zealand Arts Therapy Association (ANZATA), founded in 1987 and the Australian Creative Arts Therapies Association (ACATA), founded in 1998.

The Psychodynamic theory and principles of psychoanalysis serve as the basis for art therapies in the West, which make use of varied evidence-based theoretical frameworks. These traditions undergo an inclusive study of depth analytic, behavioural, humanistic, systematic and integrative approaches. Arts psychotherapy can be employed as both a therapeutic and diagnostic tool (Dramatherapy, 2013). The staff in New York underwent modification in the therapeutic community in the wake of a dual-diagnosis homeless population, which recognized art therapy as a positive, constructive and beneficial contribution to the services offered as a treatment for substance misuse (Siddiqui, Astone-Twerell and Hernitche, 2009).

It has been evident from recent studies that engagement with artistic activities can enhance one's psychological or mental state, with a rejuvenation of one's emotions and have a conspicuous effect on physiological parameters too. Whereas both traditional and contemporary forms of art have always and continue to look at the person as a whole and their problem as just one aspect of their existence. They help the person to ruminate on memories from their unconscious mind and bring them into awareness in the most non-threatening manner, thus facilitating healing. Arts-based therapy encompasses several forms of art: Music engagement, theater, visual arts, expressive writing, play and movement-based creative expression.

‘The need to create, communicate, create coherence and symbolize is a basic human need’ (Serlin, Ilene A. et al, 2017). Arts-based therapies could also be effective in instilling a sense of empathy in children. Engaging in creative interventions like visual arts, performance arts or music can

significantly help in amplifying empathy and spreading emotional awareness. Ho et al. discovered a critical improvement in undergraduate studies associated with drumming programs when contrasted with the benchmark group undergraduate studies in different spaces of social-emotional conduct. It has been taken into account that in the UK there is a growing recognition, emergence and interest in the therapeutic advantages of creative arts therapies. For example, the Royal Society for Public Health Special Interest Group recently hosted a conference exploring the contrasts and commonalities between theoretical perspectives, research methods and professional practice in creative arts therapies, medical health humanities and arts and health and well-being (London Arts in Health Foundation, 2016).

In addition to this, the Paul Hamlyn Foundation (Paul Hamlyn Foundation, n.d.) is functioning to promote the appropriate utilization of arts in the UK supported through funding the Arts Strategy for Addictions developed by the South London and Maudsley Trust (SLaM). The primary objective is to ameliorate access and participation in what is believed to be an opportunity to enrich the lives of those who are socially marginalized or disadvantaged (SLaM AdArt, 2016). The British Association of Art Therapists supports and promotes the use of art therapy in rehabilitation (The British Association of Art Therapists, 2016a) with localized schemes such as a Scottish Art-full Strategy initiative, promoting creative arts and an involvement it has in the provision of improvement in the health and wellbeing of people affected by mental health issues (Scottish Arts Council, 2008). Another similar initiative network exists in Leeds, Arts and Minds Network, providing a range of creative arts in health to support recovery and encourage creativity and mental health wellbeing.

Arts therapy operates with access to imagination and creativity, which can generate new models of living and can facilitate the development of a more integrated sense of self, with increased self-awareness and acceptance.

Arts-Based Therapy (ABT) is recognized as a successful alternative medium to promote psychological well-being in children. It is usually a very effective way of working with children, who may be going through a difficult time. Creative arts allow children the opportunity to grow and develop self-awareness through self-expression. This has been shown to reduce stress and accelerate psychological and physical healing.

The concept of integrated arts-based therapy revolves around the process in which the clients and their well-being are restored with well-being forms intermingling together and synchronizing to establish an ethos of healing (Chabukswar and Balsara, 2016). Finding social inclusion in the stigmatized world of addiction leaves many unable to recover and find new ways of living (National Social Inclusion, 2016).

Types of Creative Arts Therapies:

The tools which are beneficial in forging a visible change, exploring the meaning and tapping into the unconscious processes take into account the use of creative art therapies. The three important kinds of creative art therapies that are offered by professional therapists in the UK are registered with the Health and Care Professionals Council (HCPC, 2016); these include art, drama and music.

In addition to these, movement and dance therapy is currently operating towards professional status registration with the same body. Arts-based therapy uses these different art forms to create ground for holistic healing.

Creative art therapists in the USA are registered with the Art Therapies Credential Board (Art Therapy Credentials Board Inc., n.d). The Australian and New Zealand Arts Therapy Association (ANZATA) organization is a professional organization for art therapy in Australia, New Zealand and Singapore (The Australian and New Zealand Arts Therapy Association, 2016).

It has been recorded from recent findings that there is a prominent use of creative art therapy without adequate professional training (Springham, 2008). Art therapy confers core beliefs to the user: The creative process aids in developing a sense of self and its relation or disconnection with the outer world. Creating art is a process of reinventing an outlook of oneself (Serlin, Ilene A. 2017). Art therapy has also been proven impactful in developing complex motor skills through an art activity that follows sequential steps for its completion (Drower, Jennifer 2012).

Therefore, a series of interesting investigations in the realm of arts-based and mindfulness-based training programs which were conducted with children in need over the years proved to be impactful and conspicuous effect was evident from their participation and it was reported that the domains of group cohesion and patterns of collaborative work were better after the intervention (WCCL Foundation, 2013).

Though this approach did not particularly inculcate the integrated arts-based therapy protocol of WCCLF, the evidence supports the inclusion of arts-based modalities in the therapeutic process.

Subtle Energy Guide (SEG)

An individual is eligible to practice ABT only if he's able to complete the Arts Based Therapy Certificate Course by the WCCL foundation. The subject is officially known as the Subtle Energy Guide (SEG). Of the 375 hours, approximately 90 Hours (equivalent to 6 international Credits) are devoted to the SEG in the ABT Certificate Course. 'The SEG guide provides the ABT Practitioner with a 'view' and a framework to design interventions as per the unique needs of each client.'

Without the SEG perspective, art activity may fall into one of the categories given below:

1. Art Education, music education, etc. Using art forms to 'teach' clients how to sing, dance and act.
2. Arts-on-Clients. In this case, a certain indescribable and immeasurable power is ascribed to the performing art or artist. The client is a passive recipient of the meritorious results from the performance. (Daniel et al., 2013).
3. Arts-in-therapy. e.g., primarily doing a psychotherapy session but using a few crayons and pre-recorded music.

2.3 Hypothesis:

The purpose of integrated art-based sessions will cater to the people in the society to empathize with each other, assist in the journey of mental well-being of the children at risk, help in overcoming their heightened aggression, cultivate a sense of shared belongingness, aid in developmental underpinnings of these vulnerable children and provide them with an atmosphere where they can fulfill their educational requirements within a social setup.

2.4 The Need for Integrated Arts-Based Therapy:

This project was carried out to examine the impact of arts-based therapy on children 7-13 years of age. To serve this purpose, multiple group therapy sessions were conducted to witness their participation, their response and the aftermath consequences of these sessions.

A group of 12-13 children was taken into the group, who are residing in shelter homes at Bangla Sahib, managed by Krishalaya Centre, Salaam Baalak Trust (a non-profit and non-governmental organization that provides a sensitive and caring environment for street and working children and those in difficult circumstances). The participants hailed from a community that is socially and economically disadvantaged. Out of these many children, very few of them go to school and the rest of them are not a part of formal education at all because of their homelessness. They are residing on the streets, cut off from the social world and basic amenities that other children enjoy. An ingrained sense of poverty and deprivation in these children has led them to encounter multiple problems such as anger issues, heightened aggression, ill-treatment, self-exploitation, drug addiction, physical and verbal abuse, etc. Most of their parents are working as daily wage labourers, involved in manual labour and mothers work as domestic help. Some of them have lost their parents and are orphans. The primary source of survival for most of the families is these shelter homes. It was observed that many children dislike the environment they get here in the shelter homes perhaps because of the lack of freedom/ mobility they possess here, they experience restrictions and they do not have friends to play with. In addition to this, the interpersonal relationships among the children are awful and they are mostly involved in conflict. Many of them also mentioned their hostile relationship with their siblings. They have consequently developed

intense feelings of aggression and apathy in their relationships with others. They also have internalized strong feelings of inadequacy and have a lack of healthy intimacy in their lives. These kids have had early exposure to a lot of things but due to an absence of legitimate and reliable sources, they have misled themselves and have accumulated false information and beliefs about many things. Considering the above-mentioned needs and challenges, it was essential to create a safe space for the participants. The current project was aimed at introducing integrated arts-based therapy approaches to facilitate the mental well-being of the participants, to assist in their journey of discovering themselves and their talents and rejuvenating from this tragic loss. Moreover, scholars have emphasized the role of early interventions where there exists a strong opportunity for promoting positive psychological growth (Coholic and Eys, 2016).

SECTION 3: METHODOLOGY

This part of the report takes into account the description of the details of group work conducted from the period of May 2022 to October 2022 as part of the Action Research Project (ARP). I attempted to document a brief scenario of practices carried out in the Krishalaya Centre, SBT. The predominant modality that has been incorporated into this project is an action research design.

The two most significant features of action research that appealed greatly to me (Reason, 2012) are:

- a) The personal – processes of inquiry are useful for the participants in their daily lives.
- b) The philosophical and political – the assurance that whatever is absorbed as knowledge is philosophically sound, pragmatic and participatory. Taking into consideration this realm of action research, the mixed methods approach of qualitative as well as quantitative modes of inquiry was adopted by me as a therapy practitioner to carry out my action research project.

Although I, being a facilitator in the Arts Based Therapy course, espoused both the techniques of data collection and research, the qualitative approach has been applied in a more detailed manner in comparison to the quantitative one.

Philosophically, mixed-method research studies are directed toward pragmatism (Teddlie and Tashakkori, 2003). Like every pragmatic researcher, I was more inclined toward the practicality of ‘what works in the session; the understanding of group needs, interests and challenges. The pre-designed framework of research did not work well as most of the exercises had to be altered according to the requirements of the larger group.

Pragmatism takes into consideration researchers’ worldview and value system that is believed to shape the process of knowledge creation as well as the conduct of the study (Brannen, 2005). The pragmatic approach encompasses research designs that consist of operational decisions based on ‘what will work best in deriving answers for the questions under investigation. This capacitates pragmatic researchers to conduct research using innovative and dynamic techniques to gather solutions to research problems.

Moreover, mixed methods research implies a combination of elements of quantitative and qualitative research approaches (e.g., imbibing viewpoints, data collection methods, incorporation of data analysis and inference techniques) aimed at ratification and in-depth understanding (De Lisle, 2011).

Quantitative tools of research methods and data analysis were adopted to produce a meaningful qualitative result. The Subtle Energy Guide [SEG] as a practice contributed to the exploration of

personal values and views and Session Record Sheets [SRS] enhanced the reflectivity of the therapeutic practice. These individual efforts were considered an indispensable part of the research process as they enabled a more active and careful involvement as a facilitator. It conferred an informed and unbiased decision from the research project.

3.1 Eligibility Criteria for Participants

The group of children at Salaam Baalak Trust that was included in the Action Research Project comprised 15 young participants, including both male and female children aged 7-13 years. These individuals predominantly faced many issues pertaining to socio-emotional issues, lack of confidence and self-worth, lack of attention, anger issues and financial crises. Consequently, these resulted in conflicting peer relationships, a hyperactive state, an inability to conform to the norms of that setting, behavioural issues, creating a distracting environment and losing interest in the activities intended for them.

SBT had a provision of counselling sessions and engagement in sports and dance. But this particular group of children has never been a part of any of these sessions. They were exposed to these ABT sessions which included various modalities of arts for the first time which made it difficult for them to adapt. Only group sessions were intended for these participants, no individual sessions were conducted.

Eligibility for Group Sessions:

- Children in the age range of 7-13 years.
- Both girls and boys.
- Participants are comfortable with the Hindi language as a medium of communication.
- Participants experiencing difficulties in self-expression and interpersonal domains.
- Participants willing to attend the sessions.

The Number of Dropouts:

My pilot project (from October 2021 to April 2022) which was conducted at *Katkatha* Puppet Arts Trust comprised 12 children initially. I successfully carried out my pilot project with this set of participants. The same group of children was to be considered for the Action Research Project as well, but with the increasing risk of the COVID pandemic, children started dropping out of the institution. Some of them started falling sick while some were not permitted by their parents to leave their homes due to safety concerns. Also, some of them dropped out as they migrated to their hometowns amidst such a situation. Gradually, I was left with only 2 children with whom it wasn't feasible for me to propagate my Action Research Project and consequently, I had to change the organization.

Then I came into contact with Krishalaya Centre, Salaam Baalak Trust where I began my ARP with 15 children (from May 2022 to October 2022). Out of those 15 participants, 3 children went back to their hometowns and left the institution permanently. So, I was ultimately left with 12 children to work with.

Therefore, I witnessed a lot of dropouts probably because of unfavourable circumstances or a lack of interest.

3.2 Logistics: Setting and Location

Space:

Since I have been a part of two organizations for carrying out my research study based on Arts Based Therapy interventions, I will have to necessarily mention here the names of both these organizations.

For my pilot project, I worked in *Katkatha* Puppet Arts Trust, Badarpur, Hari Nagar Extension, New Delhi. It was situated in a rural setting on a busy road, occupied by traffic largely. The roads were apparently under construction and the neighbouring areas were waterlogged. This institution was a single-storey floor comprising four rooms namely, the residency space, workshop space, lounge area and rehearsal room.



I used to conduct my sessions in a studio-like rehearsal room. There was sufficient space available in this room to hold the strength of 12 children of my concerned group. Also, the infrastructural facilities were pretty good with the accommodation of chairs, story books, artistic materials, projector, etc. So, it was quite convenient for me to organize my sessions there.

And then for my Action Research Project, I worked at Krishalaya Centre, Salaam Baalak Trust which was a shelter home (*raen basera*) situated adjacent to Bangla Sahib Gurudwara, New Delhi. The area in which that organization was constructed was quite large in terms of square feet area.

There were 8 shelter homes with around 30-35 beds in each of them and 1-2 beds were offered to every family residing there.



There was a separate space for washrooms and a workspace was available too but since it was always heavily occupied, my sessions did not take place there.

The major challenge for me was to find a new space to conduct the therapy intervention sessions every single day. Also, it had a shortage of resources with poor infrastructural amenities. No chairs were provided therefore the children had to sit on cloth mats. Apart from this, there was no provision for any artistic materials. It was extremely poor logistical support with merely a space available. On top of all this, the spaces I managed to find to conduct my sessions were largely exposed with no privacy at all, surrounded by external interference. So, it was very distracting.

Duration:

My pilot project of ABT intervention commenced in October 2021 and technically it ended up in January 2021. I started my Action Research Project with the same batch of *Katkatha* Puppet Arts Trust. I started my ARP of Arts Based Therapy interventions in mid of March and stayed with them till 10th May 2022.

At this time, I had to discontinue this because of the high dropout rates of participants so I was looking for another organization to coordinate with me. Then I found Salam Baalak Trust where I started on May 16, 2022, and continued till October 2022.

The sessions at *Katkatha* Puppet Arts Trust used to occur once a week from 12-1 PM. In SBT, I conducted two sessions per week. It initially used to happen on Monday and Thursday from 3-4 pm till August 2022 but then the timings shifted to Tuesday and Friday from 3-4 pm. My overall Action Research Project was for more than 35 hours. It altogether took plenty of time to build rapport building.

Pilot Study: Learning and Limitations

In the pilot phase, group sessions began in October 2021 and continued till January 2022. I conducted direct group interaction sessions for 16 hours. I attempted to make the best use of the learnings and the knowledge gained in the pilot phase to deal with my Action Research Project in a more organized manner so that the mistakes that I committed in the pilot phase were not repeated during the second approach of ABT research.

There were plenty of limitations that I had to overcome and get rid of, all myself. The lack of resources restricted me to make the best use of my knowledge and compelled me to alter the exercises that were pre-designed and intended for young participants.

Identifying the most commonly occurring therapeutic goals

Four domains to establish therapeutic goals were identified during the pilot project:

- 1) Improving Creative expression.
- 2) Coping with anger management issues.
- 3) Self-worth acceptance
- 4) Group cohesion and cooperation

3.3 Data Sources and Data Collection Protocols

I sought written consent from the organization and verbal consent from the participants and their parents to conduct ABT sessions. The consent was to gather:

- a) Audio-Video Recording: for a drum circle, visual arts and drama and play sessions with the participants. This approach ensured that all the sessions and interactions were timely recorded and saved safely. Revisiting the recordings helped me to understand individual progress.
- b) Photographs of creative material were taken after each session. The images served as evidence of the activities. In addition, these images served as a visual aid to have a quick review of the work done in the previous sessions to avoid repetition of similar modes of therapeutic mediums.
- c) Rating Scale - Children at Risk (WCCLF): was used to carry out the pre- and post-assessment of the participants to identify a child's cognitive ability, mindfulness and body awareness, communications and group interaction. The checklist covered the following

domains: body, sensory, mindfulness, cognitive domain, expression, communication and group interaction.

- d) Observation Tool (WCCLF and Bapu Trust) - I used observation sheets for each session. These provided an overview of clients' group behaviour and progress at one glance.
- e) NGO coordinators were treated as key informants about participants' progress and behavioural/therapeutic changes. Peers contributed objectively to the discussions.
- f) Session Record Sheets: were used for every alternative group session to plan the sessions and record the proceedings. These observations involved group behaviour and the actual session flow.
- g) Mandala Test: At the core of the Mandala is the person's belief system, which colours and mediates between the four areas. The assumption is that people would usually seek therapy when the balance between the aspects is disrupted. This could happen, for instance, if vulnerability takes over the person's whole structure, one or more functions are distorted, or the belief system is in crisis.

3.4 Methods used

The following tools and methods were employed (pre- and post-intervention) to assess the research needs and results of using ABT with the participants:

The group sessions utilized a permutation and combination of various modalities which mainly included:

- Games (for warm-up, rapport-building and movement).
- Rhythm (playing percussions).
- Visuals (creative craft exercises)

The integration of two or more arts-based media was decided considering the interests and requirements of the participants. Most of the warm-ups in the communions involved games and exercises, body stretching, free dancing and voice exercises.

For the first few sessions aimed at enhancing group cohesion, I focused on games so that participants have greater compatibility with their peers and they feel comfortable in that environment. During the second chunk of the therapeutic goal aimed at improving anger issues, I emphasized a graded version of rhythms.

The following methods were adopted for bringing ABT into action and to derive the desired outcomes:

- a) **Storytelling:** It was used to improve listening skills, verbal expression, sharing stories, appreciating others' contributions in the group and building rapport with peers. It was highly used as a medium for self-expression, in discovering themselves.
- b) **Meditation and breathing:** The breathing exercises intended for them involved various senses such as auditory, visual, bodily and tactile. It helped them to relax, improve their concentration abilities and make a fresh start.
- c) **Games and energizers:** Movement-based games were played to enhance alertness and concentration abilities. Warm-ups were exercises to familiarize the participants with the setting.
- d) **Visual arts:** This was used to enhance attention span, provide a stimulus for creating conversation and trigger group interaction, promote self-expression, as layering to storytelling sessions, to build up a group space and make all the members safe within that space.
- e) **Dance and movement:** These were used to promote the "here and now" experience of body sensations, to break the monotony of the usual session and incorporate a sense of "flow". This was used as a medium of imparting energy if they felt disconnected at times.
- f) **Art and craft:** These were adopted as a method to provide the participants with hands-on experience, refine their motor skills and engage them in work that demands concentration.
- g) **Music and rhythm:** Used music and rhythms for a warm-up and to facilitate free body movement, not much use of instruments was made due to a lack of resources but members of the group sang songs together spontaneously, creating melodies and beats.
- h) **Speech and drama:** These were used to improve group improvisations, narrative abilities, collaborations and interpersonal relationships. It helped them to coordinate better with each other.

SECTION 4: RESULTS

4.1 Journey with *Katkatha* Puppet Arts Trust



I feel compelled to mention in this dissertation the journey of the pilot project conducted at *Katkatha* Puppet Arts Trust (Badarpur, Hari Nagar Extension). It has been an integral part of my research study, contributing over 26 hours to this organization. It was initiated in October 2021 during the second wave of COVID. It was undoubtedly the most daunting wave; therefore, I experienced a wide range of difficulties.

I went there after my first residency, did a field trip to gather children and finally got a handful of 12 children to carry out my sessions. The unfavourable circumstances were held responsible for the children's absenteeism. Also, initially, they were not enthusiastic about the sessions, least interested in attending sessions. In addition to this, children were wearing masks for safety concerns which posed another level of challenge for an ABT practitioner. For instance, I visualized and formulated an image in my head of every participant to feel comfortable and get familiarized with the environment. I wasn't aware of their actual faces. After ten sessions, I asked them to uncover their masks for a short duration and to my utter surprise they appeared totally unfamiliar. It took me a while to adjust my vision to their new faces and erase the portraits that I created in my mind. It was an eye-opener and shock for me.

But gradually after that, in the later sessions, they began to develop their interest and looked forward to having a session with me. Two children used to walk out of the session in the middle of it by lying, by giving unacceptable excuses but a noticeable effect was witnessed in their status too. They started attending the sessions and began to express themselves through visual arts and percussion. They displayed immense cooperation and coordination and supported each other in the best way possible.

Then in February, after my second residency to carry out my Action Research Project, another set of observations were made after the interventions. It was identified that boys cherished percussion more. They derived pleasure from music and were comfortable adopting it as a tool to express themselves. While younger girls loved visual arts as a medium to express themselves. Anyhow,



both of them cooperated well and were inquisitive in their approach. With mutual efforts and suggestions, the sessions were taken forward.

A visible and considerable amount of change was sighted in the behaviour of participants. There were some teenage boys who used to go to school and work simultaneously to earn their living, so they had quite a hectic schedule. But despite being surrounded by dual responsibility, they were an active part of my sessions which gave me a reason to take those sessions forward.

'Mannu', a child at *Katkatha* Puppet Arts Trust commented on the logistics (space/setting) in a metaphoric way; '*Bahar bohot shor hai, waha mazaa nahi aata par andar accha lagta hai andar shaanti hai*' (Tr. It's chaotic and noisy outside. I like the calm here). Because the studio was situated in a noisy space, I underwent a sudden state of astonishment and bewilderment at this particular statement made by him. For me as a practitioner, there was a considerable amount of noise indoors too but perhaps he was finding silence inside, I was then reminded of the notion of alternative realities of how these kids learn to adapt according to the situation at such a tender age.



Katkatha children gave me an entirely varied perspective which helped me to empathize with them even more. Then, there was a child called 'Mehfooz' who made a card saying, "*yaha par humko surakshit mehsoos hota h kuch bhi bolne k liye*" (Tr. I feel safe here to be able to express myself freely.) This remark too was an overwhelming statement for me to contemplate.

In addition to this, we all followed a practice of cleaning at the end of every session to mark its closure. Initially, many boys were not accepting of this norm as they felt humiliated or perhaps because of the gender socialization process of which they were a part. But gradually with time,

they involved themselves in this shared effort. It was this group of children with whom I scrutinized my first mandala test.

4.2 Journey of Krishalaya Centre, Salaam Baalak Trust

I was supposed to conduct 35 hours of ABT sessions at Krishalaya Centre, Salaam Baalak Trust. But I eventually ended up conducting around 45- 50 hours of ABT sessions. Also, it took a lot of time to gather children, bring them regularly for my sessions and conduct the activities intended for them. Approximately, 10-12 sessions were used for rapport building, for making the participants comfortable in the newly introduced setting.

The following results were observed after the intervention using arts-based therapy:

Some of the participants did show improvement in group cohesion and creative expression. Most students displayed the problem of aggression, but they had a huge creative block hidden inside them. It is just that they were not given the exposure to display their artistic skills. Some of them tended to copy or imitate whenever given any task.

Nevertheless, in this whole journey of realizing self-worth and exploring self-expression, they were endeavouring to foster their creative expression. And this was reflected by the kind of questions they used to ask and the inquisitiveness they displayed.





Drawings made by participants to indicate the part of the body where they feel anger; an activity intended to help them regulate their emotions.

They started helping each other a lot with ideas and materials. Initially, they hardly expressed themselves; Rather they used to sit alone and did not engage themselves in group activities. They used to feel disconnected and when asked to join the group they would do it unwillingly and participate by just imitating each other. I witnessed an improved consistency of participants in turning up for sessions and staying back for the whole session willingly. By around the 16th session, a keen interest in looking forward to sessions was observed in the participants.

In addition to this, three students in the group who were siblings of different ages were all aggressive and uncooperative. But towards the end of the sessions, the situation gradually improved. They attempted to let go of their inhibitions. They ultimately learned to empathize with each other. A miraculous change was noticeable in most children. By around the 25th session, they were more accepting of sessions. They welcomed each new activity or exercise meant for them and were opening up steadily.

Four children seemed to be completely disinterested in attending any kind of session. They did not go to school or attend SBT's other sessions. But, by the end of these ABT sessions, a considerable change was visible in these kids. They were keen to join the school, learn new things and engage themselves in reading and writing.

It was also observed that initially, children were intrigued by the games which were used for warm-up and rapport building. But then gradually they began engrossing themselves in visual arts and rhythm circles. It was followed by a significant increase in their interest in storytelling by the end of the 28th session.

Stories of Idries Shah were taken up with them during the conversation. It acted as a technique to engross the participants in the beauty of the stories and would capture students' interests well. It

provided them with a healing effect altogether. These stories would enhance the creativity and consciousness of the learners and prove to be effective to a certain extent.

I furthermore conducted an activity with this group of children where I told them to express their anger by projecting it onto the paper. I asked them where they feel anger in their body. I probed the same question in the initial sessions as well but they didn't understand, though, by the end of the sessions, they were quite able to locate where they usually feel anger in their body. By this, they were able to explore their body parts well, indicating they used different shades of colour and were somehow able to regulate it.

4.2.1 Detailed Results

Participant 1:

The first participant is Tamanna. She is an eleven years old girl and was an active participant in my ABT sessions. She goes to Atal Aadar Vidyalaya near Hanuman Road. She is currently studying in class 6 and lives in a Bangla Sahib shelter home with her mother, father and four siblings. Before living at the shelter home, her family lived on the streets. Her father is physically challenged and runs a *parantha* (Tr. Traditional bread) stall in the morning. Tamanna's elder brother is a substance user. She is second to her brother being the eldest and has two younger siblings.

Tamanna did not have any memories of her childhood years. She is a shy and introverted girl and does not have any friends. She aspires to become a teacher because she loves to teach. She might also occasionally hit children who are naughty and mischievous because that's what her parents and teacher do. The concept of physical punishment is normalized for her. At the same time, she does not like being physically punished. Yet she believes that hitting children for being naughty is the right thing to do. She supports it with this verbatim of hers, "*Mujhe maarna accha lagta hai jo bacche shararat karte hai, mujhe bhi papa mummy aur teacher maarte hai jab mai sharat karti hu.*" (Tr. "I like hitting mischievous children. I also get beaten by my parents and teachers when I do something inappropriate.")

Her favourite subjects are English and Hindi. She likes to attend these ABT sessions because of her involvement in activities like story-telling, drawing, painting, etc. which she really enjoys.

It seemed to appear that Tamanna's sense of self-worth was very low. There were times when she could not express herself clearly, which resulted in her very poor self-expression.

According to what other people had to say about her, she had anger issues and a tendency to get aggressive at times. She is creative and has gradually started to like listening to music although is

quite unable to deliver her creative expression. NGO coordinators informed me that she gets zoned out very often and is a slow learner.

Tamanna's younger sisters also attended these sessions. Her behavioural aspects showed that she possessed a sense of responsibility, nurture and care for her younger siblings. Since a child's primarily identified needs were that of safety and finding an anchor within the self, the therapeutic goals for her appeared in the mindfulness, expression and communication domains as drawn from diverse data collection methods.

Participant 2:

The second participant is Anjali who is ten years old. She never went to school but she aspires to join. Anjali's family comprises her grandmother and her three real siblings. They live with their late father's aunt whom they call '*dadi*'. Anjali and her family could not get a bed in shelter homes and had to be put in a tent in an open space. Her elder brother is an addict and people often complain about him thieving. Anjali is the youngest among her siblings. She has two elder brothers and one elder sister who also attend ABT sessions. Anjali's biological father died before she was born. Her grandmother begs on the streets to meet their daily needs hoping that someone would donate her some money which is very hard so Anjali tries to accompany *dadi* sometimes. She would also sometimes sell balloons with her *Chachi* (Aunt).

After being a part of Salaam Baalak Trust, Anjali has also spent two-three months in the SBT centre but she felt restricted there and often felt homesick. Her mother got her out of the centre. She would miss her mother. She described how her mother remarried after her biological father died and moved to Agra with her stepfather. Her mother has four children with the man she married later. Anjali loves to spend time with her little siblings and nurtures them whenever her mother used to visit. She doesn't know her stepfather much. She misses her biological father whom she has never even met in person but has heard about him through her grandmother.

She doesn't get well along with her siblings and there always exists a conflicting and aggressive relationship between them. She gets bullied by Akshay a lot and to compensate she bullies Jiya. The needs identified for her were in the expression, communication and group interaction domains. She was not regular in attending the initial sessions however she improved gradually.

She shared how she has grown all these years living on the streets and still liked that environment more in comparison to this shelter home. To support this statement, she said, '*mujhe sadak par rehna achha lagta tha; yaha par macchhar kaatate hain aur waha thandi hawa mein sote the.*' (Tr. 'I liked staying on the street for I loved the cool breeze there and here are a lot of mosquitoes in the shelter.')

Apart from this, Anjali mentioned that she likes to colour and draw but had no aspirations for herself in the future. Then after being unresponsive a few times, she said 'doctor' almost as if she said anything that randomly and vaguely came into her mind. Throughout our conversations, Anjali barely made any eye contact and was always keen on escaping it. Anjali and the kids rarely get any love or affection from their families. She was quite an attention seeker, desired to grab everybody's attention therefore used to engage herself in abusive conflicts with her siblings. Nevertheless, with others, she tended to control her anger and remain silent as a way out.

Participant 3:

The third participant is Jiya. She is thirteen years old. She is Akshay and Anjali's elder sister. She has been staying in the shelter home since last year. She along with her siblings used to stay on the streets earlier and has never gone to school. Delhi Police has transferred them into this shelter home. She expressed that she was comparatively happier when she was staying on the streets because it used to give her a sense of belongingness within a close community.

Jiya lost her father when she was three years old. She was informed that her father died of tuberculosis and her mother left them soon after. Before coming to this shelter home, she was staying in the SBT centre hostel. Her grandmother sent her to the hostel for her personality development. Her mother who stays in Agra withdrew her from the hostel because she was being bullied there.

She initially used to sell balloons on the streets with her paternal aunt and her siblings, but she doesn't have a good relationship with her family members and often feels suffocated to be a part of such a family. She feels left out and often hangs out with her friends as a strategy of escapism.

She shared that she only cries when someone hits her and finds crying as a coping mechanism to vent out her emotional baggage. She doesn't share a good relationship with her grandmother and quarrels with her regularly. Jiya's elder brother is an addict; she's considered accountable for taking care of the family and providing financial support but she is unable to. As a result, Jiya's grandmother does not like her. Jiya's grandmother keeps on cursing her and constantly complains about her being arrogant. At times, Jiya finds it convenient to isolate herself to regulate her anger and aggression problems.

Initially, she did not want to be part of the ABT sessions, she cried a lot and was unhappy to attend sessions. But eventually, with time she started opening up, tried to express herself well and made an endeavour to cooperate in the session. She enjoyed music and drawing, but at the same time, she doesn't have any aspirations for her future. She doesn't possess a lack of self-worth; she loves her body and her image but when people call her fat or chubby, then it probably hampers her personality.

Participant 4:

The fourth participant is Akshay, who is Anjali's elder brother and Vinay's cousin. He resides in a tent inside a shelter home with his grandmother, three siblings, *Chacha* (Paternal-Uncle), *Chachi* (Paternal-Aunt) and their children. He is twelve years old and doesn't go to school. He once went to school but got dismissed because he got involved in a fight and injured a child. Nonetheless, he is quite keen on learning reading and writing.

He's the most aggressive of all the participants. He is involved in some sort of fight every day, has anger issues, is egoistic; doesn't like to listen to anyone and follow instructions. He behaves like an adult at such a tender age. His elder brother is an addict, so he feels that he needs to be a responsible person because his grandmother expects a lot from him and she thinks he would do something for the family. His father died when he was very young, then his mother got married to someone else. Akshay dislikes his stepfather and he misses his real father a lot. He fights a lot with his sisters (Anjali and Jiya), as he feels he is the male counterpart and showcases his male dominance.

Akshay stayed on the streets earlier, then came into the shelter home. He feels restricted in the shelter home and enjoys comparatively less freedom. Before coming to the shelter, he worked as a sweeper and a manual scavenger. Now he aspires to serve the country and a sense of patriotism reflects in him for his future aspirations. He seems to have forgotten his childhood memories. It reflects that he has undergone trauma after his father's death and is unwilling to elaborate on his memories.

He doesn't share a good relationship with his mother and was deeply affected by her decision to marry again to another person. He is suffering from anger issues, he gives a verbatim saying, '*Bina khoon nikale maarna sahi h, jab tak khoon na nikle tab tak maarna sahi hai*' (Tr. It's okay to hit and be violent as long as the other person is not bleeding).

He mentioned that he enjoys talking to people; he feels delighted when someone sits with him and talks to him. He misses his parents. Apparently, in a conversation, he shared that his mother is accused in a kidnapping case so he sometimes has to visit the court as a witness.

He showed a great interest in academics and he is eager to complete his schooling. Simultaneously, he wants to learn boxing and thinks it as his dream and passion. He too lacks a sense of self-worth.

Participant 5:

The fifth participant is Pihu, who is Tamanna's younger sister. Pihu is nine years old and lives in a shelter home near Bangla Sahib with her parents and four siblings. Before living at the shelter

home, her family pretty much lived on the streets. Her father is physically challenged and runs a *parantha* (Indian stuffed flatbread) stall in the morning. Her elder brother is an addict. Pihu had no memories of her childhood either same as her sister. She is currently studying in class four in the same school as her sister. Her favorite subjects are Hindi and Math and she only has three friends in the class. It seemed; Pihu liked spending time with me so she attended the sessions.

She misses her friends from the streets. She is passive-aggressive but displayed improvement over the sessions. She would religiously give me a hug when I arrived for the session and drop me off while leaving. This displayed her concern and caring attitude. Pihu was impatient and lacked focus. Dealing with fears and finding her voice were the immediate identified needs which translated into expression, communication and mindfulness as the key domains to be worked upon.

She would try to get involved in every situation, and grasp things quickly. She would sometimes leave her work in the middle. She tried to avoid conflicts and fights. However, she would also get physically violent sometimes. Besides she showed great interest in activities and was enthusiastic. She and Tamanna were the most consistent members and hardly missed any session. She would always look forward to it. After the ABT interventions, a slight change was visible in her habit of intruding in conversations as she was doing it less, earlier she was very egocentric.

Participant 6:

The sixth participant is Pari, who is Tamanna and Pihu's younger sister. Pari is eight years old and lives in the shelter home near Bangla Sahib Gurudwara with her parents and four siblings (two elder sisters, an elder brother and a younger sister). She is the second youngest in the family and doesn't remember anything about her childhood and is quite reluctant to share. She was the most impatient and easily distracted among her sisters. Initially, she used to attend the sessions under the pressure of matching up with her sisters but gradually she started liking it. She couldn't perform well when given instructions but was observed to be doing great when the task was open-ended and without any specific instructions.

Participant 7:

The seventh participant is Shubhankar. He was born in Kolkata and he resides here in the shelter home with his two elder sisters and his mother. He is twelve years old and studying in the seventh standard. His father now lives in a village in Uttar Pradesh and his mother is from Kolkata. Even though he was born in Kolkata, was brought up in Delhi. His mother works as a guard at India Gate. He has been staying in the shelter home for a long time but lived in a rented house for some time when his father was in Delhi.

He aspires to become a police officer because his Sir has told him that it is a good profession and that being a police officer is a noble job. So, he doesn't have his aspirations, he is influenced by adults in his life. His favourite subjects are English and Hindi. He dislikes Math because he finds it problematic to deal with. He has only two friends in his school.

He was an active part of the ABT sessions. He was consistent, enthusiastic and looked forward to attending the sessions because he enjoyed drama activities and theatre. He too is a sufferer of anger issues and finds it difficult to control it at times. He possesses a lack of self-worth which he supports by a verbatim of him, '*mai khudko pasand nahi hu, mujhe apna chehra accha nahi lagta*' (Tr. I don't like myself, especially my face.)

His friends are involved in the act of robbery. He too becomes a part of it when he finds himself helpless to stop participating in such activities. He has a good relationship with his mother and his two elder sisters and exhibits a caring attitude toward them. Shubhankar is a notorious child, is intelligent and understands things easily but is stubborn and egocentric in terms of following instructions. He doesn't get persuaded by others easily. He keeps smiling all day which sometimes acts as his coping mechanism but simultaneously he is involved in a lot of fights with others and tries to provoke people to fight with him.

Participant 8:

The eighth participant is Vishal. He is eight years old and studies in the second standard. He lives with his parents and four siblings (one sister and three brothers). He lost his one elder sister in 2019 who died of severe fever. His mother works as a sweeper at India Gate and his father is a carpenter.

Vishal does not like going to school even though he has got many friends because '*bahut sara kaam karna padhta hai aur ek dost gaanv chala gaya hai isliye achha nahi lagta*' (Tr. 'have to do a lot of work and one of my friends had gone to his village, therefore, I don't like it in school). In school hours, he only likes the recess time.

He is quite aggressive and used to pick unnecessary fights during the session. He confessed, '*School se bhi pit kar aata hun, ghar main bhi sab maarte hain isliye gussa aata hai aur mein bhi dhar deta hun.*' (Tr. 'I get beaten in School as well as at home so I also hit when I get angry). He does not have a great relationship with his siblings but with the sister who is no more although he denied missing her as well.

He aspires to join Army because '*Fauji ke pass bandook hoti hai aur vo bachhon ki jaan bachate hain*' (Tr. 'they have guns and they protect children') and he is convinced that once he joins the

army he would be able to fulfil all his dreams. To be able to join the army, he wishes to go to a hostel so that he could develop the skills and get the required training.

He was not regular at attending the sessions in the beginning. I had to get him from different locations but eventually, he started showing up on his own by the end; started taking an interest in painting, listening as well as reading stories.

Participant 11:

The eleventh participant is Vinay, who is Anjali's cousin. He lives with his parents, two younger siblings and four other cousins including Anjali. Just like Anjali, Vinay also never got the opportunity to go to school but he wants to study. He was born on the streets of Connaught Place in Delhi and then shifted to Agra and Sahibabad. Vinay aspires to join the Indian army because he wants to protect his country. Vinay's mother sells balloons while his father cleans public washrooms for a living. Vinay mentioned that they used to beg at red lights earlier. It was also mentioned that one of his family members is involved in a theft which was impacting his behaviour too; it was compelling him to engage in a similar kind of work. He mentioned that he doesn't have anger issues but people often bully him and that makes him angry.

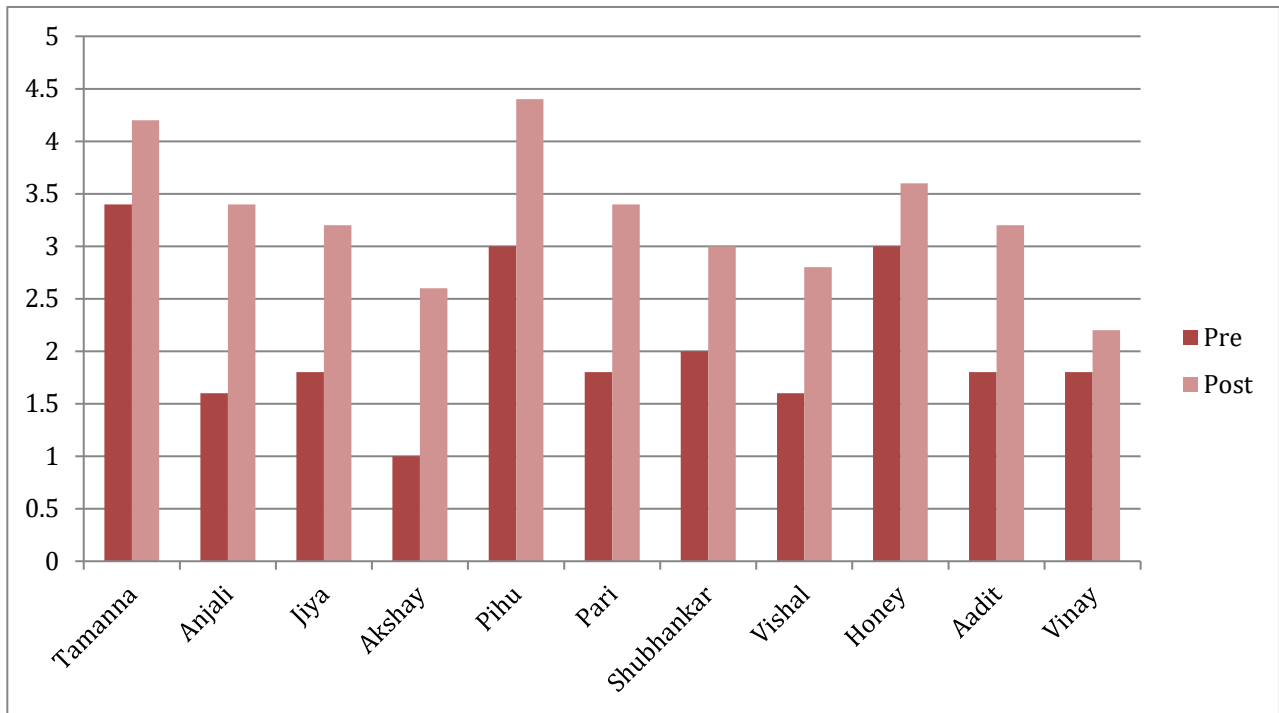
He was referred for poor understanding of physical boundaries (proximity and tone during interpersonal exchanges, was too loud and intimidating), low attention span and poor impulse control. Vinay likes shelter homes because of the availability of food. Vinay did not talk much but he had a great interest in drawing and painting. More often than not, he suffered from not being able to defend himself, eventually feeling a lack of self-worth and at times lack of creative expression. He was referred for his unwillingness and inability to stand up for himself in front of bullies and for hitting in class.

4.3 Results on Separate Domains

I combined the results of each participant using the Rating Scale for Children at Risk's four sub-domains: a) mindfulness, b) communication, c) group interaction and d) expression. These areas were seen to be in line with my ARP's therapeutic objectives. For each participant handled as a post- and pre-assessment, I generated an average score out of, 5 for them and based on the findings in the four aforementioned domains, I derived four graphs.

Mindfulness Domain

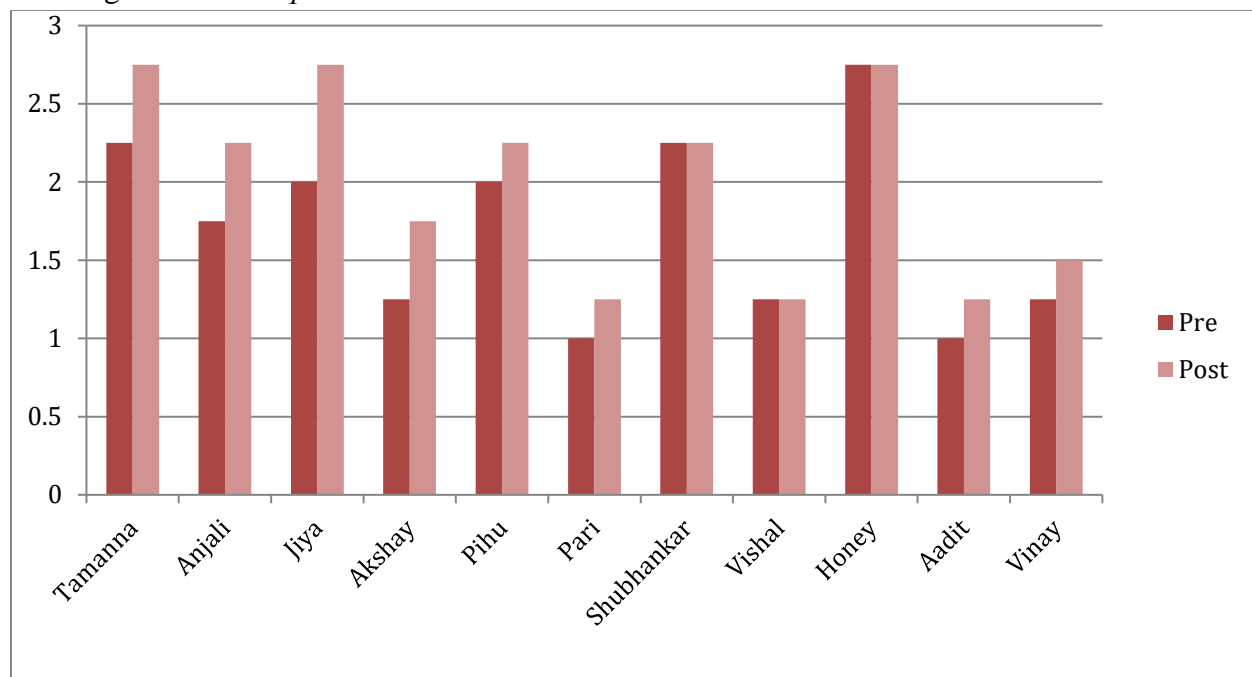
Figure 1: *Participants' Pre and Post assessment scores in the Mindfulness Domain*



The pre-and post-assessment results for the participants in the mindfulness domain are shown in Figure 1. The focus was to help the participants in regulating their speech and action, as well as to build better concentration. Initially, it was difficult to grasp their attention and to be able to hold their concentration for an hour. Akshay used to leave the session in between and was influential enough to make others leave as well. Gradually, with the help of rhythm sessions, they started staying and there is an evident improvement in everybody's scores. Vishal and Aadit hardly paid any attention at the initial stage and constantly used to distract others with their charades. Colouring helped in building their attention span, the more complex the picture, the more intriguing it is.

Communication Domain

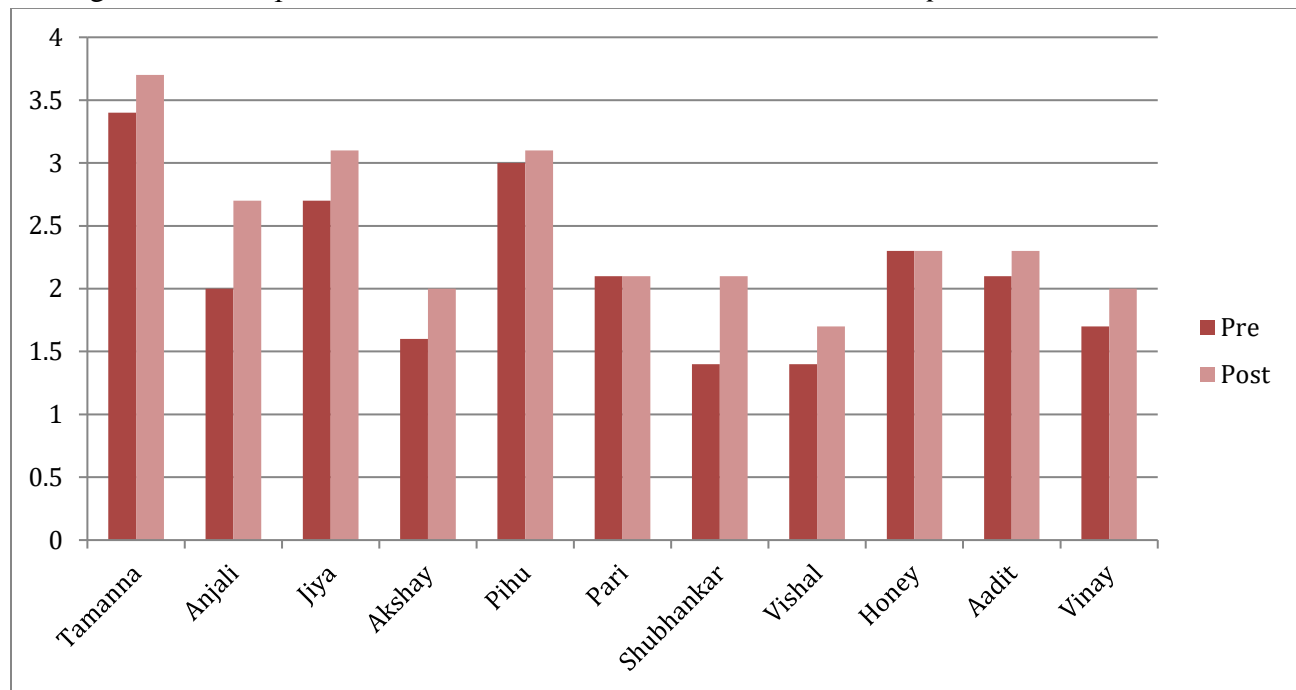
Figure 2: Participants' Pre and Post assessment scores in the Communication Domain



The pre-and post-assessment results for the participants in the communication domain are shown in Figure 2. The skills taught in this category were verbal expressiveness, appropriate language use, assertiveness and creative writing. The majority of children struggled to explain themselves in writing since they have never been to school and are still learning the basics. Also, they did not communicate their emotions without getting hostile. However, improvement can be seen in all the participants' scores. Aadit was a quiet participant who seldom talked during the initial period but after participating in some speech and drama sessions, he started engaging. There was a difficult history between Akshay, Anjali and Jiya since they are related. They used to verbally and physically abuse one another all the time and an evident involvement of their grandmother would create a ruckus in the sessions. The three of them, however, acted less violently and didn't intimidate other team members when they weren't in the same team. Toward the end of the sessions, they started bearing each other's company to some extent and their grandmother started encouraging them to join the sessions.

Group Interaction Domain

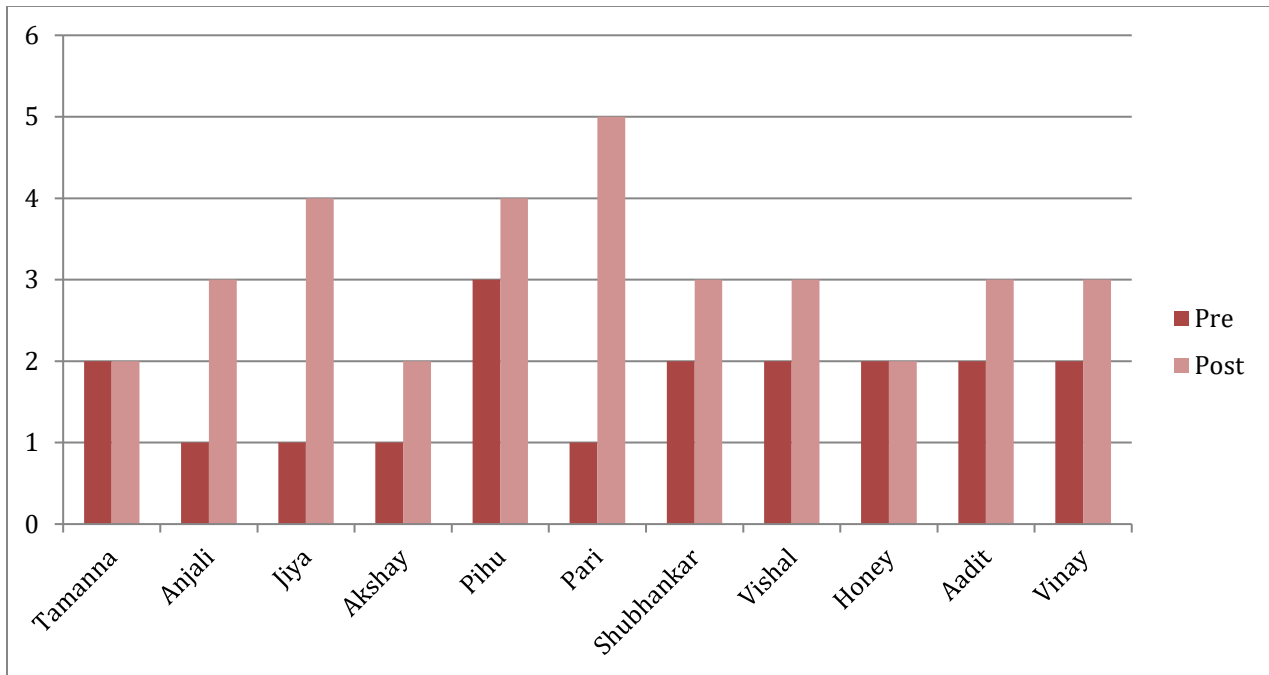
Figure 3: Participants' Pre and Post assessment scores in the Group Interaction Domain



The participant's pre-and post-assessment results for the group interaction domain are shown in Figure 3. These skills included the ability to communicate effectively in a group – ask for help, be helpful, contribute to the team and share resources and ideas. Except for Honey and Pari, all participants' scores appeared to have increased. The reason behind Honey's static scores is majorly his attendance and in the case of Pari, it's the walls she has created around her which are difficult to break. However, I am glad not to see the decline in the scores. Anjali was seen to ask for assistance when she was unable to comprehend on her own. Vishal suggested reading a storybook together. From the initial days to the final days, Akshay's ability to work with everybody has improved. He first resisted working in a group and was extremely violent. Tamanna usually remained reserved initially but exhibited great compassion for participants other than her sisters.

Expression Domain

Figure 4: Participants' Pre and Post scores in the Expression Domain



For the expression domain, the participant's pre- and post-assessment scores are shown in Figure 4. Pihu performed the best in the pre-assessment phase and received a score of three. This demonstrated her capacity to express herself creatively and improvise with the materials and stimuli provided with a little push. In fact, except for Tamanna, everybody else's scores improved from pre-assessment to post-assessment. There's a huge increase in Pari's scores which shows tremendous growth in her ability to be imaginative. Shubhankar, Vishal, Honey, Vinay and Aadit were able to let go of their repetitive patterns and were able to improvise with little prompting. Also, Jiya and Anjali displayed great improvement. From not being able to draw and using colours alone to express themselves to loving complex mandala designs and trying to create ones, their creative expression flourished.

SECTION 5: DISCUSSION

5.1 Limitations

This dissertation will be inadequately served without mentioning the limitations of the project that was conducted within a time frame of twelve months. There is utmost importance in making the readers aware of innumerable challenges that were surmounted throughout the journey of accomplishing it.

To begin with, the group of children which I had at *Katkatha* Puppet Arts Trust for carrying out my pilot project (October 2021- April 2022) was afflicted with massive challenges, as COVID was at its peak then. Amidst all the insecurities and health concerns I conducted my arts-based therapy sessions for the children, I was held accountable for the safety measures of the children attending ABT sessions. The pandemic had a profound impact on the strength and the regularity of students in attending the sessions; most of them were irregular and infrequent in turning up. The absenteeism of the children due to poor health conditions may have impacted the individual as well as the overall group progress. Wearing masks as a precautionary measure served as a hindrance in connecting with them more efficiently.

The same group was meant to be part of my action research project (May 2022- October 2022) too; but due to ill health many of them never appeared again, while some migrated to their villages, some attended the first few sessions and then later discontinued. So, it became all the more difficult to cooperate with them as a whole unit. Therefore, the organization (SBT) summoned to put a halt on the sessions and it stopped altogether. Then, for carrying out this action research project, I had to work with another group of children. Learning about a new group was a major problem that I faced in this intricate journey of mine.

Then finally after a lot of inquiry, I got a sight of a group of children residing in shelter homes of Salaam Baalak Trust. I believe, as a practitioner, it was challenging to witness therapeutic changes within the confined duration of thirty-five hours of the group process. Building rapport with children, creating a convenient environment, conducting sessions with them; and evaluating and taking note of their assessments within the same time frame was a challenging job. Working with an organization like Salaam Baalak Trust had its share of disadvantages. Dealing with the people of the organization was a demanding situation; they weren't accountable to handle the children in the group, and I had to do everything by myself. It was my responsibility to gather all the children and conduct sessions in a safe place.

There was an effective shortage of resources; a distracting environment, no proper space to conduct the sessions and above all safety concerns as all these children were highly vulnerable. Poor interpersonal relationships and conflicting situations among peers added to the intensity of the

problem. Due to the lack of a convenient space and resources, the pre-intended exercises had to be altered on the spot. A personal limitation that must be taken into consideration was the mental health issues that I was experiencing during that time. It is also essential to mention that there have been many art-based intervention sessions that I haven't counted as a part of my project report as I did not find them productive and beneficial, they did not serve as a contributing factor in rapport-building with children.

Within this time frame of thirty-five hours, I could not address the individual needs as almost all the sessions were group-oriented. I could not cater to all the objectives that I intended to fulfil through this project, it seemed like a loss of other domains of interventions that participants needed exposure to.

5.2 Learnings

There were certain learnings that I derived as a therapy practitioner when I was over with this project based on Arts Based Therapy interventions for children at risk.

I noticed and then eventually learned that I was unable to converse with the parents of the participants. I realized that to sustain longer interventions, it is crucial to make the parents connected in a loop supported by regular interactions.

In addition to this, it was observed that consistency is highly essential for a successful research practice but I realized that it lacked in my practice. Consistent interventions supported by consistent personal practice are key sources of conducting research. Also, I did not explore many artistic materials which was mainly because of a lack of resources available at the setting. I felt that if I had an opportunity to explore more artistic materials, then their abundance would give children a probable reason to express themselves in a more enhanced manner. Simultaneously, it was problematic for me to give my sessions an appropriate closure. I had to design a different ending according to every individual session. Generally, this was because of a realization that closure cannot be random and one closure cannot be utilized for all the activities, for all the days. On top of all this, working with young children in unconventional settings and using unconventional methods was the major confrontation.

I often introspect as well as contemplate to understand my motives behind this work and interestingly it is not all selfless. I want to work with/for children not because I have something to teach them but because I want to learn from them. If I am still spontaneous and enthusiastic to try new things, resilient to be able to let go and forgiving enough to make fresh starts, it is because of them. It is because of the company I choose to be in, a company of children full of light and hope. At the same time, I cannot take sole responsibility to provide them with better awareness, to bring a change all of a sudden. There are a lot of systematic loopholes at play. So, at a later stage, I felt

that everything was not in my hands and I could only discharge my role well and I did. The sustained habits and simple yet powerful rituals imbibed through the ABT intervention help the child/person validate the occurred change and a belief to pursue the experienced wellness at a personal level long after the intervention is over.

Essentially, if I am still hopeful and ready to be all the things I long to be, I owe it to them, to my tiny teachers.

5.3 Future Discussions

This research contributes to the very few research documents in Arts based Therapy/Creative Arts Therapy in the Indian setting and therefore, it can be utilized by future researchers to build upon the work with this population group.

As far as my future goals are concerned, I aspire to work again with the group of children at *Salaam Baalak* Trust because I was not able to obtain the desired results. I was not able to focus much on quantitative aspects and qualitative outcomes were too unsatisfactory. It took plenty of time for me to understand the dynamics of the participants as well as the setting in a well-defined manner.

It is significant to mention that during my ABT Journey, I conducted activities like a drum circle and story circle with the *Kutumb* foundation; the children of this community belong to *Nizamuddin Basti*, Delhi and a Basti situation in *Ghevra*, Delhi. So, I desire to connect with this set of children again in the future.

Apart from this, I have already started working with Katha Publication House as a story facilitator. I am using my ABT interventions and learnings there as a tool to facilitate my sessions. I am also working with the children in the communities associated with Society for Promotion of Youth and (SPYM) Masses and Salaam Baalak Trust. In addition to this, it is worthy of mention that I earlier decided to connect with the Queer community, in Delhi but I had already started with the other set of children till then.

Apart from all this, it is interesting to note here that *Katkatha* Puppet Arts Trust was fascinated with the changes they witnessed in their children after the ABT interventions. So, they now want me to come again and carry the interaction forward. Henceforth, I will most likely reconnect with the children again as I discontinued there due to unfavourable circumstances and it is going to be a long engagement with teenagers.

I truly manifest that everything remains favourable and I get an opportunity to work with all the above-mentioned organisations. I would like to venture into some more institutions and would desire to apply my learnings there as well.

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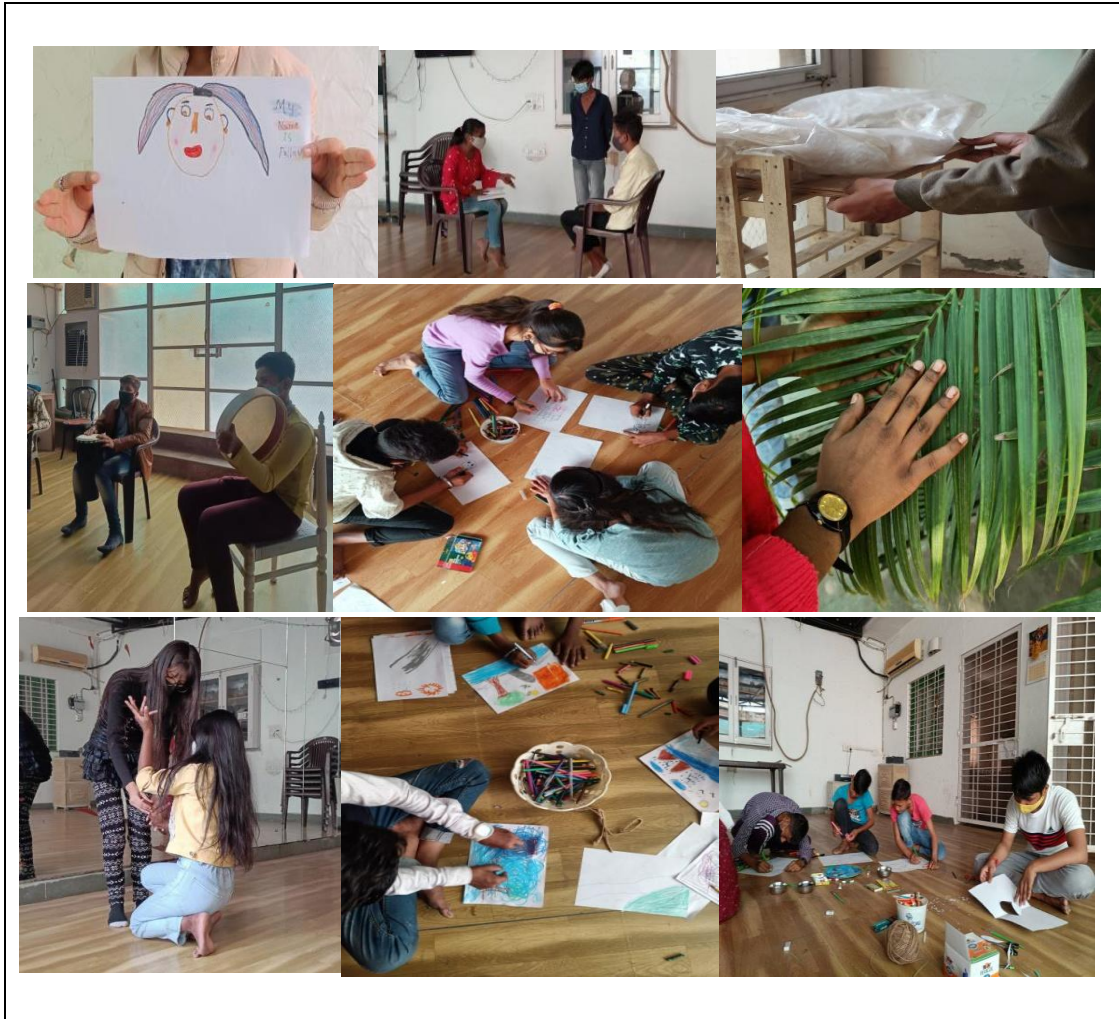
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IMAGE GALLERY

Group Ritual: Daily Affirmations

Statement	Action
I am brave	 <p>Hands on hips and putting equal weight on both the legs.</p>
I am strong	 <p>Hands up, as if showing muscles</p>
I am loved	 <p>Hand on opposite shoulders give a tight squeeze</p>
I am me I am enough	Big smiles, ear to ear

Pilot Project: (Katkatha Puppet Arts Trust)



Action Research: (Salaam Baalak Trust)



Drum & Story Circles:



Appendix

Mindfulness [maximum score= 25]

1= Almost Never, 2= Rarely, 3= Sometimes, 4= Frequently, 5= Almost always

M1 Is able to regulate actions when told to do so

M2 Has the ability to regulate speech when told to do so

M3 Focuses / sustains attention on tasks at hand in the midst of distractions

M 4. a Completes given tasks on time

M 4. b Able to concentrate on a process until the goal is achieved

Communication Domain [maximum score= 20]

1= Almost never, 2= Rarely, 3= Sometimes, 4= Frequently, 5=Almost always

1. a Can Carry on a Conversation

1. b Can express views and opinions and stand by them in a debate

2. a Can disclose emotional states verbally and within a given context

2. b Can disclose emotions through creative writing within a given context

Group Interaction Domain [maximum score= 35]

1= Almost never, 2= Rarely, 3= Sometimes, 4= Frequently, 5= Almost Always

G1 Speaks appropriately in a group

G2 Is balanced and assertive in his behaviour with all group members

G3.a Includes others and their suggestions in team performances/group activities

G3.b Asks for help/ideas/material from group members when needed

G3.c Helps others in the group by sharing material/ideas

G4.a Wins games perform well, achieves success

G4.b Contributes to team tasks so that group goals can be achieved

Expression Domain [maximum score= 05]

EC1: Can express him/herself through artistic media*- Choose one Answer SCORES

Only Imitating	1
Keeps Displaying repetitive artistic skills	2
Improvises with Group/ABT practitioner	3
Improvises on small metaphors and/or images	4
Creates Personal Artistic Expression which is rich in metaphorical meaning	5

Bapu Trust for Research on Mind and DiscoursePune

The Bapu Trust for Research on Mind & Discourse (1999-) is a registered NGO, located in Pune city, India. The vision of Bapu Trust is to see a world, where emotional well-being is experienced in a holistic manner, and not just as a ‘mental disease’. Bapu Trust dreams of healing environments, where every person uses their own capacity to make choices, heal themselves, recover and move on. Recovery methods are creative, nonviolent, non-hazardous, and playful. Bapu Trust works with multiple stakeholders within the development sector on the inclusion of persons with mental health issues and psychosocial disabilities including disabilities, poverty, community development, social justice, policy and law, and human rights. The touchstone of Bapu Trust since the advent of the Convention on the Rights of Persons with Disabilities is ‘transforming communities for inclusion’ of persons with mental health problems and psychosocial disabilities. Towards this end, Bapu Trust has invested in developing a sustainable service delivery model, Seher, inspired by the vision of Article 19 (Right to live independently and be included in communities). Bapu Trust’s domains of work include research, trainings, enabling multi-stakeholder dialogue platforms in India and Asia, and innovative services within community development

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