

# **Introduction to Working with Children and Psychosocial Support**



## **Participant's Manual**



**Africa Network for Children Orphaned and at Risk**

## Acknowledgements

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This training manual has been adapted by Sara Roux, Bulelwa Tsotetsi and Kerry Wright on behalf of HOPE *worldwide* from the "Psychosocial Support Training Manual – Zimbabwe" developed by PACT Zimbabwe and Masiye Camp in Zimbabwe. It has also been supplemented with elements from the "Compilation of Psychosocial Training Materials for the Emotional Well-Being Evaluation of Orphans and Vulnerable Children" produced by SCORE OVC and Family Health International (Lusaka, Zambia 2001) and training material from REPSSI.



**Masiye camp** is a development organization whose mission is to facilitate and provide psychosocial support to orphans and other vulnerable children and youth in sub-Saharan Africa through coping capacity building and life skills training. Masiye Camp operates under the auspice of the Salvation Army.



**REPSSI** is a capacity building and knowledge management organisation on psychosocial care and support for children affected by HIV/AIDS, poverty and conflict in East and Southern Africa. REPSSI exists to be a leading, recognized authority in advocating for and providing quality technical assistance and knowledge in psychosocial care and support to children, youth, families, and communities affected by HIV/AIDS, poverty, and violence through collaborative partnerships and innovative, culturally appropriate methods.

## HOPE *worldwide* and ANCHOR

ANCHOR, the 'African Network for Children Orphaned and at Risk', is a HOPE *worldwide* program designed to strengthen and scale up community-based interventions to provide comprehensive care and to improve the quality of life of orphans and vulnerable children in Africa.

ANCHOR is a partnership of four organizations: HOPE *worldwide*, the Rotarian Fellowship for Fighting AIDS, the Schools of Public Health and Nursing at Emory University, and the Coca-Cola Africa Foundation.



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HOPE *worldwide* and their key implementing partners are available to facilitate this training and other community-based child care skills (contact details below). We also recognize that the immense impact of the HIV pandemic creates an urgent need for communities to scale-up their child support responses and so the training material and resources have been designed to be 'stand-alone' allowing organizations to freely re-apply the training.

In order to provide the best quality training materials, we would appreciate your feedback and any suggested improvements we can make. Please direct all correspondence to the Curriculum Development Team at [anchor@hwwafrica.org](mailto:anchor@hwwafrica.org).

HOPE *worldwide* South Africa  
Tel: +27-11-794 2002  
P.O. Box 550  
Randpark Ridge  
2156, South Africa

Association Incorporated Under Section 21  
Company Registration Number: 1995/001141/08  
Non-Profit Organisations Act Number: 004-707 NPO  
Email: [anchor@hwwafrica.org](mailto:anchor@hwwafrica.org)  
Website: [www.hopeworldwide.org](http://www.hopeworldwide.org)

## **Purpose of this Workshop**

The Introduction to Working with Children and Psychosocial Support Workshop is designed to raise awareness around the issues that children who are affected by HIV are facing and how to offer support and build resilience. It targets volunteers and staff who are new to the childcare arena and is an introduction to a series of key topics. Each of the topics could and should be taught in more detail depending on the needs of the children in your community.

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## – INTRODUCTION

### **Module Outline:**

- 1.1 Warm- up Activity: Game**
- 1.2 Introduction and Expectations**
- 1.3 Housekeeping and Rules**
- 1.4 Registration**

### **Objectives:**

1. The aim of this introductory session is to break the ice and allow participants an opportunity to get to know each other and the facilitators.
2. Participants express their expectations of the workshop and the facilitator should clarify which expectations are realistic and which are not.
3. Housekeeping and rules are discussed and agreed upon.

## **Introduction and Expectations**

The “Introduction to Working with Children and Psychosocial Support” workshop is designed to help us develop our understanding of children and their needs, principles of working with children and exploring how to offer ‘psychosocial’ support to orphans and vulnerable children.

We will consider:

- The Needs Of Children
- Child Development
- Children’s Rights
- Child Abuse
- Children Living in a World With HIV/AIDS
- Loss, Grief And Mourning
- Stress, Coping And Resilience
- An Introduction to PSS Tools
- Caring For Carers

# 1 THE NEEDS OF CHILDREN

## Module Outline:

### 2.1 The Needs Of Children

### 2.2 Vulnerable Children

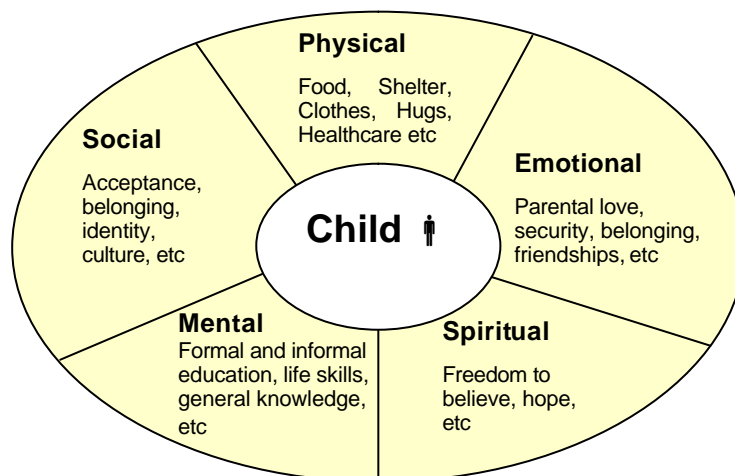
## Objectives:

By the end of the session, you should be able to:

1. Demonstrate an understanding of the holistic needs of children and ways in which they can be met.
2. Identify the types of situations that make children vulnerable and explain why.

## 1.1 The Needs of Children

The five categories of needs of children are: Physical, Emotional, Spiritual, Mental and Social. See the diagram below for examples under each category.



- Physical: The physical component incorporates material needs such as food, shelter, clothing, school uniforms and fees and basic health care, etc. (Most of these economic needs of children overlap with educational needs, for example: the need for information about hygiene, nutritional diet, how to prepare food, decision making for health care and other skills.)
- Emotional: This includes the need for love, security, encouragement, motivation, care, self-esteem, confidence, trust and security, sense of belonging, guidance, understanding, etc. Children need to be heard and need to learn to express their feelings in an appropriate manner. At times children's emotional needs may include assisting them to cope with

especially difficult circumstances, like bereavement, loss, sexual abuse, etc.

- **Mental:** The mental needs of children incorporate three aspects:
  1. Formal education (schooling)
  2. Informal education (opportunities for observational knowledge)
  3. General skills (life skills, general knowledge, etc) combined with the motivation and application to succeed
- **Social:** These are essential for integration into a community without feeling stigmatized or different; to develop a sense of belonging; form friendships and community ties; acceptance; identity; acknowledgement from peers and opportunities for social interaction. They also need to learn socially acceptable behavior through feedback from others, how to access help and learn their limits.



- **Spiritual:** Children need a belief in a higher being, which enables them to develop a hope for their future. This also facilitates a sense of connectedness to deceased parents and ancestors. They also need to develop trust and security in their survival. This gives them hope to keep trying, to be courageous and to persevere. They can trust in the higher being to help them in difficult situations.

**Q: Which cluster of needs is easiest to 'see'?**

*Possible Answer: It is much easier to identify the physical needs of children because you can 'see' them and 'count' them and they are very easy to talk about; the unseen needs are just as important but much more difficult to gauge/measure!*

**Q: Children need all their needs met, this is called HOLISTIC care. Who can provide HOLISTIC care for children?**

*Possible Answers: In most cases it has been the nuclear and extended family that has offered psychosocial support to children. These resources are now depleted, due to the recurring trauma and loss associated with HIV/AIDS and poverty.*

*This puts a greater responsibility on all elements of the community to come together*



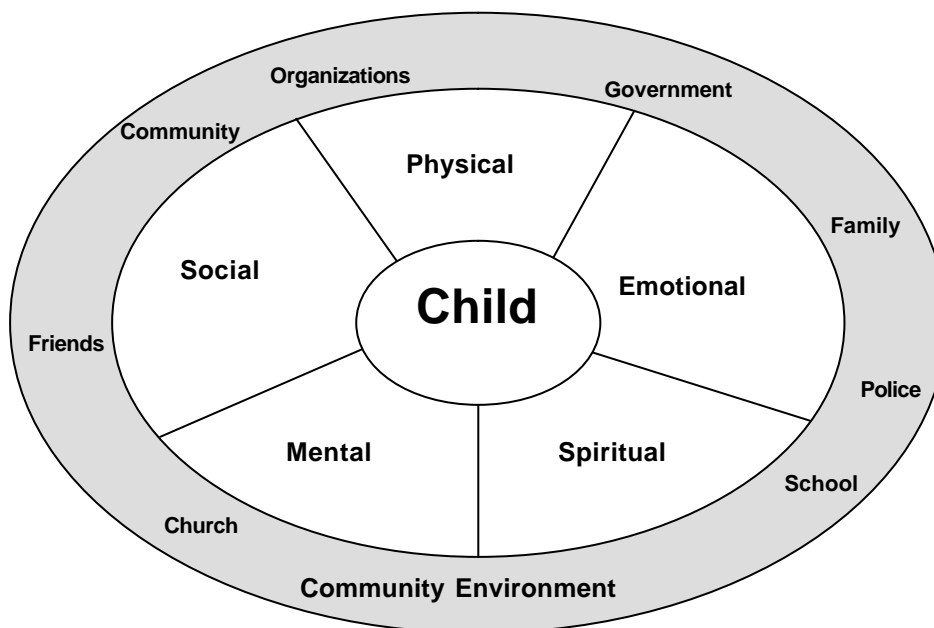
*to meet the needs of children. Much of the knowledge about how best to take care of children already exists in communities but at present is untapped, has been overwhelmed or is being ignored.*

*Practically, family, friends, church, government, organizations, community can provide holistic care to children...*

- *Social welfare interventions focus on giving grants, institutional care of children, alternative placement of children, as well as advocacy for children's Rights.*
- *Schools often confine themselves to the formal education of children.*
- *Church organizations offer spiritual guidance and often do a great deal in terms of charity support, health provisions and education.*
- *Governments have also been responsible for the passing of laws to protect children.*
- *Elders in the community can help with the social development through story telling and engaging in some cultural activities. They can also give the children a sense of belonging and identity through historical recollections. Schools and community clubs can encourage recreation and play.*



The following diagram illustrates the people in the child's life who may help meet their needs:



## 1.2 Vulnerable Children



### Q: What does vulnerable mean?

Definition: According to the dictionary, a vulnerable person is someone who is “susceptible to physical or emotional injury; capable of being wounded or hurt”

### Q: What makes a child vulnerable?

#### Possible Answers:

- Not having an adult to care for them, poverty, not having enough food, clothes, shelter, trauma, illness, abuse, etc.

All children have the potential to be vulnerable as they need adults to provide for some of their needs. A common incorrect idea is that only orphans are vulnerable, however not all orphans are vulnerable (e.g. a child may be taken in by a loving relative/family with enough resources) and not all vulnerable children are orphans.

See the following example of a vulnerable child and which circumstances make him vulnerable.

Tshepi is a 16-year-old boy whose mother was hit by a taxi when he was 5. The accident left her unable to walk and she now uses a wheelchair. His father works in another city, but never provides financial support to the family. Because of her injuries Tshepi's mother is unable to work. Although she receives a disability grant, it is not enough to meet the needs of her family. Tshepi and his siblings have often been hungry and without their basic needs met. Tshepi and his older brother, Jabu, are thinking of robbing houses to make money.

What puts this child at risk of being hurt?	How do these things make the child vulnerable?
<p><u>Possible Answers:</u></p> <ul style="list-style-type: none"> <li>• Tshepi's mom is disabled so she cannot work and Tshepi's dad doesn't help financially</li> <li>• Tshepi doesn't have food</li> <li>• Tshepi's basic needs aren't met</li> <li>• Tshepi is thinking of robbing homes</li> </ul>	<p><u>Possible Answers:</u></p> <ul style="list-style-type: none"> <li>• There is not enough income to meet the basic needs of the children.</li> <li>• Tshepi is at risk of being malnourished since he doesn't have enough food.</li> <li>• Tshepi may not have a safe place to live, money for school fees or uniforms, hygiene products. He may be missing school which means he misses out on education, the development of life skills, and the support system of friends, play and socialization. Lower education makes him less employable as an adult.</li> <li>• Tshepi could end up in jail or be hurt during the robbery. In jail he would be enclosed in a cell, he would not have access to his family; he may be forced into sexual activity and would be at risk of contracting HIV/AIDS from other inmates/guards.</li> </ul>

*There are some common themes of vulnerability such as:*

<i>Lack of adult care and love</i>	<ul style="list-style-type: none"><li>• <i>Absence of love can lead to developmental issues and emotional distress, lack of protection from harm, lack of provision of basic needs such as food, shelter and access to education, lack of guidance and social teaching</i></li></ul>
<i>Lack of resources and basic needs not being met</i>	<ul style="list-style-type: none"><li>• <i><u>Direct impact</u> of being hungry/malnourished, poor health, cold, unclothed, excluded from school, loss of home, electricity, etc.</i></li><li>• <i><u>Indirect impact</u> on vulnerability – loss of education, social isolation, performing inappropriate work or exchanging sex to meet basic needs (further risk of HIV), emotional distress, there may be drug and alcohol abuse through lack of supervision and as a way of emotional pain relief</i></li></ul>
<i>Early Responsibility</i>	<ul style="list-style-type: none"><li>• <i>May need to find work to support themselves and their siblings; or may be forced to work. Heading Households: Children assume adult roles at too young an age, miss out on their schooling and childhood hence growing up insecure</i></li></ul>
<i>Stigmatization and Discrimination</i>	<ul style="list-style-type: none"><li>• <i>Especially for children affected by AIDS in both institutions and the community, may prevent acceptance by extended family and society at large</i></li></ul>

After the initial event that makes a child vulnerable there are many factors that kick-in which can make the situation worse and even spiral out of control. That is when the family, community, organizations and government need to play a role of helping that child and/or family cope with their situation so that they can stabilize, build resilience and learn to cope under their circumstances.

## 2 CHILD DEVELOPMENT

### Module Outline:

#### 3.1 Introduction

#### 3.2 Behaviour and Needs at Different Developmental Stages

#### 3.3 The Role of “Play” in Child Development

### Objectives:

By the end of the session, you should be able to:

1. Define child development.
2. Outline the stages of the normal developmental process and problems that may be encountered during the different stages of development.
3. Discuss the role of the Carer at each stage.
4. Understand the purpose of play in child development.

### 2.1 Introduction

- From the time that we are born to the time that we die we are growing – physically, emotionally, mentally, spiritually, etc.
- But it is in our childhood that growth happens most quickly and dramatically – in a few short years we go from being a fully-dependant baby, to an exploring toddler, to a questioning child, to a self-conscious teen to a self-confident young adult!
- By definition, *child development is the process of physical, mental and emotional growth that takes place from birth up to 18 years for children.*



- Successful completion of each stage helps the child to develop into a mature, responsible member of the society who can contribute to that society positively.
- It is important in working with children to understand something about child development because:
  - a) Children have different needs at different stages
  - b) We talk to and interact differently with children of different ages
  - c) If something hurts a child at a particular stage (such as abuse or the death of their parents) it may negatively affect their development

## 2.2 Behaviour and Needs at Different Developmental Stages

### **Newborn to 2 years:**

#### **During this stage:**

When children are born they are physically helpless and totally dependent on others for their physical and emotional safety and well-being. They require constant supervision as they have no sense of safety.



#### **Psychosocially – Emotionally, socially, mentally**

- Children bond with their caregivers and develop feelings of love and trust if they have someone to care for them and meet their every need consistently
- They start to feel other emotions such as fear and separation anxiety especially when their needs are not met, and may show a mistrust of strangers
- Develop a sense of understanding

#### **Physically**

- They work hard to learn to move their bodies by themselves so they can hold up their head, sit by themselves, feed themselves, walk, and talk
- They learn to use their hands and eyes together to allow them to manipulate objects and throw things
- They develop their sense of vision, hearing, tasting, smelling and feeling

Over the course of the first two years they begin to:

#### **Psychosocially**

- Understand that they are separate from the rest of their environment and other people, especially their mother
- Understand how objects work, cause and effect (e.g. if I push a ball across the floor, the ball will roll)
- Understand that things are still there even if they cannot see them (e.g. the peek-a-boo game)
- Understand what is being said to them and follow through with simple requests
- Know the names of familiar objects, body parts, and concepts such as in/out or on/off
- Become independent as they begin to do things for themselves and to play on their own for longer periods of time

#### **Concerns**

- Failure to meet the child's basic needs consistently may lead to the child not having trust and faith in others as he becomes an adult
- When a child does not get the needed support and encouragement or is blamed, the child will experience shame and doubt their abilities (e.g. use of abusive language when the child wets the bed is very shaming)

#### **Role of the caregiver**

- Be reliable, consistent about feeding times, bathing and changing. Attending to the child's basic needs on time and responding appropriately helps to develop the child's trust
- Be friendly and accepting, encourage the child to achieve these tasks

## **Ages 3-5 years**

During this stage, children:

### **Psychosocially**

- Do the most learning around language and understanding and thinking for themselves
- Tend to be very self-focused, often thinking that they have a far greater affect on the world around them than they really do: 'magical thinkers'
- Learn social rules (culture) like the expectations within their family, schools, communities, and general routines
- Try to understand what is real and what is fantasy (may use imaginary play or have increased fears and nightmares)
- Think in the 'here and now' and find it hard to understand about things happening in the future
- Ask a lot of questions
- Start understanding the consequences/effects of their action/emotions and to know right from wrong
- May begin attending pre-school/crèche/day care and learn new skills like counting
- May begin developing new relationships outside the home (teachers, peers)



### **Physically**

- Develop self-care skills (dressing, feeding, and toileting)
- Tend to have a very high degree of energy

### **Concerns**

- Failure to learn these tasks (such as dressing, feeding, making friends) may lead to one feeling guilty or afraid to try new tasks
- May tend to depend on adults and others too much
- One may have problems relating to others later in life
- One may end up being unable to deal with life issues or concerns, not able to make decisions

### **Role of a caregiver**

- Allow the child to experiment and at the same time setting limits
- Give honest responses to questions raised
- Give praise when the child achieves
- Do not shout at the child when they fail in certain tasks, rather help them learn how they could have done better or differently
- Encourage creativity
- Encourage talking about feelings (e.g. share your own feelings, observe the child and try to interpret their feelings)



## **Ages 6-11 years**

During this stage, children:

### **Psychosocially**

- Continue to work on their skills
- Begin to understand that another person's point of view may be different from their own
- Gain a greater understanding of emotions and how people are feeling (begin to be able to 'empathize' or put themselves into another person's emotional shoes)
- Begin to think logically about concrete things that they experience in their everyday life (e.g. I have to go to school so that I can learn how to read and write)
- Have an increased understanding of social roles and norms (like a man can be a father, a son, teacher, and a friend)
- Begin to understand how objects relate to each other (a tomato, a cucumber, and an eggplant are all 'vegetables')
- Are better able to solve problems as their memory skills greatly improve
- Can understand most concepts (ideas/theories) that are explained to them
- Can learn skills such as reading, writing, and mathematics
- Can have increased responsibility around the house

### **Physically**

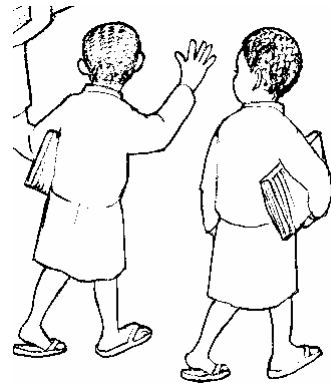
- Growing in height, and weight
- Able to do more with their hands and the rest of the body as they have more control of it

### **Concerns**

- Where the child does not accomplish the tasks, he may give up hope for the future
- The child might feel inferior (less than his/her peers)
- The child may feel inadequate (not knowing, not being able)

### **Role of caregiver**

- Praise the child's efforts
- Encourage the child to see himself/herself as equal to the peers
- Encourage a sense of being able to achieve even against all problems
- Teach them how to handle failure and solve problems
- Caregiver must give appropriate support



## **Ages 12-18 years**

### **During this stage:**

Children or adolescents in this age range are becoming young adults.

### **Psychosocially**

- Think primarily of themselves
- Are beginning to think about the future
- Focus most of their attention on social relationships and are pre-occupied with appearances, beliefs and values
- Are developing a sense of themselves in relationship to the rest of the world to establish their own sense of identity, but at the same time are desperate to fit-in and belong to a group
- Often they do not want to do what they are told to do
- Want to be independent but are still dependent
- Experience a stronger division in the roles of males and females
- Often begin serious relationships (romantic, familial and friendly)
- Begin to think about abstract things like social class and how their behaviors ultimately affects their family or community
- Gain an increased understanding of moral issues and what is right or wrong
- Have increased emotional needs and insecurities
- Practice being an adult



### **Physically**

- Experience intense physical changes in the body (puberty)

### **Concerns**

- If a child does not successfully achieve this stage, there is confusion regarding identity, religion, sexuality, etc.

### **Role of the Caregiver**

- Keep open communication channels
- Encourage the child to speak their mind or express their opinions
- Provide advice and guidance
- Set boundaries with child
- Give the child the opportunity to express his/her anger and other difficult feelings



## **Conclusion**

Even though children have different needs at different stages children are still 'people' and have common needs too! No matter what their age, children learn and develop by:

- feeling loved, valued, and wanted
- through playing and exploring
- making mistakes
- practicing things over and over again
- asking questions
- watching role models
- through experience

Therefore, all children need:

- a secure and safe environment in which to develop
- food, clothing, shelter, education and safety
- at least one constant person in their life to meet their emotional needs (nurturing/love/cuddles)
- lots of opportunities to explore their environment and their new skills and emotions in a safe manner
- a great deal of patience and understanding from the adults in their world
- acceptance from their peers
- to feel that they are recognized and valued for who they are
- to know that they have a role in their family, community, and peer group
- to be allowed and encouraged to participate
- to be talked to and listened to

## **2.3 The Role of “Play” in Child Development**

### **The Purpose of Play**

Many children around the world are growing up with very limited opportunities to play. The day to day demands of life on children have meant a very significant reduction in play time. This is particularly true in the context of HIV/AIDS whereby children have to assume roles that were once seen as adult roles (e.g. nursing ill parents, taking care of siblings, providing income to sustain the daily needs of families and the general management of households). Play is the *work* of childhood and is a cornerstone of healthy psychosocial development.

## **Q: Why is play important?**

Possible Answers: Learning, Healing, Fun:

### Learning

- *Play is significant in the development of children and contributes to children's social, emotional, physical and mental development.*
- *It is one of the child's ways of finding out what effects he can have on his environment and what effects it is likely to have on him. It is an active learning method that provides manipulation and facilitates mastery, self-worth, and the development of basic competencies – including social competencies.*
- *Children are curious, and play provides a safe way to explore and learn about the environment. Individual and cooperative play facilitates neurological growth, fosters the development of physical strength and coordination, provides relaxation, encourages planning, facilitates processing symbols, allows practice of life skills, unites body, mind, and spirit, and allows a child to enjoy learning.*

### Healing:

- *Apart from its role in the development of a child, play has an equally powerful healing value for children coping with traumatic life experiences. Some psychologists say that to “play it out” is the most natural and self healing process in childhood. Play allows emotions to be expressed, allows for compensation in fantasy for loss, hurts and failures and self discovery.*
- *Playing is also a way of building trust and friendly contact with a child since it is an activity that is interesting, enjoyable and natural to children. It is these and other characteristics of play that have made it a particularly critical tool or technique to address the psychosocial trauma that many children are and have experienced due to war and other social crisis such as HIV/AIDS.*

### Fun:

- *Children play because it is fun and it is what children do!*

## **Different Kinds of Play**

There are different kinds of play as children grow up. Remember the different stages of development that you looked at earlier, and notice the following different levels of play (the names of the type of play are not important, rather focus on what the child is learning during that type of play).

Age of the child	Type of play	Characteristics
0-2 years	Sensorimotor (using their abilities to control their bodies combined in a way that triggers their senses)	<ul style="list-style-type: none"> <li>• Begins when the infant starts to explore his/her body</li> <li>• It involves all the five senses</li> <li>• It continues as the child grows and in middle childhood it is seen when children start to play different games</li> </ul>
2 years and above	Pretend or Symbolic (using their imaginations)	<ul style="list-style-type: none"> <li>• Imitating</li> <li>• Make believe with objects (e.g. using a brick as a car)</li> <li>• Assuming roles (e.g. playing house)</li> <li>• Interaction</li> <li>• Begins when the child starts to retain images or think representational and continues throughout development</li> </ul>
	Construction- It is part of symbolic play	<ul style="list-style-type: none"> <li>• This is goal-oriented, work-like play. The child wants to achieve something at the end of the play activity (e.g. block building, puzzles, snakes and ladders, monopoly)</li> </ul>
3-4 years and above	Games with rules	<ul style="list-style-type: none"> <li>• Begin in the preschool years</li> <li>• This is when a child begins to play social games of competition.</li> <li>• These games are repetitive in nature and lack symbolism (sports – soccer, cricket, netball)</li> </ul>

### 3 CHILDREN'S RIGHTS

#### Module Outline:

##### 4.1 Children's Rights

##### 4.2 Children's Responsibility

#### Objectives:

At the end of this session, you should be able to:

1. Awareness that children have Rights and responsibilities.
2. Knowledge that a child's Rights are important and that they are needed for the child's protection and welfare.
3. An understanding of how children's Rights and responsibilities are relevant to the environment.

### 3.1 Children's Rights

It is very important that you recognise that ALL children, regardless of their behaviour, have Rights and that they must be respected.

#### **Q: What are Rights?**

Possible Answers: Something the government guarantees a person for a basic quality of life, a law to protect a person, something that citizens of a country are entitled to

#### **Q: Why do children need to have Rights?**

Possible Answers: Children's Rights have been formalised to ensure that children are given what they need to grow up as healthy individuals. Children need special protection because they are among the most vulnerable members of society. We need common guidelines about how children should and should not be treated to ensure that they are safe (and that each person isn't deciding for themselves what is OK for children!).



**Q: In the following situations do the children still have Rights - A 14-year-old who rapes a 6-year-old? A 12-year-old who is hitting his classmates? A 16-year-old who steals a car?**

Possible Answers: YES!!! Children have Rights even if they behave badly or abuse other people's Rights. That doesn't mean that they will not face the consequences of their actions – but even if a child is punished or imprisoned they still have their Rights and need to be protected.

**Q: What is the difference between a “Right” and doing what you think is right for a child?**

Possible Answers: A Right is something in the law – it is printed in black and white in the Africa Declaration on Children's Rights and the constitution of your country. There are many more things that we, as parents, carers and lay-counsellors, believe are in the best interest of the child – but they may or may not be a law. (For example: you might think it is best if a child spends at least 20 minutes a day talking with her mother, but the law does not protect this as a Right).

Children's Rights are based on children's needs. These needs must be met to ensure that children have a happy and fulfilled childhood so that they are able to grow up to be strong, independent, caring and responsible citizens (refer to chapter 2 on children's needs). Children's Rights and information about them is available in the United Nations Convention on the Rights of the Child (UNCRC), the African Charter on the Rights and Welfare of Children and local laws in different countries.

A convention is an international agreement which is signed by many nations. All the nations which sign a convention agree to follow its rules. People all over the world have agreed that the Rights of children are important. The UNCRC was put into action in 1990. The UNCRC puts children's Rights into 4 themes/categories. These are SURVIVAL, DEVELOPMENTAL, PROTECTION and PARTICIPATION Rights. All the Rights fall into these four categories and some overlap between the categories. For example, the Right to freedom of expression falls under developmental and participation Rights.

*A child is considered someone less than 18 years of age.*

- *The Right to life*
- *The Right to a name*
- *The Right to a nationality*
- *The Right to prevention of kidnapping*
- *The Right to protection from sexual exploitation*
- *The Right to protection of a child without a family*
- *The Right to protection from work that threatens a child's health, education or development*
- *The Right to protection from abuse and neglect*
- *The Right to health and medical care*
- *The Right to an education*

- *The Right to protection from torture*
- *The Right to special care for children who are disabled*
- *The Right to access to appropriate information*
- *The Right to a standard of living adequate for full development*
- *The Right to freedom of expression*
- *Protection to Refugee children*
- *The Right to protection from all forms of maltreatment by caregivers*
- *The Right to enjoy one's own culture*
- *Protection from economic exploitation*
- *Protection from drugs*
- *The Right to leave any country or enter one's own for the maintenance of the child-parent relationship*
- *The Right to protection from slander*
- *Freedom of thought, conscience and religion*
- *The Right to play*
- *The Right to an obligation to give treatment to child victims*
- *The Right to assurance that no child under 15 years will be recruited into armed forces*
- *The Right to assurance that adoption shall only be carried out in the best interests of the child*
- *The Right to freedom of association*
- *The Right to administration of justice that promotes the child's sense of dignity and worth*
- *The Right to encouragement of the mass media to disseminate information of social and cultural benefit to children*
- *The Right to assurance that the state shall provide assistance to parents in child-raising*

**Q: To what point do children have the ability to understand and claim their Rights?**

Possible Answers: *The age, maturity and education level of the child will influence their level of awareness of their Rights and their capacity to defend/insist on their Rights. **We as adults still hold the responsibility to protect children and their Rights**, through case-by-case intervention, awareness building and advocacy, etc.*

### **3.2 Children's Responsibility**

Responsibility means to be accountable for your actions. Children have responsibilities towards themselves, other children, parents/guardians, other family members and the wider community. Although children have Rights and nothing can take away these Rights, it is important to teach and expect responsible/accountable behaviour from the children themselves:

- So that they appreciate their own Rights
- So that they behave responsibly and respect other people's Rights as children and later in life, as adults

Children's Responsibilities go together with Children's Rights. For example if a child has the Right to practice his religion, he has the responsibility to allow other people to practice theirs.

The following table illustrates how rights and responsibilities correlate.

<u>Children have the Right to:</u>	<u>Children are responsible to:</u>
Protection from drugs	Not take drugs, report those who bring drugs to them, protect others from drugs
Protection from abuse and neglect	Not abuse and neglect others, care for others, report if they are being abused or neglected
Protection of a child without a family	Care for those who do not have families, ask for help when they need it, appreciate the protection they receive
Protection from sexual exploitation	Not exploit others sexually, report anyone who tries to exploit them
An education	Take responsibility for their own learning, do homework, ask questions where they don't understand
Freedom of expression	Use opportunities they have to talk about their feelings, thoughts, needs, ideas, etc.  Listening to other respectfully
Be protected from all forms of maltreatment by caregivers	Not to mistreat anyone, report maltreatment
Play	Use opportunities to play, not prevent others from playing
Be protected from slander	Not to slander anybody
Be protected from work that threatens a child's health, education or development	Report anyone who involves them in that kind of work, not force anyone else to be involved in that kind of work

**Q: Why are children's Rights and responsibilities important to us in the context of working with children?**

**Possible Answers:**

- *To protect children whose Rights are being abused*
- *To help children be aware of their own Rights and to be able to protect themselves*
- *To teach children about their responsibilities related to the Rights that they enjoy*
- *To make sure carers don't intentionally or unintentionally violate children's Rights*

## **4 CHILD ABUSE**

### **Module Outline:**

#### **5.1 Introduction and Definition**

#### **5.2 Types and Signs**

#### **5.3 Child Abuse versus Culture**

#### **5.4 Child Abuse and Our Organization**

### **Objectives:**

By the end of this session, you will be able to:

1. Define the term child abuse.
2. Outline different types of abuse; discuss signs and effects and ways in which we can help.
3. Demonstrate an understanding of the complexity of culture and abuse and be able to discuss ways of working with communities in these areas.
4. Outline community involvement in protecting children from abuse.
5. Understand what steps to take internally to ensure your organization does not contribute to abuse.

### **4.1 Introduction and Definition**

- Child Abuse is an act of not doing or doing something that endangers or impairs a child's physical or emotional health and development. The act may be done knowingly or unknowingly. This is maltreatment or ill-treatment of children physically and/or emotionally.
- A child is considered abused or at risk of abuse by parents, caregivers or others when their basic needs are not being met through evident acts done either intentionally or unintentionally or simply when children's Rights are not being observed.

Child abuse can be clustered into four groups – physical, sexual, emotional and neglect. Although one act against a child may fall into more than one group – bullying for example may be both emotional and physical.



## 4.2 Types and Signs of Abuse

### 4.2.1 Physical Abuse

#### What is it?

*This is when a child is deliberately physically hurt by someone; causing harm, cuts, bruises, etc.*

*Physical abuse includes pushing, hitting, whipping, beating, physical punishment, bullying, being locked in a small space, etc.*

- It also includes child labour which is giving a child a task which is beyond his/her developmental stage, e.g. a 7 year old carrying a 20 liter bucket of water resulting in stunted growth or carrying out tasks like herding cattle while others are at school*
- Can also include giving a child substances such as alcohol or medicines (misuse), to make a child sleep so that he/she is not troublesome at night*
- May include crude circumcision procedures and initiation processes*
- Includes stripping a child naked and putting a child out in the cold*

#### Signs and Effects

- Clear cuts and bruises can be seen on the child*
- Could result in handicaps, e.g. losing an eye, or a finger*
- Loss of confidence and lack of social skills*
- Excessive fear of the guardian or other adults*
- Abused children can become abusers themselves*
- Being hyper-vigilant or jumpy*

#### How Can We Help?

- Educate caregivers on the need and benefits of bringing up children well*
- Educate the caregivers on the dangers of physical abuse and their long term effects*
- Take the trouble to listen to the child and to assess physical wellness and injury regardless of the history given by guardian*
- Take the child for medical treatment if there are signs of injury*
- Offer counselling to the child and the caregiver or refer to someone who can*
- Empower children through educating them on their Rights, e.g. report cases of abuse to other elders or police*
- For bullying - Identify the bullies and discuss with teachers or community leaders activities/solutions that both the child and the bully may benefit from, offer security to the child being bullied*

### 4.2.2 Emotional Abuse

#### What is it?

- It involves verbal abuse whereby children are constantly being shouted at and humiliated or frightened.*
- It includes constant criticism, looking down upon a child, ignoring and withholding praise and love.*

#### Signs and Effects

- Unlike other forms of abuse, emotional abuse does not leave physical injury or scars and is often not easily recognized yet it has the greatest long term impact.*

- *Lack of confidence and self-esteem, and maybe withdrawal*
- *Insecurity that could lead to violence and other abnormal behaviour*
- *Lack of social skills*
- *Regression – such as bedwetting and thumb/finger sucking in younger children*
- *Poor performance at school*
- *Inability to form relationships or lasting relationships*
- *Self-destructive behaviour (self-mutilation, drug and/or alcohol abuse)*

#### How Can We Help?

- *Educate parents, guardians, caregivers on the effects of emotional abuse*
- *Offer love and security to the child*
- *Provide psychosocial support to children*
- *Help to build on the child's confidence and self-esteem*
- *Refer to appropriate level where required (psychologists)*
- *Encourage child to mix with peers and others*

### **4.2.3 Neglect:**

#### What is it?

- *This is a continual failure to provide a child with basic necessities of life and adequate supervision needed for a child's maximum growth and development*
- *It is failure to use available resources to meet the child's needs, e.g. not taking a child for medical treatment when the clinic is free and close by*
- *Unlike other forms of abuse, neglect is about what the caregiver does not do rather than what she/he does*
- *Child neglect could be a result of lack of parenting skills, inability to plan, low self-esteem, social isolation, lack of support networks, excessive consumption of alcohol or drugs by the caregiver, long-term illness (physical or mental), etc.*

#### Signs and Effects

- *Child may become malnourished and/or sickly*
- *Child may become homeless*
- *Child may be sad and generally withdrawn*
- *Child may lack self-esteem and develop poor self-concept*
- *Child may begin to perform badly at school*



#### How Can We Help?

- *Offer good parental skills to parents and guardians*
- *The community to offer support to the family, e.g. giving basic needs, information, supervision*
- *Counselling the family or child*
- *Community networks to intervene in extreme cases*

#### **4.2.4 Sexual Abuse:**

##### What is it?

*This refers to any behaviour, which involves a child in a sexual activity. This can be done to very small children, including babies.*

*NB: Sexual abusers are usually people who know the child – relatives, parent, brother or sister*

*Sexual abuse includes:*

- Sexual intercourse with or rape of a child*
- Incest (father with daughter, mother with son, sister with brother, uncle with niece, etc.)*
- Touching of private parts/caressing/fondling or asking the child to do the same on an adult or other child*
- Child prostitution-where children are paid to have sex or engage in sexual activities with someone*
- Pornography - either a child is shown naked pictures or forced to pose for a picture while naked*
- Forced masturbation*
- Forced early marriages*
- Sodomy*
- May include child marriages*

##### Signs and Impact of Child Sexual Abuse

- May be physical signs such as bruising, torn clothing, pregnancy, sexually transmitted diseases including HIV*
- Feeling of powerlessness, anger and chronic or severe anxiety*
- Fear of members of the opposite sex*
- Social withdrawal/isolation*
- Low or poor sexual interest*
- Nightmares*
- Depression*
- Promiscuity or rebellion*
- Lack of trust*
- Low self-esteem*
- Self-destructive behaviour*

##### How can we help?

- Educating the community on the dangers of sexual abuse*
- Work with police and communities to increase safety (community patrols in dangerous areas, reporting systems at schools/church, etc., walking children home from school if area is high risk, etc.)*
- Report immediately to the relevant authority, e.g. police, social services, etc.*
- Seek medical examination*
- Offer PSS to the child to facilitate reintegration of the child into the community*
- Counselling to caregiver if need be*

No two children will react in exactly the same way to abuse. **Reactions will vary significantly** depending on the age, maturity, experiences of the child and also on the circumstances of the abuse (if it was violent or not, once-off or on-going, by a person they know or a stranger, emotional and/or physical, etc.). It is important to be sensitive to different kinds of reactions and **never judge the child or their reaction.**

### 4.3 Child Abuse versus Culture

Are you now clear on child abuse? Easy, right? Let's test that theory. Read the following statements and decide if you believe they are acceptable or unacceptable.

- *"Children need to be smacked to teach them right from wrong"*
- *"Circumcision is part of our culture and should be freely practiced"*
- *"It is fine for an adult to decide to have their baby's ears pierced. At least they won't remember the pain"*
- *"It is fine for a 14 year old to have sex as long as she knows what she is doing and it is consensual"*
- *"It is fine for a child to be married if the family is sure that the spouse is a good person and it happens in their culture all the time"*
- *"Children should be quiet, and not speak unless an adult speaks to them first"*
- *"If I don't shout at my child and smack her after she runs in the road she won't know how serious it is and may get hit by a car next time"*
- *"Parents should not talk to their teenage children about sex even if they are already doing it"*

There is no absolute right and wrong answer to the above – they have been made deliberately vague to stimulate debate – we don't have all the facts!

Was it easy to tell what was acceptable and what is not? How does culture and accepted tradition blur the lines? Will communities easily accept it if you suddenly tell them that what they have been doing for hundreds of years is wrong?

**Q: How can you approach communities about these issues?**

Possible answers:

- *Creative and innovative awareness building and education – for communities and children*
- *Helping communities understand the impact that abuse is having on the children and*

*the implications for future adults*

- *Helping children understand their Rights and recourse and helping children express their point of view with carers, etc.*
- *Making communities aware of the laws and why they exist (to protect children)*
- *Help communities work through compromises and alternatives that are better for the well-being of the child (e.g. learning about non-physical forms of discipline, safe, sterile and painless circumcision, etc.)*

#### **4.4 Child Abuse and Our Organization**

We as childcare organizations are here to protect children but sometimes it is us who put those children at risk! Can you think of some ways that we might harm the children?

Possible answers:

- *By not screening new staff and volunteers, we might be exposing children to people who have a record of child abuse*
- *Our staff or volunteers may abuse the children – sexually, shouting at or hitting children who behave badly whilst at our programs, breaking their confidentiality (e.g. telling our family and friend that a child or parent is HIV+)*
- *Our sponsors and or the media that we introduce to our children may abuse them. (E.g. taking a picture of a crying child and publishing it on the front page of a newspaper or website might result in emotional distress, teasing and stigma for the child)*
- *Because 'our' children have access to food, school uniforms, clothes, etc. they may become the victims of theft or bullying*
- *We may open children up to stigma and abuse if they are seen as attending a program for 'orphans of HIV' or HIV+ themselves*
- *Giving out information about the family to a third party without their permission*
- *Handling discipline badly (e.g. smacking a child, shouting at them, preventing them from attending or receiving support)*

**Q: How can your organisation prevent abuse?**

Answers may include:

- *Having a child protection policy and/or declaration of agreed behaviour that all the staff and volunteers must sign*

- *Agreeing on a reporting mechanism for abusive behaviour internally*
- *Educating children on their Rights and recourse with the organization*
- *Sponsors and media should always be escorted by a staff member or program volunteer*
- *There could be a 'photo and quote' consent form that children and carers must sign before anything can be published*
- *Clubs and programs should try to target all children in the community and not just 'HIV orphans'; sponsors should be educated on the negative impact of isolating the children from their peers*
- *Acceptable discipline techniques should be discussed and agreed on by the team (see annex 6 for ideas on positive discipline)*
- *Involve communities in our work*
- *Have a referral system and follow-up structure to track children that have been through our organisation/services*
- *Emergency responses guidelines*
- *Networking, local fundraising, empowerment*
- *All inclusive programs – not just serving orphans*

## 5 CHILDREN LIVING IN A WORLD WITH HIV/AIDS

### **Module Outline:**

**6.1 Basic Facts about HIV**

**6.2 Attitudes toward HIV/AIDS and its Impact**

**6.3 Helping Children Live in a World with HIV**

### **Objectives:**

By the end of the session, you will be able to:

1. Explain HIV/AIDS, how it is spread, ways of preventing transmission and discuss signs and symptoms of AIDS
2. Distinguish between basic facts and fiction around HIV/AIDS
3. Understand more about the attitudes relating to HIV/AIDS and their impact on people
4. Understand the diverse impact that HIV/AIDS has on children
5. Understand the role, as carers, that they can play in mitigating the impact of HIV/AIDS on the children that they work with

### **5.1 Basic Facts about HIV**

#### ➤ **Q: What is HIV?**

*Possible Answer: HIV is a virus (the Human Immunodeficiency Virus) that damages the body's immune system. Our immune system defends us against illnesses.*

#### ➤ **Q: What is AIDS?**

*Possible Answer: AIDS (Acquired Immune Deficiency Syndrome) is the late stage of HIV infection, when the immune system has been damaged to the point that people can no longer fight off illnesses.*

#### ➤ **Q: How is HIV transmitted?**

*Possible Answer: HIV is transmitted through the exchange of any HIV-infected bodily fluids. Transfer may occur during all stages of the infection/disease. The HIV virus is found in the following fluids: blood, semen (and pre-ejaculated fluid), vaginal secretions, breast milk.*

## HIV/AIDS Knowledge Worksheet

### MODEL ANSWER

1. Fill in the missing words:

HIV is a virus that causes AIDS by damaging our immune systems. HIV/AIDS has no CURE, but ANTI-RETROVIRALS are now available to help PROTECT our immune system which fights opportunistic INFECTIONS and improves the quality of life.

Words: (protect) (AIDS) (anti-retrovirals) (infections) (cure) (HIV)

2. Tick the correct boxes:

HIV can be transmitted:	
- through sexual intercourse with an infected person	<input type="checkbox"/> <u>True</u> <input type="checkbox"/> False
- by sharing a toilet with an infected person	<input type="checkbox"/> True <input type="checkbox"/> <u>False</u>
- through blood transfusion with infected blood	<input type="checkbox"/> <u>True</u> <input type="checkbox"/> False
- by using the same knives and forks as an infected person	<input type="checkbox"/> True <input type="checkbox"/> <u>False</u>
- from an infected mom to her baby during pregnancy	<input type="checkbox"/> <u>True</u> <input type="checkbox"/> False
- from an infected mom to her baby through breast feeding	<input type="checkbox"/> <u>True</u> <input type="checkbox"/> False
- by use of infected needles and razor blades	<input type="checkbox"/> <u>True</u> <input type="checkbox"/> False
- through oral sex	<input type="checkbox"/> <u>True</u> <input type="checkbox"/> False
- through anal sex	<input type="checkbox"/> <u>True</u> <input type="checkbox"/> False
- by mosquitoes if they have just bitten an infected person	<input type="checkbox"/> True <input type="checkbox"/> <u>False</u>
- by kissing an infected person	<input type="checkbox"/> True <input type="checkbox"/> <u>False</u>

(Note: Additional information follows this quiz on mother to child transmission, and explanations on mosquitoes and kissing, etc. plus there are always exceptions if both parties have open wounds, etc.)

3. Fill in the missing words:

A person can only find out if they have HIV after a BLOOD TEST that tells you if there are any HIV antibodies in your blood. A POSITIVE result means that the person does have HIV. There is a 3 MONTH period where the HIV antibodies cannot be detected in the blood. This is called the "WINDOW PERIOD". A person may be HIV+ but the test results may come up NEGATIVE. If that person has had unprotected sex in the last 3 months they should GO FOR ANOTHER TEST after the window period has passed.

Words: (negative) (blood test) (go for another test) (HIV+)  
(3 month) (window period) (positive)

4. Give at least three ways to prevent the transmission of HIV

Possible answers include: Delay sexual intercourse, abstinence, mutual faithfulness, consistent and proper use of both male and female condoms, responsible behaviour after taking alcohol, avoiding drug abuse and disclosing to your partner.



5. Give three reasons to go for an HIV test

*Possible answers include: To know your status, taking responsibility for yourself, being able to protect your health, get treatment, stay negative, not infect others*

6. What are some of the reasons that people are scared to go for a test?

*Possible answers include: Don't want to know if they are positive, scared of result, think they will be discriminated against, people will think they are 'bad'*

7. Tick the correct boxes:

<b>If I have been for a test and the results are <u>negative</u>:</b>	
it means that I do not have the HIV virus antibodies in my blood	<input type="checkbox"/> <u>True</u> <input type="checkbox"/> False
it means it is safe to have unprotected sex	<input type="checkbox"/> True <input type="checkbox"/> <u>False</u>
I might still need to go for another test if I had unprotected sex recently because of the 'window period'	<input type="checkbox"/> <u>True</u> <input type="checkbox"/> False
I should be very careful to protect myself from becoming infected in the future	<input type="checkbox"/> <u>True</u> <input type="checkbox"/> False
<b>If I have been for a test and the results are <u>positive</u>:</b>	
it means that I do not have the HIV virus antibodies in my blood	<input type="checkbox"/> True <input type="checkbox"/> <u>False</u>
it means it is safe to have unprotected sex	<input type="checkbox"/> True <input type="checkbox"/> <u>False</u>
I can go for counselling to help me deal with my feelings and plan for a healthy future and living positively	<input type="checkbox"/> <u>True</u> <input type="checkbox"/> False
I should use a condom to protect those I love from becoming infected	<input type="checkbox"/> <u>True</u> <input type="checkbox"/> False
I should disclose my status to my sexual partners and encourage them to go for an HIV test too	<input type="checkbox"/> <u>True</u> <input type="checkbox"/> False

8. Tick the correct box:

You can't get HIV if you are married	<input type="checkbox"/> True <input type="checkbox"/> <u>False</u>
You can't get HIV if you only have sex with one partner	<input type="checkbox"/> True <input type="checkbox"/> <u>False</u>
You can live a happy and healthy life for many years even if you are HIV+	<input type="checkbox"/> <u>True</u> <input type="checkbox"/> False
You can generally tell by the way someone looks if they have HIV or not	<input type="checkbox"/> True <input type="checkbox"/> <u>False</u>
All babies born to HIV+ mothers will be HIV+ too	<input type="checkbox"/> True <input type="checkbox"/> <u>False</u>
People with HIV generally have done something to deserve it	<input type="checkbox"/> True <input type="checkbox"/> <u>False</u>
Having sex with a virgin can cure you of HIV	<input type="checkbox"/> True <input type="checkbox"/> <u>False</u>
Normally, the risk of transmitting HIV to the unborn child is about 30%, and with carefully followed medical guidelines the risk can be reduced to about 3%	<input type="checkbox"/> <u>True</u> <input type="checkbox"/> False
ARV therapy can cure HIV	<input type="checkbox"/> True <input type="checkbox"/> <u>False</u>

9. Draw lines matching the words on the left to their description on the right

1. Anti-retroviral therapy	1. The <b><u>immune system</u></b> is the body's defence system or "army" and it works very hard to keep us healthy and free from all kinds of infections (TB, Diarrhoea, thrush, pneumonia, ear infection, etc.). If we have a weak immune system, we will not be able to fight all these infections and so we will get sick.
2. CD4 count	2. <b><u>Opportunistic Infections</u></b> are infections that attack the body only when the immune system is weak. These infections can attack the lungs, the private parts, the stomach and even the brain. All opportunistic infections are treatable and curable. Some of the common infections are Pneumonia, Meningitis, Thrush and Herpes infections.
3. Immune System	3. The medicines that fight HIV need to be very powerful and strong. While most of the medicine goes to fighting the HIV, some of it can have an effect on the normal cells of the body. This is called a <b><u>side-effect</u></b> and may include tiredness, nausea, vomiting, diarrhoea, skin rash, stomach ache, problems sleeping, losing fat etc. Most <b><u>side-effects</u></b> are mild and get better after some time on treatment. People on ARV should also tell the <b><u>side-effect</u></b> experienced to the doctor or nurse so that they can help them manage them or change the medicine if necessary. The medicines should only be stopped on the advice of a doctor.
4. Side effects	4. <b><u>Adherence</u></b> means carefully following the instructions given by the doctor or nurse about how and when to take the ARV medicines. Often people stop taking it properly because they feel better, think there are too many pills or are experiencing side-effects. But it is very important for people to take ARVs as instructed because if they don't the HIV virus can learn to resist the medicine and start to grow again, and even if the person starts taking their medicine again it won't work because the virus knows how to fight it.
5. Adherence	5. <b><u>CD4</u></b> cells are one type of "soldiers or fighters" in our immune system. A <b><u>"CD4 count"</u></b> measures how many of these soldier cells that we have in our blood, if the count is low it means that the immune system has been made weak by the HIV and one is at risk of getting sick from opportunistic infections.
6. Opportunistic infections	6. <b><u>Anti-retrovirals</u></b> are a combination of medicines used to fight HIV infection by preventing the HIV from making more of itself. Because there are fewer viruses produced, the CD4 (soldier) cells are not killed as quickly and the body is able to make more of these important soldier cells and the number of soldier cells ("CD4 count") goes up and helps stop infections. ARVs are a long-term therapy and have to be taken for life.

Additional Information:

**Sexual intercourse with a virgin will NOT cure AIDS**

Virgin cleansing is a myth that has occurred since at least the 16th century, when Europeans believed that they could rid themselves of a sexually transmitted disease by transferring it to a virgin through sexual intercourse. Doing so does not cure the infected person, but it will expose the victim to HIV infection, spreading the disease further.

**HIV is NOT transmitted by mosquitoes**

When mosquitoes bite a person, they do not inject the blood of a previous victim into the person they bite next. Mosquitoes do, however, inject saliva into their victims, which may carry diseases such as malaria, thus infecting the person being bitten. However, HIV is not transmitted this way (Webb et al., 1989).

**HIV CAN be transmitted through oral sex**

While it is agreed that oral sex is a very much lower risk activity than vaginal and anal sex, it has been established that HIV can be transmitted through both insertive and receptive oral sex (Rothenberg et al., 1998), when there is contact between the semen and the mouth membranes. While the risk of infection from a single encounter is extremely small, it increases with frequency of activity.

**You CANNOT get HIV through casual contact with an HIV infected individual**

You cannot become infected with HIV through day-to-day contact in social settings, schools or in the workplace. You cannot be infected by shaking someone's hand, by hugging or "dry" kissing someone, by using the same toilet or drinking from the same glass as an HIV-infected person, or by being exposed to coughing or sneezing by an infected person (Madhok et al., 1986; Courville et al., 1998).

**An HIV-infected mother CAN have children/Uninfected children**

HIV-infected women are still fertile, although in late stages of HIV disease a pregnant woman may have a higher risk of spontaneous miscarriage. Normally, the risk of transmitting HIV to the unborn child is only between 15-30%. This is because the mother and baby do not share blood, rather nutrients and substances are passed through the placenta. However, this may be reduced to just 2-3% if patients carefully follow medical guidelines (Groginsky et al., 1998; WHO, 2005).

Source: Adapted from [http://en.wikipedia.org/wiki/Common\\_misconceptions\\_about\\_HIV\\_and\\_AIDS](http://en.wikipedia.org/wiki/Common_misconceptions_about_HIV_and_AIDS)

## **5.2 Attitudes toward HIV/AIDS and their Impact**

Read the following story:

**BREAKING THE SILENCE**

Mr. and Mrs. Nyoni have been married for 20 years. They have 6 children (2 boys, and 4 girls). The eldest, Munya is 14 and Tina is 12, John is 11 years old, Peter 10, Lucas 6 and little Mike 4 years old.

Mr. Nyoni works in town and comes home on public holidays. One day Mrs. Nyoni was surprised when she was coming from church with the kids, they found Mr. Nyoni at home. This was very

unusual because he had not written to her and it was not a holiday. When she got closer, she noticed that her husband was looking thinner and darker.

In the next few weeks, Mr. Nyoni did not go back to work and he actually looked sicker. He would cough a lot at night. When she tried to ask, all he said was he has resigned from his job as he was not well. He had been to several doctors without success. He was convinced he was bewitched and had come home to sort the problem out.

Mrs. Nyoni who had attended a few lectures on HIV/AIDS from the caregiver, started suspecting that her husband could be having HIV/AIDS but was too frightened to even suggest it.

Mr. Nyoni's brother came and took him to N'angas. This cost a lot. They had to sell the two cows they had but this did not help. In the end, the children had to stop going to school as there was no money to pay school fees. At this point Mr. Nyoni was bed ridden. The children were worried; the elders discussed among themselves and came out with all possibilities of what could be wrong. Munya, Tina, John and Peter had all attended sessions on HIV/AIDS given by Scripture Union at School. They suspected their father probably had AIDS, but they could not dare ask their mother or father.

Little Lucas and Mike were wondering if it was something they had done that was causing their father to be sick. Their mother hardly laughed anymore as she was always busy nursing their father. In fact, nobody in the home seemed happy any more.

**Q: If we all know so much about HIV/AIDS, why is HIV still spreading?**

Possible Answers: *The main answer is that we are still having unprotected sex!! But why?!*

- *Stigma and blame stop people disclosing their status and practicing safe sex. HIV infection is associated with promiscuity, homosexuality and drug usage.*
- *We don't believe it will happen to us! Somehow we have the mind-set that HIV happens to other people.*
- *Some people don't believe that HIV exists.*
- *Women who are poor will sometimes have sex in exchange for money or special favours, these men may refuse to use condoms.*
- *There are often cultural barriers to talking about sex; this is a barrier to education, disclosure and community discussions.*
- *When partners are separated from one another because of work, they might have sex with other people. This can increase everyone's risk of getting HIV and AIDS.*
- *In many societies, women do not have control of their sex lives. They think that they have to do what their partners tell them. This means they are afraid to ask their partners to use condoms, even if they know that they have had unprotected sex with other women.*
- *Rape is a common crime in some countries.*
- *War crimes often include rape.*


*In conclusion, it is not only the virus that is hurting us – **it is also our attitudes that kill!***

**Q: What impact do people's attitudes and stigma have on the following levels?**

1. Child level (e.g. a child whose mother is sick with AIDS)
2. Family level (e.g. a family that has a member with AIDS)
3. Community level (e.g. a community where many people have AIDS and others are at risk)

Please consider the impact of these attitudes on multiple levels - physical, emotional, social, economic, etc.

Possible Answers may include:

<p><i>Child Level</i></p>	<ul style="list-style-type: none"> <li><i>Lack of disclosure leads to fear, confusion, isolation</i></li> <li><i>Child may be mourning the loss of their mother; may have a lack of support during this process, may not be allowed to attend the funeral, performance at school may be affected</i></li> <li><i>When death occurs, the distribution of belongings of the dead parent may leave the children without basic property, hence they suffer from double loss</i></li> </ul>  <ul style="list-style-type: none"> <li><i>They may be uncared for, loss of parents and parental guidance, accommodation, school fees, food supplies, clothing and health care support, etc.</i></li> <li><i>May drop out of school, engage in premature sexual activities and substance abuse, child labor or become street children</i></li> <li><i>May have to look after siblings and adopt early responsibility</i></li> <li><i>Stigma may lead to other children and community members teasing and abusing the child</i></li> <li><i>Child may be rejected by others who may be scared of catching HIV from the child</i></li> <li><i>Others may assume the child is positive too and treat them badly</i></li> <li><i>The child may be at risk of HIV infection (lack of education, guidance, poverty, lack of protection)</i></li> </ul>
<p><i>Family Level</i></p>	<ul style="list-style-type: none"> <li><i>Others may assume that the mother has been unfaithful/promiscuous, etc. and blame her and shun the family</i></li> <li><i>Husband may leave, not go for a test</i></li> <li><i>Mother may be kicked out of home, family may be kicked out of village</i></li> <li><i>Mother's illness may be a burden on the family (e.g. if bed-ridden and in need of constant care)</i></li> <li><i>Economic: Family members may be ostracized, lose employment, others may not buy vegetables from them</i></li> <li><i>Situation may not be discussed and no succession plan done</i></li> <li><i>Children and other family members (such as granny) may be expected to take up new roles</i></li> <li><i>Role confusion, i.e. the children will not know where they belong or where to get help and support. Look up to uncles and aunts or other relatives for help/support</i></li> </ul>

	<ul style="list-style-type: none"> <li>• <i>Breakdown in family unit</i></li> </ul>
Community Level	<ul style="list-style-type: none"> <li>• <i>People stay at risk if HIV cannot be discussed openly</i></li> <li>• <i>HIV will take leaders, teachers, nurses, workers, etc. that will leave the community without resources and more at risk</i></li> <li>• <i>HIV testing and ARV access will become difficult if there is general denial and/or stigma in the community and health facilities</i></li> <li>• <i>HIV will leave more orphans and vulnerable children</i></li> <li>• <i>Less children will receive education as they are busy taking care of sick parents, heading households, etc. leaving the community with more unskilled workers</i></li> </ul>

### 5.3 Helping Children Live in a World with HIV

Even though we are here to learn more about children, children are also part of a family and a community – what affects the family affects the child and vice versa; what affects the community affects the child and vice versa!

**Q: What can be done to address the impact of HIV at each level (child, family, community) and also what could be done to address the different attitudes(stigma) which are barriers?**

Possible Answers may include:

Child Level	<ul style="list-style-type: none"> <li>• <i>Help the mother/family disclose and talk about it</i></li> <li>• <i>Succession planning, protecting property and securing future carers</i></li> <li>• <i>Helping the child mourn</i></li> <li>• <i>Educate on HIV and build life skills</i></li> <li>• <i>Help with resources e.g shelter, food, uniforms, clothes, grant access, etc.</i></li> <li>• <i>Build up coping skills and resilience (to resist stigma and abuse)</i></li> <li>• <i>Help child go for an HIV test</i></li> </ul>
Family Level	<ul style="list-style-type: none"> <li>• <i>Educate and counsel on HIV, encourage disclosure and testing</i></li> <li>• <i>Encourage the clients/couples to seek help/treatment;</i></li> <li>• <i>Encourage couple communication on sexuality, disease, helping and supporting each other, condom usage</i></li> <li>• <i>Build resilience of a family to withstand stigma and discrimination</i></li> <li>• <i>Help with physical resources</i></li> <li>• <i>Link family to community support networks and HCBC</i></li> <li>• <i>Start memory work (memory boxes, etc.) even before the mom gets sick</i></li> </ul>
Community Level	<ul style="list-style-type: none"> <li>• <i>Educate on HIV and on prevention (abstinence, faithfulness, use of condoms)</i></li> <li>• <i>Work on stigma and discrimination by helping people disclose</i></li> <li>• <i>Encourage testing</i></li> <li>• <i>Encourage children to stay in school</i></li> </ul>

## 6 LOSS, GRIEF AND MOURNING

### Module Outline

- 7.1 Understanding Loss
- 7.2 How Children Understand Death at Different Stages
- 7.3 Stages of Grief
- 7.4 Helping Children to Mourn
- 7.5 What Can I Do as a Supporting Adult?

### Objectives

By the end of this session, you should be able to:

1. Define the terms loss, grief and mourning
2. Outline the stages of grief
3. Understand why we mourn and the value of allowing and aiding children in their mourning

### 6.1 Understanding Loss

When death happens in a family it has a lasting impact on the remaining members. This is because of attachments that exist between family members and in an event of a break in these ties it results in anger, depression and anxiety.

#### **Q: What is Loss?**

Possible Answer: Loss is being deprived of something that is important and valued in one's life. In most of the cases that we are talking about it is through the death of a loved one that offered love, care, security (e.g. loss of a parent, a friend, a husband, etc.)

But loss can also include a number of other things such as

loss of limbs, hearing or eyesight, loss of a job, or of a dream (e.g. someone who always wanted to be a doctor, but failed to be accepted in University), loss of a home and possessions (due to war, floods, fire, etc.) or a partner (through break-up or divorce). Loss can also be of a person's image as you knew them (e.g. if you experience betrayal or deceit).

All kinds of loss can result in emotional distress.



Note: **Bereavement** is loss which comes about as a result of death.

➤ **Activity – Personal Experiences**

**Q: What are some of your experiences with loss (your own, family, friends, or children in your care)? Please think about those experiences in terms of emotions, thoughts, physical feelings and behaviors.**

Possible Answers:

<b><u>Feelings/Emotional</u></b> Sadness Guilt and self blame Loneliness Helplessness Yearning Relief Anger Anxiety Fatigue Shock Emancipation Numbness	<b><u>Mental/Thoughts</u></b> Disbelief Pre-occupation Feel as if the dead person is present Confusion Hallucination Dream of the deceased Absent-mindedness
<b><u>Physical Sensations</u></b> Discomfort in the stomach Tightness in the chest Lump in the throat Over-sensitivity to noise A sense of not being yourself Breathlessness Weakness of the body Very tired Dryness of mouth Sleep disturbances Appetite disturbances	<b><u>Behaviors</u></b> Social withdrawal Treasuring objects that belonged to the deceased Avoiding reminders of the deceased Searching and calling out Restlessness & over-sensitivity Crying Visiting places or carrying objects that remind the survivor of the deceased

**Q: Do children have these reactions when they experience loss?**

Possible Answer: YES! These reactions are normal. It's very important to note that feelings drive behaviour, sometimes without us being aware of it. This is particularly important to note when dealing with children because they often do not have the verbal skills to express how they feel. They communicate their feelings through physical sensations/reactions and behaviors.

We are now going to focus on loss due to death as this is one of the problems that we come across in our work, and it is arguably the most difficult loss that an individual can experience.

Read the following statements and decide whether you believe they are true or false.

<b><u>Children and Mourning</u></b>  a. Children do not understand death at all ( <b>false: even babies sense loss</b> )  b. Children are generally passive and ignorant about what happens around them and therefore there is no harm in excluding them in important family processes ( <b>false:</b>
--



*including children empowers them and children sense and pick up almost everything that happens in their environment)*

- c. Discussing sex and death with children is taboo and harmful to them. (false: **having the correct information can help children to make better decisions around these issues**)*
- d. Children only become real people when they are much older. (false: **children are real people from when they're born**)*
- e. Children should not participate in funeral proceedings and should not view dead bodies as it brings bad luck (false: **just as adults experience closure when they participate in these activities, children need closure when they've experienced loss**)*
- f. Children are incapable of making decisions or solving problems and so adults should do it for them (false: **children can come up with very creative ways of dealing with problems**)*
- g. Orphaned children who are acting out are just naughty and stubborn and should be punished (false: **acting out is usually a way of communicating for children because they may not have the vocabulary to express their experiences**)*

## 6.2 How Children Understand Death at Different Stages

Death is a very difficult thing to understand, especially for children. Death is also very difficult to talk about with children – because it is difficult to explain and because we don't want children to be sad or hurt. What many adults don't understand is that we can actually hurt children by not telling them the truth or talking about death (e.g. saying "your mom is sleeping" or "has moved to another place" may cause the child to believe that the mother has chosen not to be with them).

Children understand death at the following stages (the table below appears in the participant's workbook).

### **Up to three years, a child...**

- Doesn't yet understand what death is.
- Can sense the feelings of adults.
- Depends upon nonverbal communications.
- Needs physical care, affection, reassurances.
- Won't remember the deceased person.

### **Three to five years, a child...**

- Views death as being temporary.
- Questions the cause of death.
- May believe that the loss of a loved one is a punishment.

- May have difficulty understanding concepts such as heaven.
- Feels sadness, but this emotion may be short-lived.
- Regresses (may act more immature than s/he did before the deceased's illness or death).
- May act aggressively such as hitting or yelling.
- Idealizes the lost person (remembering only the best about the deceased).
- Gives up attachment to the deceased and attaches to substitute people (teachers, neighbors, etc.).
- Escapes into play at times to relieve the reality of the loss.
- May seem not to be reacting to the loss at all.
- Needs reassurance, love, care, honesty, daily routine and structure.

#### **Five to ten years, a child...**

- Begins to conceive of the finality of death.
- Has a fear of dying and of others dying.
- May feel anger at the person for leaving and guilt (blames self for death).
- Has difficulty expressing feelings in words.
- Expresses feelings through behavior; for example, exhibits compulsive care giving and good behavior, or demonstrates aggressiveness as a defense against feeling helpless.
- Asks concrete questions such as "What happened to the body?"
- Identifies with the deceased person as a means of hanging on to that person; for example, taking up wearing a hat the way grandpa did, or whistling mother's favorite song the way she did.
- Still have difficulty understanding concepts such as heaven.

#### **Ten to eighteen years, a child...**

- Recognizes the irreversible nature of death.
- May be troubled about his/her own death.
- May use the denial defense mechanism, acting as if nothing has happened.
- May use suppression, that is, tries not to think about the loss and doesn't want to talk about it.
- May have fears of the future.
- May hide feelings.
- May express feelings of anger, but repress sadness and depression.
- May have physical complaints; some may be similar to the ones of the deceased.
- Questions religious beliefs.

(Adapted from: The Hospice of the Florida Suncoast Children's Support Program)

The following table shows how an adult should explain death to children of different ages.

<p><b><i>Under three years</i></b></p> <p><i>The child should:</i></p> <ul style="list-style-type: none"><li>▪ <i>Not be able to speak properly</i></li><li>▪ <i>Show some confusion because they don't understand what death is but can sense adults' emotions</i></li></ul> <p><i>The adult should:</i></p> <ul style="list-style-type: none"><li>▪ <i>Explain to the child in very basic and simple language what has happened</i></li><li>▪ <i>Tell the child the truth</i></li><li>▪ <i>Try to indicate that they are keeping the routine of the child consistent</i></li><li>▪ <i>Comfort the child</i></li></ul>
<p><b><i>Three to five years</i></b></p> <p><i>The child could possibly:</i></p> <ul style="list-style-type: none"><li>▪ <i>Ask a lot of questions</i></li><li>▪ <i>Show some distress (become very quiet or become aggressive)</i></li></ul> <p><i>The adult could possibly:</i></p> <ul style="list-style-type: none"><li>▪ <i>Speak to the child in simple language</i></li><li>▪ <i>Explain truthfully to the child what happened (being careful not to give graphic details)</i></li><li>▪ <i>Comfort the child</i></li><li>▪ <i>Explain any changes to the child</i></li></ul>
<p><b><i>Five to ten years</i></b></p> <p><i>The child could possibly:</i></p> <ul style="list-style-type: none"><li>▪ <i>Indicate that s/he has an understanding about the permanence of death</i></li><li>▪ <i>Cry</i></li><li>▪ <i>Ask questions</i></li></ul> <p><i>The adult could possibly:</i></p> <ul style="list-style-type: none"><li>▪ <i>Be sensitive</i></li><li>▪ <i>Speak truthfully with the child</i></li><li>▪ <i>Comfort the child</i></li><li>▪ <i>Let the child know what to expect</i></li><li>▪ <i>Help the child to express their emotions (share with the child sensitively how they are feeling as an adult)</i></li></ul>
<p><b><i>Ten to eighteen years</i></b></p> <p><i>The child could possibly:</i></p> <ul style="list-style-type: none"><li>▪ <i>Indicate that they understand what death means</i></li><li>▪ <i>Maybe cry or show some distress</i></li></ul> <p><i>The adult could possibly:</i></p> <ul style="list-style-type: none"><li>▪ <i>Tell the child what happened in a sensitive manner, be truthful</i></li><li>▪ <i>Help the child express their emotions (share how they feel as an adult)</i></li><li>▪ <i>Involve the child in age appropriate decision-making</i></li></ul>

**Q: What is grief?**

Possible Answer: Deep or intense sorrow, especially at the loss of someone. Grieving over the death of a loved one is a natural and necessary process that most people are able to cope with and emerge from in a healthy manner if given adequate support and time

### **6.3 Stages of Grief**

There are different stages of grief and everyone's experience of grief is individual and these stages are to be seen as pointers only to where the individual may be in their grieving process. The five stages are:

#### Stage 1 - Denial

"This can't be happening to me", looking for the former spouse in familiar places, or if it is death, setting the table for the person or acting as if they are still living there. No crying. Not accepting or even acknowledging the loss. With children, they might constantly ask about the deceased ("When is mom coming back?"). They may also continue with life as usual as if nothing has happened.

#### Stage 2 - Anger

Asking the question, "Why me?" A person might experience feelings of wanting to fight back or get even with a spouse after divorce. For death, the individual might feel anger towards the deceased and blame them for leaving. A child might be short-tempered, cry easily or become aggressive.



#### Stage 3 - Bargaining

Bargaining often takes place before the loss. Attempting to make deals with the spouse who is leaving, or attempting to make deals with God to stop or change the loss. Begging, wishing or praying for them to come back. This might be driven by guilt in children, especially between the ages of 3 – 5 years. This is because they think that the world revolves around them and may blame themselves for the death of the loved one. This might show itself through physical reactions like having tummy aches, headaches or being tearful.

#### Stage 4 - Depression

Overwhelming feelings of hopelessness, frustration, bitterness and self-pity characterize this stage. The individual might be mourning the loss of a person as well as the hopes, dreams and plans they might have had for the future. Some people feel a lack of control and others feel numb. Other people may feel suicidal. In children, this might show itself through regression, refusal to eat, go to school, play or engage in

normal day to day activities, even long after the death.

### Stage 5 - Acceptance

There is a difference between resignation and acceptance. One has to accept the loss, not just try to bear it quietly. It is important to realize that the person is gone (in death), that it is not their fault; and they didn't leave on purpose. (Even in cases of suicide, often the deceased person was not in their right frame of mind). Some people try to find the good that can come out of the pain of loss, finding comfort and healing. One's goals turn toward personal growth and choosing to stay with fond memories of the deceased person. Eventually the person left living begins to find hope and heal from the grief of the loss. Children also experience acceptance. They may be able to talk about the deceased person without feeling angry or crying. They are able to build relationships with other caring adults and continue to function normally on a day-to-day basis.

(Source: [http://mt.essortment.com/stagesofgri\\_rvkg.htm](http://mt.essortment.com/stagesofgri_rvkg.htm))

The following are **additional perspective on grief**:

- Grief can start before the person has died.  
The patient, child and family can begin the grieving process for the life that will be lost on hearing the news that the person is sick and will die.
- Grief can be delayed – which may happen when the person has to 'hold it all together and be strong for the whole family' (e.g. taking on household responsibility, or taking care of the funeral arrangements, etc.).
- Grief can be blocked – which happens if the person is in denial that their loved one is sick or has died; or if for example the father is pretending to the children that mom is not sick. This can be a problem as it is a barrier to the normal and healing grieving process.
- Grief can also be 'abnormal' and may mean that the person needs specialized help – such complicated grief is characterized by depression, violence, aggressive behavior, social withdrawal or harming oneself.
- Sometimes adults can unintentionally cause a complicated grieving process in a child when they are actually trying to help. (E.g. when they lie to the child about the parent's death – saying that they are sleeping, or have moved away, or not discussing it at all). The children then become confused, and wonder why their parents don't want them anymore and worry that they perhaps have done



something wrong.

**Q: What is mourning?**

Possible Answer: Mourning is the social expression of grief or actions and manner of expressing grief which often reflect the mourning practices of one's culture. It includes funeral rights, culturally prescribed rituals or styles, wearing of black, visit to the grave site.

**Q: Why do you think we grieve and mourn those we have lost? (i.e. the purpose of it)**

Possible Answers:

- To accept reality of the loss
- To experience the pain or emotional aspects of the loss
- To adjust to an environment in which the deceased is missing
- To emotionally relocate the deceased and move on with life

## **6.4 Helping Children to Mourn**

**Q: (a) What are the different ways that people mourn in your culture?**

**Q: (b) Are children included in these mourning rituals? Why?**

Possible Answers:

- Normally children are left out during the funeral occasions even if it involves their close relatives or significant other. Culturally this is said to be done to protect the child, experience shows that this affects the children's grief process
- Children should be involved in the whole procession e.g. grieving speeches, body viewing as well as burial. Children should not be chased away
- The caregiver should answer honestly all the questions the children may ask
- Children should be consulted on decision making e.g. adoption
- Children should be allowed to cry

## **6.5 What Can I Do as a Supporting Adult?**

As a surviving parent/carer there are several things which can be done to support the grieving child:

1. Explain the death in a clear and direct manner. If the remaining parent cannot do this, then the child should be informed by another adult who is close to the child.
2. The child should be told the dead person will never return and that the body will be buried in the ground or burned to ashes.

3. The remaining parent should not deny the child an opportunity to share in the expression of pain.
4. Adults should avoid using their children as confidants for their own comfort and understanding.
5. The single most important message to relay to the child is, "You are not alone; I am with you."
6. Touching and holding a child can do more than any words to relay a parent's/adult's message.
7. Children should be allowed to attend the funeral, if it is their wish.
8. Prior to the funeral someone should explain to children what is likely to take place, who will be there, and how people are likely to react.
9. The choice of whether to view or touch the deceased should be left up to the child (should be age-appropriate).
10. It is important to establish continuity in the daily routines of children.
11. Changing to a new school or moving to a new neighborhood should be postponed.
12. If it is determined that a child is experiencing pathological grief, rather than normal grief reactions, counselling may be necessary in order to help facilitate the grieving process.

## 7 STRESS, COPING AND RESILIENCE

### Module Outline:

- 8.1 What is Stress?
- 8.2 Signs and Symptoms of Stress
- 8.3 Coping
- 8.4 Resilience
- 8.5 What Makes a Child Resilient?
- 8.6 Building Resilience in Children

### Objectives:

By the end of the session, you should be able to:

1. Explain stress and describe the signs and symptoms of stress
2. Explain coping and name different coping mechanisms
3. Demonstrate an understanding of resilience and what makes a child resilient
4. Discuss ways of building resilience in children including their attitude and approach and child participation.

### 7.1 What is Stress?

The topics that we have just discussed (abuse, HIV/AIDS and loss) do cause a lot of stress for both adults and children. In this chapter we are going to discuss and learn about coping and resilience, but first we will talk about stress to help us understand coping and resilience better.



In our daily lives we experience stress. **A little stress helps us** to be better at the things that we do such as meeting new people or going to see a manager when we have problems at work, however too much stress can prevent us from going on with our daily activities.

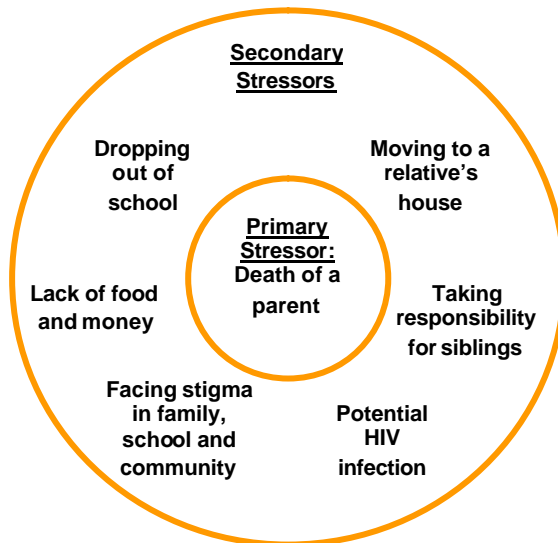
- **Stress** is a feeling from inside that

*occurs when a person is faced with a situation or problem that the person perceives as having no means or resources to solve. In other words, there is a gap between the stressful event and resources available to the person to deal with the stressful event.*

- **Stress** has a practical element and an emotional element. For example, someone who has lost a job may be concerned about what to eat, how to pay the rent (practical) and at the same time they might feel angry or depressed (emotional).



There are 2 different levels of stress:



### Primary Stressor

It is the initial disturbing experience or event (e.g. death of a parent, being sexually abused).

### Secondary Stressors

They are experienced as a result of the primary stress (e.g. dropping out of school after the death of a parent).

Each of these elements has both a practical and emotional concern.

Another example may be a case of sexual abuse, where the rape itself is the primary stressor but secondary stressors may include related injuries, harassment by police, shame, and loss of virginity, potential pregnancy, fear and depression.

**Q: Can you remember a stressful event in your life?**

**Q: What was the main event that happened? What happened as a result of this main event? What was your reaction?**

#### Some examples of primary stress with secondary stressors in brackets:

- *moving house (packing, the pressure of moving quickly because new tenants are coming, stuff broken/lost)*
- *getting married (preparations, fighting with mother over cake, dress, venue; family conflict around lobola)*
- *death in the family/of a friend (funeral arrangements, taking over the care of sister's children, disputes about sharing property & belongings)*
- *going for a job interview (being late, worried about whether you're dressed properly)*
- *starting a new job (learning a whole lot of new things all at once, getting to know new people and worried about making the right impression)*
- *losing a job (worrying about food and other needs, paying bills)*

## **7.2 Signs and Symptoms of Stress**

**Q: How can the signs and symptoms of stress be divided into emotional, physical and behavioral categories?**

Possible Answers:

<u>EMOTIONAL</u>	<u>PHYSICAL</u>	<u>BEHAVIORAL</u>
<ul style="list-style-type: none"><li>• Sadness</li><li>• Helplessness</li><li>• Guilt</li><li>• Loneliness</li><li>• Anger</li><li>• Betrayal</li><li>• Uncertainty</li><li>• Anxiety</li><li>• Irritability</li></ul>	<ul style="list-style-type: none"><li>• Headache</li><li>• Fatigue</li><li>• Problems with digestion</li><li>• Inability to focus/lack of concentration</li><li>• Sleep disturbances (too little or too much, nightmares)</li><li>• Sweating palms/shaking hands</li><li>• Palpitations (increased heart beat)</li></ul>	<ul style="list-style-type: none"><li>• Eating too much or not eating enough</li><li>• Bullying/fighting with other children</li><li>• Harsh treatment of others, aggression</li><li>• Use of abusive language</li><li>• Isolation/withdrawal/not playing with others</li><li>• Difficulty in communication</li><li>• Excessive thumb-sucking/ twiddling of fingers</li><li>• Restlessness - cannot sit in one place for a long time</li><li>• Day-dreaming</li><li>• Increased whining and crying-behavior in a spoiled manner</li><li>• Regression to earlier behavior patterns, e.g. bed wetting</li><li>• Tendency to cry easily</li></ul>

These signs and symptoms:

- Differ depending on the age of the child (e.g. a 6-year old child might regress (bed-wetting) and withdraw from people around him/her after the loss of a parent, a 16-year old child might become aggressive)
- Differ depending on the environment that the child is in
- Might last a short while if these children have supportive adults around them, but if there is no support the symptoms might carry on for a long time or get worse.
- Remember that children may not have the verbal skills to express how they feel so they might display more of the physical and behavioral signs and symptoms.

## 7.3 Coping

**Q: What is coping?**

Possible Answer:

*Coping is the ability to successfully deal with a problem, task or difficult situation. Coping is being able to manage stress. It can also be defined as the ability to live positively with a situation that one is not able to change.*

➤ *Failure to cope or manage stress can lead to the following changes in children:*

- *Loss of control and self confidence and a feeling of helplessness*
- *Some of it may even show as physical illness which can affect the overall development of a child.*

**Q: What kinds of coping mechanisms can you think of? What do you do to cope with stress?**

Possible Answers:

<b><u>Coping Mechanism:</u></b>	<b><u>Notes:</u></b>
<b>Prevention and Planning</b>	<ul style="list-style-type: none"> <li>Most children respond to stress after it has happened, children can be prepared for stress by equipping them with life skills such as decision making, problem solving and daily activities which build confidence and self-esteem (e.g. cooking, doing laundry, being involved in daily decision-making in the home, etc.).</li> </ul>
<b>Understanding the Situation and Consequences</b>	<ul style="list-style-type: none"> <li>Keep the child well informed about the situation and how it is likely to end. (E.g. if a child is living with a terminally ill parent, it is better to discuss the possibility of death so that child may not get shocked when death occurs).</li> </ul>
<b>Inclusion in the Process</b>	<ul style="list-style-type: none"> <li>Allow the child to be involved in the process (if moving, in helping to pack and finding a new school; in the death of a parent in helping to care for the parent to the level to which he/she feels comfortable; if parents are having another baby, allow older child to help feed the baby and tell them about it before the baby is born).</li> </ul>
<b>Problem Solving</b>	<ul style="list-style-type: none"> <li>Allow the child to come up with solutions to their problems (this should be age appropriate). But remember that stability is very important in childhood and the child needs to know the adults in their lives can handle the problems they face. Don't share your problems with the child.</li> </ul>
<b>Good Exercise, Rest and Nutrition</b>	<ul style="list-style-type: none"> <li>Make sure the child eats a balanced meal and is able to play, rest and take care of themselves.</li> </ul>
<b>Emotional Support and Counseling</b>	<ul style="list-style-type: none"> <li>Give emotional support by allowing the child time to talk to you about their experience, concerns, fears and their future.</li> </ul>
<b>Do not to let the child carry more responsibility than they can cope with</b>	<ul style="list-style-type: none"> <li>Children need to play and go to school and be free from the worries adults face. Do not let a young child become the primary care-taker of a sick parent.</li> </ul>

While it is very important to teach and help children to cope with stress, it is also very important to help children build resilience. Resilience is the **emotional/inner strength** that one possesses and enables one to cope with difficult circumstances. Children can also have resilience.

## 7.4 Resilience

**Q: What do you think of when you hear the word 'Orphan'?**

*From a REPSSI workshop in Mozambique some of the answers were: anxious, criminality, suffering, anger, grief, rebellion, shy, misery, discrimination, aggression, despair, loneliness, frustration, delinquency, prostitution, stigma, stress, abandoned, poverty, isolation, marginalization, sadness*

**Q: Why aren't there words such as "strong, talented, creative, problem solving"?**

Possible Answers: *We see children as dependant and don't always give them credit for being able to think for themselves and solve problems. We want to protect them. We often focus on the tragedy of orphanhood and not the strengths that it can develop in children.*

While it is true that orphans face many adversities and suffering, it is also true that the vast majority struggle actively for their survival and to overcome hardships. A group of orphans were asked what they have learned and what they can do better than other children BECAUSE they are orphaned, these were their answers:

- I have learned to communicate with adults in different matters
- I understand about death much than non-orphaned children
- I have built attachments with different people
- Tolerance with problems I face
- I have learned to regard and to understand those who lost their beloved ones
- To try my level best to play with my fellows though I have a lot of problems
- To be polite
- To be modest and to think of few things which can be fulfilled
- To be patient with the abusive language I get from others
- I have learned cooperation with neighbours
- I know how to plan (e.g. the budget and food for family)
- I work hard
- I know how to live with different people
- Although I have problems I perform well at school

**Q: "How does the way we perceive children affect our interactions with them?"**

Possible Answers:

*When we see children as helpless and dependent we treat them as such, maybe even being overprotective. By so doing, we miss opportunities to help children identify their strengths and learn to use those strengths in difficult situations. On the contrary, when we see children as having strengths, we can interact with them in such a way that we help them identify these strengths and learn to use them in stressful situations.*

### Learning about Resilience

*Take a rubber band and stretch it as far as possible.*

**Q: What happens when you stretch the rubber band?**

Possible Answers: It can change its shape and adapts to being stretched

**Q: What happens when you let it go?**

Possible Answers: It snaps back. It may also change in terms of colour and elasticity depending on how far it was stretched.

**Q: What happens if you stretch it too far?**

Possible Answers: It snaps

**Q: How does this relate to resilience?**

Possible Answers:

*The dictionary defines resilience as:*

- *The power to return to the original form after being bent or stretched*
- *The ability to recover readily from illness, depression, adversity*

*When we use the term resilience in psychology, it means:*

- *The ability to recover quickly from severe events, especially if there is a supportive environment*
- *This does not mean that after being “stretched” by an adverse event, there are no effects. The individual experiences all the reactions to stress that we spoke about but they are able to quickly adapt and solve the problem or adapt to the new situation.*
- *Just as the elastic band snaps when it is stretched too far, it’s important to remember that nobody is infinitely resilient. Without proper support and with exposure for too long to adverse situations, even the most resilient person can “snap”*
- *Good news about resilience, it can be built and cultivated in almost anybody*

Read the following case study and questions (from the REPSSI REFA training):

#### **Upile’s Story**

Upile comes from a family of four children, three girls and one boy. Her parents, Mr. and Mrs. Dumi died when she was thirteen years old. Being the youngest child, Upile used to spend a lot of time with her mother who taught her a lot about life. Her mother always spoke about how she believed in her heart that Upile would grow up to be a success and always encouraged her to have a relationship with God who would always be there for her. Upile treasured her relationship with her mother dearly and told herself that she would live to be the success that her mother wished for.

When Mr. and Mrs. Dumi died, they left behind three houses, two of which had always been rented out. However, soon after their death, relatives came and took two of the houses away from them. Upile and her siblings were left with one very small house to live in and no money for food and other basic necessities. Life for Upile, who was the youngest of the four children,

was very tough. Her eldest sister soon married and left home; her other sister looked towards boyfriends for affection and soon had a child of her own to care for. It was decided that Upile and her brother should go and stay with an uncle in another town. The uncle mistreated them and her brother soon left to go and live on the street. Upile explained her situation to one of the church elders who encouraged her to join the church's youth club. This provided her with the opportunity to share her problems with other children, many of whom had had similar difficult life experiences. Through the youth club she befriended a girl, Mavis, who told Upile's story to her parents. Her parents, who were both moved and troubled by Upile's situation, decided to offer Upile a new home. Their offer came at a very good time as Upile's uncle had now thrown her out of his home. Mavis parents gave Upile a caring and supportive home and also provided Upile with the opportunity to attend school. Upile partakes in all aspects of their family life and aims to study Social Science at university so that she may become a Social Worker and reach out to children and families facing difficulties in life.

Questions:

1. What made Upile respond differently to her siblings?
2. What actions did Upile take that demonstrate her resilient qualities?
3. What role did the community play in encouraging or enhancing Upile's resilience?
4. Do you have similar stories from you families and communities about children who show the ability to stand, survive and fight on despite difficulties such as Upile?

Possible answers:

1. Her close relationship with her mother, her relationship with God
2. She talked about her problem, she joined a youth group, she built new relationships, she got involved with her new family, she maintained her focus
3. Ensuring that her schooling continued, having a family to adopt her, church youth club, having someone to talk to

## 7.5 What Makes a Child Resilient?

**Q: What might help a child develop resilience?**

<b>Possible Answers</b>	<b>Notes</b>
<b>A close and secure relationship with a caregiver</b>	<i>A resilient child usually has a positive relationship with his caregiver. He feels safe and secure and enjoys his relationship with his caregiver.</i>
<b>A close relationship with the remaining family members</b>	<i>A resilient child is usually close to other family members if he loses his parent or primary caregiver. He feels close to his family and knows his place.</i>
<b>Education</b>	<i>A resilient child continues his education even after difficult situations or loss.</i>
<b>Close links to his or her</b>	<i>A resilient child usually has strong links to his</i>

<b>community</b>	<i>community. He is involved with neighbours and community activities and knows where he fits in.</i>
<b>A wide range of emotions</b>	<i>A resilient child is usually comfortable with a wide range of emotions. Resilient children are able to understand their own emotions and can express them in words and actions (e.g. able to say "I am angry" or "What you are doing irritates me").</i>
<b>A good personal memory</b>	<i>A resilient child can usually recall positive relationships, moments of kindness, role models (for example teachers, parents) as well personal achievements of the past.</i>
<b>A sense of belonging</b>	<i>Resilient children know where they belong. They are grounded at home, in the community, in an organisation, and they have a sense of their own culture. They are able to look for and find emotional support from other people. They are self-confident and also confident of the support of peers and caregivers. This support may change from time to time; it may not be provided by the same person over an extended period of time but may change.</i>
<b>Interest in others</b>	<i>A resilient child feels the need to help others. S/he has the feeling for the needs of others and is able to help.</i>
<b>A value and belief system</b>	<i>Resilient children know what is right and what is wrong. They have a sense of justice. They have a strong spiritual belief system that may include faith in any kind of transcendent being (one God, several Gods, the power of ancestors etc.). Some children will develop some sort of political or cultural ideology. Or may identify with certain cultural, political or religious leaders.</i>
<b>Creativity, innovation and curiosity</b>	<i>Resilient children are curious and eager to learn. They are creative and use their imagination. They are able to use the existing materials and opportunities in their environment to ensure their survival. Resilient children are able to imagine a future that gives them a goal to work towards.</i>
<b>Self-confidence</b>	<i>Resilient children have a sense of humour and are confident of their own abilities and resources.</i>

(Adapted from "Building Resilience in Children Affected by HIV/AIDS" Sr. Silke-Andrea Mallman CPS Catholic AIDS Action, Namibia)

## 7.6 Building Resilience in Children

**Resilience can be cultured in children or destroyed.** Adults can crush or impede resilience in children by not recognizing or giving credit to their ability to understand, participate and contribute. They give messages such as "You are still too small", "You wouldn't understand", "You would not be able to deal with it", "This is adult business not for

children”, etc. Children need to become resilient – and they cannot do it alone. They need adults who know how to promote resilience.

There are many ways to develop resilience in children; we are going to focus on two:

1. Your Attitude and Approach
2. Child Participation

(To note, in the following module we will consider additional resilience building tools and activities).

## **1. YOUR ATTITUDE AND APPROACH**

### **“How can I as an individual build resilience in children?”:**

- *Believe that children have strengths and can learn to identify these strengths and use them to manage stress*
- *Remember to interact with children according to their developmental stages so that we do not set them up for failure by giving responsibilities that are beyond their developmental stage*
- *Respect, appreciate, encourage and praise the child*
- *Ensure confidentiality and be clear to children about any issues you are obliged to report*
- *Remember that children can be very sensitive to certain issues*
- *Realize they may have different views from their guardians and from you*
- *Listen to what they are saying*
- *Encourage children to talk in groups and “one and one” and join them during these discussions*
- *Find an environment in which the children are comfortable*
- *Use/allow children to share personal examples or stories of peers*
- *Keep an open mind because some of their solutions might sound trivial to an adult but may work very well for children*
- *Set an example when there are problems. Learn and model behavior that shows good stress management*

### **“How can I as an individual destroy resilience in children?”**

- *Only see child's weaknesses and negative circumstances*
- *Belittle and disrespect them*
- *Share their story with other people*
- *Share your opinions rather than listening*
- *Solve their problems yourself*
- *Close-mindedness*



<ul style="list-style-type: none"> <li>▪ <i>Giving children more responsibilities than they can handle</i></li> </ul>
<p><u>"How can we as a community build resilience in children?":</u></p> <ul style="list-style-type: none"> <li>▪ <i>Take the time to educate ourselves about children's issues (needs, Rights and how to protect those Rights)</i></li> <li>▪ <i>Create forums where children can interact with adults and the elderly in a positive way</i></li> <li>▪ <i>Learn to solve our own problems so that we can pay attention to children</i></li> <li>▪ <i>Bring back the spirit of ubuntu (my child is your child)</i></li> <li>▪ <i>Actively involve children in community forums (e.g. community policing forum, child and youth committees, school governing bodies, etc.)</i></li> </ul>
<p><u>"How can we as a community destroy resilience in children?":</u></p> <ul style="list-style-type: none"> <li>▪ <i>Stay ignorant about children's issues</i></li> <li>▪ <i>Ignore children</i></li> <li>▪ <i>Deny/not solve our problems, thereby, not being able to pay attention to children</i></li> <li>▪ <i>Everybody minding their own business (my neighbours' children are not mine so they can do whatever they want)</i></li> <li>▪ <i>Keep children out of important community forums</i></li> <li>▪ <i>Stigma and discrimination</i></li> <li>▪ <i>Lack of positive role models</i></li> <li>▪ <i>Abusive cultural beliefs</i></li> </ul>

## 2. CHILD PARTICIPATION

### Q: What is Child Participation?

Possible Answers: Child participation means different things to different people some believe that to "listen to children" is enough, others believe participation means that children must be involved in decision making.



**The Ladder of Child Participation** (Reference: R. Hart, 1992). The ladder shows ways that children can be involved – the higher the rung on the ladder the more participative.

<p>1</p> <p>☺☺☺☺☺</p>	<p><u>Child initiated:</u> "We children have decided and started to do this"</p> <p>Children and young people can initiate and set up themselves.</p>
<p>2</p> <p>☺☺☺☺</p>	<p><u>Equal partnership:</u> "We - together - have to tackle this problem, let's sit together and try to find a solution"</p> <p>Children or young people may come up with ideas and set up projects with advice and support from adults.</p>
<p>3</p> <p>☺☺☺</p>	<p><u>Adult initiated with the consent of children:</u> "We plan to do this - if you agree, we can start the program"</p> <p>Projects and activities are initiated by adults, but decision making is shared</p>

	with children.
4 😊😊	<u>Consulted and informed:</u> "We adults plan this, what do you think about it...?" Projects and activities are designed and run by adults who consult and inform the children.
5 😊	<u>Assigned but informed:</u> "We adults will do this because..." Adults decide what will be done and how children are involved. They inform the children of the decision and explain to the children the reasons for the activity and for their involvement.

- Some behaviour is presented as participation but is in fact **destroying participation and undermining resilience:**

😞😞	<u>Tokenism:</u> "You children can just clean the floor of the room - this will be your responsibility".  Children may be involved in a program but do not decide the means or the subject of their involvement.
😞😞😞	<u>Manipulation and decoration:</u> "I have here a group of orphans and I propose the following project for them..."  Adults can use children to promote a project or cause, though the children have little idea of what they are involved in or even they do not benefit from the projects. Either children are misused to get funds or they serve just as a decoration to show something which is not true.

### The Benefits of Participation

There are some strong arguments supporting child participation.

**Q: What are the benefits under “benefit to the child”, “to the program” and “to the community”?**

Possible answers include:

#### a) The benefits to the child

- Participation is in the “best interest” of children and it is part of the Children’s Rights which are defined in the “UN Convention of the Rights of the Child” from 1989. It contributes to a positive development of individual identity, competence, self-respect, and a sense of responsibility. Through participation, children and young people have the opportunity to develop skills and confidence and to acquire knowledge in areas which will benefit them and the community.



- Participation constitutes an important area for social democratization (by involving children in decision making we extend certain democratic rights to them thereby making democracy practical).
- Through participation, children and young people learn about cooperation, mutual understanding and social responsibility.
- They may become better informed and equipped with new skills in communication, thinking, and planning which will prepare them for adult life. When children and young people are better informed they are more able and likely to make decisions about their life for themselves.
- By meeting other young people in similar situations, they can give each other emotional support and realise that they are not alone.

#### b) The benefits for the programs

- Programs that are designed by adults to help children and young people may not always provide them with the most needed inputs. Encouraging the participation of children and young people in the development of the programs is most likely to ensure that they are children-centred and relevant. Children and young people need to be involved in designing, monitoring and evaluating programs.
- Increased credibility for the program

#### c) The benefits for the community. Raising public awareness about urgent problems

- Participation of children gives us the access to essential information that we could get from no other source. Hearing what children and young people have to say often gives adults new insight into their wishes and needs, and provides relevant information about the activities and plans that can be undertaken by the adults.
- Participation might create a greater public understanding which may lead to changes in public policies and give youth more protection and public understanding of their situation.
- Building future leaders

### **Practical Considerations**

**Q: What practical considerations may you need to take into account when you invite children to participate in order to make participation effective and meaningful to all parties?**

#### Possible Considerations:

1. Do they have an understanding of and a commitment to participation? Have they participated previously and what was the result from/for them?
2. Do they have a knowledge and understanding of the topics which are subject of "participation" (E.g. What do they know about banking, savings and credit?) And if not, what can be done to inform them before decision making?
3. Do they have clear reasons for participation, what will be their "benefit"? And what are these reasons or benefits?

4. *What preparations do they have which allow them to participate efficiently and effectively?*
5. *Are they part of a group which can provide peer support?*
6. *Do they have support of parents, guardians or others people who are important to them?*
7. *Do they understand the possible adverse consequences of participating? And how are they prepared to face these consequences?*
8. *Do they understand that they can refuse to participate?*
9. *What long-term follow up support (in terms of human and other resources and of training) has been arranged for them afterwards?*
10. *Can you make the interaction age-appropriate?*

#### Further Readings

- Sr. Silke-Andrea Mallmann: "Building Resilience Among Children Affected by HIV/AIDS", Catholic AIDS Action, P.O. Box 11525, Windhoek, Namibia, E-mail: [info@caa.org.na](mailto:info@caa.org.na), Tel: +264 (0)61 276 350
- Save the Children: "Empowering children & young people", Save the Children, 17 Grove Lane, London SE5 8RD, UK, website: [www.oneworld.org/scf/](http://www.oneworld.org/scf/)
- The Children's Consortium: "We have something to say – children in Zimbabwe speak out", 2002.
- Emmy E. Werner: Vulnerable but invincible
- Edith Grotberg: A guide to promoting resilience in children

## 8 INTRODUCTION TO PSS TOOLS

### Module Outline:

- 9.1 What is Psychosocial Support?
- 9.2 Principles of a PSS Intervention
- 9.3 Counselling
- 9.4 Support Groups
- 9.5 Memory Boxes
- 9.6 Play Therapy
- 9.7 Kidz Clubs
- 9.8 Resilience Building Games and Activities

### Objectives:

By the end of the session, you should be able to:

1. Explain the concept and importance of psychosocial support
2. Discuss good principles of a community-based psychosocial support program
3. Describe a number of PSS tools and discuss their relevance in providing support to children and their families

### 8.1 What is Psychosocial Support

- Psycho refers to the unseen emotional and spiritual process that takes place within an individual's mind.
- Social refers to the relationship between an individual and those who live around him/her.
- Support is to keep something from falling, sinking, or slipping; to help it bear a weight and maintain. Similarly supporting a child or family is to help them bear and withstand their circumstances, to prevent them from collapsing under pressure or the weight or their situation.

Psychosocial Support (PSS) is thus the total help given to an individual which takes into account the psychological (or unseen aspects) of a person and his or her social life. It gives the child skills to cope with stress or difficult situations. The caregiver is also equipped with skills to provide better care to orphans and vulnerable children.

PSS doesn't have to be an expensive project – it is more about giving your time and attention to children!

#### **Q: What are some of the ways or tools we can use to provide PSS to children?**

Possible Answers: Support Groups, Kidz Clubs, counselling, sports, memory boxes, listening, camps, 'big-brother', drama, singing, etc.

## 8.2 Principles of a PSS Intervention

There are many different ways to offer PSS to children, but there are some things that we have learned that make those interventions more effective and sustainable.

### Principles of a PSS Intervention

- A PSS program should take into account the developmental stage of the child.
- A PSS program should consider Children's Rights – both in the circumstances of each child and also in how the program is run.
- A PSS program should avoid stigmatizing orphans and children affected by AIDS.
- A PSS program must acknowledge the critical role that potential care-givers play in the well being of children.
- A PSS program should offer continuity upon which a child can rely. Follow-up, support and supervision are all critically important.
- The best support mechanism for children is to be found in small consistent units of people who are able to offer on-going and sustained support and encouragement.
- There needs to be a full acknowledgement of the existing expertise and wisdom in a community as a resource.
- The community, family and children are fully consulted about what needs exist.
- Children need to have fun and we need to acknowledge the Right of the child to a childhood.
- Opportunities for children to speak, to be heard and to feel that they are being understood.
- Children's basic economic needs are met in a reliable fashion (it is unlikely that a child will be able to think about developing their emotional strength if they are starving and worried about their safety).
- Program focus on empowering children, improving their self-esteem and resilience, enhancing their life skills including knowledge about sexuality.
- Assistance given to enable children to ask for help when they need it and know to whom to go for help.
- The provision of psychosocial support needs community participation to succeed. There is no individual NGO, private organizations and government that can meet the holistic needs of a child without the community involvement.
- Some focus on the emotional needs of the child and ensure that each child has a social connectedness, from where they can receive help, love and support.
- Promote opportunities for social interaction with peers.
- Accept and promote the current spiritual belief systems of the child. Provide spiritual support and enhance the child's sense of belonging.
- Referral system in place in order for the children's other needs to be met by the most appropriately qualified people.

### **PSS TOOLS:**

The next section provides an overview of PSS tools only and does not teach you how to use those tools, counsel children or launch a Kidz Club. If you identify tools that you believe could be beneficial in your programs you should seek additional training and support (many of these trainings are available from HOPE *worldwide*).

Each tool is first described in a story and then key learning points are brought out through questions and answers. The tools covered include Counseling, Support Groups, Memory , Boxes, Play Therapy, Kidz Clubs and Resilience Building Games and Activities

## **8.3 Counselling**

Read the story below and then ask yourself what happened in Thandeka's story.

### **Thandeka's Story**

Thandeka is a 16 year old girl who lost both her parents. She has two younger siblings that she has to take care of. They live in a four-roomed house that their parents left for them. Four months ago after her mother's death, Thandeka started feeling overwhelmed and depressed by the thought of raising her siblings. She decided to speak to her teacher about how she was feeling because she loved her siblings and did not want to be separated from them. Her teacher referred her to the school counselor. The school counselor met with Thandeka once a week for 10 weeks. In the 10 sessions, the counselor was very careful to listen attentively to Thandeka's story. She asked a lot of questions and reflected to Thandeka what she was hearing; and was very careful not to give Thandeka any advice. This helped Thandeka a lot because she was able to think about her situation and come up with some solutions. Her solutions included registering, together with her siblings, with an NGO that provides food parcels to orphans, joining a kidz' club where she and her siblings could interact with other children and learn life skills. She got the local social worker to write her a letter of exemption so that she and her siblings would not have to pay school fees. Once in a while, she would leave her siblings with her neighbours so that she could spend time with her friends and do what she likes. Thandeka feels much better now and her siblings seem happy as well.

### **Q: What is Counselling?**

It is a process of helping people to learn how to solve their problems and also achieve improved mental well-being. In this process the counsellor (caregiver) tries to establish a safe, non-judgmental, non-threatening and unconditionally accepting relationship with the child, family and community members. It involves a process that takes place in stages to reach a desired goal.

### **Counseling is Not:**

- Advice giving
- Telling the client or individual what he or she should do about the presenting problem

- Judging who is wrong or right
- An opportunity for the counsellor to deal with his or her own issues
- It is not arguing or trying to convince the client what decisions she or he should take
- To make the counsellor happy

A lot of children go through a difficult childhood characterized by sexual exploitation, parental illness and death, poverty, drug and alcohol abuse and other heartbreaking social and emotional ills. Child focused and community based counseling processes have become increasingly important for helping children to acquire coping skills particularly in the context of HIV/AIDS.

**Individual Counseling** processes are particularly important for children whose psychological and social functioning may be severely compromised. While generally a small percentage of the overall population, this group requires intensive psychological attention because they are unable to manage on their own. Among such children are children forced to view and/or commit violent acts, such as child soldiers, children who have experienced multiple losses, victims of sexual violence. More time-intensive, individualized approaches are likely to be the most appropriate responses, where social and cultural resources permit.

## 8.4 Support Groups

Read the story below and then ask yourself what happened in Nolwazi's story.

### **Nolwazi's Story**

Nolwazi is a trained volunteer who works for a local NGO. She has been placed at a primary school where she runs groups for children who have lost their parents. Nolwazi has a good relationship with the Life Orientation teacher, Mrs. Mokoena. Mrs. Mokoena identifies children who have lost their parents, compiles a list and gives it to Nolwazi. Nolwazi then divides the children according to their age groups. She meets with each group once a week for 8 weeks after school. Each session lasts for one and a half hours. Each group sets its own rules in the first session, then the rest of the time is spent doing activities and playing games that help the children get to know each other and Nolwazi; and also express emotions like anger, guilt, sadness and other feelings that go with loss. The children also share their experiences. Nolwazi facilitates the games, activities and discussions, helping the children also identify ways of coping when these overwhelming feelings come. After the children have been part of a group, they share that they are relieved that they are not the only ones facing this difficult situation.

### **Q: What is a Support Group?**

A support group is a group of people who meet to resolve or cope with a common problem, condition or issue. It can be initiated and facilitated by a professional, a trained facilitator or group members themselves. Many support groups are started by people who are living with a condition and are looking for support or want to share information and coping skills with other people living with the same condition.



There are different types of support groups. Some examples are:

- Income generation groups, Parenting groups, Bereavement groups, Groups for people who are living with a disease/condition (e.g. cancer, HIV, cerebral palsy, disability etc.), Groups for people who have a loved one who is living with a disease, Women empowerment groups, The AA (alcoholics anonymous)



- With children, it is better to **group them by age group** because children at a certain developmental stage will relate better to each other.
- It is better to have a smaller group when dealing with intense emotional issues like bereavement or abuse.
- Children's groups are facilitated by adults who have been trained and can help children understand themselves, their

situations; and express their emotions.

- When running a support group, one has to consider the following:
  - Duration – is it on-going or limited to a number of session
  - Just like counseling, the facilitator and the group need to make decisions about the frequency of group meetings, the duration of each meeting and the duration of the whole group process
  - Membership – is it open to anyone or do the members have to be in a particular situation or have experienced something in particular
  - Depending on the problem or the issue that brings the group together, the group together with the facilitator need to think about the objectives of the group process

Some advantages of working with children in groups:

- Children feel less isolated
- They can spend time with peers
- Children realize that they are not the only one in a problematic situation
- Develop social skills and friendships in a safe place
- The group will benefit from the guidance and mentorship from the counselor/facilitator
- A sense of belonging and social connectedness is developed
- Groups offer children empathy and they also learn to be empathetic

## 8.5 Memory Boxes

Read the story below and then ask yourself what happened in Maria's story.

### **Maria's Story**

Maria is a 36 year old woman. She has been living with HIV for 10 years. She lives with her mother and two children, Tshepo (10) and Nthabi (12). Maria has been feeling very sick recently and has been spending a lot of time sleeping. Tshepo and Nthabi have had to help out a lot more in the house because their granny cannot do all the work alone. They are also members of a kidz' club where they have been talking to a volunteer about their situation. The volunteer has met with the family twice to help them create a memory box. During these two sessions, Maria and her mother have been telling the children about their ancestors and family history. The children have been very fascinated because they are finding out a lot of things they did not know about their family. The next session is going to be difficult because they will be talking about what they would like to see happening when their mother dies. They will be making plans to ensure that the children are taken care of in the event of their mother's death.

### **Q: What Are Memory Boxes And What Are Their Purpose?**

When someone loses a parent as a child, their memory of those parents may fade over time and they eventually may not remember very much about their parent/s at all, which can result in them feeling very alone and isolated. A memory box helps as a reminder of our parents, of important events and information.

Memory approaches were recently introduced into the HIV/AIDS field and sometimes it was coupled with disclosure and talking about death. Unfortunately, this has caused some people to perceive memory boxes in a negative light. They see it as something that forces them to think about and talk about death. It is important to show people that this is something that has been practiced for a long time. Traditionally, elderly people in a family pass down family stories and history to the younger generation. They also teach values and cultural traditions. The difference was that nothing was written down or saved in containers or boxes. In modern times, some women save important belongings that they want to pass on to their children in wooden boxes called keists. The memory approaches are taking those traditional ways of doing things and making them more formal by writing them down and keeping them in boxes/books.

- A 'memory box' is a box, bag, album or any other container where the child and family can collect photos, mementos, personal items reminding them of their parents and important information and documents. It is important for the 'box' to be in possession of the child (available to them when ever they want to look through it) and portable so that they can take it with them if they are moved to another home/carer.
- The memory box serves many purposes:
  - **It is a project that the child, parent and family can work on together to help them deal with the emotions of the situation**
  - It is a communication tool that can be used as a journal for facts and memories for children, providing children with a picture of their parents, their hobbies, likes

and dislikes, colors, perfume, dressing so that they can relate with them

- Children should be allowed to have pictures of special family occasions such as birthdays and other parties. Explanations of parents' special and important dates such as births, weddings and death should be given to children
- It provides a history of the family and helps construct a family tree
- It can transmit family values and culture
- Children need to be told about the history of the parents, their families, their original homes, their childhoods, their loves and losses
- Important information such as names and contact details of relatives and friends of the family, employers etc. should be given to children
- Documents and important facts such as property and asset ownership (inheritance, deeds and wills) should be discussed with the children if they are old enough
- Details of guardianship over the children in the case of the death of parents and other family members can be discussed

### **What can be Included in a Memory Box**

Examples of items that can be included in the memory box:

- **Album:** they should be pictures of the parents and the family noting, special events such as weddings, birthdays, anniversaries and pregnancies. This album is advantageous to orphans who are very young. They can create their own stories from these pictures. The orphans also have something to tell their children.
- **Video:** a modern way of capturing memories. It captures the vivid expressions of what was happening. It also captures the illness that the parent went through (e.g. wasting away and can be used as a prevention tool). Videos can be safely replicated and kept safe for future uses.
- **Book:** the information is captured by writing the events such as dates of birth of each parent, weddings, anniversaries, pregnancies and family trees. This helps both orphans who are in town and those who are in rural areas.
- In the memory book parents can put the family tree, addresses of aunts, uncles and cousins
- Parents' wishes for each child, how much they love them, pictures of the places they lived or visited.
- Personal items such as watches, clothes etc, can be placed in the box.

For many orphans it remains the only connection to their unknown parents and relatives.

### **Who can Facilitate a Memory Box Process?**

Anyone who has received training on how to facilitate a memory box process may facilitate it. It can be an emotionally difficult process, especially when working with a family that is possibly facing dealing with a death. This is why training is important.

## 8.6 Play Therapy

Read the story below and then ask yourself what happened in Sophy's story.

### Sophy's Story

Sophy is 8 years old and has lost both her parents and her grandmother within the last year. Her teacher referred her to a bereavement group that was running in the school. This did not seem to help her. The social worker suggested that her situation might be more complicated than the other children because of the multiple losses within a short space of time. She also suggested that she would see Sophy individually. The social worker did start seeing Sophy. They will be having their fourth session this week. In the last three sessions, the social worker let Sophy play with some dolls, draw and paint. She reflected what she observed to Sophy and also interpreted what she thought might be happening in Sophy's mind. Sophy talked to the social worker about how she was feeling. At first she was hesitant but because of the social worker's attitude she was able to relax more and express feelings of anger and guilt about her losses.

### What is Play Therapy?

It is a form of psychotherapy for children that uses play situations for diagnosis or treatment.

Psycho – psychological or mental/emotional

Therapy – healing

It is usually studied professionally by psychologists and social workers but lay counsellors and teachers/other people who work with children can learn how to use play techniques/skills to communicate with children. A lay counsellor would not use play skills to diagnose or treat a child but to communicate with the child – helping the child express themselves, helping the child resolve emotions and letting the child know that they are not alone and that someone cares. Play therapy can be conducted with an individual child and with a group of children. The play therapy group would be structured in terms of time, goals, program per session and participants; and it may be referred to as structured group therapy.

### Play Therapy is:

- A means of establishing meaningful contact with the child
- A medium of observation
- A source of data
- A means of facilitating the child's exploration of self as well as self in relation to others, in particular significant others
- A device that promotes interpretative communication.

### Play therapy is **NOT** for:

- Recreation, it is for the child to work on his or her problems
- Education - neither cognitively, socially, morally, etc.
- Therapist to be a playmate: rather therapist is a participant observer.

### Who Can Run a Play Therapy Group?

- A professionally trained person like a social worker or a psychologist

- A teacher, lay counselor or person who works with children and has received training on how to use play techniques/skills

#### Basic Functions of the Therapist:

- Participant observer
- Attempt to understand
- Integrate
- Communicate the meaning of the child's play

#### Characteristics of the Therapist:

- Thorough grounding in child development and experience in observation of normal and deviant children
- Knowledge of underlying theory
- Access to an experienced supervisor
- Sufficient maturity to empathize and not sympathize
- Able to regress into play without losing ability to observe and interpret.
- Able to endure affective pressure without loss of control
- Able to deal with provocation or seduction without being provoked or seduced
- Sufficient resolution of own childhood conflicts – should have dealt with own issues

Empathic responses convey: I am here, I hear you, I understand, I care.

## 8.7 Kidz Clubs

Read the story below and then ask yourself what happened in this story.

### **Diepsloot's Kidz Club**

Every Saturday morning a group of children meet at the Diepsloot Community Centre between 11am and 1pm. When they get there, their names are ticked off in a register. They play games while they wait for others to arrive. Once most people have arrived, everybody sings and then say a prayer.

The children are then divided into four groups (5 years and younger, 6 – 10 years, 11 – 13 years and 14 – 17 years). Each group has two to four volunteers taking care of it. Usually one volunteer is an older person and the other one is a young person who is also known as a kidz' club leader. In the smaller groups, the children do different activities each week. Sometimes they play games that are geared at teaching them life skills, sometimes they have discussions about topics that interest them and sometimes they have cultural activities. There is also time for homework support for those who need help and one-on-one counseling for those who need it. At the end of the activities, the children receive a meal.

After the children have gone home, the volunteers sit together and discuss what they have observed about the children in their groups and difficulties they experienced. They then brainstorm possible solutions to the challenges that came up. If certain children were absent or identified as having special needs, the volunteers make plans to conduct home visits or arrange referrals. The volunteers report to the Child Care Forum what is

happening with the children. Sometimes, members of the CCF join in the activities. The CCF mobilizes resources to help the children who have special needs. They also play the role of raising awareness in the community about children's Rights and child protection, and support families that are struggling.

### **Q: What is a Kidz Club?**

A Kidz Club is an ongoing intervention where OVC can receive ongoing care and support. It is an open group where children from different backgrounds can get together in a community to receive and give support to one another. Kidz Clubs can run in school premises, churches, community halls, fields or any place where big groups of children can be accommodated. Activities that happen in a Kidz Club include nutritional and material support, homework support, life skills development, arts and cultural activities, educational activities, individual and family counselling and referrals to other care and support services. These groups usually meet for a minimum of one day a week and are led by youth, with the support of a trained facilitator or community volunteer. The duration and frequency of Kidz Club meetings depends on the availability of facilitators and children and also the needs of the children.

### **Kidz Clubs are not:**

- to replace the role of the carers and/or schools
- an orphans club because that would increase the likelihood of stigma; rather Kidz Clubs seek to normalize orphanhood and other difficult experiences that children may have
- Therapy. Kidz Clubs should build support between the children and deal with basic life skills and emotions, and difficulties that are common to the group. Children who need therapy need to be referred to relevant service providers

Kidz Clubs are usually attached to a committee of adults who interact with the children to ensure that children's Rights are upheld. This committee can also play an advocacy role in the community to raise awareness around children's Rights and children's needs. This committee may also be known as a child care forum. Adults who provide support to the Kidz Club, but not necessarily forming a committee, may be known as patrons. These adults or patrons can be professional people who bring specific skills to support the Kidz Club or ordinary community members who provide guidance to the youth leaders and children in the Kidz Club.

### **Purpose and Core Objectives**

Each club should set its own objectives and then develop plans to achieve them. These objectives could include:

- To facilitate the provision of community based care and support for children
- To facilitate the participation of young people in their own solutions, skills and resilience development
  - Peer counselling
  - Support groups
- To mobilise community members to understand and assist in mitigating the impact of HIV/AIDS on children.

- For children to just 'be children' and to have fun
- Providing a safe place for children to be and express themselves
- To provide a continuum of care
- A platform for youth leadership (can evolve through different levels of responsibility)
- Make children feel accepted within the community (social integration and sense of belonging), especially children who are facing difficult circumstances like HIV/AIDS
- Facilitate child growth/development
  - Understanding their emotions
  - Building resilience and coping skills
  - Building life skill
  - Allow children the opportunity to explore their talents and build self-knowledge and self-confidence
- Mechanism to 'check' on children, register needs and access additional emotional and physical support
- Cultivating a culture of care (amongst children and families, in a community)

### **Who can Run a Kidz Club?**

Anyone who cares about children and their well-being can run a Kidz Club. It is advisable and advantageous that this person receive training on how to run a Kidz Club and basic skills for counselling children.

### **What Makes a Good Kidz Club Facilitator**

- Understanding of importance of community ownership and mobilization
- Understanding of children's needs Rights, safety, participation
- Someone who can give time consistently to the Kidz Club
- Someone who is committed
- Values
- Staying power
- Skills (with a focus on facilitation skills)
- A facilitator does not need to have all the skills BUT needs to access those skills within the community

## **8.8 Resilience Building Games and Activities**

On top of building resilience in children on an everyday basis you can also plan specific games and activities that help children recognize their own strengths. Remember what you have learned about children learning through play and introduce some of the games and activities below that help children learn and build their resilience.

### **"I HAVE.....I AM.....I CAN....."**

Edith Grotberg and her team identified the following tool to build up the abilities of children and to help them to recognize and acknowledge their own strength, their capacities and supportive people in their lives - important elements to promote resilience:

I HAVE.... deals with external support and resources. The guiding question to find the external support resources is: "Think about when you had to face a difficult and even adverse situation - what outside sources of support did you use?"

#### **I have...**

- People that I can go for help: e.g. my neighbour, my..., the...
- People who want me to learn...

- People around me I trust and who love me no matter what...
- People to show me how to do things right from their example...
- People who help me when I am sick, in danger or need to learn...
- People who sets limits for me so I know when to stop before there is danger...
- People who encourage me...
- People who act in a way that I would like to act when I get older (role-models)...
- The Right to health, education and care...
- The Right to talk to my teacher, to go to the police, etc.

I AM... deals with strengths that are inside the child. Here the guiding question to find the inner strengths is: "What are things I'm proud about - maybe even only for myself - such as feelings, attitudes, behaviour, and beliefs within me?"

**I am...**

- A person people can like and love
- Respectful of myself and others
- Sure things will be all right
- Glad to do nice things for others and show them my concern
- Willing to be responsible for what I do
- Loving toward other people
- Honest and truthful
- Confident that I can do many things
- Proud of myself
- Both sometimes happy and sometimes sad

I CAN... deals with skills which the child has learned from other people. The guiding question is: "What are the things I know how to do well?"

**I can...**

- Care about my siblings and friends
- Talk to others about things that frighten me or bother me
- Control myself when I feel like doing something not right or dangerous
- Cope with the daily work at home and at school
- Find someone to help me when I need it
- Find ways to solve problems that I face
- Listen to what others people are saying
- Negotiate with other people in order to achieve a good solution

Edith Grotberg's team states: "A resilient child does not need all of these features to be resilient, but one is not enough. A child may be loved (I HAVE), but if he or she has no inner strength (I AM) or social, interpersonal skills (I CAN), there can be no resilience. A child may have a great deal of self-esteem (I AM), but if he or she does not know how to communicate with others or solve problems (I CAN), and has no one to help him or her (I HAVE), the child is not resilient. A child may be very verbal and speak well (I CAN), but if he or she has no empathy (I AM) or does not learn from role models (I HAVE), there is no resilience. Resilience results from a combination of these features."

*From the workbook for the Rafiki Mdogo the following activities relate to building "Self-confidence":*

"What I like about myself"

The children look for:



1. An outstanding and special experience in their life– a situation, where they have been brave, courageous, and they have (probably) been praised by other people.

or

2. A characteristic they have which they really like are proud of.

Give an example yourself

Give the children time to think

The group sits in a circle and each child says one positive thing about himself

Duration: 15-30 minutes

Material: nothing

### "I am proud"

Often we only think of the bad experiences and we forget about the good ones. But surely, every child has done something positive for which s/he can be proud.

The children sit in a circle and start completing the sentence: "I am proud, that I..."

Examples:

- I am proud that I killed a spider on my own.
- I am proud that I was kind to my brothers and sisters.
- I am proud that I did well at school.

You can also tell the children what you are proud of.

No child should be forced to mention anything.

Question for discussion:

- Is it difficult to find something good about yourself? If yes – why?
- How do you feel when you mention it in public?
- What did the children especially like about the others' statements?
- Is there anything from the others' statements that you would also like to be true for you? What can you do?

Duration: 20-30 minutes

### "On the one hand – on the other hand"

Every person has a good and bad side, does something right and something wrong. It is important to get to know both the positive and the negative sides of yourself. You will only be able to change them or use them in your life if you know what they are!

Construct a simple balance with the two bowls. You put the things about yourself that are good in the left side and the things you don't like so much about yourself in the right side.

So

- This I can do very good – these are my good qualities: ...(on the left side)
- This I can't do so well - these are my bad qualities: ...(on the right side)
- This is what I like about myself: ...
- This is what I don't like so much about myself

It would be good if every child could do it for himself. If you have paper, you can do it on paper – if not, you can just use the floor (and stones or flowers to be put into the bowls).

The advantage of having the answers on a paper is that the children can have a look at their answers after some time. Maybe some things have already changed...

Afterwards the children can compare their answers. They will realize that they all have something which they like and don't like about themselves.

Some questions to ask:

- Do they want to remain the way they are at the moment? Or do they want to change anything?
- Can they help each other if they want to change?
- Is there something they can do anything together?

Duration: 30 minutes

### "Sentence-beginnings"

With the beginning of sentences you can find out more about the feelings and the situation of children. This exercise can help a child start talking about his or her problems. The child becomes aware of his desires and fears. Therefore, it is important to take enough time for this exercise.

Draw circles on the floor. Put papers with "beginnings" in each circle - such as

- "Hopefully..."
- "If I had three wishes, I..."
- "I am happy when..."
- "At the moment I..."
- "Unfortunately ...."
- "I am angry when..."
- "I am sad when..."
- "Tomorrow..."

You can add or change the beginnings – but it should be more than 8.

A child goes to one circle and finishes the sentences. Then s/he can return or go to another circle, etc. Let children choose when they go and to which circle. All children are also allowed to go twice or three times to the same circle.

There should be time and space for a talk either in the group or you can come back to the child later.

Possible questions:

- Which circle was easy to go in? Why?
- Which was the most important circle for you? Why?
- Do you know something more about yourself than before?

It is a chance for the child to become aware of his/her emotional condition.

Duration: 30-40 minutes

Material: chalk, paper

### "The child in the well"

The children sit in a circle. One child is standing in the middle (we imagine that this child stands in front of a well). Suddenly, he or she falls backwards in the imagined well and the other children ask: "Who shall rescue you?"

The child in the well replies for example:

"The one who can scream loudest"

"The one who can give the best comfort"

"The one who can dance best"

"The one who can make the funniest grimace"

"The one who can jump the highest"

After the child in the well has announced his/her instruction, the other children have to do what the child in the well demanded. Then the child in the well decides who performed best (or the whole group can decide together). The one who did it best rescues the child out of the well by giving the child to be rescued their hand. S/he is the next one who "falls in the well".

Important: You should take care that there are always different children who can rescue their peers so that every child gets the feeling that s/he can do something extraordinarily well.

You can also play this game by performing feelings. The child in the well only mentions feelings, which the other children have to put into effect, for example:

"The one who acts as the funniest"

"The one who seems to be the angriest"

"The one who seems to be saddest"

"The one who seems to be most self-confident"

Aim: Through this game the children can experience that all of them can do something very well and that they can help one another.

Duration: 20 minutes

Material: nothing

#### The success circle

Ask each child to draw a circle on the soil. Ask the child what went well between the last meeting and this meeting. For every positive event the child remembers, ask the child to look for something (a stone, a flower, a leaf, etc.) and place it in the circle.

When the children have finished, go through all the objects with each child by naming what the object stands for.

#### The "photo"

Ask the children to imagine that a photographer is coming in order to take a picture of each child. Each child looks how s/he would like to be photographed: additional clothes or wearing the clothes in a special way, other accessories, posture and gesture. The attendant can play the "photographer" and say "click" when the child is ready.

## 9 CARING FOR CARERS

### Module Outline

Burn-out, Prevention and Management

### Objectives:

By the end of this session, you should be able to:

1. Explain the term 'burn-out'
2. Identify common causes of burn-out
3. Give the signs and symptoms of burn-out
4. Give ways of reducing burn-out
5. Identify community support network for the carer

### **Introduction**

The number of orphans and other vulnerable children has increased drastically since the advent of HIV/AIDS in South Africa. The community carer is faced with huge responsibilities of caring for the sick and the orphans that remain. For the carers to be able to continue with this important work there is need for them to be cared for

Caring for people who have suffered loss of life limiting illness is one of the most challenging experiences in life. Carers for these person's often suffer psychosocial distress. They may experience extreme tiredness, depression, frustration and poor appetite - this is **called burn-out**.

**Q: What are the factors that contribute to burn-out? These can be divided into personal and organisational/environmental factors.**

Possible answers include:

- *A high work load both mentally and physically*
- *Setting goals that one cannot achieve*
- *Making the clients problems your own. Wanting to solve the problem other than helping*
- *Having no one to support you*
- *Feeling helpless*
- *Feeling guilty*
- *Not knowing what to do in given situations e.g. own health status and situation*

**Q: What are the common signs and symptoms of burn-out?**

Possible answers include:

- *Being tired all the time, easily falling sick*
- *Frequent accidents or clumsiness*
- *Impatience, easily annoyed, forgetfulness, anger*
- *Affected psychologically, unable to experience enjoyment*

- *Denial of burn-out symptoms*
- *Poor work performance*
- *Withdrawal or few social contacts, few activities outside of your role as caregiver*
- *Preoccupied with caring work unconcerned about yourself- personal outlook, etc*
- *Not caring for you own feelings*

Noting the signs and feelings of tiredness and frustration is the first step in both preventing and dealing with burn-out! The caregiver needs to care for themselves first. If they don't they will be of no use to the others in their care. The best way to reduce burn-out is to prevent it occurring...

**Q: Give some ways to prevent or reduce the risk of burn-out**

Possible answers:

- *Do exercises, rest, eat a well-balanced diet*
- *Take time out for yourself, do something fun, know you limits*
- *Listen carefully to others*
- *Talk about your thoughts, fears, concerns and feeling to someone*
- *Take time to enjoy simple things for example watching your children*
- *Have time with your own family*
- *Join a support group, start one and have time to share your experiences*
- *Stop thinking that you can solve everybody's problems*
- *Get time to be in touch with your spiritual side of life*
- *Stop worrying about things that you cannot change*
- *Be around people who support you*
- *Remember – you are also a human being*
- *Carers can get from other trained carers', social workers, nurses, priests*
- *Most important* - *take time off from caring at least two weeks every year*

**Q: What can we do to support each other within our program?**

**Q: What resources are there in our community to help us cope with the stresses we face everyday?**

Possible answers:

1. *What can we do to support each other within our program?* Group debriefing and sharing of problems, awards and recognition, encouragement.
2. *What resources are there in our community to help us cope with the stresses we face everyday?* Share the load with other NGOs, schools,

*churches. Ask ministers and counsellors to come and do debriefing with you, start a community childcare forum..*



## **Annex 1: Ideas on Positive Discipline**

### Extract 1:

Reprinted with permission from the author, Jan Watlington. The article can be found at [http://www.communitylawcentre.org.za/children/2005art19/vol1\\_no2\\_useful.php](http://www.communitylawcentre.org.za/children/2005art19/vol1_no2_useful.php) on the website of the "Children's Rights Project", Community Law Centre, University of the Western Cape, South Africa.

### **Useful suggestions on how to implement positive discipline: the importance of the parent or educator's attitude towards discipline**

*Jann Watlington of the Parent Centre, Wynberg in Cape Town provides some valuable insights into positive forms of discipline.*

#### **The importance of the parent or educator's attitude towards discipline**

##### ***What is discipline?***

The word discipline stems from the word disciple, a follower of a teacher. Discipline is not synonymous with punishment. The goal of discipline, therefore, is to teach children self-discipline. It is always helpful to ask ourselves the following question when we are dealing with unacceptable behaviour: "What would I be teaching the child if I did this or said this?"

It is better that children follow rules because they believe in them, rather than because they fear what will happen next. When a child believes in a rule, it is easier for him or her to discipline him- or herself. However, discipline is not a democratic process. In every situation, someone is going to take control. If you as the parent or educator do not take control, the child will. When adults do not provide leadership in a situation, children feel compelled to exert their own strength and this often comes out in the form of tantrums, whining or a total disregard for the adult's wishes. Children need their parents to be in charge. Remember that you are the adult.

We need to remember that young children may either not fully understand the rules, or may be physically unable to do something. In addition there is the possibility that our expectations seem unrealistic to them.

##### ***Our own self-control***

The most important part of the disciplining process is our own self-control. A discipline problem is not a battle that we need to win, nor is it a situation in which we need to prove we are stronger. Our aim is to teach children to develop self-control.

##### ***Helpful and unhelpful thoughts when faced with issues of discipline***

Our thoughts and self-talk can be unhelpful and prevent us from achieving self-control and dealing effectively with the problem. We can become aware of these unhelpful thoughts and change them into helpful ones that will enable us to act effectively and assertively. For example:

UNHELPFUL THOUGHTS (Aggressive or passive)	HELPFUL THOUGHTS (Assertive)
Why is he doing this to me?	I don't like this behaviour so I'm going to do something about it.
There she goes again!	I'm not going to take this personally. I'm annoyed but I am not out of control.
How dare she talk to me like that!	I know my child is out of control and it's my job to set a limit.
I'll show him, the little so and so!	I have some skills and I'll think which one I will use.

Being in control and calming ourselves with helpful self-talk is the most important stage of the discipline process. This is how we establish our sense of authority and direction.

So often discipline has involved getting caught up in power struggles and doing a great deal of shouting, threatening and hitting.

Ensure that you don't take the child's misbehaviour personally. Each time you say to yourself, "Why is he doing this to me?" your feelings are automatically involved and you are on the wrong track. When we learn to stand back to think and evaluate, only then can we become far more effective.

Effective responses come from thinking, not from reacting emotionally or instinctively. Remember, you are the adult.

### **Setting limits**

Children feel insecure if they don't know what the rules are and don't know what to expect. Setting limits is like putting up the fences which give children a sense of security and containment. Parents and caregivers have a responsibility to set limits on children's behaviour.

It is important to make sure that there are only a few rules and that these rules are clear, simple and consistently enforced. Some rules are non-negotiable and these should only be a handful. For example:

- Treat others the way you want them to treat you.
- You mustn't do anything that will hurt another person.
- You mustn't do anything that will hurt you.
- You mustn't do anything that will damage another person's things.

You will need to translate these into more specific rules for young children. For example:

- Beds are not for jumping, jump on the floor.
- People are not for hitting/kicking, kick the ball.
- Walls are not for writing, here, use paper.

When stating the rule or expectation, or giving an instruction it is important to make good contact, get attention and be clear, firm and respectful. Constantly repeat the rule and provide lots of reminders, for example, "I expect the toys to be put back into the basket before going to bed" or "I expect your bike to be in the garage by supper time".

### **Offering choices**

Allowing children to make age-appropriate choices empowers them and gives them some control over their lives. However, whenever we make a choice it means we have to give up something. At this stage choosing between two options is all that a child can manage, for example:

- Play quietly or leave the room.
- The kitchen will have to be tidied or I can't start the supper.
- It is cold today ... do you want to wear a tracksuit or jeans?
- Would you like to bath before or after supper?

Choices need to be fair, reasonable and logically related to the behaviour in question. It is not the lesser of two evils. It is not helpful to say, "You have disobeyed. You can have your hiding now or when your father comes home."

Giving choices reduces conflict, resentment and defensiveness towards parents. Each choice provides the child with an opportunity to take responsibility. For parents, choices help to establish limits and boundaries. It is the parents who decide the options and present the alternatives that they are prepared to permit.

### **Following through with logical consequences**

Follow through with the logical consequence inherent in the choice the child has made, e.g. "longer play time means no bed-time story".

This allows children to experience that there are always consequences to behaviour and to choices. Protecting a child from experiencing the consequences of her behaviour will interfere with the development of self-discipline. Children learn important information about themselves and their relationships with other people when they are allowed to experience the consequences of their actions.

Children need to be given another opportunity, fairly soon, to try again and demonstrate that they can learn to manage tasks and be trusted.

### **Give an opportunity to make amends**

Children need to have a feeling of completion and to realise that they can make things better even when they have behaved unacceptably. This ties in closely with consequences that follow their bad behaviour, for example:

- cleaning up spilt food
- wiping scribbles off a wall
- mopping the bathroom floor.

### **In conclusion ... Acknowledge the child's feelings**

Children often resent the disciplinary action we take. Although we need to remain firm about our decision, we can help our child come to terms with it, acknowledging his or her resentment or frustration.



Extract 2:

The following guidance is from the Masiye Camp Kidz Club manual.

Behaviour	Possible way to handle behaviour
Non Participation	Encourage all children to participate, children need to know that by sharing their experiences they can help others find solution to their problems.
Moralist -these are children who are quick tell others, they should do this or should have done that,	Discourage advice giving , instead children should be allowed to reach a solution they find suitable without feeling pressured
Criticizing leadership	Ask those that criticise what should be done alternatively
Laughing at others	When members laugh at others this should be handled immediately by asking the responsible children to explain what they are laughing at
Children who think their problems are bigger or smaller than others	Such attitudes should be discouraged by emphasising on the importance of empathising with others
Talking to the Kidz Clubs leaders after the Club meeting	This should be avoided as it may cause suspicion and create a sense of inequality amongst members. It can only be done if the Kidz Clubs leader needs to follow up a specific case.
The child who wants to talk all the time	Acknowledge his contributions and ask him to give others a chance
Clinging behaviour	Try to avoid this without making the child feel unwanted. Encourage the child to make friend with other children in the Club
Power imbalances- not all children get along they can be power imbalances and jealousies amongst them	You can discuss this separately with the affected parties without making them feel like they have just failed every group member
The child who has disruptive behaviours and 'just won't listen'	Try to let the child know how you feel about their behaviour, let him know of the consequences of this behaviour and the advantages of changing this behaviour.