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Families Together

Home Visit Guide for Facilitators



Changing
THE WAY WE
*care*SM



The *Families Together* builds upon the *Skilful Parenting Curriculum and Program*, an evidence-based positive parenting approach of [Investing in Children and Their Societies](#) (ICS-SP). *Families Together* was designed by Beatrice Ogutu and her team at ICS-SP and Fidelis Njoroge and Siân Long of [Changing the Way We CareSM](#). Oversight, support and feedback was provided by Jane Karisa (Kesho Kenya) and Beth Bradford. CTWWC also appreciates the invaluable input from members of the Kenya Society of Care Leavers.

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Families Together

HOME VISIT PARENTING GUIDANCE

ABOUT FAMILIES TOGETHER

Families Together is a parenting curriculum for families who have a child reintegrating into the home. The program is an adapted version of the *Skillful Parenting Programme*, designed and delivered in Kenya by Investing in Children and their Societies (ICS).

Families Together is based on ICS's *Skillful Parenting Programme*, adapted for use by families who have a child returning home after living elsewhere (such as a Charitable Children's Institution), or are providing kinship care (such as caring for brothers or sisters, nieces or nephews, grandchildren) or are a foster carer.

Both *Skillful Parenting* and the adapted *Families Together* start from the belief that the family provides children's most important protection. It is within the family that children are taught morals and responsibilities that will guide them through life. Parents and caregivers play a key role in the physical, social and mental development of their children and are the first point of influence for the children.

The ICS *Skillful Parenting* program reinforces positive parenting practices (that is, non-violent and nurturing approaches to raising children). This empowers parents and caregivers to address challenges that they face in bringing up their children.

Families Together maintains the core principles and approach of *Skillful Parenting*, with an additional focus on the information and skills that are especially important for families who are at risk of separation or are receiving a child from an alternative care placement.

Families Together has eight parenting sessions provided by skilled facilitators and delivered through parent peer groups of around 18-24 parents and caregivers. *Families Together* has been adapted for use during individual home visits by case workers who are supporting families to prepare for or who have already undergone reintegration. The home visit program has the following modules.

- Module 1. Family Relationships
- Module 2. Child Development and Meeting Children's Needs
- Module 3. Looking After Our Ourselves
- Module 4. Values and Discipline
- Module 5. Communication
- Module 6. Building Strong and Secure Attachments
- Module 7. Communicating with Your Child About Safety
- Module 8. Helping Our Children Feel Safe, Secure and Loved

The home visit program is used by case workers who are supporting families to prepare for or who have already undergone reintegration. The home visit program focuses on key parenting messages that are delivered in eight modules. Each home visit session is designed to be delivered in a 45-minute session with primary caregiver and other family members.

The modules must be delivered in the order that they are numbered, starting with Module 1 that focuses on the strengths that all families have, then focusing on the most essential parenting function of providing nurturing care. Each module follows on from the previous one – the skills that you discuss in one module help build up the skills in the following module.

How to Use the Families Together Flipbook during home visits

The home guides are delivered as a flip book during the family visit.

Each module has one page, *except for Module 2, Module 4 and Module 7 which have two pages in the flip book. The instructions for these three sessions are provided below.*

The flip book illustration is shown to the family members during the meeting, and the facilitator instructions are on the back of the flipbook page. Each session follows the same structure:

- A. Reflection question – this is the first question asked and introduces the topic. It also includes reflection on the home activity.
- B. Discussion of the topic – the second section introduces the topic; based on the key messages that are also on the flip chart.
- C. Applying the topic to the family's situation – the third section is an opportunity to discuss with the caregivers how they might apply the situation to their own context.
- D. Home activity – revision of the key messages and agreeing on home practice.

Leave-at-home brochures: Each session is accompanied by a small leaflet or brochure containing the key messages from the session and that can be left with the parents and caregivers. Facilitators are encouraged to print and leave a copy of the handouts with the caregiver after the session.

The information in this home visit guide provides additional information for the facilitator in preparation for facilitating sessions in the household. The facilitator should read the information below and be confident about the technical content and the activities in each session before visiting the household.

How to conduct a parenting session at home

- The session is designed to take 45 minutes to deliver. (If the caregiver(s) wishes to discuss a particular topic for longer, the case worker can choose to spend longer, or to continue the same session on the next visit, but it is always important to agree on home practice)
- Make an appointment during the previous visit and keep time of appointment
- Greet caregiver warmly
- Recap previous module lesson
- Discuss with the caregiver if they have practiced the parenting technique since last visit; review successes and challenges on adoption of desired behavior and reinforce key messages if necessary
- Encourage and thank caregiver
- Introduce new module through the reflection questions
- Review activities and demonstrate/discuss that activity extensively with caregiver
- Summarize the session using the key messages
- Provide the home practice assignment to the caregiver
- Book time for next visit

Family Relationships

HOME VISIT GUIDE 1

"A FAMILY TIE IS LIKE A TREE. IT CAN BEND BUT IT CANNOT BREAK."

Why this topic is important

When family relationships are nurturing and resilient, even in the face of challenges, there is a greater chance of the family coming through the challenges and thriving. This is especially important for reintegrating families.



Session overview

Reflection questions – What is a Family? (10 minutes)

Here are some tips to suggest if the caregiver(s) cannot easily explain what is happening in the picture.

- Keep communicating, so that everyone is heard and understood, and conflicts can be resolved.
- Show children affection by physical touch, such as holding babies and young children and hugging.
- Practice saying thank you even for little things.
- Show caring and thanks through small and inexpensive gifts, like writing a note or short message, making dolls and toy cars for your children, cooking a favorite meal.
- Show that you have noticed when your child or partner is doing something great, by saying thank you straight away, or praising them for being kind or helpful.
- Show affection to yourself as well, showing your family that you value taking care of yourself is extremely important in sending a message of how valuable self-love is for the better good of the rest of the family.

Activity 2: Family Tree (15 minutes)

Use the family Tree diagram in the Family Handout document.

The family tree is a diagram that shows people in a family and their relationship to one another. Family trees can include children or adults who are not biological family. Family trees can help children develop a better sense of who they are and why they look and act the way they do. Family trees establish rights of inheritance and rights to property.

Doing this exercise together will bring family members together and establish a nurturing and resilient family identity. It can also be an opportunity for a family to have some fun and talk about family history and key events.

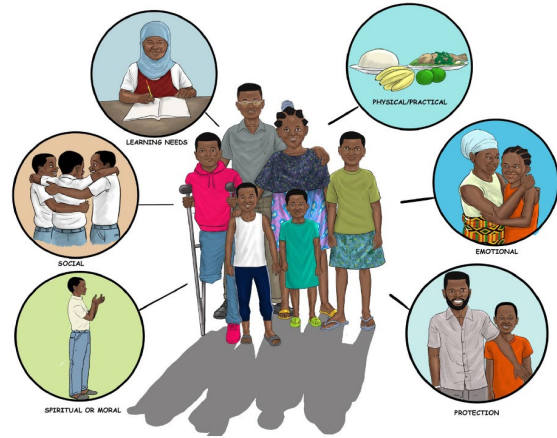
Activity 3: family meetings (15 minutes)

Family meetings are opportunities for parents, caregivers and children to discuss important issues, strengthen communication, reinforce values, and nurture positive relationships. Family meetings help you communicate better, bring everyone closer together, and to have some fun.

Note for the facilitator: This activity information is especially important for families that are undergoing reunification. If you have such a family in your group, remember to recognize that this may be something that has not happened before.

Child Development and Meeting Children's Needs

HOME VISIT GUIDE 2



"AS YOU BRING UP A CHILD, SO THEY WILL BECOME" / "MTOTO UMLEAVYO NDIVYO AKUAVYO"

Why this topic is important

Each child is different and has his or her unique needs, but all children do have common needs as well, and parents and caregivers are the most important people to meet their children's needs and to be a positive role model.

In general, children's growth and development happens in the same order – for example, children usually learn to make sounds of laughter and crying, then noises, then speech; they usually learn to stand and then to walk. These key stages in growth and development are called "milestones". The time at which they first happen differs a lot between different children.

Sometimes a child may be delayed in reaching a milestone or may not reach that milestone at all. This may be because of a disability or because a child has experienced physical or emotional difficulties that have delayed their growth and development.

This topic helps caregivers understand the expected milestones, what is realistic at each stage and thus help their children develop new skills and reach their full potential.

Key information for the facilitator about this module

NOTE THAT THERE ARE TWO FLIP CHARTS FOR THIS MODULE.

Activity 1: Reflection question: What children need (10 minutes)

Emphasize that children need all six areas of their development to be met for good growth and development. It is as important for a child's brain and social skills to grow as it is for them to eat well. These needs are also called children's rights. A child has the right to have all these needs met and the Kenyan constitution and laws recognize these rights. Rights come with responsibilities and it is important that parents and caregivers help children learn about their responsibilities, while having their rights met.

Activity 2: Child Developmental Stages

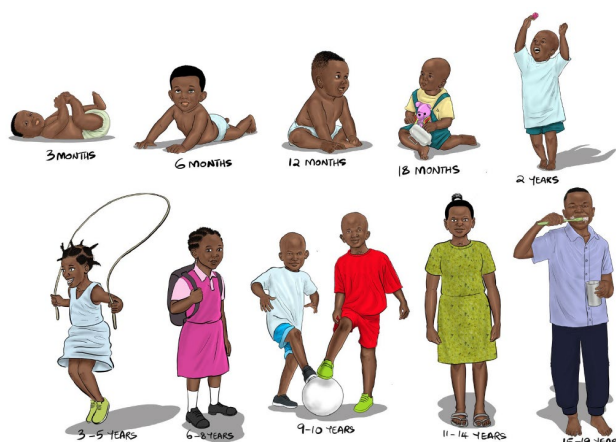
15 minutes

Turn to the next flip chart page which shows the development stages. The information on the back of this page gives you the key information.

When you discuss this activity, focus on the ages and stages that are most important for the parent and caregiver, but remind them that children continue to develop all the way through adolescence, and still need parental care, love and guidance throughout childhood.

When discussing this session, it is important to be aware about developmental delays.

Developmental delays are when a child does not reach a developmental milestone on or around the expected times. Developmental delays can be physical, verbal, cognitive (thinking and learning), or behavioral. They can occur at any age or stage of a child's growth. Developmental delay might be short term (the child reaches that milestone a bit late but 'catches up'), or it might be the first sign of a longer-term issue. Children with developmental delays may take longer to develop new skills in some areas, and they might learn in slightly different ways from other children.



There are different reasons why some children develop more slowly than others. These include:

- Having an underlying condition, either from birth or due to illness, that leads to physical or learning delays
- long periods without proper care and stimulation, for example if children spend time in child care institutions
- child abuse and neglect
- family stress, family conflict, and family separation.

Children who have suffered separation from their parents and caregivers may experience or display emotional, behavioral and development difficulties and delays. For example, children can become very insecure and return to behaviors more typical of younger children, such as bedwetting and clinginess. Stress, trauma and parental separation also affect a child's developing brain because the child uses up all the resources he or she has (all the physical and learning experiences that children gain and that they use to learn and grow, physically, mentally, emotionally) into **ensuring survival**. When a child has to use all his or her energy for survival this can slow down a child's growth and development. Children in residential care often suffer from neglect, may be exposed to abusive situations and are unlikely to receive the nurture and stimulation needed for healthy development.

If parents and caregivers have concerns and/or think that their child is not progressing well, it is important to ask a health worker to make assessments and reviews. It is good to act early to take any preventive action that is possible, start treatment if that is necessary, and to get support.

Once you have discussed development stages, move the flipchart back to the previous page (Module 2, #2) and continue with Activity 3.

Activity 3: Stimulation Activities. 15 minutes

The second flip chart gives some ideas for stimulation. The main message is to 'play and be fun' and encourage the child to practice all his or her senses – this does not need a lot of resources.

Looking After Ourselves

HOME VISIT GUIDE 3

TO LIGHT ANOTHER CANDLE, YOU NEED YOURS BURNING / "AN EMPTY LANTERN PROVIDES NO LIGHT".

Why this topic is important

Our thoughts, feelings and actions are affected by our physical and emotional health and how we look after ourselves. Looking after our own physical and emotional health is vital for us to carry out our own daily activities, have healthy family relationships and cope with stress. When parents and caregivers are under pressure with all the different roles and responsibilities that they have in the family, in relationships, at work and in the community, it can be easy to forget to look after themselves. When we cannot look well enough after ourselves, it is harder to give the love and support that children need to grow up healthy.

Key information for the facilitator about this module

Activity 1: Reflection question (10 minutes)

Allow time for the parent or caregiver to share any of their own feelings of stress or tiredness. If necessary, skip Activity 2 to allow time for the person to talk. (This activity is also used in Session 4 on Communication). If it is essential to allow the caregiver to share their feelings before talking about wellbeing, so that they have a chance to be heard and have their feelings acknowledged.

Activity 2: Talking About Our Feelings

If the parent or caregiver finds it hard to open up, you may want to start the discussion by first discussing a challenge that they have raised with you. Refer to the challenge and then ask how the parent or caregiver is feeling about this challenge. For example: "We have been talking about how Jamal has been soiling his clothes and sheets regularly. We have talked about practical solutions and you're doing a great job. But I can also hear your worry and frustration. Let us talk about how this situation has been making you feel."

When showing the Feelings cards, if the parent or caregiver is struggling to choose an emotion, you can suggest a few examples based on what they have talked about with you, for example "I feel overwhelmed", "I am tired", "I feel happy", "I feel uncertain", "I am excited", etc.

Explain that naming their feelings assists in understanding what they are feeling and why they are feeling like that. Naming feelings tends to make the feelings more manageable and can give the person the chance to take a step back and make choices about what to do.

If the parent or caregiver is finding the discussion useful, you can ask him or her, and the family, to think about how and when they might want to let people know how they are feeling. If they have already practiced holding a family meeting, ask them if they could include 'how I feel' in the family meeting.



It is not necessary to force people into talking about feelings before they want to. It can be seen as disrespectful if children talk about feelings to adults.

The flip book includes ideas for dealing with stress. Home Visit Guide 4: Values and Discipline, and Home Visit Guide 6: Building Secure Attachment include information on family routines and Home Visit Guide 5: Communication provides more time to practice communication with children and other adults.

Below are some activities that can be used if the parents or caregivers are feeling stressed about parenting:

1. Think and talk positively: Unhelpful thinking makes it harder to deal with stressful things – for example, in a stressful situation you might think, ‘What’s wrong with me? I can’t get things together’. Helpful thinking and positive self-talk increase our ability to cope with stressful situations.

Challenge unhelpful thoughts about things that cause stress. For example, your child cries at prayers and you think, ‘Everyone will think I’m a bad parent’. But think, ‘How do I know that people will think this?’, ‘Would I think this about someone else?’ or ‘What can I do to deal with this problem?’

Be realistic about what can be done to make it less likely that the child cries next time, maybe giving your child to have a nap before going to pray.

Practice positive self-talk statements such as “The cleaning won’t take much longer – I can get through it”, or “I will stay calm”.

2. Focus on what is essential: Practice setting a realistic goal for the day and avoid taking on more than you can handle. Try making a plan and having some family routines. Is there a way to make tasks manageable, such as breaking large tasks into smaller ones? It’s ok to ask for help from family or friends.

3. Stay in touch with others, such as talking things over with a spouse or friend.

4. Focus on your physical health, by eating well, getting some exercise, and making time for rest. Avoid stimulants like caffeine, and depressants like alcohol if you can.

Activity 3: Looking After Ourselves

5. Try to make more time for yourself. Encourage the person to make a list of things that they enjoy and try to do one thing on the list regularly – ideally every day if possible; if not, think about when it might be possible.

Values and Discipline

HOME VISIT GUIDE 4

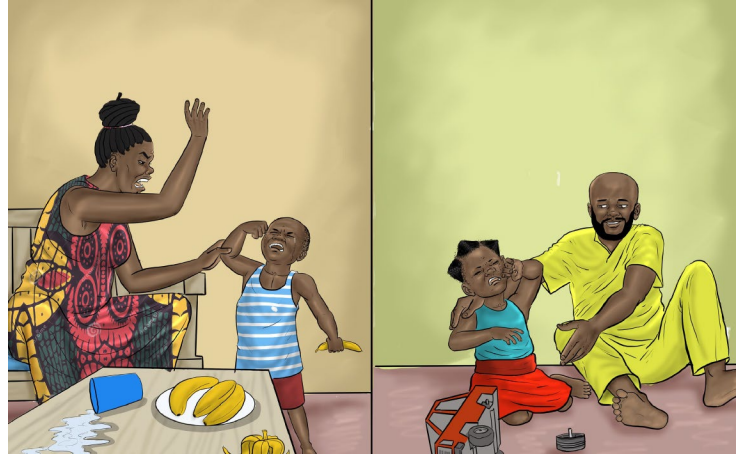
“Train up a child in the way they should grow, and when they are old they will not depart from it.”

Why this topic is important

Children first learn values from their parents and caregivers. The values practiced by the family are the foundation for children to learn, grow and behave. Parents and caregivers are responsible for demonstrating these values to their children by providing structure, setting expectations about behavior, and carrying out these values in their own lives.

Discipline is about helping children understand what acceptable and unacceptable behavior is. It is important to use non-violent discipline methods – hitting or humiliating children does not stop children from misbehaving and can do harm in the long run.

Promoting values and instilling discipline is important for everyone and can be an important way of strengthening family bonds.



NOTE THAT THERE ARE TWO FLIP CHARTS FOR THIS MODULE.

Key information for the facilitator about this module

The following are the key considerations that you, as a facilitator, should take into account when delivering this session:

1. The key outcome is for the parents and caregivers to recognize that there are ways that they can instill discipline without using violence. They may not recognize that pinching, slapping or using harmful words can harm a child. They may feel that non-violent discipline is spoiling the child. You can highlight the long-term harm of violence on children.
2. Use practical examples that are relevant to the age and circumstances of the child and family, so they can discuss in practical terms:
 - a. What makes a child misbehave, so that they avoid discipline if the child actually needs support in some other way
 - b. What type of discipline is necessary, depending on whether the behavior is minor or more serious?
 - c. How to decide what type of discipline to apply
 - d. How to keep calm so that the discipline is positive, rather than in response to the parents' own frustrations or stress.

3. Allow the parent or caregiver of children who have been separated / are arriving new from extended family or foster care to talk about specific challenges.
 - a. Children may have a wide range of feelings about their separation experience – discuss the importance of patience and actively listening to the child
 - b. Children may have experienced shocks or trauma in the past. This can lead to a delay in children's growth or development in the brain or body, leading to behaviors that are more common in younger children. With love, care and patience children may progress.
4. Children with disabilities benefit from discipline in the same way as every other child. It is important to be able to adapt positive discipline techniques to the child's unique developmental progress, recognizing the child's individual capacity for understanding behavioral expectations that accommodate disability but reflect family values and being understanding of potential frustrations or experiences such as stigma that will influence the child's wellbeing.
5. Refer back to self-care and dealing with stress. Ask if the discipline is because the child is misbehaving, or whether we can manage our own stress and avoid the child's misbehavior. It is important not to punish the child when we are feeling angry. Think about options such as taking time out.

Activity 2: Understanding positive discipline

The flip book has three possible scenarios to discuss – below are some additional examples that could be used. Ideally draw on the experiences within the family that you are visiting.

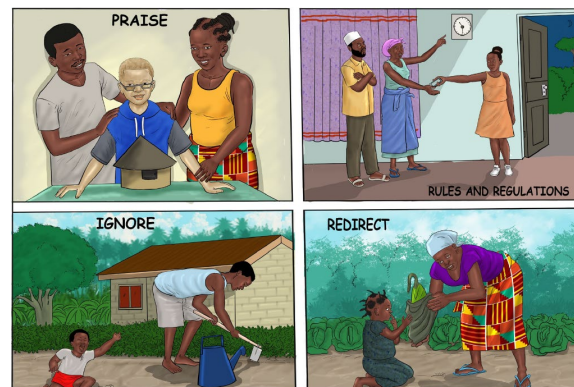
- Baby (9 months) cries even when asked to stop
- Child (10 years) steals food because hungry
- Boy (13 years) asked to go to the shop to buy bread and refuses
- Teen (15 years) skips off rather than coming home after school
- Fidelis – can you give a few more practical examples, including reintegrating children and children with disabilities

Activity 3: Practicing positive discipline

Turn to the next flip chart page which gives examples of key discipline techniques. The information on the back of this page gives you the key information.

Review the discipline techniques on the second flip chart. Use the time to identify solutions that are specific to the main behavioral challenges highlighted by the parent.

Once you have discussed development stages, move the flipchart back to the previous page (Home Visit Guide 4, #1) and continue with Activity 4, home practice.



Communication

HOME VISIT GUIDE 5

“A wise person fills their brain before emptying their mouth.”

Why this topic is important

Open and honest communication creates an atmosphere that allows family members to express love and admiration for one another and also express their differences. Good open communication is especially important where children are coming back home after separation from their families or are joining a new family.



This guide gives caregivers the chance to practice effective communication in daily life and strategies for communicating in sensitive and difficult situations.

Key information for the facilitator about this module

For all children, and especially children with disabilities, it is important to pay attention and recognize the verbal and non-verbal ways children may express themselves. Some children with disabilities may require alternative communication systems, such as the use of pictures, sign language, gestures, or other devices to communicate

Activity 2: Starting conversations with children (15 min)

Explain that it is important to talk about everyday things as you go through your day. If you and your child are used to communicating a lot, it can make it easier to talk when big or tricky issues come up. Asking open ended questions will help. Ask your children how the school day was or how an activity they participated in fared. For example, don't just ask, how was school today? But make inquiries that will generate discussions and stories.

- Ask the family to practice during the session on how they would communicate to their children about:
- School progress or an incidence they encountered
- Their favorite pastime, activity or hobby
- The dreams and aspirations when they grow up

Activity 3: Having sensitive conversations (15 min)

This activity can be adapted to conversations with other adults, e.g., a spouse, or with children, depending on the family's needs.

If you wish, use scenarios to imagine how they would handle the situation.

- *You have constantly asked your 16-year-old girl to come back home by 6 pm and she doesn't do so. Today she comes back at 9 pm.*
- *Your child has been away in a CCI for some time and now seems sad. How can you ask them how they are feeling?*

You can adapt the examples above to suit the family situation.

Communicating with children living with disabilities ¹

There are many types of disabilities, such as those that can limit a child's participation in an unaccommodating environment. A child may have difficulties with:

- Seeing.
- Hearing;
- Comprehension (understanding);
- Movement (mobility);
- Communicating.
- Managing their emotions;
- Social relationships; or
- Mental health.

These difficulties can affect a child's ability to:

- Use words to communicate.
- Speak clearly and be understood;
- Understand simple directions;
- Sit, crawl or walk;
- Hold or manipulate objects; or
- Use the toilet, dress or feed themselves appropriately.

A child may also be extremely sensitive (hypersensitive) or not responsive (hyposensitive) to the environment. This means they may have an acute reaction to a minor environmental stimulus such as being distracted by common sounds like the humming of a refrigerator; or they can be unresponsive to the world around them and need additional sensory stimulation to feel content, such as touching things excessively, always turning the volume very loud, or constantly putting objects in their mouth.

They may also show unusual or uncontrollable behavior. Sometimes this behavior can be caused because the child is sick or in pain and cannot communicate this. It can also be related to emotional issues if the child is sad or unhappy, or to being hypersensitive or hyposensitive to their environment. There can be many causes and it is important to ask a doctor or other specialist in case the behavior is linked to an illness, injury, or other physical cause.

Many people may have more than one disability, and some disabilities may not be visible.

Most importantly! Treat people with dignity and respect, rather than trying to act differently. Never assume that a person with a disability requires special treatment all the time. Treat them in a manner that you are used to with others.

¹ Source: Save the Children Armenia. (2015). *How to Communicate with Children with Disabilities?*
https://resourcecentre.savethechildren.net/node/9776/pdf/communication-with-cwds-for-schoolchildren_eng_0.pdf

Building Strong and Secure Attachments

HOME VISIT GUIDE 6

"It is easier to build strong children than to repair broken adults."

Why this topic is important

Safe, secure and nurturing families provide children with opportunities to build trusting, consistent and secure relationships with both adults and other children. These relationships influence how the brain develops from birth onwards, and influences children's physical, emotional, physical, and social development. Children need a dependable adult who responds to their needs and who is a solid base of security, learning, and comfort.

Children who have secure attachments tend to be more socially competent, more trusting of others, and have better relations with parents and caregivers, siblings, and friends. They tend to find it easier to study in school and create more fulfilling relationships as adults.

Key information for the facilitator about this module

Activity 1: Reflection questions

You can use the previous module images to remind the parents and caregivers about why it is important for a child to have a secure attachment.

Module 1 Family Relationships – the family is where children learn home

Module 2 Child Development – children's bodies and brain development are affected by the love and care that they receive as they grow

Module 4 Values and Discipline – role modeling values and guiding children through non-violent discipline are a key part of building attachment, because having regular and predictable rules, routines and expectations provide security

Module 5 Communication – warm respectful communication is an important part of attachment.

Activity 2: Maintaining stability and routines

Remind the family what was covered in the home visit guide on values and discipline about maintaining routines and stability.

Many caregivers in reintegrating families have complained that children do not do work – focus on practical ways to get older children to take on household chores and duties. Use discussions from Modules 4 and 5 on values and discipline and communication to identify ways to have discussions with children about why they can get involved, including praise when children are helping.

Activity 3: Practical activities for building attachment with your children

The Handout provides examples on building attachment with children of different ages.



Support the parent or caregiver to reflect on successes – when have they had a meaningful conversation with their teen? When have they received warmth from a younger child because they have been able to provide nurture and care.

Focus on the following tips:

Be approachable and an active listener.

When appropriate, it can be useful to share some personal things about yourself in response to what they have shared – for example, “That sounds tough. I remember when I had an argument with my best friend at school, just like you did today. I remember feeling like what you have just described.”

Finding ways to say "I love you" every day remains an important part of strengthening attachment.

Secure attachment starts with taking care of yourself as a caregiver – remember to be kind to yourself also.

Communicating with Your Children About Safety

HOME VISIT GUIDE 7

What an elder can see while seated, a child cannot see even when standing on a tree (Kuishi kwingi kuona mengi)

This module has been divided into two 45-minute activities, with two home practices.

Why this topic is important

One of our most important responsibilities as a parent or caregiver is to keep the children that we care for safe from harm.

The most important way that we can do this is through providing a loving and nurturing home – through practicing positive parenting techniques. These skills help children develop the self-esteem and knowledge to know how to avoid harm, and to understand which rules they should follow to stay safe. When children are empowered and educated, they can keep themselves safe and defend their rights.



However, it is not always possible to shelter our children from every threat or challenge that may come their way, now or in the future. It is important to think about how to give children the information and skills to avoid serious harm, while at the same time encouraging them to learn through making mistakes.

It is important to remember that children who have returned from living in residential care or when children have moved from one or more family homes because life was difficult, they may already have experienced danger and harm.

This home visit guide does not provide guidance on how to support children or their caregivers who have experienced violence or abuse and need support as survivors support. Survivor-centered support should be provided separately through the child and family case plan and may also need referral for medical or psychosocial support, as well as other forms of survivor-centered support such as legal and judicial support.

Key information for the facilitator about this module

This module is divided into two sessions, each of 45 minutes, because it covers important information on communicating with children about safety.

Session 1

Activity 1: Reflection question

When you discuss the family, make it clear that you are NOT suggesting that their home is like this! Explain that this is an example of how many risks children may face.

Focus on the positive aspects first. You can discuss how small changes can really make a difference in the home. Ask the caregiver what everyone in the family can do - talking to older children about the risk of fire means they can also protect younger children from the risk of fire.

Start with the risks inside the home and then talk about the risks that a child may face in the community. Use the picture to think about what happens once the child goes onto the street.

Additional tips for protecting children at home²

Accidents (e.g. burns, falls, drinking/eating poisonous or toxic chemicals) – these are most likely to happen to younger children or developmental delays or disabilities. Always make sure a responsible adult is supervising young children. Set up and consistently enforce rules and limits to help your child learn about dangers. Teach some basic safety rules and precautions for inside and outside the home. Follow hygiene and sanitation to protect your child against illness and infection, including COVID-19. Take safety measures around the home, such as keeping cleaning or other poisonous products including medicines out of reach.

Sudden Infant Death Syndrome (SIDS) – the risk of SIDS is reduced by putting babies under one year old to sleep on their backs with no loose sheets, blankets or other things in the bed that could restrict their breathing and avoid anyone smoking cigarettes near the sleeping baby (ideally no smoking cigarettes at all!).

Road and car safety - supervise children outside; hold their hand when crossing the road; teach children the importance of stopping and looking in both directions before crossing the road. In any car, children should have a child car seat (if possible) or always use a seat belt; adults should model car safety by always wearing your own seat belt.

Activity 2: Talking to children about abuse (30 minutes)³

Adapt this activity to the family situation. If there is a history of violence in the family, or if you suspect a history of abuse, make sure that the discussion is led by the family members. Gently encourage discussion but do not force them to discuss issues that are very sensitive.

Remind parents and caregivers that children can find it hard to talk about abuse, even when the parents or caregivers are encouraging children to talk. Explain that it is also important to watch out for the warning signs of child abuse. They aren't always obvious but by learning to recognize the signs of a problem, you can make a huge difference in a child's life.

² This information has been developed from Raising Children (www.raisingchildren.net) and Better Parenting Programme, drafted for UNICEF Jordan by Maestral International.

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Discuss whether the child or children in this family may have special needs or reasons for showing any signs, for example, separation anxiety may be because of recent arrival in the home, any developmental delays that the child has.

Remember that these behaviors are *possible* signs. If a child is demonstrating these signs you may need to discuss further with the family or with your supervisor.

You can remind participants about the feelings exercise- children may not be able to communicate well so you can help them label their feelings using cards. teach them to identify and share when they feel sad, scared or angry.

Background information about child abuse

Sexual abuse

- Child sexual abuse is commonly perpetrated by someone the child knows, rather than a stranger.
- Teach and use the correct terms for children's body parts, including private parts, starting from when they are learning to speak.
- Discuss with children the difference between good and safe touch (e.g. hug/kiss from the people they love) and bad or unsafe touch (e.g. touch that makes them feel uncomfortable/scared; touch that hurts them; touch on their private parts, being forced to look at someone else's private parts).
- Do not force children to kiss or hug someone if they don't want to.
- Discuss with children what to do if someone touches them in a wrong way (say NO, get away, and tell a parent or trusted adult immediately).
- Remember that both boys and girls can experience sexual abuse.

Online bullying or exploitation

- Monitor children's internet use; talk to them about the reasons they choose to watch different content, provide regular feedback on the content, then accordingly restrict access to certain websites/apps; discuss rules for safe and appropriate internet use with children. See Activity 3 for more information.

Bullying

- Observe your child for any changes in their mood and behavior (e.g. refuses to go to school, withdrawn/anxious, complains of headaches or stomach aches). Talk to your child and your child's teacher to identify the problem and possible solutions.
- Negative peer pressure (e.g. to skip school or engage in other delinquent behavior)
- Get to know who your child is spending time with. Observe your child for suspicious changes in their behavior (e.g. they become more hostile or disobedient). Discuss with your child your concerns and establish rules together (see Session 8).

Corporal punishment

- Find out the rules and practices regarding discipline at school. Discuss with teacher the difference between punishment and discipline. Discuss with teacher and principal how you would prefer that they use non-violent methods of discipline at school. Raise the issue with other parents or at Parent Teacher Associations.

"Stranger danger"

- Supervise children outside. Teach children never to tell their name or address to a stranger, let a children into the house, accepts gifts from a stranger, get into a car with or follow a stranger. Discuss with children what to do (e.g. tell a trusted adult immediately, go to a "safe zone like school or police station). But remember that most physical and sexual abuse happens in the home, not from strangers.

Harassment

- Discuss with children possible alternative safe routes to school or other places they walk to regularly. Coordinate with other parents to organize a “parent escort” to walk groups of children to school. Report harassment to local police and community leaders.

Session 2

Activity 1: Reflection question (5 minutes)

This is an opportunity to reflection on the previous session. If more time is needed to discuss the topics covered in the previous session, allow more time. It is essential that parents and caregivers feel confident and able to talk about prevention of violence and abuse.



Activity 2: Online safety (15 minutes)

Even if the parent or caregiver only has very young children, this is an important topic to cover. Focus on the basic information that is important for all adults.

The purpose of this activity is to recognize that the internet is one of the most powerful communication and education tools ever invented. Children have new opportunities online but there are some risks. There have been many cases of children unknowingly getting into dangerous situations online.

For more information, or if you have online access when visiting the family, you can alternatively show the following videos from the Communications Authority of Kenya, which describe online protection in simple words. <https://cop.ke-cirt.go.ke>

Activity 3: Supporting a child who says they have been abused (15 minutes)

When discussing this topic, allow the parent or caregiver to lead the discussion. If they are worried about their own child, focus on their concerns. The information in the flipbook and below can be used to support what they want to know.

Remind them of the importance of reporting it to someone who can help the child. That person has to think of the child’s “best interests” – this means that the safety and welfare of the child should always come first.

What not to say	What to say instead
“Don’t let anyone touch your private parts.” - OR - “No one should ever touch your private parts.”	“If anyone touches your private parts, it’s OK to tell me.” - OR - “It’s always OK to tell if someone touches your private parts.”
“Has someone touched you?” - OR - “Has anyone touched you down there?”	“Is there anything bothering you?” - OR - “Are you OK?” - OR - “Has anyone done anything that worries or confuses you?”
“I promise not to tell anyone.”	“I cannot promise not to tell, but I can promise that I will do what I can to help you. Let’s talk about what is bothering you.

	I want to help.”
“I’ll kill anyone who touches your private parts.	“My job as your mom (or dad) is to protect you and take care of you. Since I’m not around all the time, I can’t always know what’s happening. So, if anyone does anything that makes you feel funny or scared or touches you, it’s OK to tell me.

Below are some reasons why children might not disclose abuse:

- Fear of what will happen if they tell someone
- Do not know that anything can be done
- Thinks that it is ‘normal’
- Victims can be intimidated or threatened by the abuser
- Feelings of shame or guilt or embarrassment
- The abuser may be a respected person or leader in the community

Child help line (116) is a 24-hour toll-free emergency public line for reporting all cases for children in need of care and protection.

Any individual who has reason to believe that a child is being (or has been) abused or neglected should make a report to Child Helpline or the village chief, local police or local Child Protection Volunteer or Sub-County Children’s Officer.

Remember if you have questions or are unsure if the signs that you are observing are a cause for concern, contact your local Child Protection Volunteer or Sub-County Children’s Officer or talk to your home visitor for CTWWC. It does not matter if you think someone else is reporting the situation; you still must make a report. All cases should be reported under 24hrs. Once you have made a report, you should not inform or discuss the suspected incident(s) with the alleged offender.

Helping Our Children’s Feel Safe, Secure and Loved

HOME VISIT GUIDE 8



A child who is not embraced by the village, will burn it down to feel its warmth

Why this topic is important

Children need love and nurture to grow and thrive. It is as important to focus on a child’s psychosocial health and wellbeing as his or her physical health.

Children who have been through separation are very likely to have experienced violence or other forms of adversity. This can have an immediate or a longer-term impact on their sense of wellbeing and can affect their psychosocial health. There are many ways in which children who are facing challenges can be supported to improve their psychosocial health.

If a child has serious mental ill health, it is important to look for additional support.

There are additional facilitator notes in this home visit guide. Mental health is a sensitive topic and often is not easily talked about in our professional or personal lives. It is very important to provide simple, non-judgmental and accurate information about mental health and well-being.

If you have any concerns about the safety or wellbeing of any of the children or adults in the families you are visiting, discuss the case with your supervisor. If you are concerned about the immediate safety of anyone, make an emergency referral.

Key information for the facilitator about this module

Activity 1: Reflection questions

The purpose of this illustration is to allow space for the parent or caregiver to flag any of their own concerns. Be flexible with time in this session.

The most important outcome of this activity is that the parents or caregivers feel reassured that the process of reunification can be difficult, even when child and family are happy about the process and there is a lot that people can do if a child is showing signs of unhappiness or distress. The process takes time and sometimes mental health needs additional support and you will help them find people who can help child and family.

Activity 2: Helping Children Who Have Anxiety (15 minutes)

Common signs of anxiety include:

- finding it hard to concentrate
- not sleeping, or waking in the night with bad dreams
- not eating properly
- quickly getting angry or irritable, and being out of control during outbursts
- constantly worrying or having negative thoughts
- feeling tense and fidgety, or using the toilet often
- always crying
- being clingy
- complaining of tummy aches and feeling unwell.

Activity 3: Helping Children Who May be Depressed (15 min)

Common signs of depression in children include:

- Emotions: seeming sad or unhappy most of the time; aggressive, not doing what you ask most of the time, or having a lot of temper tantrums; being more negative than usual, like saying 'I'm not good at anything' or 'No-one at school likes me'; feeling guilty, like saying 'It's all my fault'; being afraid or worried a lot; saying his tummy or head hurts when there isn't a physical or medical cause
- Everyday activities: loss of interest in or energy for daily activities; doesn't want to be around friends or family; isn't interested in playing or doing other things they used to enjoy; problems sleeping, including nightmares; problems concentrating or remembering things.

- Behavior at home or school: not doing as well at school as usual; not taking part in school activities; not fitting in or getting along with other children.

If the parent or caregiver continues to worry about the child's low mood, they can always phone their case worker and get more support. It is important to ask for help if things feel difficult.

Signs and symptoms of a child in distress

The following are common signs and symptoms of a child in distress or who has experienced an adverse childhood experience (ACE). But each child is unique and there are other reasons why a child may be displaying some of these signs.

If you have any concerns about the child's or parent/caregivers psychosocial wellbeing, it is **always** important to talk to your supervisor.

Positive parenting can help many of the signs and symptoms below – nurturing love, building attachments, positive communication, rules and routines for security, harmonious family relations.

But it is also important for you to track these signs and symptoms, with the child and the caregiver. If the symptoms are persistent or causing distress to child, siblings or other children in the family, parents or caregivers, then it is essential to discuss further with your supervisor.

AGE	TYPICAL SIGNS AND SYMPTOMS
BIRTH TO 2 YEARS	Not feeding regularly or well Having difficulty going to sleep, sleeping badly Irritable and difficult to soothe Losing developmental gains, such as toilet training or delay in learning new words Losing interest in learning new things, subdued play, being passive Repeating the same play and not being willing to try out new ways of play Easily startled
2 TO 5 YEARS	Anxious, clingy, scared of learning new things General fearfulness/new fears Being passive and lack of sense of fun Showing physical symptoms such as headache or tummy ache Having difficulty identifying what is bothering them Not being able to focus at all, finding it hard to solve problems Irritability Restless, hyperactive Aggressive behavior
6 TO 12 YEARS	Anxious or fearful Worry about own/other's safety Emotional swings, moody Easily startled Sad or angry Difficulty sleeping, nightmares Learning problems

	Changes in school performance Attention seeking, clingy Revert to younger behavior Re-enact trauma in play
13 TO 17 YEARS OF AGE (AND INTO ADULTHOOD)	Feel depressed Difficulty imagining future or planning Eating disorders Self-harm behavior, e.g. cutting Over or underestimate danger Inappropriate aggression Learning or school problems Reckless or self-destructive behavior Drug or alcohol abuse Act out sexually Sleep disturbances Pull away from activities, relationships Feel numb, shut down or separated from life Discuss traumatic events in detail

Children with disabilities and psychosocial wellbeing

Children with all forms of disabilities are likely to experience greater levels of violence than their non-disabled peers overall. Children with disabilities might also experience other difficulties, such as not being able to have access to care and support as easily as their able-bodied peers. Parents and caregivers of children with disabilities might also find it difficult to access support and care, because of lack of resources or not enough specialist support. Children with a disability can be bullied, can have difficulty engaging with their peers, and particularly in adolescence can find it hard to be involved in social activities — all of which can lead to depression and anxiety or other mental health disorders.

- Find ways to model positive ways of thinking. For example, the adult can say things like ‘I really enjoy it when we do this’, ‘That was fun!’ or ‘I knew I could do it’.
- Make time to talk with the child and listen to how he or she is feeling. The communication activities in Handout 5 can be useful.
- Find small ways to encourage the child to start re-engaging. The child may not be immediately ready to get back into seeing friends, doing physical activity or just having fun. But doing fun and active things can be good so encourage the child to have a go, even by starting small, for example by spending half an hour with a trusted friend, or going together for a small walk around the block and ending with a short race home.

If a parent or caregiver, or you during your visits, are worried about the child, talk to your supervisor. It is important to get a referral for psychiatric support or counseling, where possible, if you are worried about the child.

What to do if you are worried that a child may harm themselves or try to commit suicide

If a child says anything about suicide or self-harm – like ‘I wish I was dead’ or ‘I don’t want to wake up anymore’ – it is important to take this very seriously.

Talk to your supervisor straight away.

Talk to the parent or caregiver about where they could go. They can also talk to Child Helpline: 116.