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Families Together

Group Session Facilitation Guide



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 Beth Bradford. CTWWC also appreciates the invaluable input from members of the Kenya Society of Care Leavers.

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Need to know more? Contact Changing the Way We Care at info@ctwwc.org or visit changingthewaywecare.org.

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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 *Skilful Parenting Programme*, designed and delivered in Kenya by Investing in Children and their Societies (ICS).

Families Together reflects the core *Skilful Parenting Programme*, but adapted for use by families undergoing reintegration, or providing family-based alternative care.

Both *Skilful Parenting* and the adapted *Families Together* start from the belief that the family forms the basic protective unit for children. It is within the family that children are taught morals and responsibilities that will enable them go 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 *Skilful Parenting* program provides a holistic approach that reinforces positive parenting practices, empowering parents to address challenges that they face in bringing up their children.

Families Together maintains the core principles and approach of *Skilful Parenting*, with an additional focus on the information and skills that may be of additional interest to families who are at risk of separation or are receiving a child from an alternative care placement.

Families Together is built on the *Skilful Parenting* group parenting program, which has nine parenting sessions provided by skilled facilitators and delivered through parent peer groups of around 18-24 parents and caregivers.

Families Together has two versions:

- a group parenting program delivered in a way that is similar to the original *Skilful Parenting* program, with additional content suitable for families at risk of or experiencing separation or who are receiving a child from an alternative care placement
- a series of home visit guides that are used by case workers who are supporting families to prepare for or who have already undergone reintegration. The home visiting guide has eight modules designed from the group program and adapted for discussion with individual family members. Due to time limitations, the home visit guide focuses on the first six modules only and focuses on the key elements that can be delivered in a 45 minute session with primary caregiver and other family members.

Unlike the original *Skilful Parenting*, the group guide does not include a component on family budgeting. Families receiving *Families Together* in the group guide should be referred to relevant other family strengthening activities, including savings and loans activities, financial education, and direct access to social transfers, as part of Changing the Way We Care's inclusive family strengthening programming.

How to Use the *Families Together* Group Session Facilitation Guide

This facilitator's manual provides the detailed content for each session and should only be delivered by trained facilitators. For more information contact CTWWC through info@ctwwc.org or by SMS on 21437

Each Session includes the following information:

- Background information: Information for the facilitator summarizing the session content and explaining why this parenting information is important and how it is addressed in the session.
- What parents and caregivers will learn and practice in this session: The expected results of the session so that the facilitator can focus on key messages
- What is in this session: An overview of the agenda including time and how each activity is undertaken.
- Suggested activities to practice with parents and caregivers: A small number of short activities designed to stimulate reflection and introduce key parenting techniques for parents and caregivers. The activities start with sharing information and ideas and move on to practical actions then reflection.
- Activity notes: Each activity includes the time, a summary of the activity and a list of materials needed for the session. This is followed by step by step activities for the facilitator.
- Some activities include a Note to the facilitator that provides additional information that may be useful when facilitating the activity.
- The final activity in each session summarizes key messages and identifies home actions. Home actions are the most important part of the session. When people have the chance to go home and practice with other family members, they can discuss the activities with family members and start to introduce the techniques into their daily lives. Sessions begin with a recap on home practice.

Families Together Parenting Program

INTRODUCTORY SESSION

BACKGROUND INFORMATION FOR THE FACILITATOR

*“IT TAKES A
VILLAGE TO
RAISE A CHILD”*

The *Families Together* parenting program builds upon the *Skilful Parenting Curriculum and Program*, an evidence-based positive parenting approach of Investing in Children and Their Societies (ICS-SP).¹

It aims to promote positive parenting practices and family relationships, with the ultimate goal of promoting children’s positive development, preventing violence against children, and strengthening families. The *Families Together* program is designed to support **all** caregivers with children aged 0-17 years.

Both *Skilful Parenting* and the adapted *Families Together* start from the belief that the family forms the basic protective unit for children. It is within the family that children are taught morals and responsibilities that will enable them go through life. 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 *Families Together* program has three main components;

1. Caregiver sessions using a semi structured curriculum with eight modules;
2. Community dialogue, structured behavior change messages and awareness campaigns to promote the principles of *Families Together* and family/community-based care;
3. Linking families to essential services and social and economic support.

Families Together training involves weekly sessions of 2.5 hours, delivered over ten weeks under the guidance of trained and certified community facilitators. The *Families Together* sessions are offered through parent peer groups made up of around 10-20 caregivers. The work with caregivers in peer groups ensures social connectedness, increased sense of empowerment joint reflection and sense of belonging.

Due to the needs of different caregivers especially families undergoing reintegration, a combination of home based and peer group-based support models are used. The ten sessions include an introductory session, eight curriculum modules, and a closing / graduation session. The nine Families Together curriculum modules include:

1. Family Relationships

¹ <https://www.icsafrica-sp.org/en/skilful-parenting/>

2. Child development and Meeting Children's Needs
3. Looking after ourselves
4. Values and Discipline
5. Communication
6. Building Strong and Secure Attachments
7. Communicating with Children About Safety
8. Helping Children Feel Safe, Secure and Loved

The *Families Together* training is active and interactive. Role plays, simulation, practice sessions, group activities, group reflection, mini lectures and case-based learning approaches are used throughout the trainings.

What caregivers will achieve in this session

By the end of this first session, caregivers will:

- Get to know each other and the facilitators
- Become familiar with the Families Together program and the *Families Together* curriculum
- Agree on group guidelines and norms
- Assess their strengths, knowledge and skills on parenting and caregiving

What is in this introductory session

Activity	Time	How
1. Welcome and Introductions	30 mins	Plenary discussion
2. Introducing the <i>Families Together</i> program	30 min	Group discussion and reflection
3. Clarifying expectations and roles	15 min	Buzz groups and plenary discussions
4. Setting ground rules and assigning responsibilities	15 min	Brainstorm and plenary discussions
5. Pre training evaluation	50 min	Brief plenary discussion and individual exercise
6. Wrap up and next steps	10 min	Plenary discussion
Total	2 hours 30 minutes	

Activity 1: Welcome and introductions

How long: 30 minutes

What:

- Welcome and getting to know each other
- Introduction of facilitators
- Learn about what today's session is all about

Materials: Flip chart with objectives of this first meeting, attendance sheet, and stationery for participants

1.1 Welcome participants one by one as they arrive and let them register in the attendance book and let them pick their training stationery.

Note that some participants may arrive late. Try to begin the session when at least two-thirds of the group has assembled!

1.2 Once all of them have arrived, ask a volunteer to pray before the meeting starts.

1.3 Introduce yourself and your co-facilitator, saying where you work, who you work with and a little bit about how you got involved in the program and a bit about your background.

1.4 Explain that now we are going to get to know each other. Ask participants to introduce themselves highlighting the following:

- Their full names and which name they prefer to be called by during the parenting sessions
- What is the most exciting thing about parenting and caregiving?
- Why and how they become involved in the group?

1.5 After everyone has introduced themselves, thank the participants for sharing.

1.6 Introduce the today's session objectives. Explain the following objectives, checking that everyone understands. Explain that today is the first of a series of sessions that we will meet as a group to learn and reflect on how we can enhance our knowledge and skills in taking care of ourselves and our children. The objective of this first meeting is to:

- Get to know each other
- Become familiar with Families Together program and the 8-week Families Together sessions
- Agree on group guidelines, norms and choose our group leaders
- Assess our strengths, knowledge and skills on parenting and caregiving so that the facilitators can ensure the parenting sessions address our needs and aspirations

Activity 2: Introducing the Families Together program

How long: 30 minutes

What:

- Reflect on the importance of parenting and caregiving programmes
- Introduce the Families Together programme
- Learn about the Families Together sessions and plan
- Clarify caregiver expectations

Materials: Flip charts with the goal and objectives of the *Families Together* program; Flip charts with the *Families Together* modules

- 2.1 Explain that in this activity, we will reflect on what parenting is all about and why it is important for caregivers to continuously get new knowledge and skills that will support them in their caregiving roles
- 2.2 Explain that parenting is like planting and caring for a tree until it bears fruits. Planting and nurturing trees comes with a lot of responsibilities – just like parenting.
- 2.3 Ask participants to get into groups of three.
- 2.4 In their groups, ask participants to think about and discuss the following questions for 5 minutes;
 - What does a farmer need to know and do to plant and take care of a tree until it bears fruit?
 - Where do farmers get their knowledge and skills
 - What happens when a farmer does not have the knowledge and skills required to grow fruitful trees?
- 2.5 After five minutes, ask each group to share their answers. Write them down on a flip chart.
- 2.6 Thank them for sharing. Summarize the activity by explaining that:
 - Farmers need knowledge and skills to grow fruitful trees. Without appropriate knowledge and skills, the trees may not grow well and bear much fruit. Farmers have different opportunities to learn the required knowledge and skills from different people and sources.
 - In the same way caregivers need to strengthen their caregiving knowledge and skills so that they can learn more about how to support the development and wellbeing of their children.
 - The most critical aspect of raising a healthy child – the ‘seed’ – is the seed handler (the farmer/parent/caregiver).
 - Parenting programmes cover a variety of topics that give caregivers valuable information, lessons and tips on how to raise healthy, responsible and successful children.

- When caregivers attend and participate in parenting programmes, they strengthen their caregiving skills and learn from each other new things that they may never have known before
- Parenting programmes aren't just for young or inexperienced parents/caregivers, they're for everyone who wants to be a better parent/caregiver.
- In addition to promoting positive caregiving practices, parenting programmes also promote the wellbeing of caregivers

2.7 Introduce and explain the Families Together program goals and objectives as follows. Refer to the flipchart prepared earlier with the following sentences

- *Families Together is an evidenced based parenting and family support programme, designed to improve the well-being of children and their families.*
- *It aims to promote positive parenting practices and family relationships, with the ultimate goal of:*
 - Promoting children's positive development
 - Preventing violence against children
 - Strengthening families
 - Preventing child caregiver separation
- The Families Together program is designed to support **all** caregivers with children aged 0-18 years.

2.8 Explain that the Families Together training has eight topics and each one is delivered in a module (a session). These cover how to take care of yourself to become a better caregiver and how to better caregiver to your child(ren).

2.9 Take the participants through the 8 modules explaining what each module will cover. *Use the pre prepared flipchart.*

- Family relationships
- Child Development and Meeting Children's Needs
- Looking after ourselves
- Values and discipline
- Building strong and secure attachments
- Communication
- Communicating with Children About Safety
- Helping Children Feel Safe, Secure and Loved

2.10 Explain the details of the *Families Together* training as follows:

- There are total of ten sessions in the *Families Together* program. In addition to the topics highlighted, the first session is an introduction to the *Families Together* program and the last session is a conclusion to the program.
 - Sessions will be organized weekly and each session will take 2.5 hrs.
 - Explain that together with your co-facilitator you will take them through the sessions till the end
 - Sessions will be organized on a day, time and venue that is convenient for all participants.
 - All modules/topics are important and build upon each other and therefore it is important for caregivers to attend all sessions so that they can easily follow through and benefit from all the sessions.
- 2.11 Ask the participants if they have any questions about the training agenda, content, and plan or if they have any suggestions for improving it. Respond to the questions and take note of the suggestions
- 2.12 Thank participants for actively participating in the session.

Activity 3: Clarifying expectations and roles

How long: 15 minutes

What:

- Clarifying participant expectations
- Be aware of facilitator roles

Materials: Flip chart with facilitator roles, flip charts and marker pens

- 3.1 Ask one of the participants to lead the group in singing a song that will energize the group. Once the group has sung, thank them.
- 3.2 Organize the participants into buzz groups. Ask each buzz group to take 5 minutes to reflect on the following questions
- What are your expectations over the next 9 weeks?
 - What do you hope to gain from the 9-week training?
 - What do you wish to happen for yourself and your child (ren) once you complete the program?
- 3.3 After five minutes ask each group to share in plenary. Note their responses on a flip chart.
- 3.4 Thank them for sharing and provide responses and clarity on which of their expectations and hopes will be covered by the program and which ones will not.
- 3.5 After you have clarified, EITHER ask each person to write their hopes and wishes in their notebooks (if they can write) OR write down on a piece of card or paper each participant's hope and wish and

give their piece of card to them. Explain to participants that this will be an important reminder of what they want to achieve and will be useful for assessing achievements made.

Depending on how many people can write, you can choose to have people work together and have one person who is more confident writing doing the writing in their notebook.

3.6 Explain that together with your co-facilitator you will be available to support them reflect on their hopes and wishes through the trainings.

3.7 Share the following as additional roles that you have as a facilitator

- Mobilize and organize parents in peer support groups
- Gather participant information and project data as directed by the organization. Information to be collected include parent/caregiver bio data, pre and post training evaluation, attendance, and participation information etc.
- Organize, schedule, and deliver the sessions
- Refer and connect caregivers' families to services and support resources in the community.
- Organize and/or attend community meetings and collaborate with community groups and (government) agencies to enhance provision of services and support to families
- Ensure that trainings, actions, outcomes, and challenges are properly recorded and submitted to the organization
- Contribute ideas for new project components based on expressed need in the community.

Activity 4: Setting ground rules and assigning responsibilities

How long: 15 minutes

What:

- Agreeing on ground rules for engagement
- Agree on training plan – venue and day
- Identify group leaders

Materials: Flip chart and marker pens

4.1 Put a flipchart paper on the wall /floor

4.2 Ask the participants to think about:

- What would make them feel more comfortable and active in the group?
- What are some of the ground rules that will make the training session comfortable?

4.3 Encourage participants to make suggestions as a whole group and note these down on the flip chart paper. Include some of the following suggestions if appropriate:

- Keeping time- trainings should start and end as per agreed timelines
- Respect for each other's opinion
- Mobile phones off /or on silent during training sessions
- No mocking or bullying
- Criticize ideas – not individuals
- Participation by all
- Maintaining confidentiality is critical

4.4 Explain that these rules will act as guide throughout the 9 weeks. Write down the ground rules neatly written on a flipchart. Explain that this will be used as a reference during all trainings.

4.5 Ask the participants to discuss and agree as whole group on the training venues and the most appropriate time for the training. Provide the following checklist to guide the group

- A meeting venue that is accessible to and safe for everyone.
- A meeting environment/venue that has enough space for everyone and the activities to be done such as group work.
- A meeting venue/environment that is comfortable to ensure everyone is not challenged to participate effectively. Ask them to consider participants with movement, sight or hearing impairment

4.6 Lead the participants to identify two leaders for their group. Explain that it is important for each group to have leaders who will coordinate with the facilitators in ensuring that the Families Together program activities are well organized and executed. They can nominate and appoint leaders through plenary discussions.

Group leaders will be responsible for; mobilizing caregivers to participate and attend sessions and outreach activities, supporting in the organization of trainings and project activities, supporting the facilitator in follow up and monitoring, and highlighting the needs and concerns of the peer group. These roles are voluntary. Leaders will receive orientation on how to carry out their roles. If possible, ensure that the leaders elected are representative -both male and female.

4.7 Thank the participants and close the session.

Activity 5: Pre training evaluation

How long: 60 minutes

What:

- Facilitate collection of participant basic information
- Administer pre- training evaluation

Materials: Bio data forms, pre -training evaluation forms

- 5.1 Remind participants that one of your roles as a facilitator is to find out whether the program is useful for parents and caregivers and whether it is making a change for children. As a facilitator, it is also important to track attendance.
- 5.2 Explain to participants that there are several tools that have been developed by the organization to assist in measuring this. Highlight and explain the following project tools, checking that everyone has understood
- Bio data tool – this will collect basic family information for parents/caregivers enrolled in the program and will be used to find out who is attending. We will use this information to measure whether the program is reaching caregivers who may find the parenting program useful.
 - Attendance register – this will measure whether caregivers are attending regularly
 - Pre and post training evaluation tools- these find out what caregivers are learning during the training, by seeing if there are any changes in the knowledge, skills and practical tools that you have before and after the training
 - Observation checklists – these are forms that the facilitator completes after each session to remind him or her of important reminders about what you already know and what you want to practice. They can be helpful when conducting follow up home visits.
- 5.3 Explain that in order to assess progress and plan appropriately, it is best for some basic information to be collected before the start of the training sessions.
- 5.4 Share the bio data sheet and ask the participants to fill in. This should take around five minutes.

Be available to support participants who cannot write.

- 5.5 Hand out the pre-training evaluation tool.
- Explain that this tool is used to assess knowledge, attitudes and parental practices before people participate in the Families Together training. Everyone will be asked to complete the same tool one to two weeks after completing the parenting trainings.
 - Explain that it will take about 50 minutes to complete the pre-training evaluation
 - Explain that they need to fill in the tool individually. In cases where participants cannot read or write provide interpretation assistance and help in recording responses (word for word)

5.6 Thank participants for completing the exercise. Collect all pre training data evaluation forms and parents' bio data sheets, keep them safe and return them to the office the same or next day.

Activity 6: Wrap up and next steps

How long: 10 minutes

What:

- Summarize the key take ways from the introductory session
- Assess participants interest and commitment
- Agree on training date and venue

Materials: None

6.1 Explain that the session is nearly at an end and that now we would like to look back on what we have talked about today.

6.2 Ask everyone to think about these two questions:

- The most important thing that stood out for me today is...?
- Why are caregiver sessions important?

6.3 Ask everyone to think of how they will organize themselves to ensure that they are available to attend, contribute and benefit from all parenting sessions

Give examples or suggest a few ideas. For example: "I will discuss the sessions with my family members so that they can support me to attend the trainings." "I will re-organize my family routines so that we can attend the parent sessions." "I will look for babysitters to take care of my children as I attend training sessions etc." etc.

6.4 Ask everyone to write down what they will do in their notebooks and explain that we will share what we have all done in the next meeting.

6.5 Agree with participants on the date for the first training, the time and venue.

6.6 Finally, thank everyone for attending. Remind participants that we will be talking about family relationships in the next session.

6.7 End by acknowledging and appreciating parents/caregivers for their participation and willingness to be part of the Families Together programme and emphasize that you look forward to meeting them all in the first training.

6.8 Sing a song and pray

6.9 As participants leave, have a brief meeting with the elected leaders to discuss their roles. Share how you will be following up with them and share next plans

Family Relationships

GROUP SESSION 1

INFORMATION FOR THE FACILITATOR

Why this topic is important

This guide introduces the idea of the importance of family relationships to a child's growth and development. It includes suggestions for activities that build caregiver skills on validating being together as a family and encourages family discussion about how best to provide a loving and stable family for everyone.

Key messages

These are the key messages on the benefits of nurturing and resilience family relationships and can be used to stimulate discussion in the groups.

1. Every family is unique

There are many different types of 'family', for example, single-parent families, polygamous families, a group of young people who live together, older caregivers looking after grandchildren, foster families, etc. Every family is unique, and every type of family is equally special and important.

2. Family relationships are important

Families are made up of many people, so there are many different relationships within the family. Nurturing and resilient families are crucial to the health and well-being of individuals, communities, and society.

Having good family relationships makes everyone in the family feel safe and secure, making the family nurturing and resilient when challenges arise.

All families and all family members already have strengths, yet no family is perfect. All families can learn new skills and grow nurturing and resilient.

Families that share responsibilities and roles have an easier time accomplishing household chores and caring for family members like children and elders.

Nurturing and resilient families are better able to solve problems and resolve conflicts as they arise.

Children and adults with nurturing and resilient family relationships experience greater emotional stability, better educational outcomes, and health than children and adults who live with constant family tension and conflict.

The nurturing and resilient family relationships experienced by a child provide the foundation for good relationships with people inside and outside the family that are needed throughout their life.

Nurturing and resilient families:

- Have common values
- Practice open communication and positive parenting
- Spend quality time together, engaging in activities that bring them closer

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

- Have different family members playing their roles responsibly
- Appreciate and have respect for one another and each member's uniqueness
- Recognize and appreciate each other's achievements
- Know where to go when they need help, support or resources
- Are aware of children's developmental stages and evolving capacities
- Practice financial management to help them meet family needs with the resources available
- Have social connections with other families and members of their community who they can rely on in times of need.

3. There are many small actions we can take to keep families together; this is important in building nurturing and resilient and stable relationships

- Having healthy relationships with family members is really important for ensuring the development and wellbeing of both caregivers and children.
- It is sometimes difficult living together as a family.
- Every family faces problems, but nurturing and resilient families can resolve problems and conflicts together in a positive and healthy manner.
- Even when it feels hard, it is possible for parents and caregivers to build foundations for nurturing and responsive care – this is something that we can all work on, however happy our family usually is!

4. Showing affection to family members can make all the difference

- Children require and respond well to the emotional power of physical touch.
- Be thoughtful with gifts (these need not be expensive). For example, write each other notes or short messages, make dolls and toy cars for your children.
- Practice saying thank you even for little things.
- Catch and praise your child or partner when they are doing something great. Appreciation of each other validates and affirms a person when they are doing well.
- Admitting when one is wrong is also encouraged.
- Be kind to yourself as a parent, caregiver. 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.

5. Positive and open communication

Communication is a basic building block of relationships. Keeping channels of communication open ensures that all family members are heard and understood and that conflicts can be resolved.

Background information for the facilitator

Nurturing and resilient family relationships lead to healthy and happy families. Families all look different and can be made up of many different people. In Kenya, a family usually includes grandparents, uncles, aunties and often significant others within the clan. Sometimes a family can be small – a young man who is looking after his younger brothers and sisters with no parents is just as much a family as any other.

There are many different types of families: blood relatives, stepfamilies, foster or adoptive families. The one thing that all of these different types of family have is that they are bound together by relationships. When those family relationships can be made nurturing and resilient, even in the face of challenges and adversities, there is a greater chance of the family coming through the challenges and thriving.

The family brings together a rich variety of experiences, values and skills, which, when working together well, contributes to children's care, development and safety. It does not matter the size of the family nor who is in the family. What is most important for children's wellbeing is the quality of family relationships.

Family values are at the center of all African cultures and can be a source of strength for each individual in the family and the family as a whole. These positive values include respect for elders, discipline, compassion, care for elderly parents and consideration for the young. Children who grow up in families that practice these values are likely to follow these values themselves in their own lives.

Families do experience challenges and are affected by the stresses of modern life that can make caregiving challenging, but they can always be supported to overcome these challenges and become resilient again.

Families Together: information for families at risk of separation or reintegrating families

It is important to talk about family relationships with any family who is at risk of separation or going through the reintegration process. Talking about family relationships is the foundation of a strengths-based approach to positive parenting. Families at risk of separation may be facing stresses and challenges that can benefit from this approach. Families who have a child returning to the home, or who are providing kinship or foster care to a child that has moved from another caregiver, will face changes in the home and the family. Having the chance to talk about these changes and affirming their positive parenting practices can provide support. When families meet together in a group, This is the first Home Guide and is a useful introduction to talking about positive parenting with all parents and caregivers that you are supporting.

What parents and caregivers will learn and practice in this session

By the end of this session, parents and caregivers will:

- Learn about the importance of family relationships in a child's growth.
- Feel confident in providing a stable and loving family, appreciating that families can be made up in many different ways.
- Appreciate their family's strengths and strengthen the quality of family relationships and connections.
- Practice how to make their own family nurturing and resilient.

What is in this module

Activity	Time	How
1. Welcome and recap	15 mins	Discussion in pairs and then as a group
2. What is a family?	5 mins	Brainstorm
3. Family relationships	55 mins	Brainstorm and then role plays
4. Keeping families together	55 mins	Practice and skill building session
5. Keeping calm	10 minutes	Breathing exercise

6. Summary, concluding questions and actions for home	10 minutes	Group discussion
Total	2.5 hours	

Activity 1: Welcome and recap

Time:	15 minutes
What:	<ul style="list-style-type: none"> ▪ Greet each other and introduce new members ▪ Find out what we want to learn in the training ▪ Recap of the previous session ▪ Introduction to the module
Materials:	Flip paper and pens

- 1.1 Welcome everyone back to the session and make sure that everyone is comfortable.
- 1.2 Ask everyone to reintroduce themselves, using one of the creative activities learnt during facilitation training. Be aware that there may be participants who were not in the previous session.
- 1.3 Showing the ground rules that were agreed in the last session, ask the group to summarize what they agreed in the last session.
- 1.4 Now ask people to summarize what they covered in the introductory session, using a creative exercise learnt during facilitation training. (For example, throwing a ball and saying a point; discussing in buzz groups and pulling out one point; choosing a leader to guide the discussion).
- 1.5 Once the key points have been discussed, ask the group if anyone has any questions or concerns about what was covered in the introductory session. If there are, clarify the questions or explain that the question is going to be discussed later in the training and write up the question in the parking lot.

Note for the facilitator:

At the start of this module, identify 3-6 volunteers to do the role play on family relationships in Activity 3. Explain to them that you want them to think about how different families in their community relate with and interact with each other. They should pick two scenarios – a family where members relate and interact well and a family experiencing trouble relating with each other. Ask them to start thinking about it. You will need to identify time for them to prepare. For example, they may want to prepare this, while others are in buzz groups in Activity 2, or during a break before Activity 3. Encourage the groups to think of families that are a mix of family members, and a mix of biological and non-biological children. Remember that for subsequent modules, you can identify and prepare volunteers for future role plays early in advance so that they have enough time to prepare. At the end of each module, you can choose volunteers for role plays in the next upcoming modules.

Activity 2: Family Relationships

How long: 60 minutes

What:

- Explore qualities that make a resilient and supportive family
- Explore positive family relationships
- Reflect on the benefits of stable and nurturing family environments
- Consider the possible causes and consequences of family conflict and separation

Materials: None

- 2.1 Ask the group “What is a family?” and “Which are the different types of family that you know?”. Encourage people to suggest their ideas to the group. Write the answers on a flip chart.
- 2.2 Prompt them or give examples of non-traditional families, if these are not yet mentioned.

Note for the facilitator:

These examples might include kinship (when a relative such as a grandparent or uncle or aunt is the main caregiver), foster care or kafaalah, adoption, step-families (sometimes called blended families), youth or child-headed families, single caregivers, polygamous. You will find more information about this in Facilitator Notes at the end of this activity

- 2.3 Ask people to think about families they know that are resilient and supportive to each other. Allow 3 minutes for everyone to reflect on their own.
- 2.4 In plenary, ask for volunteers to describe what makes the family resilient and supportive (the family’s “characteristics”). Write down their answers on flip chart.
- 2.5 Follow this question with “Why is it important for children with different abilities and functions to grow up in families?”
- 2.6 Now ask people to brainstorm “Why is having a family important? And why it is important for children to grow up and stay in families?” Write down the responses on a flip chart.
- 2.7 Once people have finished suggesting, recap and add any of the following points that have not yet been mentioned by the group.

Note for the facilitator:

Family influences our personal, emotional and intellectual and social development, families provide our basic needs and love and families prepare children for adulthood.

Children who grow up in nurturing and supportive families are more likely to grow up to become caring and responsible adults. This is because these relationships bring on board a rich variety of experiences, values and skills, which if well harnessed, can contribute to better self and childcare development and safety. This includes appreciating and having respect for one another and each member’s uniqueness,

including differences in functions and abilities, whilst recognizing that children with disabilities may require specific care, support, and/or specialized services.

- 2.8 Remind everyone about the different types of family that they brainstormed at the start of the activity. Ask them to think about the different types of families that exist in their own community.
- 2.9 Ask the group of 3-6 volunteers who were briefed at the start of the module to present their two role plays on how families live and relate with each other in their community, with one 'positive' and one 'problematic'. (If there has not been time to prepare, they can prepare while others work on their family trees).
- 2.10 Allow the volunteers 5 minutes to show their role plays to the group.
- 2.11 Thank the volunteers who have completed the role plays.
- 2.12 Guide a discussion with the whole group, using the following questions:
- *Are the two types of family that you have just seen common in our community?*
 - *Do you recognize some of what you have seen in your own family?*
 - *What types of interactions are you seeing?*
 - *What are the types of interactions that you see in the family?*
 - *What are the positive strengths, characteristics and relationships we see in this family, including the positive strengths contributed by people with disabilities? Why is this important?*
 - *Are there any relationships or behaviors that might cause a problem for anyone in the family? What, and why?*
 - *Can you think of times when a member of the family is not included in family activities? If so why was this person excluded? Are there any adaptations that can be made to ensure everyone is included in family activities?*
 - *Can you imagine a family where there is a child with a disability who is excluded from family activities? In your family is there anyone who is excluded? Why? What can be done to make sure everyone is included?*

Note for the facilitator:

You may want to explain that most families have a bit of both positive and negative aspects. No family is ideal, but some may face extremes. Explore the different nature of interactions e.g. between adult and child, people of different ages, families that may face stresses related to additional support required in caring for children with disabilities.

- 2.13 After you have discussed the role play, ask people to think about all of the different families that people live in and ask:
- *Why are stable and nurturing family environments important for children? Caregivers?*
- 2.14 Prompt participants to brainstorm and share in plenary. Write down their responses on a flip chart.
- 2.15 Once people have finished suggesting, recap and add points from the facilitators notes below if they have not yet been mentioned by the group.

Facilitator Notes for Activity 2

Types of family

A family is group of people who are related to each other – through blood, marriage, adoption or because they have chosen to do so. Families come in many sizes and combinations. These are all different types of families:

- **Nuclear family:** 2 parents (mother and father) and one or more children.
- **Single parent/caregiver family:** Only one parent/caregiver and one or more children. Parent could be separated, divorced, widowed or never married.
- **Extended families:** Immediate relatives, beyond parents/caregivers and their children.
- **Step /blended families:** Married couples and children from previous marriages or families.
- **Grandparent-headed families:** Grandparents taking care of their grandchildren.
- **Child-headed families or households:** Older child assuming primary caregiving role for younger children in the household. The children may or not be related.
- **Guardianship:** A person who has been given official responsibility by a parent or by a court order to assume parental responsibility for a child when the parent has died, either alone or together with the surviving parent.
- **Kinship care:** An extended family member of either mother's or father's family, such as grandparent, aunt, uncle and older sibling, who is looking after a child either arranged privately (informal kinship) or by order of the court (formal kinship care). The care can be either temporary or on a long-term basis.
- **Kafaalah:** An arrangement under Islamic law in which a person or family commits to voluntarily sponsor and care for an orphaned or abandoned child. The individual or family sponsors the child to meet his or her basic needs for health, education, protection and maintenance.
- **Adoption:** Adoption is the complete severance of the legal relationship between a child and his/her biological parent(s) and birth family, and the establishment of a new legal relationship between the child and his/ her adoptive parent(s). Adoption is a permanent care solution and because of its permanent nature is not considered as an alternative care but a permanent solution for a child who cannot be with his/ her biological parents.
- **Foster care:** Placement of a child with a person who is not the child's parent, relative or guardian and who is willing to undertake the care and maintenance of that child.
- **Supported Independent Living:** Where a young person is supported in her/his own home, a group home, hostel, or other form of accommodation, to become independent. Support/social workers are available as needed and at planned intervals to offer assistance and support but not to provide supervision. Assistance may include timekeeping, budgeting, cooking, job seeking, counseling, vocational training and parenting.

Family relationships

Families are made up of many people, and so there are many different relationships within the family. These include the relationships between the parents or caregivers and their children, the relationship between the adults in the family whether they are married, in a partnership or otherwise, relationships

between the children in the family, and relationships with other members of the family, such as extended family, who may or may not live in the household permanently.

One of the main purposes of Families Together is to work with participants so they can have positive, nurturing and resilient relationships within the family.

- Having good family relationships makes everyone in the family feel safe and secure.
- Good family relationships make life easier because household chores and caring roles are shared.
- Resilient and quality family relationships make it easier for families to solve problems and resolve conflicts as they arise.
- Nurturing, stable, and resilient families are crucial to the health and well-being of individuals, communities, and society.
- Children and adults with stable and satisfying family relationships experience greater emotional stability and health than children and adults who live with constant family tension and conflict.

Resilient, nurturing and supportive families:

- Have common values
- Practice open communication
- Spend quality time together, engaging in activities that bring them closer, being sure to make necessary adaptations to shared activities for those with disabilities to fully participate
- Different family members play their roles responsibly
- Appreciate and have respect for one another and each member's uniqueness, including differences in functions and abilities.
- Recognize and appreciate each other's achievements, this includes the children with disabilities
- Know where to go when they need help, support or resources
- Are aware of children's developmental stages and evolving capacities
- Are aware that children with disabilities may require specific care, support, and/or specialized services.
- Practice financial management to help them meet family needs with the resources available
- Have social connections with other families and members of their community who they can rely on in times of need.
- Create support networks or systems to ensure that all members of the family have the support they need, especially for children with disabilities and their caregivers

Activity 3: Keeping families together

How long: 55 minutes

What:

- Practice techniques that strengthen family relationships

Materials: None.

3.1 Introduce this activity by reminding people about what has already been discussed:

- Having healthy family relationships with family members is really important for ensuring the development and wellbeing of both caregivers and children. This is especially true for children with disabilities who are vulnerable to neglect.
- It is sometimes difficult living together as a family.
- Every family faces problems, but resilient families can resolve problems and conflicts together in a positive and healthy manner.
- Having a family member with a disability can sometimes be challenging. Recognizing and valuing every member's strengths and capacities can help families maintain nurturing relationships even when going through difficulties.
- Even when it feels hard, it is possible for parents and caregivers to build foundations for nurturing and responsive care – this is something that we can all work on, however happy our family usually is!

3.2 Explain that in this activity, we will practice several techniques to improve the family environment and family relationships. This is especially important where there are pressures within the family that may lead to separation, or where a child is coming home after being away.

Exercise 1: Family meetings (25 minutes)

- a. Introduce the activity by sharing that family meetings are opportunities for parents, caregivers and children to discuss important issues, strengthen communication, reinforce values, and nurture positive relationships. Many caregivers and children may not be comfortable to participate in family meetings because mostly they have been used to discuss problems or for parents/caregivers to reinforce rules with their children. Family meetings help you communicate better, bring everyone closer together, and to have some fun. Family meetings can also be used to check in with each other after the family has gone through a challenging situation or when families are back together after long periods of separation.

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. See the home visit tips on family meetings for more ideas.

- b. Ask participants to divide into groups of five and prepare a role play, practicing having a family meeting ask participants to think about who will be in the meeting, how do they communicate ideas, including how to involve children or adults with disabilities who may need additional information or to communicate their ideas in non-verbal ways. Encourage people to include children and older people in the role play.
- c. Share the following tips for holding family meetings:

- Talk about happy moments and good things. For example, parents can reflect about exciting moments they experienced last week, ask children to share about what was fun about school, or a home experience for those not in formal learning situations? Encourage children to choose how they wish to communicate. Remember an event that family members came together to celebrate, etc.
 - Involve everyone who lives in the home to join in the meeting –this could include children, relatives, grandparents, in-laws and close family friends.
 - Give each member a chance to communicate their needs, wants, and ideas. All children should be included, not excluding children with disabilities, . Parents/caregivers should not dominate the conversations.
 - Avoid disruptions – phones, and TVs may limit conversations and concentration.
 - Set a positive tone- remember family meetings do not occur only to handle crises or to distribute jobs and discipline.
 - Make it fun and enjoyable for both children and adults. Add meals and refreshments. You can even cook together and enjoy the meal while having a meeting.
 - Synchronize and discuss schedules so that everyone is available to participate.
 - Hold the family meetings frequently, being sure to hold them when all family members are present.
- d. Allow five minutes for practicing. Ask for a volunteer group to share their role play. Once they have acted their role play, ask everyone else to comment on the positive communication and relationships that were in the role play.
- e. Thank the group for sharing and encourage them to hold family meetings frequently.

Exercise 2: Showing appreciation and affection for each other (25 minutes)

- a. Introduce the activity by sharing that it is important to let all family members know what qualities we love and admire most about them. Simple acts of kindness and love can go a long way in strengthening relationships. It is important to show and tell each other how you feel. Each family has different and culturally appropriate ways of showing love and affection. It is important to include children with disabilities, using the communication that is most appropriate for that child.
- b. Share the following insights with the group
- It is important to note that children require and respond well to the emotional power of physical touch.
 - Caregivers can identify the best type(s) of physical touch that makes their unique child feel happy and loved. This is especially important for children with disabilities who may have different responses to sensory stimulation, including physical touch.
 - Be thoughtful with gifts (these need not be expensive). For example, write each other notes or short messages, make dolls and toy cars for your children.
 - Practice communicating appreciation even for little things.

- Catching and praising your child or partner when they are doing something great is important. Appreciation of each other validates and affirms a person when they are doing well.
 - Praise your child for their individual successes and achievements, even the small ones. This is especially important for children with disabilities whose successes may not appear in the same way as other children their age.
 - Admitting when one is wrong is also encouraged.
 - Be kind to yourself as a parent, caregiver. 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.
 - Asking for help and support is a great way to take care of yourself. For caregivers of children with disabilities self-care breaks enable caregivers to have time for themselves so that they are better able to respond appropriately and attentively to the individual needs of family members.
 - Overall, family members should know each other's love language. This will help them know what to do and how to act and show appreciation to each other. Through open communication and spending time together, this can be possible.
- c. Group the participants into three groups. Explain that they will now practice and share in plenary how to show appreciation to different members of the family.
- d. Assign each group a category:

Group 1 to practice with each other and share in plenary how to show appreciation to their children:

- Your child has performed well in the last exam or learned a new skill that they have struggled to learn, what do you do and say?
- The rains are about to start, you find your child helping to remove clothes and utensils outside. What do you do or say?
- Your older child is supporting the younger sibling who has a disability. How do you react? What do you say and do?

Group 2 to practice with each other and share in plenary how to show appreciation to their partners:

- Your partner is just back from the farm/or work. As they enter the house, they obviously look tired and worn out. How should you react? What can you do or say?
- You have done something that has obviously annoyed your partner. How will you react? What will you say and do?
- How can you show your partner that you love and care for them?

Group 3 to practice with each other and share in plenary how to show appreciation to their relatives:

- Your mother-in-law has just brought you fresh maize from her farm. She does this every time she harvests. She has also on several occasions taken care of the grandchildren when you had to attend a meeting away from home. How will you react? what will you say? What




will you do?

- e. After 5 minutes of practice, ask each group to share one scenario in plenary.
- f. Immediately after each group has shared their scenario, ask everyone else to comment on the positive acts of kindness that were portrayed in the examples.
- g. Thank the group for sharing and encourage them to continue learning the love languages of their family members so that they can know how best to appreciate each other.

3.3 Highlight that there are additional techniques that can be used to strengthen family relationships. Explain that family members can be super busy and it is important to remain deliberate in creating and scheduling time and moments when they can spend time together. Examples include:

- **Family tree exercise:** Doing this exercise together will bring family members together and establish a resilient family identity. It can also be an opportunity for a family to have some fun and talk about family history and key events. We will introduce this activity as home practice.
- **Family meals:** Family meals offer opportunities and moments for families to interact and share. Families can prepare certain meals together and enjoy eating together while catching up with each other. It may be difficult to eat together every day, but agree on a day that the family should purpose to eat together and catch up.
- **Playing games and sharing stories:** Opportunities to play games and share stories together and with children will not only allow family members to spend quality time together but create moments to learn about our children including their dreams and fears. These moments can also be used as teachable moments to teach children certain aspects and address sensitive topics
- **Establish family traditions where members of the family celebrate key events and spend time together:** This will promote a sense of belonging for each member and helps to form feelings of familiarity, understanding and trust. Family members can be busy and finding time can be a challenge but setting aside time and coming together at certain defined moments can create lasting memories that will continue through generations
- **Positive and open communication:** Communication is a basic building block of relationships. Good lines and opportunities for communication ensures that all family members are heard and understood and that conflicts can be resolved. Tell participants that they will have a chance to learn more about communication in the upcoming modules.

Activity 4: Keeping calm – breathing exercise

	How long:	10 minutes
	What:	<ul style="list-style-type: none">• Learn a simple relaxation technique
	Materials:	None

- 4.1 Explain that we have all worked hard today. Now we are going to take some time to relax and keep calm. This is a useful exercise for us all to do, especially when we are feeling stressed.
- 4.2 Read out the following instructions and a calm, slow voice.
- *Close your eyes.*
 - *Breathe in slowly and deeply through your nose. Keep your shoulders relaxed. Your stomach / tummy (“abdomen”) should modules. fill out and your chest stay still.*
 - *Breathe out through your mouth. As you blow air out, purse your lips slightly, but keep your jaw relaxed. You may hear a soft “whooshing” sound as you breathe out.*
 - *Repeat this breathing exercise. Do it for several minutes.*
- 4.3 Once people have followed the instructions, stay quiet and allow people to carry on breathing deeply on their own for some minutes. After about five minutes, or earlier if people are ready to finish, ask people to return to their normal breathing and open their eyes. Ask people how it felt.
- 4.4 Once people have shared their views, explain that this is a useful technique that anyone can use whenever they are feeling stressed. It can be done standing up, sitting down, or lying down.

Activity 5: Summary and concluding questions and actions for home

How long:	10 minutes
What:	<ul style="list-style-type: none">• Summarize key messages from Module 1• Assess participants’ knowledge• Identify home actions
Materials:	Flipcharts from activity 3

- 5.1 Explain that the session is nearly at an end and that now we would like to look back on what we have talked about today. Ask people what they think the most important messages are that we have discussed today.
- 5.2 6.2 As people call out, thank them for their answers. If any of the following key messages

have not already been mentioned, you can conclude by summarizing these messages:

- *Families come in many sizes and combinations*
- *What is most important for children's wellbeing is the quality of family relationships.*
- *Every family faces problems, but nurturing and resilient families can resolve problems and conflicts together in a positive and healthy manner.*

5.3 Now ask everyone to think about these three questions:

- *The one most important thing that you learnt today is...?*
- *What topics did you not understand well?*

5.4 Explain that after each module, you will give everyone an activity from the session practice at home.

5.5 Remind people that today is about building healthy and resilient family relationships. Explain that for this first session, we would like people to think about talking about their family with people at home. One way of doing this is to either draw a family tree (if people in the home want to write or draw) or to tell a story of a family tree together as a family.

Explain that the family tree is a drawing that shows people in a family and their relationship to one another. A family tree can allow each generation to have an idea of who they are and where they come from. 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 and they can be critical to succession planning and proving or disproving important questions of law.

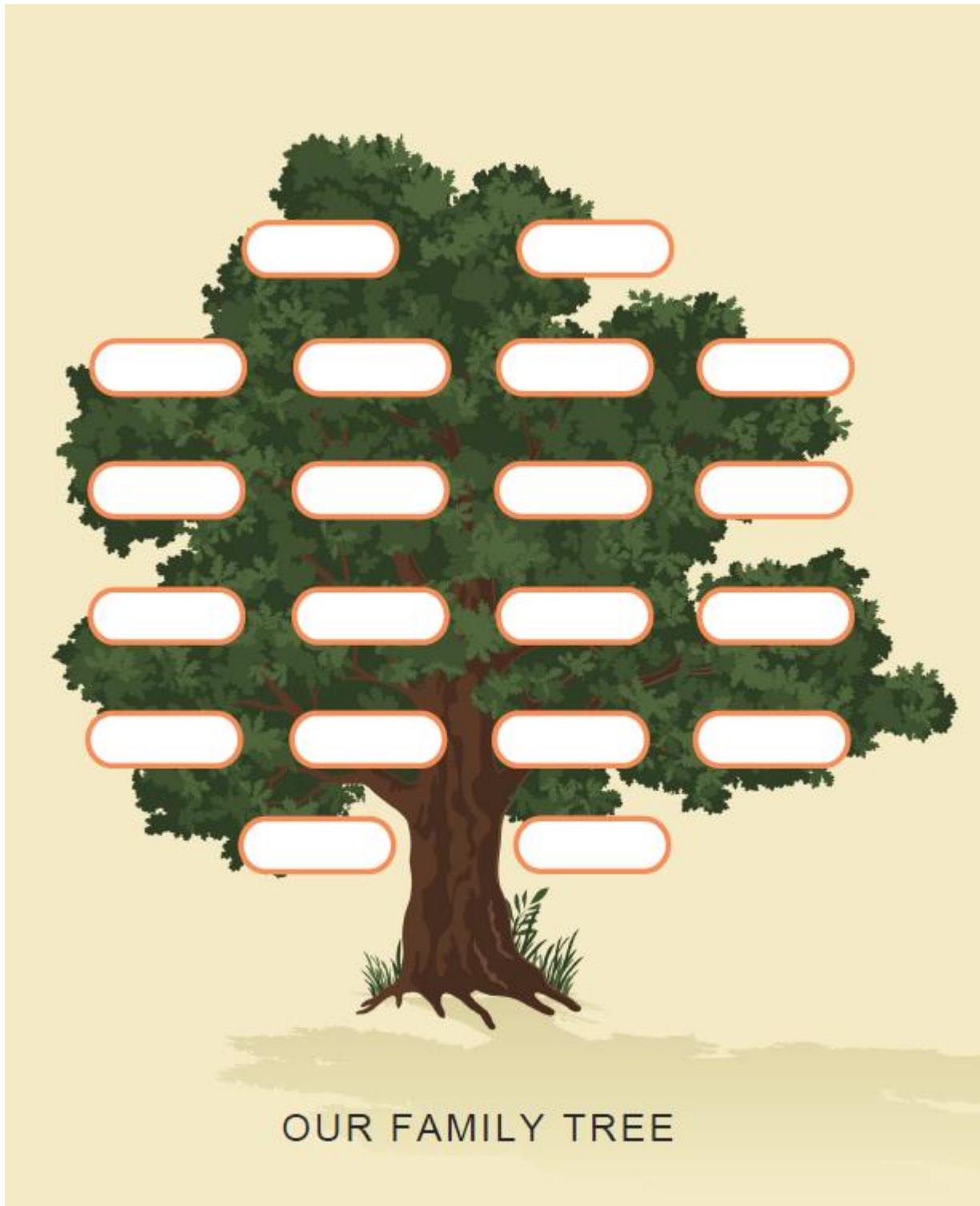
Most family trees often begin with the current generation and works backwards. Family trees that are written down include names and relationships – show the illustration below. Remind participants that it is also possible to include additional information in one's family tree including dates of birth, marriage, death, traditions, key events, etc.

Explain that you can sit down together with your children and other extended family members. It is great way to bring families together for quality time and communicating.

Make it clear that the family can be *any family*. If a child has joined the family from another family, they also have a part to play.

If the family prefers to not draw or write, they can describe the family as a story. Start by telling the story of how the children in the family arrived. Then ask a family member to tell the story about how the caregivers met (if there are two caregivers who are a couple) and how other adults in the household came together. If there are grandparents, they can then tell the story of their childhood and who their family was.

This could become a regular activity, telling memories of childhood.



5.6 Explain that we will look at what has worked well or any challenges that they have faced in the next meeting.

5.7 Here are some of the activities they can also do for home practice

- Do a breathing exercise, or other activity to keep calm
- Hold a family meeting
- Find an opportunity to give positive praise to each of your children about one good thing that they have done in the day for the family or themselves. This will give the child/children with disabilities an opportunity to be appreciated for their capabilities. This can be at the time that they have done it, or find time before they go to sleep to praise them for a positive thing that happened that day. It does not have to be anything 'out of the ordinary'. It can simply be 'being kind to your granny when you offered to put her shopping away' or 'making your sister laugh when she was cross' or 'coming back indoors and saying sorry after you got cross'.

5.8 Finally, thank everyone for attending. Remind people that we will be looking at Role and responsibilities of parents in the next session. End by giving positive praise about how people have shared, and what skills exist in the room.

Note for the facilitator: Invite the new participants who did not attend the introductory session last week and ask them to stay behind for a brief meeting. If they have time, you can conduct the pre training evaluation or set a date when you can do this together with them before the next meeting.

Further Reading for the Facilitator for Module 1

- <https://raisingchildren.net.au/grown-ups/family-life/routines-rituals-relationships/good-family-relationships>
- <https://www.udel.edu/canr/cooperative-extension/fact-sheets/communications-skills-your-family/>
- <https://www.healthychildren.org/English/family-life/family-dynamics/communication-discipline/Pages/Improving-Family-Communications.aspx>
- <https://www.focusonthefamily.com/marriage/understanding-the-five-love-languages/>
- <https://www.quickanddirtytips.com/parenting/family-time/15-ways-to-show-your-family-you-love-them>
- <https://www.healthychildren.org/English/family-life/family-dynamics/Pages/The-Importance-of-Family-Routines.aspx>
- <https://www.verywellmind.com/abdominal-breathing-2584115>

Child Development and Meeting Children's Needs

GROUP SESSION 2

INFORMATION FOR THE FACILITATOR

Why this topic is important

This guide explores the many different responsibilities and duties that parents and caregivers carry out every day so that their children can grow up healthy, happy and strong. 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.

Key messages

These are the key messages on child development and meeting children's needs. You can bring in these messages when doing the activities below.

1. What a child needs

- Each child is a unique individual but all children share the same essential needs.
- Children's needs can be divided into physical, emotional, social, spiritual, safety and intellectual (sometimes called 'cognitive').
- We often focus on physical needs like food, shelter, schooling and clothes. These are important but children also need someone they can trust, someone to protect them, someone to give them love and attention, someone they can talk to and play with.
- Some children may need additional support at times, because of a sickness or a difficulty that they are facing. It is important for children who have additional support needs to be able to access special care, from health professionals or from educators or other support people. Early identification and treatment (for health conditions) is essential.
- Children grow and learn best in a safe environment where they are protected from neglect and abuse and with plenty of opportunities to play and explore.
- Sometimes children cannot have all their needs met, because the family has been in difficulties or if a child has been separated from their family. There is a lot that we can do to help a child recover some of this loss. It may mean that a parent or caregiver needs to spend more time and have patience helping a child feel safe, secure and loved.

2. Children's development and the impact of separation on a child's development

- Every child grows and develops differently, although generally they achieve certain milestones at roughly the same time.
- There are six major stages of development. There are many activities that we can do to stimulate children at each of these stages.
- Understanding these stages and stimulation practices gives us the chance to help our children

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NDIVYO AKUAVYO "*

*"AS YOU BRING UP A
CHILD, SO S/HE WILL
BE"*

develop new skills and reach their full potential.

- Sometimes children cannot have all their needs met and may be slow in meeting an age- and stage-appropriate developmental need, because the family has been in difficulties or if a child has been separated from their family. There is a lot that we can do to help a child recover some of this loss. It may mean that a parent or caregiver needs to spend more time and have patience helping a child feel safe, secure and loved.

See the Facilitator Notes at the end for more about the stages of development and the impact on a child's development.

Background information for the facilitator

Children are born ready to learn, and have many skills to learn over many years. Parents, family members, and other caregivers are the first and most important teachers to help children develop the right skills to become independent and lead healthy and successful lives.

This module explores the many different *responsibilities and duties that parents and caregivers* carry out every day so that their children can grow up healthy, happy and strong.

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. *Parents and caregivers* are responsible for: providing a safe and nurturing environment for children's optimal growth and development; making sure that children have the food, shelter, recreation and clothing that they need; keeping their children protected; providing guidance, direction and assistance; instilling discipline; helping children develop social skills through praise, encouragement and responsive attention. Most importantly a parent or caregiver should be a good role model.

Understanding a child's *growth* and development is an important part of parenting. Although every child grows and develops at an individual pace, most children develop skills and abilities at around similar ages. The six broad *stages of development are before birth*, infant (0-1 years), toddler (2-3 years), pre-school (4-6 years), middle childhood (7-12 years) and adolescence/late childhood (13-17 years). In each stage there are expected milestones (what usually happens at that time). When parents know what is realistic at each stage, they can help their children develop new skills and reach their full potential. This also helps parents and caregivers to identify developmental concerns, or differences in ability and or functions and seek necessary interventions as early as possible. Going for regular pre- and post-natal clinics and health checks, and having supportive schoolteachers, can identify possible developmental delays at an early stage. Identifying possible developmental delays early can make a big difference for the child.

Children who have been living apart, or who are arriving at a new family (for example, other family caregivers like an auntie or a grandparent, or a new foster family) may have experienced hardship that has had an impact on their growth and development. The hardship might have been physical, or it could have been emotional, and may have led to developmental concerns or disabilities.

It can be helpful to learn more about how to support a child who has experienced **adverse childhood experiences (ACEs)** and whose developmental stages are delayed because of the adversity, and to learn that it is possible to help a child regain these stages.

What parents and caregivers will learn and practice in this session

By the end of this session, parents and caregivers will:

- Be aware of and appreciate their roles and responsibilities as parents and caregivers
- Understand the needs of their children at various stages of development, including children with disabilities
- Appreciate how children's development can be affected by events and how to respond
- Practice strategies they can use to support their children's development, including children with disabilities

What is in this module

Activity	Time	How
1. Welcome and Introduction to the module	15 mins	Group discussion
2. Meeting Children's Needs through Positive Parenting	30 mins	Group brainstorm and discussion
3. Child Developmental Stages and Impact of Separation on Developmental Stages	50 mins	Brainstorm and group work
4. Parenting Approaches/Techniques	35 mins	Brief group discussion
5. Summary, Concluding Questions and Actions to Take Home	20 mins	Group discussion
Total	2.5 hours	

Activity 1: Welcome and Introduction to the Module

How long:	15 minutes
What:	<ul style="list-style-type: none"> • Greet each other and introduce new members • Share feedback on the home practice actions • Learn about what today's topic will be
Materials:	Remember to post the ground rules somewhere where everyone can see them

1.1 Welcome everyone back to the session. Appreciate everyone's commitment in coming back again.

1.2 Ask everyone to reintroduce themselves, using one of the creative activities learnt

during facilitation training. Be aware that there may be participants who were not in the previous session.

- 1.3 Explain that now we are going to reflect back on what we did last week, before we start a new topic today.
- 1.4 Remind people that in the last session we explored about family relationships, and we all decided on some activities that we would practice at home. Ask everyone to think for a minute about what they did at home.
- 1.5 Now ask for a few volunteers to share with everyone what they did at home. If people have come back with completed family trees, ask them to share with each other.
- 1.6 After everyone who volunteers has shared what they have done, thank everyone and encourage them to continue practicing these techniques.
- 1.7 Ask the group if anyone has any questions or concerns about what was covered in the previous session. If there are questions, clarify these explain that this is going to be discussed later in the training and write up the question in the parking lot.
- 1.8 Introduce today's topic on roles and responsibilities of a positive parent. Explain the following key messages, checking that everyone understands:
 - *Children are a source of joy and they add life to families.*
 - *Children however do not come with instruction manuals.*
 - *As parents and caregivers, we all want our children to become healthy and responsible citizens and to thrive to the maximum of their unique strengths.*
 - *To do this, we need to not only provide basic needs such as food, shelter, clothes, healthcare and education.*
 - *Most importantly, we need to provide love and care, instill values and discipline, promote our children's self-esteem, foster an environment of open communication, and keep our children safe.*

Activity 2: Meeting Children's Needs through Positive Parenting

How long: 30 minutes

What:

- Brainstorm and reflect on participants' parenting roles and responsibilities
- Explore the gender difference in parenting roles and responsibilities
- Learn about children's basic needs
- Learn the benefits for children when their individual needs are met

Materials: Flipchart

- 2.1 Ask everyone to think for a minute about what they do every day in their role as a parent

or caregiver. Encourage them to be as specific as possible.

Note for the facilitator:

You can suggest a few examples, for example *'I cook every day for my children', 'I braid my daughter's hair', 'I walk my son to school', 'I discipline my child', 'I counsel my children'.*

If necessary, remind people that we are the 'parents' for the children we care for, whether we are biological parents or not).

Make sure that men and women both call out the roles that they carry out as parents.

2.2 Ask people to call out their roles and write these on flip chart.

Note for the facilitator:

Make a mental note of the roles that men and women are calling out and whether there are any differences by gender, or similarities across genders.

2.3 Once you have written down the suggestions, ask the following questions in plenary, allowing no more than 10 minutes:

- *How does this long list of roles make you feel?*
- *Can you see any differences between what the women and the men have said? What are they?*

2.4 Once there has been a group discussion, summarize the key points:

- This long list shows how many roles we all have as parents and caregivers.
- We should feel proud and thank ourselves that we are doing such a good job
- Men and women often assume different roles in parenting. It is always important that they assist each other because it is such an important responsibility to raise children.

2.5 Now, ask each parent/caregiver to think back to when they were a child. Ask them to think about what their own parent or the person who looked after them gave. Allow 2 minutes for private reflection.

Note for the facilitator:

Encourage them to think about the different emotional, social and physical needs that they received. And to think about the emotional, social and physical needs that they did not always receive.

Remember that some people may feel distressed about stressful, distressing or traumatic experiences as a child. Make it clear that you will not ask everyone to share what they have remembered.

2.6 Ask some parents/caregivers to share in plenary what their parents/ caregivers provided for them that they appreciate.

2.7 Write them on a flip chart, using different headings: physical, emotional, social, spiritual, intellectual and safety.

2.8 Summarize the key points below if they have not already been mentioned by the group:

- All children have the same essential needs, even though each child is a unique individual.
- Children's needs can be divided into: physical, emotional, social, spiritual, safety and intellectual

- Most times we focus on physical needs like food, shelter, schooling and clothes, but children also need someone they can trust, someone to protect them, someone to give them love and attention, someone they can communicate to and play with.
- All of these needs are equally important in order for children to grow and develop to their full potential.
- Some children may need additional support at times, because of a sickness, or a difficulty, or disability that they are facing. It is important for children who have additional support needs to be able to access special care, from health professionals or from educators or other support people, such as physiotherapists, speech therapists or occupational therapists. Access to support as early as possible is important to support children in regaining lost skills or function or to keep, learn or improve skills and functional abilities. Early identification and treatment (for health conditions) is essential.
- Children grow and learn best in a safe environment where they are protected from neglect and abuse and with plenty of opportunities to play and explore.
- Sometimes children cannot have all their needs met, because the family has been in difficulties or if a child has been separated from their family. There is a lot that we can do to help a child recover some of this loss, or to help a child learn functional abilities. It may mean that a parent or caregiver needs to spend more time and have patience helping a child feel safe, secure and loved.
- It can be hard to carry out all these roles and responsibilities. In the next module we are looking at how to take care of ourselves.

Facilitator Notes for Activity 2

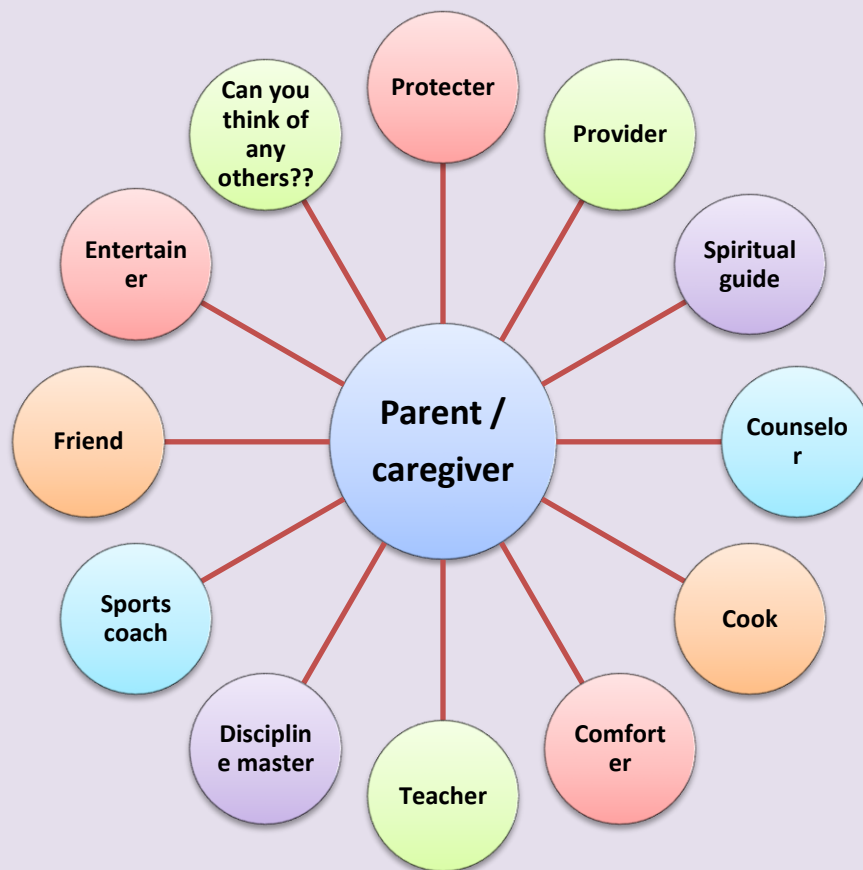
The illustration below shows many of the roles that parents, and caregivers carry out. These are all important. All of these roles are important for a child's development. The evidence shows that providing nurturing care and stimulation are as important – are more important – than focusing on providing only food and clothing – obviously as long as a child has enough to eat to stay healthy! And the evidence shows that children benefit from men's involvement as much as women. Children who have male caregivers actively involved in their care and stimulation tend to do better at school, for example.

Anyone who provides love and care for a child is playing this important role. You do not have to be a biological parent. A supportive and resilient parent/caregiver: Is aware of and responds to the physical, social, and emotional needs of a child, including children with disabilities [7]

Is alert to what the children are communicating to their parent or caregiver, taking time to understand their feelings and shows genuine interest in the life and interests of the child. (S) he knows when they are hurting and is ready to offer reassurance

Is kind, affectionate, loving, friendly, gentle and helpful

Inculcates honesty, shows the child s/he can be trusted and communicates about issues honestly



- Is a disciplined (a good role model) parent who knows that children learn a lot from him/her (values, self-esteem, morals, attitude to others etc.) and therefore keeps him/herself in check and ensures the children understand these
- Is patient, steadfast and calm even when facing difficulties/challenges. He communicates these difficult conditions to the child without causing them undue stress
- Is dependable, reassuring and consistent. The child gains confidence and discipline when a parent is consistent

Provides guidelines for good behavior and has positive and non-violent approach to misbehavior so that children understand the consequences of wrongdoing and learn to take responsibility for their behavior according to their age and developmental and understand its impact on others

Understands and makes appropriate allowances for children who have experienced hardship, providing the security for children to recover from previous hardship or trauma

When children are coming back home or are being placed in a new families, parents and caregiver will be responsible for providing day to day care for the child and support their education, health and social wellbeing. Specific additional roles include:

Ensure their home is warm, comfortable and welcoming for the child

Prepare all family members and siblings to welcome and support the child

Provide fair and equal treatment for all children in the home

Getting all the information they need to care for the child e.g. history, likes and dislikes, achievement

Contribute to and put into practice the requirements of the child's care plan and placement plan as guided by the case workers.

Children's developmental needs

The following are the main developmental needs that every child requires, regardless of their age and individual characteristics. Children with disabilities may require additional support in one or more of these areas.

Basic physical care: warmth, shelter, adequate food and rest, grooming (hygiene), health and protection from danger.

Affection: which includes physical contact, holding, stroking, cuddling, comforting, admiration, delight, tenderness, patience, time, making allowances for annoying behavior, and general companionship and approval.

Security: continuity of care, a sense of permanence in a stable family, a predictable environment, consistent patterns of care and daily routine, simple rules and consistent controls and a harmonious family group.

Stimulation: by praise and encouragement; curiosity and exploratory behavior. By developing skills through responsiveness to questions and to play, by promoting educational opportunities and allowing a child to fulfil their innate potential.

Guidance and non-violent control: to teach social skills, including age- and developmentally appropriate discipline, and which requires patience and being a role model, for example in honesty and concern and kindness for others.

Responsibility: for small things at first, such as self-care, tidying playthings or taking dishes to the kitchen. and gradually increasing children's decision-making options and responsibilities, so that the child gains experience through his/her mistakes and receives praise and encouragement.

Independence: to make his/her own decisions first about small things but increasingly about the various aspects of his/her own life with respect for family and community positive and equitable norms. Parents use fine judgment in encouraging independence and in letting the child see and feel the outcome of his or her own capacity. Protection is needed, but over-protection is as bad as responsibility and independence too early.

Activity 3: Child Developmental Stages and Impact of Separation on Developmental Stages

How long: 50 minutes



What:



- Learn about the different ages and stages of a child's life
- Explore the importance of responsive stimulation practices for each stage



Materials: Child developmental milestones chart

understanding this development process can help parents and caregivers to identify concerns in the child's development and respond and engage with children in a way that is safe and appropriate for that child.

- 3.2 Ask them if they have noticed that some changes usually happen at a specific time. Explain that children with developmental delays and or disabilities may go through these milestones at their own time.
- 3.3 Show the group pictures/illustrations of children at different stages.
- 3.4 Pick one stage at a time from the milestones chart, starting with stage 1.
- 3.5 In plenary ask volunteers to give examples of the main changes that usually happen during this stage. Write their responses on a flip chart.
- 3.6 Repeat this exercise until all stages are covered.

Make sure that people discuss changes from birth all the way through to adolescence. If they do not suggest these changes, you can suggest them as detailed in the child developmental milestones chart. Stress that each child is unique and every child will reach different stages at different times.

- 3.7 Explain that the changes that usually happen at a particular time are called 'milestones. These are the 'road signs' that tell us how far along the journey our child has traveled, and what is coming up ahead of us. Some children may not attain their developmental milestones at the expected time due to a disability.
- 3.8 Divide participants into six groups. Explain that we are going to think about what we can do to help stimulate a child's development at each stage of development. Explain that sometimes parents and caregivers find it difficult to engage in stimulating activities with children with disabilities. Assure parents and caregivers that playing with all children including children with disabilities is a great way to engage in developmentally stimulating activities. Encourage parents to take time to understand their child's abilities and skills at any given time so they know how best to support and care for them.
 - Prenatal / before birth
 - Infant (0-1 years)
 - Toddler (2-3 years)
 - Pre-school (4-6 years)
 - Middle childhood (7-12 years)
 - Adolescence/late childhood (13-17 years).
- 3.9 Ask each group to discuss the following two questions. They have 20 minutes for discussion and will be asked to do a presentation at the end.
 - *What are the main characteristics of a child at this stage of development? (To reflect on responses from 4.3 above)*
 - *What should parents and caregivers do to help stimulate the child's development?*

Remind people to think about how to stimulate all the different aspects of a child's development - physical, emotional, social, spiritual, safety and intellectual for children with and without disabilities.

- 3.10 Back in plenary, ask the first group (prenatal) to present what they discussed. Once they have given their feedback, encourage the other participants to add any further suggestions for stimulating development. Repeat this with all six groups.
- 3.11 Remind people that sometimes a child does not make a change at a particular time. Ask people for some examples, if you wish. Once you have had some suggestions, ask participants why this might be and write the answers on a flip chart.
- 3.12 Once you have had these answers, explain that these are called developmental delays. If institutional care has not already been mentioned, add this to the list. Ask for a volunteer to explain why you have added this to the list.
- 3.13 Thank the participants for sharing. Summarize the activity with the following points:
 - *Every child grows and develops differently, although most children achieve certain milestones at roughly the same time. However, some children may not attain their developmental milestones at the expected time due to a disability.*
 - *There are six major stages of development. There are many activities that we can do to stimulate children at each of these stages.*
 - *Understanding these stages and stimulation practices gives us the chance to help our children develop new skills and reach their full potential.*
 - *Sometimes children cannot have all their needs met and may be slow in meeting an age- and stage-appropriate developmental need, because the family has been in difficulties or if a child has been separated from their family, or if there is a child with a disability. There is a lot that we can still do to help a child recover some of this loss or learn, keep or improve skills and functional abilities. It may mean that a parent or caregiver needs to spend more time and have patience helping a child feel safe, secure, valued and loved despite their developmental status.*
 - *Sometimes a child is slow at reaching a developmental milestone because they have not received the support to reach that milestone. If you look at how a child grows, they develop one skill before moving onto the next. If a child has not had some important needs met, that would help them meet a developmental milestone, then they will keep on looking for support to meet that need, even as they grow older.*
 - *For example, if a child was looking for safety and security when they were young but were separated from a stable loving adult, then their brain is still looking for the love and attachment that helps the brain develop. This might lead to behaviors that are normal for a young child and less normal for an older child – like bed wetting, crying, or other behaviors of a younger child. If you can provide the love and support that the child didn't have – remember all the needs – over time the child will feel more safe and behaviors will be more like those of other children of the same age and stage. It just takes time.*
 - *Sometimes a child does not reach milestones at the same time as others because of a disability. Disabilities can affect children in different ways.*
 - *For example, a 2-year-old child with a physical disability that affects their motor skills that is still*

crawling to move around because they cannot walk independently. Parents and caregivers can take time to understand their child's disability and that their child may not be able to walk independently. Rather than pushing their child to walk or run, parents can work with service providers to encourage their child's crawling, explore mobility aids such as crutches or wheelchairs and practice exercises to build or maintain strength and mobility. Parents and caregivers can also focus on and encourage their child's strengths. They can also support their child by ensuring that they continue to play and stimulate the child by playing games, talking to them and involving them in family and community activities. This helps to support their development in other developmental areas.

It is important to emphasize that sometimes children cannot have all their needs met, because the family has been in difficulties or if a child has been separated from their family. There is a lot that we can do to help a child recover some of this loss. It may mean that a parent or caregiver needs to spend more time and have patience helping a child feel safe, secure and loved.

- 3.14 Give each participant a child developmental milestones chart, making sure that participants who cannot read have a pictorial chart. Encourage them to discuss this with other family members and children back at home.
- 3.15 Mention that support services are available where parents can seek further support and advise. Ask parents to mention places where these support services can be accessed.

Emphasize that it is OK to get assistance and it is important for them to attend regular clinics and health checks to ensure that their children are progressing well.

Facilitator notes for Activity 3

There are 6 major stages of child development *Prenatal / before birth, Infant (0-1 years), Toddler (2-3 years), Pre-school (4-6 years), Middle childhood (7-12 years), Adolescence (13-17 years).*

Developmental delays are when your child does not reach a developmental milestone on or around the expected times. Developmental delays can occur in one or many areas in the process of development. Developmental delays can be physical, verbal, cognitive (thinking and learning), or behavioral.

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. Long-term developmental delays are also called developmental disabilities. 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. Causes may include physical illness or 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. Some developmental delays are genetic. Developmental delay can also be a symptom of other underlying medical conditions.

Parents and caregivers are advised to attend regular pre- and post-natal clinics and regular health checks. This way the doctors and health care workers can screen signs and symptoms of developmental delays and provide medical advice and attention. If parents and caregivers have concerns and/or think that their child is not progressing well, they are advised to visit the hospital for the doctor to make

assessments and reviews. It is good to act early to get support and avoid long term impacts.

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 the developing brain in children. This can make some children less capable of coping with adversity as they grow up. Exposure to trauma is common in children who have been placed in child care institutions.

Children in institutional care often suffer from neglect, may be exposed to abusive situations and are unlikely to receive the nurture and stimulation needed for normal growth and healthy development. Usually there are a few workers taking care of a lot of children, which denies children the stimulation and affection that children need. The quality of care provided by most institutions is not adequate because children are not only deprived of health, nutrition, education needs, but also stimulation, relationship needs and more importantly, stable, long-term relationships with consistent caregivers. Findings across time and studies are consistent in showing the negative impact of institutionalization on all aspects of children's development (intellectual, physical, behavioral, and social emotional).

Family conflict plays a central role in child maladjustment. Parents and caregivers in high-conflict marriages/families are usually less warm toward their children, more rejecting, harsher in their discipline, and more withdrawn and depressed. This means that they cannot adequately be available, consistent and attentive to their children and thus these children can show developmental, self-regulatory, and attachment issues.

About Adverse Childhood Experiences and their Impact on Child Development

Adverse Childhood Experiences (often called by their acronym, ACEs) are defined as highly stressful, potentially traumatic events or situations that occur during childhood and/or adolescence.

ACEs can be a single event or incident, or prolonged threats to a child or young person's safety, security, or bodily integrity.

ACEs impact the development of a child by diverting the experiences that go into development (all the life 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 inhibits a child's growth and development.

Activity 4: Parenting Techniques

How long:	35 minutes
What:	Learn about the need to show support, warmth and affection to children.
Materials:	None

4.1 Ask participants to think about what they normally need and do when they are planting a tree. Ask them to buzz in pairs for 3 minutes about what they need to do to plant and take care of a tree until it bears fruit.

4.2 After three minutes, ask each buzz group to share their answers. Write them down on a flip chart.

4.3 Summarize the activity by explaining the following:

- *Parenting is like planting and caring for a tree until it bears fruits. Planting and nurturing trees comes with a lot of responsibilities – just like parenting.*

4.4 Ask people what you need to know before you plant a tree seedling. When you have some answers, you can suggest the following if it has not already been said:

- *When you plant a tree seedling, it is important to know which soil type and season is best. A tree seedling needs good cultivated soil, enough (not too much) air, water, sunlight, nutrients and protection to germinate and grow.*

4.5 Now explain the following:

- *Imagine that parenting is like planting. Children have the same needs and thrive best when they feel safe, loved, cared for, and when their physical needs are provided (food, shelter, clothing, health care, education)*
- *Like a seed, every child grows in its own time and way. Even when the same tree seedlings are planted and cared for in the same garden they grow and blossom differently. In the same way, children within a family are unique and grow up with varied unique interests. It is important to acknowledge, appreciate and nurture these differences*
- *Trees require pruning and shaping when they grow towards unwanted direction. Similarly, parents/caregivers need to provide structure, guidance and discipline in a loving way so that children can adopt positive and acceptable behavior*
- *As tree seedlings grow, weeds (unwanted plants) may also grow. These weeds compete for similar nutrients as the tree and if not taken care of the tree may not grow up well. Weeds are so much easier to pull out when they are still small. Similarly, there are negative or traumatic events that can disrupt/delay growth and development of children. These need to be spotted early and managed*
- *Some tree seedlings may need extra support to hold them upright (e.g. using a wire or string). Similarly, there are children who may need more care than others because they are sick or because of a disability. Parents and caregivers can benefit from additional information and support from family members, facilitators, case workers and health service providers. Early identification and treatment (for health conditions) is essential.*
- *When tree seedlings are well taken care of, they grow healthy and strong and can withstand bad weather, pests and other adverse conditions. Similarly, if we take care of our children, they will develop into healthy, strong, resilient and happy adults who enjoy healthy relationships with all around them. These relationships are important support systems during traumatic and stressful challenges or events*

Activity 5: Summary, Concluding Questions and Actions to Take Home

How long: 20 minutes

What:

- Summarize key messages from Module 2
- Assess participants' knowledge
- Identify home actions

Materials: None

5.1 Explain that the session is nearly at an end and that now we would like to look back on what we have explored together today. Ask people what they think the most important messages are that we have discussed today.

5.2 As people call out, thank them for their answers. If any of the following key messages have not already been mentioned, you can conclude by summarizing these messages:

- *Parents and caregivers have different roles and responsibilities.*
- *Children have varied needs*
- *Children attain different milestones at different stages of development*
- *There are children who may experience developmental delays. It is important for parents to attend regular clinics and health checks so that any problems may be addressed.*

5.3 Now ask everyone to think about these two questions:

- The one most important thing that you learnt today is...?*
- What topics did you not understand well?*

5.4 Ask everyone to think of one new action that they will do to promote the healthy development of their children.

Give examples/ suggest a few ideas for home action. For example, they may choose to respond to their child's signals and cues (for the very young children), playing and communicating with their children, cooking and eating nutritious meals together with their children attending regular pre and post-natal clinics, taking care of themselves as caregivers.)

For parents/caregivers of children with disabilities suggest that they complete the 'My Child's Disability' worksheet to understand their child's disability and how they can support their child.

5.5 Remind everyone also to think of one self care activity to practice.

5.6 Explain that we will look at their successes or any challenges that they have faced in the next meeting

5.7 Finally, thank everyone for attending. Remind participants that we will be looking at "Looking After Ourselves" in the next session. End by giving positive praise about how people have shared, and what skills exist in the room.

Looking After Ourselves

GROUP SESSION 3

"To light another candle, you need yours burning" / "An empty lantern provides no light"

INFORMATION FOR THE FACILITATOR

Why this topic is important

Our thoughts, feelings and actions are affected by how we are feeling and how we care for ourselves. Looking after our physical and mental health is vital for us to carry out our own daily activities and to have healthy relationships. Good physical and mental health also help people better cope with stress and adversity, be productive and live a balanced life.

Parents and caregivers may feel under pressure to balance their parenting roles with other roles in the family, in relationships, at work and even in the community. This can make it easy to forget to look after themselves. It is also hard when parents and caregivers do not have enough time or energy to take care of themselves or are worried about money. 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 messages

1. Importance of looking after ourselves

- Parenting and caregiving is a very exciting, happy and rewarding time of life. However, it can sometimes be stressful, tiring or worrying.
- When parents and caregivers are looking after children and have many other important roles in the family, community and at work, looking after yourself can easily fall to the bottom of the priority list.
- Even if you may not seem to have the time, it is important to take care of yourself. When parents and caregivers neglect their own needs, it is likely to impact on your own health. This can also make it harder to provide the care and support that you wish for your children.
- When parents and caregivers feel physically, emotionally and mentally well, it is more likely that other family members feel well, children in the household receive more positive parenting support and children thrive.
- Parents and caregivers therefore need time to relax, rest, recharge and unwind too. This is called self-care.
- Self-care is so important for both your physical and mental health and wellbeing. If you are happy and healthy you will be able to be a better parent, caregiver and partner.
- When you are overwhelmed for long periods of time, it is okay and good to seek support from your partner, family and professional.

2. Looking after your own mental health can help support children's emotional and physical health

- Looking after your own mental health and giving time to support yourself can make it easier to give children the time and support they need, so that you are able to respond to and meet the needs of children.
- Learning how to deal with stress is an important part of non-violent discipline (see Guide 4).

- It is important to look for adult support rather than relying on children to do more than the usual household roles when you are feeling overwhelmed. If children are asked to take on too many household caring roles, they have less time to grow and develop themselves.
- Finding healthy ways to deal with adult stress reduces the risk that children will witness disturbing behavior such as violence and self-harm. Witnessing violence is a form of violence against the child witness and it has consequences later in life. The children who witness violence are most likely to become perpetrators or victims of violence (see Guide 7 for supporting child's emotional wellbeing).

Background Information for the Facilitator

Our thoughts, feelings and actions are affected by how we are feeling and how we care for ourselves. Looking after our physical and mental health is vital for us to carry out our own daily activities and to have healthy relationships. Good physical and mental health also helps people better cope with stress and adversity, be productive and live a balanced life.

Parents and caregivers raising children with disabilities often experience higher levels of stress than parents and caregivers who are not facing similar challenges. These additional stressors include: physical and mental demands to ensure their child's unique needs are met; navigating access and provision of health, education, rehabilitation and/or habilitation services; and stigma/discrimination from community members. These additional stressors make it difficult for parents and caregivers of children with disabilities to focus on themselves. Therefore, it is important for parents and caregivers of children with disabilities to prioritize self-care and avoid burnout.

In the first two modules, we talked about the journey of parenting and the many roles and responsibilities that parents and caregivers have. This is a joyful journey, but it can also be challenging and sometimes exhausting.

Parents and caregivers may feel under pressure to balance their parenting roles with other roles in the family, in relationships, at work and even in the community. This can make it easy to forget to look after themselves. It is also hard when parents and caregivers do not have enough time or energy to take care of themselves, or are worried about money. When we cannot look well enough after ourselves, it is harder to give the love and support that children need to grow up healthy.

What parents and caregivers will learn and practice in this session

By the end of this session, parents and caregivers will:

- Understand the importance of looking after ourselves and appreciate the link between parental wellbeing and child wellbeing
- Identify practical and affordable ways to look after themselves

What is in this Module

Activity	Time	How
1. Welcome and Introduction to the Module	20 mins	Discussion in pairs and sharing in plenary
2. Looking after ourselves	60 mins	Buzz group, storytelling and group discussion
3. Helping children look after themselves	50 mins	Group work and practice session

4. Self-care	10 mins	Relaxation exercise
5. Summary, Concluding Questions and Actions to Take Home	10 mins	Group discussion
Total	2 hours 30 minutes	

Activity 1: Welcome and Introduction to the Module

How long:	20 minutes
What:	<ul style="list-style-type: none"> ▪ Greet each other ▪ Recap of the previous session ▪ Find out what we want to learn in the training ▪ Introduction to the module
Materials:	Ground rules

- 1.1 Welcome everyone back to the session. Appreciate everyone's commitment in coming back again. Explain that now we are going to reflect back on what we did last week, before we start a new topic today.
- 1.2 Remind people that in the last session we talked about roles and responsibilities of a skilful parent, the basic needs of children and child developmental stages, including the different developmental stages of children with disabilities, and we all decided on some activities that we would practice at home.
- 1.3 Lead the participants in an energizer that will help you to put the participants in pairs, using one of the exercises in the facilitator training guide.
- 1.4 Next, ask the participants to share with their partners what he/she was able to practice from the previous session for 3 minutes.
- 1.5 Ask each pair to share with the group what their partner told them.
- 1.6 After every pair has shared, thank everyone and encourage them to continue practicing these techniques.
- 1.7 Ask the group if anyone has any questions or concerns about what was covered in the previous session. If there are questions, clarify these explain that this is going to be discussed later in the training and write up the question in the parking lot.
- 1.8 Tell the participants that today they will be learning a new topic that will help them take care of themselves better as they carry out their parental roles and responsibilities.
- 1.9 Introduce today's topic on looking after ourselves. Explain the following key messages, checking that everyone understands:
 - Parenting and caregiving is a very exciting, happy and rewarding time of life. However, it can sometimes be stressful, tiring or worrying.
 - For parents and caregivers, it may seem like all your energy is focused on your children and you can forget to look after yourself.

- When parents and caregivers are looking after children and undertaking other important roles in the family, community and at work, self-care can easily fall to the bottom of the priority list.
- When parents and caregivers are caring for a child with a disability, there are likely to be additional daily demands to ensure your child's needs are being met. Parents and caregivers of a child with a disability are juggling access to important services and may often be facing stigma or discrimination in the community, which makes it even more likely that you do not prioritize yourself.
- Even if you may not seem to have the time, it is important to take care of yourself. When parents and caregivers neglect their own needs, it will inevitably negatively impact on their own health and lives and those of their children.
- Parental well-being is associated with well-being of individual family members, optimal parenting practices, and positive developmental outcomes for children.
- Looking after yourself and learning when to seek support is important for children with disabilities. This will ensure you do not overestimate or underestimate a child's skills but rather can take the time to be patient and meet that child exactly where they are in that moment.
- Taking care of yourself as a parent/caregiver is critical to avoiding burnout which negatively affects everyone. Parents and caregivers therefore need time to relax, rest, recharge and unwind too. This is called self-care.
- Parents/caregivers of children with disabilities may feel overwhelmed for various reasons; this could be the demands of diverse needs that come with a particular disability, lack of knowledge and skills to handle the disability, inadequate resources to cater for the needs of this child, the rest of the family and themselves. Sometimes the caregiver/parent may lack family support.
- Parenting can be stressful under the best of circumstances but caregivers of children with developmental and mental health challenges often have to deal more and this can be overwhelming if they don't have adequate support
- Self-care is so important for your physical and mental health and wellbeing. If you are happy and healthy you will be able to be a better parent, caregiver and partner.
- Parents and caregivers need to ensure they practice self-care daily. It needs to be a top priority
- There are quick, simple and easily accessible activities techniques and practices that can support parents and caregivers stay in good physical and mental health. In this module you will learn affordable and practical things that you can do to improve your wellbeing as a parent.
- When you are overwhelmed for long periods of time, it is okay and good to seek support from your partner, family and professional.

Activity 2: Looking after ourselves

How long: 60 minutes

What:

- Be aware of their own emotional state
- Understand causes of emotional or mental ill health
- Understand why looking after ourselves is important
- Learn how to practice self-care.

Materials: Feelings cards, Centrine Case study, Put a piece of flipchart paper and some pens on the floor in the middle of the group.

2.1 Ask participants to think on their own about how they are feeling in that particular moment.

2.2 Then show everyone the feelings cards to assist participants to name their feelings.

2.3 Encourage and ask participants to write down on the flip chart how they are feeling.

You can suggest a few examples, for example 'I feel overwhelmed', 'I am tired', 'I feel happy', 'I feel uncertain', 'I am worried' etc.

Make sure to assist those who cannot write.

- Explain to participants 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. Encourage participants to practice doing this often.

2.4 Thank everyone for sharing. Reassure the parents/caregivers that during this module and in the remaining modules they will be supported to enhance their strengths and provided with information and skills that will enhance their abilities to take care of self and others and any situations that they may encounter

Remain sensitive. Take note and make sure to follow up after the training with participants who show concerns and may need professional help.

2.5 Allow participants one minute to reflect on what they learnt in module two on roles and responsibilities of an intentional, positive parent. After the one-minute reflection, explain to parents and caregivers that it is clear that parenting is a journey with lots of roles and responsibilities for the parent/caregiver. It is a joyful journey, but also challenging and sometimes exhausting for parents.

2.6 Emphasize that in order to be an effective parent/caregiver, we all need to maintain our own energy and wellbeing.

2.7 Introduce the case study of Centrine, reading out the story and with the case study written on flip chart if wished. .

Case study: Centrine

Centrine is Juma's wife. She was married when she was only 15 after Juma got her pregnant. They have 3 children aged 3, 9 and 13 years. Juma is a motorcycle taxi rider who barely makes enough to support his family. In addition to taking care of children and the daily household chores, Centrine is forced to do odd jobs to ensure her children eat and have the basics to go to school. Centrine believes she is a useless dirty

woman who has given birth without a plan. She shares with her sister that those are the words her husband always tells her.

Juma is sometimes violent. The scars from her previous beating are visible and she has not gone to the health center. She says it is because there is no money, and, besides, it is shameful to report your husband, she says.

Centrine avoids her extended family and rarely participates in community activities. Centrine wears dirty and torn cloths and doesn't believe she deserves any better. Although she is young, Centrine looks ten years older.

Akeyo, her 9-year-old daughter, had previously ran away from home. She was rescued from the street by XYZ children's home and only returned home after 2 months, with the support of a local social worker. Recently the older boy – John run away from home to stay with his maternal grandfather. He told his grandfather that he is scared of his father and that he has thoughts of hurting his father because of the way his father treats his mother. He tells his grandfather that he has heard the mother on several occasions say that she wishes that she would die to escape all the problems. Centrine's father has reported Juma to the Children's Officer for being irresponsible and violent towards his daughter.

2.8 Give participants time to reflect on the case study.

2.9 Organize the participants in buzz groups and ask them to discuss for five minutes what they think about Centrine and how might they help her.

2.10 In plenary, facilitate participant discussions with the following key questions as a guide.

- *How do you think Centrine feels and thinks about herself, based on how she is acting?*
- *Why do you think Centrine is feeling and thinking this way?*
- *What other reasons are there why caregivers might not be able to take care of their physical, social and emotional wellbeing, and have a low opinion of themselves?*
- *What might happen to Centrine if she continues in this way for much longer?*
- *Why is it important for Centrine to take care of herself?*
- *Are these cases common among us?*
- *How can you help Centrine and other caregivers who are experiencing similar situations?*

Remember to ask the questions in a manner that will not distress the participants. Some questions (e.g. issues concerning emotional relationships) may cause the participants to question aspects of their lives in ways that may distress them.

2.11 Use the table summary to write their responses on the flipchart.

How to set out the flip chart for Activity 3

Thoughts, Feelings, Actions	Causes
Signs	Consequences /effects

Why is it important for Centrine to take care of her self?	
How Centrine can be assisted to nurture her mental wellbeing and self-care	

2.12 Thank the participants for sharing and ask people to summarize the session. Once people have suggested, add any key messages not already mentioned.

- The case study helps in understanding;
- How some caregivers might experience poor mental health
- The importance of self-care for parents and caregivers
- What we can begin to do as parents and caregivers to nurture our own wellbeing
- It is important to pause and reflect on how we are feeling, and to take time to look after ourselves this is beneficial to us and also to the rest of our family.
- There are a number of practical exercises that caregivers can practice to nurture their wellbeing

Facilitator notes for Activity 3

As a parent, it's a natural instinct to put your child's needs first.

Caring for yourself is a crucial part of caring for your children. It's important to keep track of what your children need, but don't let that obscure what you need.

Mental health affects the way people think, feel and act. Taking care of our mental health is just as important as having a healthy body.

Everyone feels stressed, overwhelmed and negative at times, but usually these feelings are managed and they come to pass.

When a person is mentally healthy, they feel good about themselves; they can do everyday things easily, like going to work, parenting and enjoying their hobbies and time with friends and family. Even when things go wrong, they can usually sort it out themselves, although this may not be easy.

Steps to nurture and or restore mental health, high self-esteem and good self-care

- **Connect with other individuals, friends and family to get social and emotional support.** It can help you feel confident and valued, and it can support you during difficult times. Keep regularly in touch with your (extended) family members. Good family relations, with good marital relations and parenting behaviors help the whole family.
- **Remain active and physically healthy.** Regular exercises also enable us fight diseases and has been proven to reduce anxiety.

- **Eat nutritious and well-balanced meals.** The meals don't have to be expensive. Most nutritious foods are affordable for many and can be prepared at home. It is possible that there are times when families are strained and therefore cannot afford all meals within a day or week. These families need to be connected to service providers who can assist or link the families for economic support opportunities.
- **Take good rest** and get enough sleep. When people get busy or stressed, sleep and rest can be the first things that goes.
- **Take control of stress.** To manage stress, it is importance to know the source of the stress. External stressors, like bereavement or career changes, can be managed over time and with the support of family and friends. Internal stress, such as negative thoughts, require changes in attitude and behavior. It is always good to share your challenges with a good friend(s), learn how to relax and make a habit of doing something good for yourself to soothe stressful feelings.
- **Looking after yourself and learning when to seek support** is important for caregivers of children with disabilities. This will ensure you do not overestimate or underestimate a child's skills but rather can take the time to be patient and meet that child exactly where they are in that moment.
- **Learn new skills, find a new hobby and take on new challenges.** Learning improves our mental fitness and taking on a new challenge can build confidence and give you a sense of achievement
- **Set realistic goals** for yourself, children, and family members and have a plan to reach those goals.
- **Categorize your problems:** try to weigh the problems at hand and see what you can handle; it becomes overwhelming when you want to handle all things at once.
- **Collaborate and cooperate:** Ask for help from others. **Reach out for help when you need it.** Everyone needs support from time to time. Talking to a family member, a friend, or a service provider can make all the difference.
- Learn how to recharge: give time for you to relax and get back to a positive energy.
- Express your feelings instead of bottling them up. Encourage children being reintegrated to express their feelings and any concerns about their new home.
- Work in partnership with children – parents can communicate with their children and provide information about their mental health difficulties. Children often cope well when they can understand what is happening. This way children will also not blame themselves for what their parents are going through
- Lastly turn to professional help if the situation is not getting better

Activity 3: Helping our children look after themselves

How long: 50 minutes

What:

- Reflect on what can make our children have low self-esteem and lack of self-care
- Learn how to support children's mental wellbeing, boost their self-esteem and teach them self-care

Materials: Centrine Case Study, Feelings cards

- 3.1 Explain to participants that we are now going to reflect on Centrine's case study again – but this time we are going to reflect on how her children have been affected by the situation and what can be done to boost and support her children's wellbeing.
- 3.2 Re-introduce the Centrine case study. Group the participants into three groups. Ask them to analyze this case study by reflecting on the following questions. After 15 minutes the groups' report back to plenary. Document group responses on flipcharts
- How might Centrine's feelings, thoughts and actions affect her parenting roles?
 - What are her three children experiencing or likely to experience? How will the children be affected?
 - How can we support Centrine to help her children feel better and care for themselves?
- 3.3 Do you think Centrine's condition puts her children at risk of running away to the streets or to institutions?
- 3.4 Summarize the plenary session by adding points not raised by participants from the facilitator notes. (Points to include give your children unconditional love, celebrate your child's achievements, cultivate and support their talents, criticize the action not the child)
- 3.5 Have a short practice session (10 minutes) on how caregivers can talk about feelings with their children. Organize participants in groups of 5. Ask them to put themselves into Centrine's or Juma's position. How would they talk with and support Akeyo and John?
- Share with them tips from the facilitator notes below before they practice in their groups.
- 3.6 Choose two volunteer groups to share in plenary and ask the rest of the groups to add and point out the positive actions from the presentations.
- 3.7 Thank participants for sharing and encourage them to practice the same at home.

Facilitator notes for Activity 3

Caregivers play an important role in promoting the wellbeing and mental health of their children. The environment caregivers create at home, the things that caregivers say or do and the information caregivers have on mental health conditions all affect and can promote mental health in children. Caregivers should;

- Be available – children benefit a lot from caring and consistent caregiving. Having even one caregiver who is consistently available and responsive to the needs of the child will help children develop resilience.
- Be good role models by taking care of their own mental health: Caregivers should talk about their feelings and make time for things they enjoy.
- Support their children to have resilient and positive relationships with family and friends. This creates a sense of belonging and connectedness which is essential to positive adjustment, self-identity and a sense of trust in self and others. Having friends and staying connected to friends is also important. Caregivers can organize family meetings, get together etc.
- Help children and youth develop self-esteem, so that they feel good about themselves
- Encourage children to communicate their own feelings. It is good to keep communication open and encourage children to express themselves and how they feel in whatever way is the child's preferred ways of communicating.
- Help children solve problems and develop competencies. In this case parents should refrain from taking over and managing the problems for their children, but instead they should teach their children to relax

when upset and explore with them possible solutions to improve a situation and how to make it happen. Children need to know that they can overcome challenges and accomplish goals through their actions. Resilience is built through experience. If children are allowed to successfully face difficult situations resilience is fostered

- Teach and reinforce positive behaviors and decision making. Children should be taught social skills, personal responsibility and decision making and parents should endeavor to provide positive feedback when children behave or act well. Opportunities for positive recognition and feedback will reinforce and validate the desired behavior and accomplishments.
- Create a safe and positive home environment by making sure they are aware whom their children are interacting with, providing time for family activities, dealing discreetly with serious family problems and avoiding incidences that lead to conflict or violence

Children living in families where caregivers are experiencing mental ill health are more likely to have low self-esteem or poor self-care:

- May suffer abuse and neglect e.g. caregivers may not be able to meet the physical, social and emotional needs of their children. Caregivers may become unresponsive or unavailable to meet the needs of their children.
- Children may also become a target of their caregivers' aggression or rejection
- May worry about their caregiver's safety and the ability of parents to undertake their roles
- May take on caregiving responsibility and become carers of their parents thus denying them the opportunity to be children. Most of these "new" roles are inappropriate for their age
- May witness disturbing behavior such as violence and self-harm. Witnessing violence is a form of violence and has consequences later in life. The children who witness violence are most likely to become perpetrators or victims of violence
- May be born with some disorders especially if the pregnant mother was mentally ill and did not receive appropriate services and support. Further pregnant women with a previous history of mental health difficulties are particularly vulnerable to breakdown during the later stages of pregnancy and following the birth of their baby.
- May be teased or bullied by other peers
- May experience learning and memory impairment. Fear, anxiety, poor brain development and disturbance of executive function, may be experienced in young children whose parents experience mental illness due to lack of supportive and responsive caregiver relationships
- May be cared for by another adult. If this adult is not responsible and supportive, children may not receive safe and effective care, in some cases children may experience further harm and abuse
- May be ashamed of their caregivers' illness and worry about becoming ill themselves.
- May have problems concentrating in school work and may end up not performing well
- May end up in child care institutions in case the family separates or breaks up. They can also run away to the streets or to seek safe places. Highlighted in module 1 and 2, children are usually best brought up within their own families and support should be provided to enable this. Effects of children living in institutions have already been highlighted in previous modules and will continue to be highlighted in subsequent modules

Worrying signs to look out for in children

Changes in thinking, feelings and behavior may be an indication of mental health problem and low self-esteem. Your child may show one or more of the following;

- Feeling very sad or withdrawn for more than two weeks
- Seriously trying to harm or kill himself or herself, or making plans to do so
- Experiencing sudden overwhelming fear for no reason, sometimes with a racing heart or fast breathing
- Getting in many fights or wanting to hurt others
- Showing severe out-of-control behavior that can hurt oneself or others
- Not eating, throwing up, or using laxatives to make himself or herself lose weight
- Having intense worries or fears that get in the way of daily activities
- Experiencing extreme difficulty controlling behavior, putting himself or herself in physical danger or causing problems in school
- Using drugs or alcohol repeatedly
- Having severe mood swings that cause problems in relationships
- Showing drastic changes in behavior or personality
- Is spending more and more time alone, and avoid social activities with friends or family
- Fear gaining weight, or diet or exercise excessively
- Engage in self-harm behaviors (e.g., cutting or burning their skin)
- Engage in risky or destructive behavior alone or with friends
- Have thoughts of suicide
- Have periods of highly elevated energy and activity, and require much less sleep than usual
- Say that they think someone is trying to control their mind or that they hear things that other people cannot hear.

How to communicate about mental health with your child

For children who are comfortable speaking, start a conversation with your child about mental health. The following leading questions can help. Make sure you actively listen to your child's response.

- Can you tell me more about what is happening? How you are feeling? (Have cards communicating different feelings- sad, disappointed, angry)
- Have you had feelings like this in the past?
- Sometimes you need to talk to an adult about your feelings. I'm here to listen. How can I help you feel better?
- Do you feel like you want to talk to someone else about your problem?
- I'm worried about your safety. Can you tell me if you have thoughts about harming yourself or others?
- For children who prefer not to or are not able to communicate, provide opportunities for a child to express any fears or concerns in a way that is most suitable to them. Show that you are there to listen and provide reassurance. It can be useful to get support from other people who know your child or can provide support on mental health and have experience or knowledge in disability to support your communication with your child.

When communicating about mental health problems with your child you should:

- Communicate in a straightforward manner
- Communicate at a level that is appropriate to a child or adolescent's age and development level (preschool children need fewer details than teenagers)

- Initiate communication about the topic when your child feels safe and comfortable
- Watch for reactions while you are communicating, and slow down or back up if your child becomes confused or looks upset
- Be open to what your child is sharing with you, and let your child tell you about his or her feelings and worries

How parents and caregivers can support children who have mental health problems and low self esteem

One of our parenting roles and responsibilities is to help our children's self-esteem and encourage them to take good care of themselves.

In order to foster a strong sense of self-esteem in your children, a parent needs to show it in themselves. When children see in a parent a strong sense of self-worth at a young age, your children will likely gain their own self-esteem and confidence—and keep it for their entire lives. The following are examples of promoting self-esteem:

- Give unconditional love. Love your children no matter what they do or how they look and regardless of their strengths and abilities. Avoid comparing your children to others, instead tell them that they are special.
- Celebrate the positive because everyone responds well to encouragement. This will encourage them to repeat even better, the action they have been praised for.
- Show that you accept the child in his or her entirety and focus on the positives, not the challenges. This is especially important for caregivers of children with disabilities, who may experience a lot of stigma and discrimination.
- Allow mistakes to happen so that children learn and understand that there are consequences to various actions. Encourage them to think what they might do differently next time.
- Provide encouragement to children even if they have not accomplished tasks well. Words of encouragement include; "You have what it takes", "I could use your help", "Thanks, that was a big help, thank you", "Good work, I am proud of you". Avoid words like, "I told you so", "let me do it myself."
- Allow your children to safely experiment or explore new things and ideas. They might fail but they will learn to always venture into the unknown.
- Criticize the action, not the child. When your child does something wrong, do not attack him/her but focus on the action. i.e. A good child like you should not be doing such a thing.
- Take time to listen to what your child is communicating to you. This doesn't have to take time, but take time in between tasks/ chores and show your child you are interested in what they want to communicate. This gives them a sense of being valued.
- Recognize the power of words and avoid labeling or giving names to children – they might actually start behaving that way. It is especially important to focus on the positives of children living with disabilities and talk about the child, rather than the disability.
- Help cultivate the talents and interests of your children.
- Set attainable goals for your children so that they have a sense of purpose and recognize once the goals have been realized.

Activity 4: Self-care Relaxation Exercise

How long: 10 minutes

What:

- Learn a simple relaxation technique

Materials: None.

4.1 Explain that we have all worked hard today. Now we are going to take some time to relax and keep calm. This is a useful exercise for us all to do, especially when we are feeling stressed.

4.2 Ask the participants to get a comfortable sitting angle, close their eyes and imagine being in a comfortable place (For example a Dream Holiday destination) away from responsibilities and noise. Let them imagine a life of comfort without interference for 3 minutes.

The facilitator gives instructions that resonates with the category of participants to create as much as possible and imaginary peace and comfort.

4.3 Ask the caregivers to open their eyes and share how they felt.

4.4 Explain to them that they can always choose to create their peace whenever they are confronted with difficult situations.

4.5 Suggest the following self-care activities that parents and caregivers can engage in:

- Get enough rest or sleep. Build in minutes of rest between tasks or household chores
- Ask for help from those around you e.g. those caring for a sick child, an infant, a child with disability
- Get moving-stretch, dance, take a walk in the neighborhood
- Connect with friends-call someone you love, visit friends
- Do a pleasant activity e.g. going to the market, joining the church choir, making your hair
- Nurture your non-work hobby e.g. knitting
- Take care of your body- shower, dress up, honor appointments with your doctor etc.
- If you don't have anyone to take care of your baby, then do activities that you can involve your child e.g. taking a walk, singing etc. selfcare should not always cost money but can be incorporated in our daily routine.

Activity 5: Summary, Concluding Questions and Actions to Take Home

How long: 10 minutes

What:

- Summarize key messages from Module 3
- Assess participants' knowledge
- Identify home practice

Materials: Flipcharts from activity 3 and 4

- 5.1 Explain that the session is nearly at an end and that now we would like to look back on what we have talked about today.
- 5.2 Ask people to think about the most important messages are that we have discussed.
- 5.3 As volunteers suggest key messages, thank them for their answers. If any of the following key messages have not already been mentioned, you add these:
- Our thoughts are influenced by how they are feeling and how they care for themselves
 - Care giving is an interesting journey but sometimes exhausting for parents.
 - It is essential to look after both our physical and emotional health.
 - Caring for yourself is a crucial part of caring for your children.
 - Children' good emotional health and self-esteem begins with parents and caregivers.
 - Rest and selfcare are so important. When you take time to replenish your spirit, it allows you to serve others from the overflow. You cannot serve from an empty vessel (Eleanor Brown)
- 5.4 Now ask everyone to think about these two questions:
- *The most important thing that you learnt today is...?*
 - *What topics did you not understand well?*
- 5.5 Explain that everyone will choose some actions or techniques discussed during this module that they would like to practice at home before we meet again.
- 5.6 Ask everyone to think of one new action that they will do to look after themselves and help their children practice self-care.
- Give examples/ suggest a few ideas for home action. For example, they may choose to take time every day to rest, sleep regularly for 7-8 hours, eat nutritious meals, set time every day for physical and relaxation exercises, find something they like to do (hobby) and set time for it, connect more with friends, set realistic goals etc.
 - Alternatively, ask parents/caregivers to think about someone they could go to for support or to feel better about themselves and to think about what type of support might be helpful. For example, watching the child or children for 15 minutes, taking the child out for an activity, taking a walk together once a week, doing an activity with the child while the parent or caregiver rests.
- 5.7 Explain that we will share what we have all done in the next meeting.
- 5.8 Finally, thank everyone for attending. Remind participants that we will be looking at values and discipline in the next session.

5.9 End by giving positive praise about how people have shared, and what skills exist in the room.

Further information for facilitators

<https://www.rcpsych.ac.uk/mental-health/parents-and-young-people/information-for-parents-and-carers/parental-mental-illness-the-impact-on-children-and-adolescents-for-parents-and-carers#faq-accoridon-collapseb60bf815-5055-41e0-af72-4adcdc3bea4e>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/182095/DFE-00108-2011-Childrens_Needs_Parenting_Capacity.pdf

(<https://www.mentalhealth.gov/talk/parents-caregivers>)

https://www.caringforkids.cps.ca/handouts/mental_health

<https://www.mentalhealth.org.uk/a-to-z/p/parents-and-mental-health>

<https://www.mentalhealth.gov/talk/parents-caregivers>

<https://www.nimh.nih.gov/health/publications/children-and-mental-health/index.shtml>

https://www.caringforkids.cps.ca/handouts/mental_health

<https://www.businessdailyafrica.com/lifestyle/fitness/How-parents-affect-child-s-mental-health/4258372-5242840-ag80u5/index.html>

https://greatermanchesterscb.proceduresonline.com/chapters/p_ch_par_mental_health_diff.html?zoom_highlight=mental+health&zoom_highlight=mental+health

<https://everymind.org.au/mental-health/understanding-mental-health/understanding-mental-health-and-wellbeing>

<https://blog.doctorondemand.com/why-its-important-to-care-for-your-mental-health-834c8670b889>

<https://heritagehealthcare.co.uk/oxford-south/importance-mental-wellbeing-2/>

<https://toronto.cmha.ca/documents/benefits-of-good-mental-health/>

<http://www.healthscotland.scot/media/2245/5-selecting-scales-to-assess-mental-wellbeing-in-adults-mental-health-improvement-evidence-and-practice.pdf>

<https://www.thelawofattraction.com/self-care-tips/>

<https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968>

Values and Discipline

GROUP SESSION 4

INFORMATION FOR THE FACILITATOR

*"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. Children who grow up in a safe, consistent and supportive family environments have strong personality traits and good character that enable them to face the world in a positive and confident manner and to be good and responsible citizens. 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.

Values and discipline are inseparable. A good and sound value system is the foundation of discipline. Values therefore play an important role in the establishment and maintaining of discipline. Discipline is about helping children understand what is acceptable and unacceptable behavior.

Key messages

1. Family values are the foundation for children to learn, grow and behave

- Values are very important in parenting since they deeply influence all behaviors and attitudes and affect our decisions and relationships.
- Parents should be aware of their own values so that they can express, communicate and role model them to their children. Example of values are honesty, obedience, tolerance, loyalty, etc. Every family will have their own values.

2. The importance of family values and why it is important to teach children values

- Your personal values are a central part of who you are and who you want to be. Values guide parents and caregivers in the parenting choices that they take. For example, values influence the behaviors they want to encourage and reinforce in their children.
- Values offer a powerful way to influence children positively and to shield them from the harmful influences they may encounter from the outside world.
- Family values can change over time as circumstances change or experiences influence what is important for us. At times values can conflict with each other. A parent or caregiver must think about which value is more important in that situation.

3. Importance of disciplining children

- Discipline means teaching a child the difference between acceptable and unacceptable behavior. Discipline is not beating and scolding – and positive discipline in fact does not include beating and scolding.
- Positive discipline helps a child control their behaviors so that ultimately their actions are controlled and purposeful, not random and impulsive.
- Positive discipline is instilled with teaching, consistency and firmness. It is important that the child understands what they are being asked to do, and why these rules have been set.

- Positive discipline is about helping a child learn and practice positive choices and builds important skills like making choices, respect for others.
- Children who have moved home regularly or experienced loss or stress are very likely to 'act out'. Discipline needs to be adapted to children's circumstances. If children have moved in with a new caregiver, they may have experienced different family values and discipline methods. Children who have repeatedly experienced harsh punishment may find it hard to trust a new caregiver, so might push boundaries.
- There are different non-violent discipline methods – they work best when you understand the cause of poor behavior and apply the appropriate discipline for the behavior according to the child's age.

4. Corporal punishment is dangerous to children

- Corporal and humiliating punishment is never ok.
- Violence and humiliating punishments do not prevent children behaving badly and have long-term consequences.
- Children who experience such punishment are more likely to become a victim in other situations or relationships.
- Violent punishment inhibits children's physical, emotional and cognitive development.
- Children who experience corporal and humiliating punishment are likely to develop a negative view of themselves, their parents/caregivers, other people and society.
- Corporal and humiliating punishment teaches children that violence is an appropriate way to solve problems and conflicts.
- Children who experience violence are more likely to use violence as adults.

Background information for the facilitator

Values are the beliefs and principles that inform the decisions that we make and the actions that we take throughout our life. They shape how we live and how we treat other people. 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. Children who grow up in a safe, consistent and supportive family environments have resilient personality traits and good character that enable them face the world in a positive and confident manner and to be good and responsible citizens.

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. Parents and caregivers are more able to give effective and clear parenting support when they know what they value for themselves and how these values influence what they want for their children.

Understanding the concept of values and the importance of teaching them to children gives parents and caregivers a powerful way to influence their children positively and to shield them from the harmful influences they may encounter from the outside world. Values and discipline are inseparable. A good and sound value system is the foundation of discipline. Values therefore play an important role in the establishment and maintaining of discipline.

Discipline is about helping children understand what is acceptable and unacceptable behavior. Challenging behavior can be common for children with disabilities. Challenges in communication (understanding and expressing) can make it difficult for children to express their needs, wants, likes and dislikes. This can occur among children with learning and or sensory disabilities. It is important to remember that challenging

behavior can look like different things, from physical, aggressive behavior to withdrawal.

This module will empower parents and caregivers to provide a safe and consistent environment where children can learn and understand the importance of positive values, reasonable limits and rules for behavior.

What parents and caregivers will learn and practice in this session

By the end of this session, parents and caregivers will:

- Explore the values that are important for them and their children.
- Practice effective ways of imparting values to their children and helping children apply values in their decisions and actions.
- Learn techniques for nurturing good behavior in their children.
- Practice ways of addressing challenging behavior effectively.

What is in this module

Activity	Time	How
1. Welcome and Introduction to the Module	20 mins	Throwing / Passing the ball
2. Understanding the Importance of Values	30 mins	Buzz groups, Role play, Group discussion
3. Understanding the Importance of Discipline	50 mins	Buzz group, Group discussion, Group work and presentation
4. Managing Challenging Behavior	30 mins	Group work and presentation
5. Self-Care	10 mins	Self-care checking in exercise
6. Summary, Concluding Questions and Actions to take home	10 mins	Group discussion
Total	2 hours 30 minutes	

Activity 1: Welcome and Introduction to the Module

How long: 20 minutes

What:

- Greet each other
- Share feedback on the home practice actions
- Learn about what today's topic will be

Materials: A ball

1.1 Welcome everyone back to the session.

1.2 Ask everyone to greet at least three people and welcome them to the training. This is the 5th meeting and by now most participants know each other and therefore a group introduction is not needed. New members will also not be admitted to the group at this point

1.3 Ask the participants to make a circle.

1.4 Explain to the participants that you will now throw the ball to someone. The person who catches the ball will tell the group one thing they practiced at home based on what they learnt in the previous session on *Looking After Ourselves* Once they have shared one thing they practiced, they must throw the ball to another participant.

If there are participants who are not able to throw and catch, adapt the activity by for example passing the ball to the person next to you or placing it in the person's lap.

1.5 After you have thrown the ball to the first person, make sure that everyone has a chance to catch the ball and speak to make sure that everyone speaks.

1.6 After all the participants have shared their experience/s, take back the ball and wrap up the session by thanking everyone for joining in.

1.7 The facilitator will lead participants in a "special" clap and ask them to return to their sitting positions.

1.8 The facilitator will introduce the module (Values and discipline) by mentioning the proverb: "Train up a child in the way (s)he should grow and when (s)he is old (s)he will not depart from it)."

1.9 Ask for a volunteer to explain what they understand by the proverb.

This proverb teaches us to teach our children right from wrong, and when they are grown, they will still do right. It also means that if we teach our children how they should leave, they will remember it all their life.

1.12 Introduce today's topic on values and discipline and explain the following key messages, checking that everyone understands:

- Values shape how we live and how we treat other people
- 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
- Values and discipline are inseparable
- A good and sound value system is the foundation of discipline
- Discipline is about helping children understand what is acceptable and unacceptable behavior
- This module will empower parents and caregivers to provide a safe and consistent environment where children can learn and understand the importance of positive values, reasonable limits and

rules for behavior.

Activity 2: Understanding the Importance of Values

How long: 30 minutes

What:

- Identify local definitions of values
- Understand the importance of values
- Explore how best to instill positive values in children

Materials: None

- 2.1 Group participants into buzz groups of three people.
- 2.2 Introduce the word 'values' (in local languages where possible) and ask participants to discuss:
 - What does this word mean to me?
 - What are the most important values for me and my family?
- 2.3 After five minutes of group discussion, ask each group to share their definition and examples of values in plenary and write down their answers on a flip chart.
- 2.4 Ask the group to agree on three common values that have been mentioned the most and/or seem to be the most important. Circle these three values if they are on the list, or write them on a new flip chart.
- 2.5 Summarize the following key messages, if they have not already been stated by the group:
 - Values stand for our most meaningful ideals
 - Values are passed from one generation to another
 - One responsibility of parents and caregivers is to pass moral values to their children.
 - Values inspire us to keep going when the going gets tough
- 2.6 Invite a set of 3-6 volunteers to do a role play that shows parents and caregivers teaching values to their children, using the three values that the group identified.
- 2.7 Give the volunteers 10 minutes to prepare and 5 minutes to make a presentation.
- 2.8 After the role play, lead a group discussion using the following guiding questions:
 - *What values are being promoted in the role play?*
 - *Why are values important?*
 - *Why is it important to teach our children values?*
 - *In what ways can we support our children to learn and apply the values that are important to us?*
 - *Are there any other approaches that we could also use?*
- 2.9 Write down the different strategies highlighted in the role play and provide additional practical examples on how these can be maintained or improved.
- 2.10 Summarize discussions and draw key conclusions guided by the facilitator notes below.

Facilitator notes for Activity 2

Values are the beliefs and principles that inform the decisions that we make and the actions that we take throughout our life. They shape how we live and how we treat other people.

Family values are the foundation for children to learn, grow and behave.

Values are very important in parenting since they deeply influence all behaviors and attitudes and effect our decisions and relationships. Parents should be aware of their own values so that they can express, communicate and effectively inculcate them to their children

Examples of values

- Truth seeking, Tolerance, Trustworthiness, Obedience, Loyalty, Stability, Independence , Humility, Generosity ,Honesty, Salvation , Equality , Justice ,Order

Importance of family values and why it is important to teach children values

Your personal values are a central part of who you are and who you want to be. Values guide parents and caregivers in the parenting choices that they take, for example what examples they want to set and what behaviors they want to reinforce in their children. It can be helpful to take a step back and reflect on our personal values and value systems, understanding where they have come from and why they are important to us.

Values offer a powerful way to influence children positively and to shield them from the harmful influences they may encounter from the outside world.

Family values can change over time as circumstances change or experiences influence what is important for us. At times values can conflict with each other and a parent or caregiver must think about which value is more important in that situation. For example: a parent or caregiver may value honesty and respect, but will need to counsel the child on when to speak out and when to hold counsel if the child speaks openly and truthfully on sensitive matters with another adult.

Communicating and instilling values in children.

There are different approaches or strategies that parents and caregivers can use to teach and instill values in their children. It is important to note that no one approach is important or effective but using all in combination can yield better results.

Modelling: Parents and caregivers can model, practice or demonstrate the desired value through words and actions. Children learn more from their experiences and from what they see at household level as opposed to what you tell them. For example,

- a. If parents and caregivers value politeness and courtesy, they should show these in their interactions with other adults and their children as well. Parents could say “thank you”, “please”, “May I”, “You are welcome” , “Yes Sir”, “No Sir”
- b. If parents and caregivers value neatness and cleanliness, they should not be untidy themselves.
- c. If parents and caregivers value soberness and forbid alcohol use or smoking, they should not do this in front of their children, or send their children to purchase these items for them.
- d. Caregivers should create opportunities, for example, during family meals or meetings, to discuss the family values and discourage any bad behaviors right at the onset.

Teaching: Parents and caregivers can share life experiences or use stories to teach their children certain values, such as stories from religious sermons and African folklore. These will always need to be delivered in an age appropriate way.

Clarification: Parents and caregivers can encourage or help children to consciously think about the value

that is underpinning a decision or action, by asking simple questions. For example, if you want to teach your children to help those in need, you can ask them:

“Why do you think it is important to help less fortunate people?”

“What would happen if people did not extend a helping hand to those in need?”

“What categories of people would you consider to be needy of assistance?”

“What specifically can you do in your life to help these people?”

“Are there times when you think it is right to focus on your own needs over those of someone else?”

“What might be some of those situations?”¹

For parents/caregivers of children with disabilities, understanding and valuing their child with a disability can be a process. This can inhibit bonding and emotional connection and can impact how caregivers respond to challenging behavior. Caregivers can learn to be aware of their own feelings about their child’s disability and practice looking for positive characteristics about their child.

Activity 3: Understanding the Importance of Discipline

How long: 50 minutes

What:

- Understand what discipline is and why it is important
- Understand the difference between discipline and punishment
- Explore how discipline and punishment inform a child’s behavior

Materials: Discipline proverbs

3.1 Group participants into buzz groups and introduce the two words: ‘Discipline’ and ‘Punishment’ (using local languages where possible). Ask them to discuss in their group what are the differences between the two words.

3.2 In plenary, ask participants to share their answers. Write the responses on a flip chart. Add the points below if they have not already been mentioned.

- Discipline means teaching a child the difference between acceptable and unacceptable behavior. Discipline is not beating and scolding – and positive discipline in fact does not include beating and scolding. Positive discipline helps a child control their behaviors so that ultimately their actions are controlled and purposeful, not random and impulsive.
- Positive discipline is instilled with teaching, consistency and firmness. It is important that the child understands what they are being asked to do, and why these rules have been set.
- Physical force (corporal punishment) and emotional violence (humiliating punishment) are sometimes used by parents and caregivers to discipline, correct or modify a child’s behavior. Punishment includes; hitting with the hand, or an object, kicking or worse. Humiliating punishments include verbal abuse, ridiculing, isolating, threatening, scolding, or ignoring the child. Parents and caregivers might use corporal and humiliating punishment because they are angry or cannot control their emotions, believe it is the only way or lack nonviolent alternatives.

3.3 Read out the following discipline vs punishment examples:

¹ Example adopted from <https://centerforparentingeducation.org/>

Example A: a three-year old throws her pencils on the floor.

- **Punishment:** tell her she is a bad girl and slap her fingers.
- **Discipline:** ask her to pick up the crayons. Explain that they could get broken or mark up the floor. Put them out of her reach for a short time until she has calmed down.

Example B: A two-year-old empties a waste basket on the floor

- **Punishment:** Beat him and send him away from the room.
- **Discipline:** Explain he may not play with the wastebasket. Give him something he may dump and fill or play with.

3.4 Ask if people agree and understand the difference, and allow for feedback. Once people have discussed and shared their views, make sure to provide the following information.

- Corporal and humiliating punishment is never ok.
- Children who experience such punishment are more likely to become a victim in other situations or relationships.
- Violent punishment inhibits children's physical, emotional and cognitive development. Violent punishment may cause a temporary or permanent disability to a child.
- Children who experience corporal and humiliating punishment are likely to develop a negative view of themselves, their parents/caregivers, other people and society.
- Corporal and humiliating punishment teaches children that violence is an appropriate way to solve problems and conflicts.
- Children who experience violence are more likely to use violence as adults.

3.5 Facilitate a discussion using the following guiding questions:

- *Before deciding to discipline a child, do we think about why the child may be behaving in this way?*
- *Do we have different expectations for our children according to how old they are, whether they are boys or girls?*
- *Do we have different expectations for our children with disabilities according to their skills?*
- *Does the child understand that what they have done is "wrong"?*
- *Does the child understand the consequences of appropriate and inappropriate behavior?*
- *Is there a physical or developmental disability that could be causing the child's behavior?*
- *Is there a reason why the child may be acting out? (For example, if she or he is hungry, sad, scared, something is happening at home or school?)*

3.6 Summarize the key points of the discussion, adding the points below if they have not already been mentioned:

- It is important to think about the reasons for a child's behavior before deciding to discipline the child.
- If we understand the reason why a child is behaving in a certain way, we can respond appropriately according to the age, developmental abilities, and gender and other experiences of a child.
- Taking the time to understand how a child communicates their wants, needs, likes and desires can help to understand where a child's challenging behavior is coming from and minimize it. For children with disabilities, parents/caregivers may need to take more time to explore how their child communicates and help create functional ways for communicating that work for the child and family. Parents and caregivers can seek support to help them develop functional communication plans for the family.

It is useful to remind the group about the discussions in earlier modules on children's development. Remind people to think about how a child develops and to think about what a realistic and appropriate expectation of 'good' behavior at different ages might be. It is also important to set reasonable goals based on the child's developmental level and ensure these goals are consistent with the child's skills and abilities.

Children who have moved home regularly or experienced loss or stress are very likely to act out. If the group includes families going through reintegration or where a child has been removed from the home for safety concerns, it is especially important to be sensitive to their needs

3.7 Explain that you are now going to share a common proverb '*Samaki mkunje angali mbichi*' (Kiswahili) "*Bend the fish when it is still wet*" (English) and ask the group to reflect for one minute what it means.

3.8 After the reflection, ask the group:

- *What does the proverb mean?*
- *What does this proverb teach us about discipline?*

3.9 Summarize the following key messages, if they have not already been stated by the group:

- Discipline teaches children to become responsible
- Setting limits, reinforcing good behavior, and discouraging less-desirable behavior should start when your child is a young baby
- We need to start as early as possible to teach our children right from wrong, caring and respect for others, self-control and safety

3.10 Explain that we will now look at what we do to discipline our children at different ages. First, ask everyone to think for a few minutes about how they discipline children when they are: infants, toddlers, school age, teenagers. Use the following questions:

- *What might be the 'triggers' that set off your child's unacceptable behavior.*
- *Are there signs that you can spot before your child starts to cross a line of acceptable behavior?*
- *What can you do to prevent your child from misbehaving?*
- *What do you usually do? Does this help the child learn? Does it reduce future misbehaviors?*

Emphasize that it is important to be aware of the reasons why some children may appear to be 'behaving badly'. All children can misbehave at times as they learn new rules and test out consequences. A child learns through experimenting – often bad behavior is a child developing age-appropriate skills. For example, a two-year old is not 'behaving badly' if he or she does not share a toy with another child – children only start learning to play together when they are a bit older. A child with autism is not 'behaving badly' if he or she does not greet guests, if part of the autism behavior is to have less social awareness than peers.

Discipline needs to be adapted to children's circumstances, explaining things simply to children who have developmental delays or disabilities, for example, and repeating key messages. Children with disabilities who lack attention may display bad behavior as a way of seeking attention, for example, they may throw tantrums. If children have moved in with a new caregiver, they may have experienced different family values and discipline methods. Children who have repeatedly experienced harsh punishment may find it hard to trust a new caregiver, so might push boundaries.

The parent/caregiver should not discipline a child when he/she is annoyed. Stay calm or walk away, before addressing the issue calmly and appropriately for the situation.

3.11 In plenary, discuss the following questions:

- *Who usually disciplines children?*
- *Do different people discipline differently e.g. men and women, older and younger caregivers?*
- *Why is it important to discipline children?*

- Which discipline strategies can we use for different age groups? (infant, toddler, school going age and teenager?)
- Are there any other discipline methods that might be useful?

Explain to parents and caregivers that as children grow and change, so does behavior. The best way to understand children's behavior is to understand what they are going through developmentally. In module two, we have already learnt about how children develop at each stage. There are different strategies for keeping children safe and teaching them right from wrong at every age and stage.

3.12 Write down the different strategies highlighted in the role play and discussion and summarize with the key messages from the facilitator notes below.

Facilitator notes for Activity 3

Positive discipline strategies

Every child is unique. Parents and caregivers should think about the situation, the child's circumstances, and experiment with various methods before finding the best fit for the individual child. Children change over time, so what may have worked well one week may not be effective the next. It's important to be flexible.

Praise your child for behaving well, this way they are likely to want to keep behaving well. Descriptive praise is when you tell your child exactly what it is that you like. It's best for encouraging good behavior – for example, 'Thank you for staying calm when you didn't win the game'.

Setting rules, boundaries and realistic expectations of what is acceptable and unacceptable behavior. Clearly define expectations of appropriate child behavior and establish the relationship between the behavior and its consequences. Teach children about the set rules and expectations and check whether they have understood. It is important to set reasonable goals based on the child's developmental level and ensure these goals are consistent with the child's skills and abilities.

Set a daily routine. Create a daily schedule that your child can rely on, this may include meal time, bedtime, play time and sometimes school times. If the child knows what follows he or she is less likely to throw tantrums when changing from one activity to another one.

Consistency in discipline is critical to a child's sense of wellbeing. Sticking to rules and addressing inappropriate behavior teach children important lessons about right and wrong, and respect for themselves and others. At the same time, they become more confident, self-aware and responsible when they are held accountable for their actions.

Ignoring- as long as your child isn't doing something dangerous and gets plenty of attention for good behavior, ignoring bad behavior can be an effective way of stopping it.

Redirect- If a child is starting to get distracted and might start behaving unacceptably soon, it may be because a child is bored, tired or restless. If this is the case, direct their attention to something new – if they are bored while you are preparing the meal, encourage them to join in the food preparation safely, for example, or sing them a song.

Teach the child skills for better communication. Teach the child alternative ways of expressing themselves, rather than engaging in the challenging or difficult behavior. This can include role playing short easily understood words or phrases. For children that do not communicate with words, signs, gestures or pictures can be used.

Seek support. Managing challenging behavior can be very difficult, especially when it occurs often and or the behavior is harmful or violent. It is important to seek support for a parent or caregiver to have a break so they are able to be calm and attentive. It is also important to seek professional support if the challenging behavior is causing a lot of harm or violence to themselves or others.

Many teenagers require much less parental/caregiver intervention as they begin to make decisions on their own. All teens need independence, autonomy, and the chance to be themselves. This new independence may be a big jolt for a parent/caregiver who until now has been treating them as a child. Although teenagers need independence, they still depend on parental/caregiver guidance, even if they may not wish to admit it often! Two things are key to effective discipline for teenagers: being clear about expectations and involving the teenager in decision making.

- Where possible, agree rules together. For example, when a teenager starts going out in the evenings, agree what is a reasonable and safe time to come home. Practice listening skills and find out what the teenager wants to do and communicate your expectations clearly.
- Explain the consequences of breaking the rules ahead of time.
- When problems arise, sit down with your child and resolve the problem together. When a teenager has input into solving the problem, they are more likely to follow through the solution. Also, together you will probably come up with better and more creative solutions.
- Remember to be flexible and accept that there may be times that we need to give the child more leeway.
- Appreciate any small effort made by the teenager towards improving a challenging or difficult behavior.

Activity 4: Addressing Challenging Behavior

- 4.1 Introduce the activity by acknowledging that even though we have talked about discipline, there are still times when a child demonstrates challenging behavior.

Behavior refers to how a child conducts themselves. It is their actions, reactions and functioning in response to everyday environments and situations. Challenging behavior is used to describe behavior that interferes with a child's daily life.

Challenging behavior can be common for children with disabilities. Challenges in communication (understanding and expressing) can make it difficult for children to express their needs, wants, likes and dislikes. This can occur among children with learning and or sensory disabilities. It is important to remember that challenging behavior can look like different things, from physical, aggressive behavior to withdrawal.

- 4.2 Ask for people to share examples of children's challenging behavior. Write up the suggestions on flip paper.
- 4.3 Once you have a list, ask people to look again and see if any of these behaviors are not challenging behaviors but are consistent with the child's age.
- 4.4 Put participants into 3 groups. Ask each group to discuss two of the examples of challenging behavior on the flip paper. Explain that each group will have 10 minutes to share different strategies they have been used or might use to address these challenging behaviors.

Note to facilitator: Remind people to think about what will work best at different ages. Remind people of the main techniques that were discussed in Activity 3.

- 4.5 After 10 minutes of group discussion, facilitate feedback in plenary.

When sharing, highlight the issue of parents/ caregivers taking their children to boarding schools or child care institutions (CCIs) when children are felt to be "difficult" and explain the detrimental effects of doing this. Refer to module two – child developmental stages and impact of separation.

Acknowledge that challenging behavior can be incredibly stressful for caregivers. But it always happens for a reason – it's a way of communicating. These reasons are typically one of the following: 1) to get attention or access to a person, thing or food 2) To avoid something or someone 3) It is self stimulating and provides an inner satisfaction for the individual. A child may be feeling frustrated about something, may be experiencing trouble, bullying or hormonal mood swings. Whatever the reason, it may be clear that they are struggling to manage their emotions and anger.

Examples of challenging behavior include hurting others, throwing things, shouting, crying uncontrollably breaking things, self-injury (e.g. head banging, forceful head shaking, arm biting), and running away.

Be careful to mention instances of delayed development that result in delayed achievement of milestones. It is therefore important to have realistic expectations.

It is important to know that once children learn that shouting and throwing tantrums for example gets them attention or gets them out of a situation, they do begin to see it as a way of getting what they want.

It is not uncommon for caregivers to feel responsible for their child's behavior and may be embarrassed to get help.

4.6 Oftentimes, changing the environment (removing the thing that triggers the behavior or adding something to the environment) reduces or removes the challenging behaviour. Summarize discussions by reinforcing the good strategies they have been using guided by the facilitator notes

Step 1: Observe the challenging behavior - Think about what might be causing the behavior, and what is happening just before the behavior occurs. does it happen before or after certain activities? i.e. during meal time, bath time, getting into the car, etc.?

Step 2: Think about if there is anything your child is gaining from engaging in this behavior. (For example, Alice was kicking and screaming, then her auntie gave her a sweet and she stopped) Where possible record your thoughts. Is the child's behavior related to something they want? something they do not want? or something internally stimulating (like playing with their hands, waving their hands in the air)

Step 3: Set a goal for improving a child's behavior, where there is more than 1 challenging behaviour choose which behaviour you would like to start off with. For example. My goal is for Alice to communicate through her words or signs to ask for something she wants. Make sure the goal is reflective of the child's ability and developmental level.

Step 4: create a plan to help the child improve this goal. For example every day for 15 minutes, I will practice with Alice using words for something she likes. We will do this while playing cards because Alice likes cards

Facilitator notes for Activity 4

The following principles and strategies can help address challenging behavior;

- Learn your child and recognize the warning signs and intervene early with some distraction
- Acknowledge their frustration and show them that you understand. Use simple language or gestures, remain calm but assertive
- Keep your children safe by minimizing harm. For example, if they want to throw themselves on the ground- let them, but ensure they can't hurt themselves
- Reward and praise your child when they get things right or begin to calm down

- Avoid paying too much attention or showing too much reaction
- Depending on what else is going on in your life, you may feel you can't cope with your child's frustrating behaviors another moment. But that's when you most need to remain calm and avoid power struggles.

Dealing with specific problems

a) Persistent crying in a baby

It can be tiring and stressful when a baby will not stop crying. Shaking or hitting the baby won't stop the crying, but will make the baby afraid of you, and may hurt or seriously injure the baby. If your baby doesn't stop crying, he/she needs to know that you are there and feel comforted and supported. If you feel that you are too tired or stressed, ask family or friends to help. If nobody can calm the baby, ask a health worker or specialist for advice.

b) Whining and temper tantrums

Parents may get annoyed when their children have temper tantrums and whine, because they feel embarrassed or believe that they should be capable of controlling their child's behavior. Trying to control a temper tantrum is like trying to control a storm. Children usually have these kinds of outbursts because they don't understand the reason why they are being denied something or don't know how to deal with frustration. The best thing is to wait. Stay close to the child so he/she feels safe while going through a tantrum. When the tantrum is over, sit down with the child and talk about what happened. Explain why you had said "no" and that you understand the child's frustration. Make sure to tell the child that you love him/her. Make sure other family members respond the same to a temper tantrum.

c) Child defiance (saying "no")

Small children will refuse to do what you ask sometimes not to challenge you, but because they are discovering that they are individuals and are experimenting with their ability to make decisions. When this happens, it may be useful to give your child a choice so that he or she can exercise his/her decision-making power. "Do you want to walk or be carried?" Remember that a threat is not a choice. For example "Put your coat on or I will hit you", "You will come out of the house with me now or never come with me again". Threats scare children and can make the situation even worse if children still do not listen.

D) Praise

While it is important to have specific actions to address challenging behavior in the moment. It is also important to pair this with regular praise of appropriate behavior. This will ensure your child learns to link the attention they receive through praise with appropriate behaviour. This will then encourage your child to do more of these behaviours. The best praise is specific, it is regarding effort and process instead of achievement/ability, it is unconditional (not tied to a behaviour that occurred in the past)

Activity 5: Self Care - Checking in with Yourself

How long: 10 minutes

What:

- Learn a simple self-care checking in exercise

Materials: None.

- 5.1 Explain that we have all worked hard today. Now we are going to take some time to relax and reflect. This is a useful exercise for us to make self-care decisions and address self-care matters
- 5.2 Ask the participants to get a comfortable sitting angle. Let them reflect on the following for five minutes
- *How is my body feeling?*
 - *Is there anything bothering or upsetting me?*
 - *How have I practiced self-care today?*
 - *What do I need right now?*
 - *What things I am thankful for and why?*
- 5.3 Ask the caregivers to share how they felt.
- 5.4 Explain to them that they can always choose to have a selfcare talk every day. It is important to connect and check in with yourself.
- 5.5 Encourage them to write down the activities and actions that will make them feel good and energized. Suggest the following self-care activities that parents and caregivers can engage in:
- Breathing exercises
 - Getting enough sleep and rest
 - Creating time for their hobbies
 - Physical exercises (walking etc)

Activity 6: Summary, Concluding Questions and Actions to take Home

How long:	10 minutes
What:	<ul style="list-style-type: none"> ▪ Summarize key messages from Module 4 ▪ Assess participants' knowledge ▪ Identify home practice
Materials:	Flip charts from activity 2,3

- 6.1 Explain that the session is nearly at an end and that now we would like to look back on what we have talked about today. Ask people to think about the most important messages are that we have discussed.
- 6.2 As volunteers suggest key messages, thank them for their answers. If any of the following key messages have not already been mentioned, you can add:
- Children learn positive values from their parents and caregivers
 - Positive discipline is about helping a child learn and practice positive choices and builds important skills like making choices, respect for others
 - Violence and humiliating punishments do not prevent children behaving badly and have long-term consequences
 - There are different non-violent discipline methods – they work best when you understand the cause of poor behavior and apply the appropriate discipline for the behavior according to the child's age and developmental stage
- 6.3 Now ask everyone to think about these two questions:

- *The most important thing that you learnt today is...?*
- *What topics did you not understand well?*

6.4 Ask everyone to think about one positive discipline technique that they would like to practice (if they need to!) this week, and one value that they would like to share with their family and other family members. Ask everyone to write down what they will do in their notebooks for sharing in the next session.

Share the following suggestions for consideration- Praising your children when they are behaving well, discussing and setting rules and expectations for behavior, discuss and write down family rules, Identify one challenging behavior and work with your child to address that ONE behavior. Use consequences if the child refuses to follow instructions/behavior remaining calm before taking any action to discipline, reflecting back on child developmental stages and applying appropriate discipline for behavior

6.5 Finally, thank everyone for attending. Remind people that we will be looking at “Communication” in the next session.

6.6 End by giving positive praise about how people have shared, and what skills exist in the room.

References and further reading for the facilitator

<https://centerforparentingeducation.org/library-of-articles/indulgence-values/values-matter-using-your-values-to-raise-caring-responsible-resilient-children-what-are-value>

<https://www.researchgate.net/publication/274658366> The role of values in school discipline

<https://www.greatschools.org/gk/articles/helping-change-behavior/>

<https://childdevelopment.com.au/areas-of-concern/behaviour/challenging-behaviour/>

<https://www.goodschoolsguide.co.uk/special-educational-needs/behavioural/challenging-behaviour>

Communication

GROUP SESSION 5

INFORMATION FOR THE FACILITATOR

A wise person fills their brain before emptying their mouth"

Why this topic is important

Good communication enables everyone to share what they believe with each other. Open and honest communication creates an atmosphere that allows family members to express their differences, as well as love and admiration for one another. It provides caregivers with opportunity to learn and practice effective communication as well as strategies for use in sensitive and difficult communication situations.

Good open communication is especially important for children or caregivers who do not know each other very well. Where children are coming back home after separation from their families or are joining a new family, good communication is essential.

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. It is important for parents and caregivers and other families to learn and use the alternative communication system together. Parents and caregivers can seek support in developing alternative communication systems.

Key messages

1. Effective communication is the cornerstone of healthy family relationships and family functioning

- Communication enables members to express their needs, wants, and concerns to each other. Nurturing and resilient families are built on effective communication.
- Effective communication can help in situations where families are experiencing challenges. Through effective communication family members can resolve unavoidable problems that arise in all families.
- With good lines of communication both children and caregivers can feel heard and understood and conflicts can be reduced or resolved.
- When families establish strong communication lines, family bonds are strengthened thus creating a safe place to seek shelter or support when problems come up.

2. Communicating effectively with children

- Child-adult relationships that are responsive and attentive - with lots of back-and-forth interactions - build a strong foundation in a child's brain for all future learning and development. This is called serve and return. This is when your baby "serves" you a cue (for example, smiles at you), and you "return" with an engaging response (for example, smiling back at your baby).
- Early communication is necessary for the baby's or child's brain development. This

communication continues as children grow older. Remember that brains continue to develop, and need positive stimulation, all the way through childhood and adolescence. Play is a big part of how children communicate, learn and are stimulated. Adults can create time to play with children and adolescents doing activities that are of interest to the child or adolescent and at their level.

- If an adult's responses to a child are unreliable, inappropriate or simply absent then the brain does not have a chance to build up the connections that are needed for someone to grow. When a child does not get the chance for these connections to develop well, later subsequent physical, mental, and emotional health may be slower.
- How we help communication changes with age and for individual children, but the most important aspect is for us to listen actively to children's verbal and non-verbal communication.

3. Establishing or reestablishing communication with a child during reintegration

- After reunification children might find it difficult to readjust to their new home environment. Others may not feel comfortable enough/trust to communicate with the caregiver or other family members. They may talk negatively about the new environment as they compare where they were and their home. Good relationship with the child will enhance good communication hence the caregiver should give the child time to adjust to the new environment as they learn to communicate with the caregiver and others learn to communicate with the child.

Note to the facilitator: This session involves talking about family values and communication. It is possible that caregivers may talk about a relationship within the family that is distressing or you may suspect or they may disclose a violent relationship.

If you suspect violence, you may feel that it is right to discuss the issue with the caregiver. If you do not feel comfortable, or they do not wish to discuss it, speak to your supervisor immediately to identify next steps.

If they do talk about the problem, practice immediate 'psychological first aid' and then talk to your supervisor afterwards. Remember 'LIVES'

Listen: Listen actively to what the person is saying without judgement.

Inquire: Check if there any immediate needs or concerns. For example, check if they want you to take action immediately to help them.

Validate: Let the person know that you have heard them, believe them and are taking what they have said seriously.

Ensure safety: If there is a concern for immediate safety, contact your supervisor or another person in your safeguarding referral process immediately to take action.

Support: Provide the support that you can do immediately, which may be simply listening and validating, and make it clear what steps you will take next.

For more information about support for disclosures of violence or abuse, [what does CTWWC/CRS advise].
You can also get support for yourself or the person via the Child Helpline 116 or Kenya's GBV Hotline: 1195.

Background Information for the Facilitator

Good communication within the family is important because it enables members to express their needs, wants, and concerns to each other. It also enables everyone to share what they believe with each other. Open and honest communication creates an atmosphere that allows family members to express their differences, as well as love and admiration for one another. Open, effective communication benefits not only the children, but every member of the family. Effective communication is therefore a cornerstone of healthy family relationships and family functioning.

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. It is important for parents and caregivers and other families to learn and use the alternative communication system together. Parents and caregivers can seek support in developing alternative communication systems.

The more effectively your family can communicate together, the more healthy your family life will be. Even in situations where family relationships are strained, good communication can help provide insights on situations and enable family members to learn what others in the family feel. Developing good *communication* skills is therefore critical for successful relationships, at family level, whether parent/caregiver, child, sibling or extended family relationships.

Good, open communication is important for children or caregivers who do not know each other very well. For example, in cases where children are coming back home after separation from their families or instances where children are joining a new family, good communication is essential. These situations can be confusing and a stressful time for the various family members, who may well feel a range of emotions. In these circumstances it is important that families establish good lines of communication so that both the children and caregivers can feel heard and understood and conflicts can be reduced or resolved. Generally, when everyone feels heard, they are less angry, stressed and more open to resolve problems than when they feel misunderstood. Good communication can help to minimize and address challenging behavior. Feeling heard and understood also develops trust and caring between family members.

People with speech or hearing impairments, or people with intellectual disabilities or conditions such as autism will require tools and strategies to aid and enhance communication. Families need to be sensitive and be prepared to use accessible language and different communication tools and strategies.

Good communication is an essential skill in all relationships, but it takes practice. Through this module, participants will reflect and discuss a number of steps they can take to strengthen and improve the quality of communication at family level.

What parents and caregivers will learn and practice in this session

By the end of this session, parents and caregivers will:

- Understand the impact of effective communication at family level
- Practice effective communication skills
- Practice strategies for use in sensitive and difficult communication situations

What is in this module

Activity	Time	How
1. Welcome and Introduction to the Module	10 mins	Group reflection
2. Importance of Effective Communication	20 mins	Illustration and Group Discussion
3. Promoting Effective Communication among Caregivers	40 mins	Practical group exercises
4. Communicating Effectively with Children	30 mins	Practical group exercises
5. Practicing challenging conversations	40 mins	Practical group exercises
6. Summary, Concluding Questions and Actions to Take Home	10 mins	Group discussion
Total	2 hours 30 minutes	

Activity 1: Welcome and Introduction to the Module

How long:	10 minutes
What:	<ul style="list-style-type: none"> ▪ Greet each other ▪ Share feedback on the home practice actions ▪ Learn about what today's topic will be
Materials:	Copies of ground rules

- 1.1 Welcome everyone to the fifth module of the training and thank them for coming.
- 1.2 For introduction, ask participants to introduce themselves and make two statements about themselves, one of which is false. Now get the rest of the group to vote on which fact is false.
- 1.3 Thank the group for participating and sharing.
- 1.4 Ask participants to take a minute to reflect on what they learnt in the previous module (values and discipline) and what they have been able to practice at home.
- 1.5 Organize participants in buzz groups of four. Ask them to discuss with each other and give examples of how in the past week they have instilled values and disciplined their children. If appropriate (if people have children across a wide age range), encourage the groups to discuss examples across different age groups (for example, children aged two years, five years, 12 or 13 years, 16 or 17 years). If there are parents or caregivers of children with disabilities, encourage them to join a group that they feel is most suitable for their child's age or developmental stage.
- 1.6 Ask each group to share one example in plenary. Try to get examples from different age groups.
- 1.7 Once they have shared, ask the group if anyone has any questions or concerns about what was covered

in the values and discipline session. If there are, clarify the questions or explain that the question is going to be discussed later in the training and write up the question in the parking lot.

1.8 Thank the participants for the good work and encourage them to continue implementing the actions.

1.9 Introduce today's topic on communication. Explain the following key messages, checking that everyone understands:

- Effective communication is the cornerstone of healthy family relationships and family functioning
- It is important that families establish good lines of communication so that both the children and caregivers can feel heard and understood and conflicts can be reduced or resolved.
- Open, effective communication benefits not only the children, but every member of the family
- Communication can be through words or in other ways, such as touch or sharing and understanding facial expressions or other sounds.
- This module will empower parents and caregivers to reflect and discuss a number of steps they can take to strengthen and improve the quality of communication at family level.

Activity 2: Importance of Effective Communication

How long: 20 minutes

What:

- Explore elements of good communication
- Understand importance of effective communication in the family
- Consider the possible causes and consequences of broken communication in

How long: 20 minutes

...

2.1 Ask parents and caregivers to think about how different family members communicate.

Questions to ask yourself:

- I express myself through _____ (voice, hands, gestures, pictures, writing, etc..)
- I understand others by _____ (reading lips, listening to voices, watching body movements, gestures)
- I am listening when _____ (Looking at someone's eyes/face, moving my hands or other body parts, sitting down)

2.2 Ask caregivers to think about a time they had a good talk/ discussion/ conversation with someone. It could be with a friend/ spouse/ child/ relative. Ask them to think about what made it good. Ask four parents and caregivers to share in plenary, using the following questions:

- Whom did you have the conversation with?
- What were the non-spoken aspects that were good?

2.3 Write their responses on a flip chart and then have a plenary discussion on what is communication and what makes communication effective. Remind participants that effective communication helps strengthen the bonds between parents/caregivers and their children. There is no one way to

communicate, nor is there one best way to communicate. We each have our own way and it is important to understand how each person best expresses themselves and listens to others. It also helps parents/caregivers get closer to one another, and helps the children in the home to get closer with each other. Hold up a woven basket, or show the illustration of a traditional basket made of papyrus reeds. Ask the participants the following questions:

- What makes the basket strong?
- What happens when one reed in the basket is removed or cut?

4.1 Record their answers on flipcharts

4.2 Summarize the activity as follows:

- All reeds must be present and strong for the basket to hold a lot of things. If one reed is shorter or cut, or is missing the basket gets smaller and it can leak and therefore hold nothing.
- Communication in the family is like reeds in the basket. If good communication is missing in a family, like a reeds from a basket, this makes it hard for the family to hold together well / every other area in the family is affected. If the basket is strong, it can contain everything we want to carry. Similarly, at family level, if communication is good there will be an incredible potential to contain and hold happiness, love, togetherness and even differences and conflicts

4.5 Thank the participants for sharing.

Facilitator notes for Activity 2

Communication refers to the way we transfer information from one person to another so that it is received and understood. It involves sharing ideas, thoughts and feelings with other people.

Communication is a mixture of words, body language and gestures to get a message across.

Effective communication is the cornerstone of healthy family relationships and family functioning. At family level, it is important that members develop good communication skills to improve relationships (parental, spousal and sibling).

Feeling heard and understood develops trust and caring between people. Good communication enhances relationships including at family level.

Effective communication can help in situations where families are experiencing challenges. Through effective communication family members can resolve unavoidable problems that arise in all families.

There are no fixed rules about what makes healthy communication within the family. Each family is different and has its own history, mechanisms and communication style.

There are different types of communication: **verbal** is the spoken word, **non-verbal** is tone of voice, body language, facial expressions and gestures.

Communication within the family is extremely important because it enables members to express their needs, wants, and concerns to each other. nurturing and resilient families are built on effective communication.

Practicing effective communication in the family is even more important if one or more people in the family have disability that affects their communication. See the special notes at the end of this module for more information on communication and disability.

Elements and/or characteristics of a good conversation include;

- Active listening: It is important to listen to what others are saying and pay close attention to non-verbal cues. Probe and seek clarification if you have not understood. Reduce distractions and listen to the

content and the feelings beyond the words. If a person is not able or chooses not to speak, it is even more important to be alert to what a person is trying to say, through sounds, gestures, facial expressions or body language.

- Be aware of the person (age, maturity, status) you are talking to and use appropriate language, including gestures or facial expressions
- Facilitate frequent communication through creating and finding time for meaningful conversations at family level. For example, scheduled family meetings and meal times provide space for communication. Be sure to include everyone, including those who may find it harder to communicate, such as people with disabilities or mental health difficulties

These barriers can occur at any point while we are communicating process and may lead to a message being distorted, can lead to misunderstandings and reduce trust.

Some of these barriers can be present within the family and can lead to conflicts if not resolved.

Effective communication can be difficult for many families, but fortunately, it is a skill that can be enhanced.

A good starting point is when parents and caregivers are aware of these communication barriers and how to avoid and/or overcome them.

<i>Barriers/road blocks</i>	<i>Building blocks</i>
<i>Inability to listen carefully</i>	<i>Active listening including to non-verbal cues</i>
<i>Differing communication styles</i>	<i>Understanding the communication styles of family members</i>
<i>Language and cultural differences</i>	<i>Using age appropriate language and cultural expressions or non-verbal communication methods</i>
<i>Presence of conflict</i>	<i>Resolving existing conflicts and trust issues</i>
<i>Lack of trust</i>	<i>Creating dedicated time to communicate to avoid distractions</i>
<i>Distractions</i>	<i>Getting help in talking to adults or children hearing and speech difficulties</i>
<i>Lack of clarity or ambiguity</i>	<i>Avoid jargon and over complicated language. Use simple language</i>
<i>Lack of attention and interest</i>	
<i>Physical or intellectual disabilities such as hearing problems or speech difficulties.</i>	
<i>Irrelevance to the receiver</i>	

Communication is an essential building block for family relationships.

When families establish strong communication lines, family bonds are strengthened. When this happens, family members will feel that their family is a safe place to seek shelter or support when problems come up.

Good open communication is especially important for children or caregivers who do not know each other very well. For example, in cases where children are coming back home after separation from their families or instances where children are joining a new family, good communication is essential. These situations can be confusing and a stressful time for the various family members, who may well feel a range of emotions. In these circumstances it is important that families establish good lines of communication so that both the children and caregivers can feel heard and understood and conflicts can be reduced or resolved. Generally, when everyone feels heard, they are less angry, stressed and more open to resolve problems than when they feel misunderstood. Feeling heard and understood also develops trust and caring between family members.

Activity 3 Promoting Effective Communication among Caregivers

How long: 30 minutes

What:

- Practicing skills for communicating between adult caregivers and spouses

Materials: Two small pieces of paper and one pen per participant

3.1 Remind participants that effective communication in any relationship requires that both couples are open and honest with each other. Explain that *“If you're able to respect each other and really hear what the other person is saying, then you're on the right path. With the right skills, adults can communicate their feelings and actions and emotions will not run high, people will not hurt or resent each other.”*

3.2 Tell participants that now they are going to practice some communication skills.

During the practice sessions, be sensitive and provide support to participants with hearing, sight and speech impairments so that they can fully participate.

3.3 Introduce the first activity

Exercise 1: High and low activity (10 min)

- Divide the participants in pairs.
- Ask one person in each pair to ask their partner to share their best and most disappointing moment of their day yesterday. Ask them to try to incorporate words like “love”, “feel”, “appreciate”, and avoid words like “fault”, “never”, and “hate” (e.g., “I hate it when...”). Ask the other person to practice active listening techniques, conveying their empathy and understanding through both verbal and nonverbal communication (e.g., smiling, nodding, taking their partner’s hand).
- After 5 minutes, the listening partner feeds back what they have heard and understood, and share any thoughts or feelings that came up. Ask them to also use words and gestures that show what they are feeling.
- After one minute, the partners switch roles and repeat the exercise.
- Explain to participants that this exercise can help caregivers feel more connected and in touch with one another. This is a way for the adults to check how each other is feeling – it can be simple, just for a few minutes at any time in the day – in the morning while waking up, during dinner time, bed time.

Be sensitive to the different caregiving arrangements in families and avoid assuming that there will be two primary caregivers. There may be many adults helping in the family, or there may be one caregiver looking after children alone. The key message is that it is important to communicate clearly with people for support in caregiving and for our own wellbeing.

- Ask everyone if they think that they can practice this exercise once a day with someone. This will adults a chance to practice their communication and active listening skills on a regular basis.

3.4 Now introduce the second activity

Exercise 2: I feel (blank) (10 min)

- Explain to participants that this is a simple exercise called “I feel ____”.
- Explain that as adults, parents and caregivers some of us may have trouble sharing our feelings, even (or especially) with those we are closest to. A great way to work on communicating your feelings more often - and more effectively - is to practice saying “I feel ____.” Explain that this can be useful when we are experiencing strong emotions or discussing a sensitive or difficult subject with a partner or friend.
- Explain that you are going to describe a feeling in two ways and you would like people to say which they think would be more useful when a partner has forgotten an important event or activity. Then say the following two sentences:
 - *“You don’t respect my time, you are forgetful”*
 - *“I feel like you don’t respect the things that are important to me.”*
- Once you have read the two sentences, ask for suggestions about which is better and why. Once you have heard a few suggestions, summarize the key messages:
 - Stating your feelings rather than making a personal attack or blaming the other person can be make it easier to communicate your thoughts and emotions.
 - Explaining how you feel, rather than blaming, shows your partner or friend that you care about having a constructive conversation and that your intentions are not to hurt them but to help them see from your perspective.

3.5 Give the following scenarios to the participants and ask them to practice in buzz groups of three how they would response to/handle the situation, using communication effectively as they have just practiced.

- You had sent your partner for something at the market and she/he forgot to buy it. When she/he arrives home how would you handle the situation?

3.6 Once people have had five minutes to practice, ask participants to share with the whole group what communication techniques they used and how this felt.

3.7 Conclude this activity by summarizing the key messages:

- Communicating openly and regularly with other caregivers and adults can help with family relationships, by making it easier to understand what each other is feeling.
- Talking about your own feelings, rather than the other person’s ‘faults’ or behaviors can be an effective way of talking about sensitive issues.

Activity 4: Communicating Effectively with Children

How long: 30 minutes

What:

- Learn how to communicate to effectively with children
- Identify and avoid some mistakes parents and caregivers make when communicating with children and practice alternative communication styles

Materials: Pair 1 and Pair 2 instructions – enough for one of each for the whole group working in pairs (Exercise 2: Fists)

4.1 Introduce the activity by saying that we will now be looking at communication with children. Explain to participants the following.

- Child-adult relationships that are responsive and attentive - with lots of back and forth interactions - build a nurturing and resilient foundation in a child's brain for all future learning and development. This is called serve and return.
- This is when your baby "serves" you a cue (for example, smiles at you), and you "return" with an engaging response (for example, smiling back at your baby).
- Serve and return starts from birth, any time a baby or young child babbles, gestures, or cries, and when an adult makes eye contact, speaks or hugs.
- Remember Module 2 where we talked about the need for stable, responsive relationships with caring adults. If an adult's responses to a child are unreliable, inappropriate or simply absent then the brain does not have a chance to build up the connections that are needed for someone to grow. When a child does not get the chance for these connections to develop well, later subsequent physical, mental, and emotional health may be slower.
- Therefore, early communication is necessary for the baby's or child's brain development. This communication continues as children grow older. Remember that brains continue to develop, and need positive stimulation, all the way through childhood and adolescence.
- Play is a big part of how children communicate, learn and are stimulated. Adults can create time to play with children and adolescents doing activities that are of interest to the child or adolescent and at their level.
- How we help communicate changes with age and for individual children, but the most important aspect is for us to listen actively to children's verbal and non-verbal communication. When we actively listen to children, we are letting them know that they can let us know what they feel or think and that what they are feeling or thinking is important to us.
- Children learn many skills and attitudes by communicating with us and by watching how adults communicate with each other. We need to be sure to be good role models and to take the time to listen and clearly send our own messages.

If useful, you can refer back to Modules 1 and 2: Family values and Family relationships, to remind people about the role modelling that you have already discussed in the group.

4.2 Tell participants that now they are going to practice some communication skills. Introduce the first activity:

Exercise 1: Asking open ended questions that encourage conversations (10 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.
- Parents and caregivers can take some time every day to talk to their children and encourage conversations. 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. How are you fairing on in your favorite subject – any new and exciting thing that you learnt today? I notice that you have made an improvement in mathematics, tell me more?
- Ask participants to practice in buzz groups on how they would communicate to their children about;

- School progress or an incident they encountered
- Their favorite pass time activity and hobby
- Their dreams and aspirations when they grow up

4.3 Now introduce the 2nd activity

Exercise 2: Fists (5 min)

- Divide the group into pairs. Explain that each pair will get two different sets of instructions that they must read on their own. One person is Pair 1 and one is Pair 2. No one should share their instructions with their partner.
 - The first set of instructions (Pair 1) says: The person opposite me (Pair 2) will make a fist. I **MUST** get that fist open.
 - Pair 2 instructions says: The person opposite me (Pair 1) must try to get me to open my fist. I must **NOT** open my fist unless he/she asks you politely and assertively.
- Most people will try to pry the fist open. Leave the pairs to try for a while. If you see someone asking their partner to open their fist, stop the groups and ask that pair to show what they did. If no one does, allow everyone to try for up to two minutes, and then ask people to stop and have a think. Ask them to think about what we have been discussing in this module. Ask if a Pair 1 can think of a different way to try and open the fist. If no one manages to do this, ask for a volunteer from who is a Pair 2 to show how they might do it. If you do not get a volunteer to ask politely and assertively, show the group yourself with one of the participants who is holding their fist tight.
- Facilitate a discussion using the following questions:
 - How did the directions influence your actions?
 - Did you consider a peaceful way of asking? Why or why not?
 - Do you think that this may happen with some children?

Note that it may not happen to all children

- Once people have given their ideas, summarize the key points:
 - The more anyone gets pushed, the more they are likely to get defensive.
 - A child may show their behavior through being explosive or shutting down and ignoring you.
 - Being calm, firm and polite is likely to be more effective.
- Ask participants to share more ideas of situations where these may arise with children. Write down these examples on flip chart.
- Thank the participants for sharing

4.4 Now introduce the third activity

Exercise 3: Talking about feelings with your children (10 min)

- Revisit exercise 3.4 Exercise 2 the “I Feel _____” exercise
- Explain that this exercise can also support parents/caregivers in communicating with children.
- Read out one of the following scenarios (or make up a scenario suitable for your group):
 - 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. What will you say?

- You have discovered that your 15-year-old boy is hanging out in places that you had asked them not to
- Ask participants to practice how they would handle the scenario that you have read out.
- After people have practiced for around 5 minutes, ask a few volunteers to share how they felt about the exercise. Summarize the key messages of the session:
 - Effective communication with children is the same as with adults.
 - When experiencing strong emotions or discussing a sensitive or difficult subject with their children, try beginning their sentences with “I feel...” and continue from there.
 - Framing the discussion in this manner—as a statement of your feelings rather than a personal attack or blaming session shows your child that you care about having a constructive conversation.

Facilitator notes for Activity 4

With some disabilities children may have little or no clear speech or it may develop slowly. Here are some tips for effective communication for children with disabilities. Parents or caregivers may worry their child will never be able to communicate with them or with others. There are techniques and equipment that can help children with disabilities to communicate. This includes, signing, symbols, word boards and electronic communication aids.

Sensory impairment (Vision)

- Encourage a child to use any vision they have and make any necessary adjustments to support this, such as writing words with big letters, ensuring that dark letters/things are visible against a light background.
- Where possible encourage a child to learn braille at a school that offers services to children who are blind.
- Where possible, a tape recorder can support children in listening to stories, lessons from school on their own time.
- Textured surfaces, such as sand, mud, clay, cardboard, rope, can be used to create shapes and/or letters for children to learn and explore their environment through touch.

Sensory impairment (Hearing)

- Where possible, seek support from the community for you and your child to learn sign language.
- Explore use of symbols, picture boards or word boards to communicate
- For children who can read and write, writing pads can be useful to encourage communication

Learning/cognitive disability

- Use visual images – photos, drawings, videos – to promote communication,
- Use gestures and signs
- Support children in developing a book, a board, or cards with pictures or drawings related to daily activities, feelings and items (like utensils, favourite games or whether they are feeling hot or cold)

Other social/communication challenges

- Follow the child’s lead

- Reward any attempt to understand and communicate
- Try to create opportunities that encourage children to communicate.
- Engage in activities that are of high interest that can easily be repeated by other family member and use the child's responses to understand if they want to continue the activity (include an example here)
- Support children in developing a book, a board, or cards with pictures or drawings related to daily activities, feelings and items (like utensils, favourite games or whether they are feeling hot or cold)

Activity 5: Practicing challenging conversations

How long: 40 minutes

What:

- Practice having conversations on sensitive topics with children
- Practice communication with teenagers
- Practice communicating effectively in difficult situations

Materials: Printed scenarios

5.1 Start the activity by explaining that families that communicate in healthy ways usually find it easier to resolve problems. Tell participants that now they are going to practice some communication skills to use in difficult situations.

5.2 Ask participants to get into groups of four.

- Give each small group two scenarios to discuss (or more depending on the total number of participants). Ask participants to discuss with each other how they might talk to their teen about the issue.
- *Note: you can add any additional scenarios that are important for your community and group.*
- Scenarios:
 - Your child has been engaging in betting
 - Your neighbour tells you she saw your teen smoking marijuana
 - Your child's teacher tells you that your child skipped school yesterday
 - Your child's teacher tells you that your child shouted at her yesterday
 - You find a mobile phone in your teen's bag that isn't theirs
 - Your teen has started having strong body odour
 - Your teen has started having wet dreams
 - Your teen has started menstruating
 - You think your teen might have started smoking
 - You think your teen might have a boyfriend/girlfriend
 - You think your teen might be having sex
 - You find your child is watching inappropriate content on TV or phone
 - Your husband wants your teen to marry soon
 - You notice your teen has cuts on their arm (self-harm)
 - Your teen comes home obviously very upset but keeps saying they are fine.
- After no more than 20 minutes, come back together as one big group. Ask each group to read out and their most challenging scenario and describe to the other groups how they might approach it. Encourage participants from other groups to add any other new suggestions, but

make sure to allow time for each small group to give their feedback.

- Note: support participants to create open, non-judgemental spaces for conversations with their teen. It's important to discuss that some of the scenarios can indicate that something is upsetting your adolescent, which might include being bullied, abused or exploited. Tell participants this will be discussed in session 8: why empowering our teenagers to stay safe and speak out matters
- Explain to participants the following points: (additional notes on communicating with teenagers)
 - Communication styles and strategies change as children grow and increase in their independence. Adolescents differ from adults in the way they behave, solve problems, and make decisions.
 - Based on the stage of their brain development, adolescents are more likely to act on impulse, misread or misinterpret social cues and emotions, get into accidents of all kinds, get involved in fights, engage in dangerous or risky behaviour.
 - Adolescents are less likely to; think before they act, pause to consider the consequences of their action, know how to stop before behaving dangerously or in an inappropriate way.
 - On the other hand, adolescents are more likely than adults to 'think outside the box' and try out new things, be creative and come up with solutions we haven't thought of, feel strongly and passionately about right and wrong. We can all think of positive teen role models!
- These brain differences don't mean that young people can't make good decisions or tell the difference between right and wrong. It also doesn't mean that they shouldn't be held responsible for their actions. However, an awareness of these differences can help parents/caregivers, understand, anticipate, and manage the behaviour of adolescents.

5.3 In buzz groups (two parents seated next to each other) discuss how caregivers can improve communication with teenagers.

5.4 Summarize by saying the following;

- Share the following tips with the participants
 - Positive communication. The key to building a positive relationship and sorting out any communication difficulties with your teenager is to keep the channels of communication open. We tend to consider the importance of big talks about significant topics with teens, but the ability to connect when it really matters is often based on the ability to connect when it doesn't. The way you relate to them in day-to-day life will make it easier - or harder - to sort out the key issues. It is always good to have regular communication with each other at family level, not only at times of concern. This way it will be easier to have communication even on difficult topics
 - Don't lecture your teen, have a conversation. Conversation involves at least two people. When communicating with a teenager not be the only person speaking give them a chance to react/respond. When parents complain "my teenager doesn't want to talk to me," what they're really complaining about is "my teenager doesn't want to listen to me."
 - Don't attack. The conversation between any two people will break down if one feels they being accused of something.
 - Show respect for your teen's opinions. Teenagers can be surprisingly easy to talk with if the parents make it clear that they're listening to the teen's point of view.
 - When you do respond, start with empathy, not answers. Repeat back what your teenager

said to you for example “You’re feeling really stressed out about PE class tomorrow.” By repeating the words back to them, you’re showing them you hear and you acknowledge how they are feeling.

- Pick your battles- some things are more important than others. Pick your battles so that you win the ones that really matter and let go of others
- Keep it short and simple. By this, you will avoid lecturing the teenager instead of communicating with them
- Be yourself. Don't try to talk like your kids or their friends.
- Seize the moment. Be around your teenager and use the available time to have conversations with them.
- *Drop the expectations.* By letting go of your ideas about how and when you and your teenager communicate, you'll be more likely to find peace with what is, instead of dwelling on what should be. Then you'll open the door for new, healthier communication patterns to emerge.
- *Stay calm.* The ability to stay calm, no matter what your teenager shares with you, is critical if you want them to keep coming back to you. Resist the urge to jump in — “You and your friends did what?” — and instead, stay calm, nod and thank your teenager for sharing. If it's the kind of information that requires action on your part, take time to reflect, so that when you do bring it up, you can do it in a non-threatening way.
- *Share your stories.* Teenagers love hearing about other teens who went through difficult situations and lived to tell about it; there's something comforting in knowing they're not the first person to feel isolated or misunderstood. So, it only makes sense that they'd want to hear your stories too, even the uncomfortable ones. Take time to be vulnerable and share, and chances are your teenager will see you in a whole new light.

7.2 Explain to parents and caregivers that it is important to use accessible language and different tools when talking with children with speech, hearing and intellectual impairment to enhance communication. The tips in the following exercise can help.

Some children and adolescents may require additional support in communicating with others. The table below outlines some ways that parents and caregivers can support children with various needs. If there are families affected by disability, use the notes below as a resource and start by asking participants ideas for how they might communicate. After they have shared ideas, suggest any of the additional ideas below that are relevant to the children or adults with disabilities represented by the group.

Facilitator notes for Activity 5

There are often disagreements with teenagers, when things are complicated, here are some tips to help with clear communication

1. Identify the problem: Put the problem into words that make it workable. For example: ‘You want to be spending a lot of time with your friends. That is understandable.’ ‘I’m worried that the places you hang out with your friends may not be safe. There could be a lot of people drinking or taking drugs’. ‘When you’re out, I worry about where you are and want to know you’re OK. But we need to work out a way for you to be able to spend time with your friends, and for me to feel comfortable that you’re safe.

2. Think about why it’s a problem: Find out what’s important for your child and explain what’s important from your perspective. For example, you might ask, ‘Why don’t you want to agree on a specific time to be home?’ Then listen to your child’s point of view.

3. Brainstorm possible solutions: Be creative and aim for at least four solutions each. For example, you might suggest the time the child should come back. Or your child might suggest who they will walk back home with.

4. Evaluate the solutions: Look at the pros and cons of each solution, starting with the pros. It might be helpful to start by crossing off any solutions that aren't acceptable to either of you. For example, you might both agree that your child after 7.00 p.m. is not a good idea. You might prefer to have some clear rules about time – for example, your child must be home before 6.00 pm unless otherwise negotiated. Be prepared with a back-up plan in case something goes wrong. 5. Agree on consequences: Be sure to discuss the consequences of going against the agreed rule.

Activity 6 Summary, Concluding Questions and Actions to Take Home

How long: 10 minutes

What:

- Summarize key messages from Module 5
- Assess participants' knowledge
- Identify home practice

Materials: Flipcharts with key messages from activities

6.1 Explain to the parents that nurturing and resilient families are built on good communication.

Communication establishes and maintains relationships between parents and between parents and children. Use the flipcharts used from the previous activities and summarize the following;

- Why is effective communication important at family level?
- What are the elements of good communication?
- Strategies of effective communication

6.2 Explain that the session is nearly at an end and that now we would like to look back on what we have talked about today. Ask people to think about the most important messages that we have discussed.

6.3 As volunteers suggest key messages, thank them for their answers. Add the following if they have not already been mentioned.

- Not all family members communicate in the same manner. Take time to learn and understand each other
- Communication skills can improve through practice
- Everyone can be busy but it is important to deliberately set /make time to regularly talk to each other
- Be an active listener. Most of us talk more than listen. It is important to really listen giving attention to your tone and body language
- Communication is a strong building block for family relationships
- Good communication helps build relationships in good times, and mend relationships in difficult times.

6.4 Now ask everyone to think about these two questions:

- *The most important thing that you learnt today is...?*
- *What topics did you not understand well?*

6.5 Explain that after each module, everyone will choose some actions or techniques discussed during the module that they would like to practice at home before we meet again.

6.6 Remind people that today is about effective communication skills. Ask everyone to think of one new action that they will do practice at home to improve communication. They can think of active listening, using open ended questions, or constructive feedback of negative feelings. Or all of these!

- Active listening: Try to set aside a time each day that is devoted to communicating with their family members. It could be during family meals, family meetings but also one on one conversations are important. Ask them to test your listening skills in these conversations. During the conversations they should provide feedback to the speaker either verbally and non-verbally. As the person speaks, they should focus on remembering the essential information they are sharing. After they have finished talking, ask them to summarize back to them what you have heard. Ask the person whether the summary is correct and to clarify any meanings if necessary.
- To try and have open ended questions to enhance communication: Examples of how to start open-ended questions: Tell me about ... How could ...? What do you think would happen if ...? Is there another way to...? Why do you think...? How do you find ...?
- Constructive expression of negative feelings: there are moments when the actions and behaviours of others annoy us and we need to let them know in a constructive way. Try the I feel ...exercise

6.7 Explain that we will share what we have all done in the next meeting .

6.8 Close the session by thanking everyone for coming, and have a sing a song that appreciates them for their commitment in participating in the parenting sessions. Tell the participants that next week you will be looking forward to discussing about 'Building Strong and Secure Attachments' at family level".

References and further reading for the facilitator

<https://www.pubs.ext.vt.edu/350/350-092/350-092.html>

<https://positivepsychology.com/communication-activities-adults-students/>

<https://developingchild.harvard.edu/science/key-concepts/serve-and-return/>

<https://www.familylives.org.uk/advice/teenagers/communicating-with-teenagers/the-importance-of-communicating-with-teenagers/>

Building Strong and Secure Attachments

GROUP SESSION 6

*"IT IS EASIER TO
BUILD STRONG
CHILDREN THAN TO
REPAIR BROKEN
ADULTS."*

INFORMATION FOR THE FACILITATOR

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. The quality of these relationships influences how the brain develops from birth onwards, and influences the emotional, cognitive, physical, and social development of children.

To become securely attached, 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.

Secure attachments start with taking care of yourself as a caregiver. It is important that parents and caregivers to have adequate rest, sleep, eat nutritious meals, address stress and get adequate support in their caregiving roles.

Key messages

1. *Secure attachments are essential*

- When parents and caregivers connect with their children, they are helping their children have the best possible start in life.
- The first three years build a foundation for future learning, health and life success. Developing early attachment really helps lifelong development. When there is a secure attachment, children learn how to trust others, how to respond emotionally, and how others will respond to them.
- This is relevant for children and adolescents of all ages.
- Every interaction and each moment a caregiver spends with their child promotes attachment.
- Secure attachments can also be built later in childhood or adolescence. Sometimes we do not build secure attachments with young children for many reasons. It is still very important and helpful to work on building our relationships with children at any age.
- When the caregiver is sensitive to the child's needs and responds in ways that are warm, nurturing, and make the child feel safe, the child begins to use this person as a secure base from which to explore and, when necessary, as a haven of safety and comfort.

2. *It is possible to build or rebuild attachment after separation*

- Attachment and bonding can be challenging for families who have undergone

separation, those affected by violence, and those who have gone through challenging life experiences, including caring for a child with a disability. These families can get support and recover from their experiences and become healthy and resilient again.

- Sometimes parents and caregivers and their children can go through various experiences that affect the secure attachment bond. It is still possible to (re) build and strengthen these relationships through a number of attachment-based activities
- Secure attachment develops gradually and goes through a variety of phases. Attachment is essential during the first two to three years of life. It is also important for older children who have moved home or missed out on early care and love.
- Children who have moved regularly need patience and will take time to develop trust. We can help create a reliable, stable and safe environment. It's important to remember the difficulties the children we live with face in attaching to people, and how this makes it difficult for them to trust and open up to people.
- Building attachments is a process that occurs over time. While strong attachments do not come overnight, consistent intentional and purposeful interactions every day are the building blocks for building attachment. Building attachments is a process that occurs over time. While strong attachments do not come overnight, fortunately consistent intentional and purposeful interactions every day are the building blocks for building attachment.

3. Building attachment with infants or young children

- It is important to build or rebuild attachments and this means helping your child feel loved and safe.
- Attachment can be strengthened through simple actions including:
 - Regularly cuddling your child, or other physical contact that does not cause sensory problems.
 - For infants skin to skin contact (laying baby on your chest) if this does not cause sensory problems
 - Physical contact during infant feeding
 - Responding to cues (crying, boredom, laughter etc.)
 - Holding your baby, looking at your baby, singing or talking to your child
 - Setting limits and structure
 - Creating time to play
 - Creating or increasing time for family connections.

4. Building attachment with adolescents

- Adolescence is a time when children develop rapidly – it is often called the major 'window' of opportunity, following early childhood development.
- It is important for adolescents to maintain a strong attachment with their parents or caregivers. Adolescent-parent attachment has profound effects on cognitive, social and emotional functioning.
- Adolescents with secure attachment are less likely to engage in high risk behaviors and have mental health problems and enhanced social and relationship skills and coping strategies.
- Parental involvement, availability and support can shape an adolescent's social and emotional development.

5. Building attachment with children and adolescents with disabilities

- Providing a consistent, reliable, safe and caring environment is also important for children with disabilities. Even if you may not be able to communicate with them verbally, a nurturing environment is an important foundation to help the child feel safe, secure and provide a sense of belonging.

Background information for the facilitator

Safe, secure and nurturing families provide children with opportunities to build trusting, consistent and secure relationship with adults. The quality of these relationships influences how the brain develops from birth onwards, and influences the emotional, cognitive, physical and social development of children. Secure relationships are an important foundation of life and skilful parenting.

To become securely attached, 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.

Being physically available as parent or caregiver is a good start, but it is not enough without emotional connections and engagement. Building a secure base for attachment means that as parents and caregivers you need to have the ability to create a stable, loving, and emotionally supportive environment in which the children and others feel safe. As parents and caregivers, you can help your child to make a secure attachment by being present, dependable and responsive. That means you have to tune in and respond to your children's signals and needs, be available to provide comfort and relief and safe opportunities for exploration and learning. Secure attachment doesn't happen overnight. It is an ongoing partnership between you and your child and beneficial to both caregivers and children.

Parents and caregivers may experience difficulties that can interfere with the formation of secure attachments. Parents and caregivers who are stressed, depressed and experiencing traumatic events may find it difficult to interact and tune in and respond to their children's needs. Secure attachments start with taking care of yourself as a caregiver and thus it is important that parents and caregivers to have adequate rest, sleep, eat nutritious meals, address stress and get adequate support in their caregiving roles. This will make them alert and emotionally available to tune in and respond to their children's needs.

Building attachment with children and adolescents with disabilities: Providing a consistent, reliable, safe and caring environment is especially important for children with disabilities. Even if you may not be able to communicate with them verbally, a nurturing environment is an important foundation to help the child feel safe, secure and provide a sense of belonging.

Children with disabilities may have varying experiences with attachment with caregivers and adults at different parts of their lives. They may have experienced harmful interactions with adults that can show up as challenging behavior. Children with disabilities may have different responses to attachment building activities than children without disabilities. For example, they may not turn to you when you are singing or listening. Sometimes this can make parents/caregivers feel like their child is not engaged or interested in them and as a result the parent/caregiver does not engage in any interactive activities. It is important to remember that even if a child does not respond as expected they are still benefiting from the care and attention that attachment activities provide. Children with disabilities may have different responses to attachment building activities than

children without disabilities.

Challenges that impact healthy attachment between children with disabilities and their parents/caregivers include: increased risk of institutionalization of children; pressure from family and community not to show affection; feeling guilt or blame; difficult childbirth; early medical intervention where child is taken away from parent/caregiver at birth; diagnosis of disability; behavior challenges; children not meeting parent/caregivers expectations; lack of achievement in school;

In addition to the examples above, parents/caregivers can increase attachment by:

- Playing with the child at the child's level of understanding and ability. Encouraging the child to engage in activities that they are ready and capable of helps to reduce child and parent/caregiver frustration.
- Physical touch (firm or soft) in a way that is in line with a child's sensory needs
- Encourage safe and open exploration and independence

What Parents and Caregivers will Learn and Practice in this Session

By the end of this session, parents and caregivers will:

- Understand the importance of attachment
- Learn the factors that help caregivers in building secure attachments
- Learn and practice how to build and/or strengthen secure attachments

What is in this Module

Activity	Time	How
1. Welcome and Introduction to the Module	15 mins	Group discussion
2. Importance of Safe, Loving and Stable Families	15 mins	Attachment exercise and group discussion
3. Importance and Factors that Influence Secure Attachments	30 mins	Group work, group discussion and practice sessions
4. Promoting Secure Attachments Among Caregivers	40 mins	Practice sessions and group discussion
5. Promoting Secure Parent-Child Attachment	40 mins	Practice sessions and group discussion
6. Summary, Concluding Questions and Actions to Take Home	10 mins	Group discussion
Total	2 hours and 30 minutes	

Activity 1: Welcome and Introduction to this Module

How long: 15 minutes

What:

- Greet each other
- Share feedback on the home practice actions
- Learn about today's topic

Materials: Remember to post the ground rules somewhere where everyone can see them

- 1.1 Welcome everyone back to the session. Appreciate everyone's commitment in coming back again. Explain that now we are going to reflect back on what we did last week, before we start a new topic today.
- 1.2 Remind people that in the last session we talked about communication, and we all decided on some activities that we would practice at home. Ask everyone to think for a minute about what they did at home.
- 1.3 Group participants in three groups. Tell participants that for the next five minutes, they discuss with each other what they did at home.
- 1.4 After five minutes ask each group to pick and share two things that they did in the past week. Ask some volunteers to share their feedback with the larger group.
- 1.5 Thank everyone and encourage them to continue practicing these techniques.
- 1.6 Ask the group if anyone has any questions or concerns about what was covered in the previous session. If there are questions, clarify these or explain that this is going to be discussed later in the training and write up the question in the parking lot.
- 1.7 Introduce today's topic on building strong and secure attachments and share the learning outcomes as highlighted above. Explain the following key messages, checking that everyone understands:
 - Attachment and bonding are important for both parents and caregivers and their children.
 - When parents and caregivers connect with their children, they are helping their children have the best possible start in life.
 - Secure connections are important for every aspect of child development. They affect the way children develop mentally, physically, intellectually, emotionally, and socially.
 - In return, parents and caregivers can become more nurturing, resilient, sensitive and more confident in their parenting choices because they will better know their children.
 - Parents and caregivers can form secure attachments with their children at all ages.
 - Attachment and bonding can be more challenging for families who have undergone separation, those affected by violence, and those who have gone through challenging life experiences. These families can get support and recover from their experiences and become healthy and strong again.

Activity 2: Importance of Safe, Loving and Stable Families

How long: 15 minutes

What:

- Learn about the importance of a safe, loving and stable family
- Define secure attachment

Materials: Masking tape

2.1 Ask four volunteers to come to the front of the room.

2.2 Give the following instructions:

- Choose one volunteer and give them a long piece of masking tape. This person will be the 'child'. The other three volunteers will be caregivers.
- The child is asked to approach a 'caregiver' and try to 'attach' to them (physically and metaphorically) with the tape, by attaching their arm to the caregivers arm with the tape.
- Now tell the 'child; that he/she can no longer stay with this 'caregiver' so he/she must remove the tape from both of their arms.
- The facilitator says to the 'child': "That looked painful! Was it painful?". Ask the child to answer.
- Then encourage the 'child' to find a new 'caregiver' and to use the same piece of masking tape to attach themselves to the new caregiver. As the the 'child' sticks the tape to the new caregiver's arm, ask: "What do you notice is different this time, compared to the last time? Does the tape feel the same?"
- Once the 'child' has answered, tell the child that they now cannot stay with this 'caregiver'. Ask the 'child to again remove the tape.
- Now say to the child: "Did this hurt as much as the last time?"
- Once the child has answered, ask the 'child' to attach themselves to the final 'caregiver'. Ask the child and the caregiver (or anyone in the group) whether the tape is working as well.

2.3 The tape will have lots its 'stick' – point this out to the group and ask participants to reflect on what they have observed using the following guiding questions:

- What does this activity show about how children 'attach' to caregivers?
- What does it mean that the tape gets less sticky?
- Would we be able to use this tape to attach to even more caregivers?

2.4 Ask participants to think of this activity while focusing on children who lack consistent caregivers. These might be children that they know who have a different caregiver at home regularly because the parents are out to work and the child does not have anyone there, children who have moved home a lot due to death or family problems, or children in institutions (orphanages) where staff and volunteers change from day to day. It might be a child with disabilities who cannot attend school and is left home alone. Encourage a group discussion by

reflecting on the following questions:

- *Do we think that the children in this situation can tape or 'attach' themselves well?*
- *In what ways is this different to a family setting?*

Be sensitive to how people are feeling in the room. It is possible that some participants will be thinking about their own experiences of not having had a close caregiver, or may be feeling guilty that they have not been consistent with the children that they care for. If any individuals are looking upset, make sure to set aside time to talk to them on their own after the session.

If people express harsh or judgmental views about people who are 'irresponsible' and do not care for their children, it is important to remind people of the difficulties that people are facing. You may have to use the example of Centrine and the discussions that people had about the stresses that people face. Remind people that the Families Together parenting training is about valuing what we are already doing well, and practicing how to do better, not regretting what we have done in the past or judging others.

2.5 Thank the volunteers and summarize the exercise with the following key messages:

- We know how important attachment is for healthy development.
- This exercise shows us just one way in which children do better in family-based care.
- If we know children who have moved from one home to the other, in our own family or in the community, we should be mindful of the challenges these children have already faced in their lives.
- Children who have moved regularly need patience and will take time to develop trust. As parents, caregivers and community members, we can help create a reliable, stable and safe environment. It's important to remember the difficulties the children we live with face in attaching to people, and how this makes it difficult for them to trust and open up to people.
- Children with disabilities may face even further challenges if they have moved regularly without caregivers who understand their needs and, even worse, may have faced additional discrimination or violence. Children with disabilities have the same needs for and right to attachment and nurture as all other children.

2.6 Ask the participants to define what a secure attachment with a child means for them, based on the exercise that they have just done. Write their responses on a flip chart.

2.7 Thank the participants for sharing and summarize the activity with the following points:

- Secure attachment is a loving, emotional relationship that a child forms with at least one consistent and reliable caregiver.
- Being physically available as parent or caregiver is a good start, but it is not enough without emotional connections and engagement.
- Building a secure base for attachment means that parents and caregivers must create a stable, loving, and emotionally supportive environment in which children and others in the household feel safe.

Facilitators notes Activity 2

Attachment is the relationship developed between a child and a parent or primary caregiver.

How the relationship between child and caregiver forms is dependent on how the parent or

caregiver responds to a child's needs for care, comfort and security, provided in a way that is suitable for the child's developmental stage and unique strengths and circumstances.

When the caregiver is sensitive to the child's needs and responds in ways that are warm, nurturing, and make the child feel safe, the child begins to use this person as a secure base from which to explore and, when necessary, as a haven of safety and comfort,

Secure attachment develops gradually and goes through a variety of phases. Attachment is essential during the first two to three years of life. It is also important for older children who have moved home or missed out on early care and love and for children with disabilities who have lacked warm nurturing care.

Activity 3: Importance and Factors that Influence Secure Attachments

How long: 30 minutes

What:

- Explore and reflect on the importance of secure attachment
- Identify factors that influence secure attachment

Materials: Three dolls or toys that participants can use to practice attachment; flip charts and marker pens

3.1 Group the participants into three groups and ask them to reflect on the following questions in their groups. Once they have discussed, write the responses on the flip chart (10 mins)

- *Why is it important for children to have a secure attachment?*
- *What can you do at home to build secure attachment and relationships with your children?*

3.2 Now give each group a doll. Ask them to practice some of the activities that they have suggested. Explain that these activities can be done within the daily family routine.

If necessary, suggest the following activities: holding and touching (e.g. stroking, massaging, tickling, bathing, gentle touching, close eye contact, singing, feeding, cuddling, snuggling, skin to skin touch), playing, singing and laughing together.

3.3 Ask participants to also think about what they might do to secure attachment with their older children and teenagers.

If necessary, suggest the following activities: sitting down together after school for five minutes and having a cup of tea, sharing household tasks e.g. going to the market or the fields together, listening when a teenager wants to explain an online app or game they use with their friends. Although parents and caregivers may not share their teenager's interests, taking time to get involved in them inevitably leads to talking, connecting and building a trusting relationship.

3.4 After about ten minutes, ask the groups to think about what might hinder healthy and secure attachments, and what might they do to address the situation?

If helpful, ask further about whether they can think of times when children may lose trust in adults and when children feel unsafe. Ask people to think about what these children experience and where they might go if they do not have a trusted reliable caregiver.

3.5 Ask each group to share in plenary for five minutes.

3.6 Thank the participants for sharing and summarize the session with the following key points if they have not already been shared:

- *Secure attachment is necessary for healthy brain development. This is the foundation for positive child development.*
- *Secure attachments help infants develop a sense of security and may affect their relationships and their capacity to form future relationships.*
- *There are practical things you can do during daily family routines that can facilitate secure attachments. (Now summarize the activities that they have shown and add more from the facilitator notes below).*
- *It is important for parents and caregivers to be approachable and active listeners. When you show your child that you are really listening and want to hear what they have to say, and you share some personal things about yourself and open up to your child, you are establishing a good foundation upon which your child will feel more comfortable and connecting talking to you about things.*
- *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. Remind parents and caregivers what they covered in the module on mental health, self-esteem and self-care.*
- *Sometimes parents and caregivers and their children can go through various experiences that affect the secure attachment bond. It is still possible to (re) build and strengthen these relationships through a number of attachment-based activities that we are going to explore in the next activity.*

Facilitator notes Activity 3

When a caregiver is nurturing and caring, the brain develops well and this provides a foundation for positive child development.

The first three years build a foundation for future learning, health and life success. Developing early attachment is essential for this lifelong development. When there is a secure attachment, children learn how to trust others, how to respond emotionally, and how others will respond to them. Children whose first attachments are insecure or negative may have difficulty forming healthy relationships

It is also important for adolescents to maintain a strong attachment with their parents or caregivers, regardless of past experience. Adolescent-parent attachment has profound effects on cognitive, social and emotional functioning. Adolescents with secure attachment are less likely to engage in high risk behaviors and have mental health problems, and are more likely to have social skills and coping strategies.

What parents and caregivers can do:

It is really simple to build attachment with our children in the day to day activities and actions that we do.

When your newborn gets what they need from you, like a smile a touch or a cuddle, your newborn feels the world is a safe place to play, learn and explore.

Young children use body language (smile, make eye contact, laugh, make little noises) to show you

when they want to connect with you. When parents and caregivers notice and respond to their child's cues and body language in warm and loving ways, the child feels secure. This also helps the child learn about communication, social behaviour and emotions, and encourages your baby to keep communicating. It all helps to build your relationship with your baby. To build secure attachment parents and caregivers should;

Regularly touch and cuddle your newborn. From birth, your newborn can feel even the gentlest touch. Try stroking your newborn gently when you change a nappy or at bath time.

Respond to crying. You might not always be able to tell why your newborn is crying. But by responding, you let your newborn know that you're always there.

Hold your baby. Try rocking or holding your newborn against you, skin on skin. Or carry your baby in a carrier, leso or sling

Make your children feel physically safe. Examples for babies include wrapping, which recreates the secure feeling of being in the womb, and giving a hug and reassuring murmurs when a child is scared, for example of a loud noise or bad dream.

Talk with your children in soothing, reassuring tones. This helps your newborn learn to recognise the sound of your voice. It will also help your newborn learn language later.

Sing songs to your children. Your newborn will probably like the up and down sounds of songs and music, as well as rhythm. Soothing music might help both of you feel calmer too. Your newborn won't mind if you've forgotten the words or the tune.

Look into your newborn's eyes while you talk, sing and make facial expressions. This helps your newborn learn the connection between words and feelings.

There are a number of attachment- based activities that can strengthen caregiver-child relationships beyond childhood. Some of these include:

Making the world more predictable to children by setting limits, structure and consistent boundaries for behavior at home this way children and teenagers can know what is acceptable and not acceptable, just like we learnt in the values and discipline module

Expressing love to your children. Learn the love languages of your child. This was discussed in details in the communication module and will be discussed in following activities below

Creating time to listen, play and laugh together.

Creating or increase time for family connections and activities so that you can spend more time together. Families connect together when they talk and do things together

There are situations or experiences which can cause parents and caregivers and their children not to have secure attachments and healthy relationships. Some of these include stressful events such as loss of a parent/primary caregiver, child abuse and neglect, family separation, institutionalization of children and severe illness among others. If you are concerned about the wellbeing of a participant, or feel that the child they are talking about needs additional support, follow safeguarding principles, allowing time to talk to the participant privately outside the group session and letting them know that you would like to get more support for them and will talk to your supervisor.

Activity 4: Promoting Secure Attachments among Parents/Caregivers

4.1 Introduce this new activity by reminding participants that they have certain strengths that have always supported them as parents and caregivers. They can build on these strengths to strengthen their relationships with their partners and children.

4.2 Tell participants that now they are going to practice some attachment-based activities. Now introduce the first activity

Exercise 1: Strengths exercise (10 min)

- Ask participants to reflect on three of their personal strengths or qualities, and demonstrate how they can use these strengths / qualities to build even better attachment with their children and significant others in their lives.
 - I am a loving person - I give physical attention and comfort to the people around me.
 - I am funny – I look for opportunities to play and laugh with my family members.
 - I like sharing and talking – this gives me an opportunity to listen, talk and share stories with family members.
 - I am organized and manage my time effectively - I schedule family routines effectively and set aside time for self-care, rest and quality time to talk with my children.
- Ask a few people to share in plenary.
- Thank the participants for sharing

4.3 Now introduce the second activity

Exercise 2: Learn each other's love language and take action (10 mins)

- Remind participants of what they learnt in the communication module on love languages. Ask them to provide and write down examples of what they would do or say under each love language. Pick two examples per category to share in plenary

Love language	Actions	Examples
Words of Affirmation	<ul style="list-style-type: none">▪ Congratulate and encourage▪ Give praise and compliments▪ Tell them that you love them▪ Tell them that you are proud of them▪ Write letters or affirming messages	<ul style="list-style-type: none">▪ You are so kind▪ You are so thoughtful▪ You are special▪ You made my day
Physical touch	<ul style="list-style-type: none">▪ Hug, hold hands, a pat on the back, touches, sitting close▪ Pleasant facial expressions▪ Positive body language	<ul style="list-style-type: none">▪ Smiling▪ Patting▪ handshake
Acts of service	<ul style="list-style-type: none">▪ Ease each other's responsibilities and burdens▪ Share or do each other's chore▪ Run errands for each other▪ Do things for each other without being asked▪ Help with a project/activity▪ Avoid making more work for each other	<ul style="list-style-type: none">▪ Sharing household chores

Quality time	<ul style="list-style-type: none"> ▪ Doing things together ▪ Setting aside time to check in with each other ▪ Family meetings, having meals together ▪ Provide undivided attention and avoid distractions when spending time together 	Sharing meals together Family meeting
Gifts	<ul style="list-style-type: none"> ▪ Give gifts that reflect thoughtfulness and efforts – not only on valentine’s day, birthdays or other special days 	<ul style="list-style-type: none"> ▪ A note expressing thanks ▪ A flower from a garden or the street ▪ Cooking someone’s favorite snack or meal

4.4 Now introduce the third activity

Exercise 3: Use positive language (10 mins)

- Ask participants to give examples of how they would say the following in an affirming way – the example is below with a possible affirming alternative in brackets, which you can use only if people are struggling to think of an example. Examples include:
 - Don’t yell (Please use a quiet voice)
 - Don’t talk to me like that (Please use kind words)
 - Don’t interrupt me (Please wait until I finish talking)
 - Don’t throw the ball inside (Please take the ball outside)
 - It’s too expensive for us (It’s not as affordable as we had hoped)
- Give participants the following examples/situations and ask them to practice how they would respond or say in that situation
 - Your husband/ partner dominates all conversations and does not give you time to express yourself or share your opinions
 - Your wife/partner does not involve you in planning for household expenditure and misses out on buying important basic necessities for the house
 - You do not agree with your husband/partner on how to discipline and guide your children
- Once they have practiced for five minutes and shared with the whole group, summarize the key message:
 - Telling adults (and children, too!) what you want them to do rather than what you don’t want them to do puts the focus on the desired action and ups your chances of a positive outcome.

4.5 Now introduce the fourth activity

Exercise 5: Self-care and stress management (10 mins)

- Explain that it is really important for us to be kind to ourselves. We looked at self-care during the module on mental health, self-esteem and self-care. It is important mostly because we deserve it as good parents and caregivers.
- Emphasize that sometimes even a healthy, caring, and responsible caretaker may have trouble understanding what their child wants. Just as you can strengthen yourself with exercise and a healthy diet, you can also learn to manage overwhelming stress and deal with emotions that may interfere with your ability to create a secure attachment bond.
- Ask participants to share some examples of self-care activities that they have been undertaking.

- After a couple of participants have shared, ask people how these activities have made them feel.
 - Now give a few examples of relaxation and selfcare activities that they can do every day.
- a. The 4 7 8 Breathing exercise
- Ask participants to stand comfortably with their eyes closed and read out the following instructions:
 - Breathe out through your mouth, making a whoosh sound, until your lungs are empty.
 - Close your mouth and breathe in quietly through your nose while counting in your head up to 4.
 - Hold your breath for a count of 7.
 - Breathe out through your mouth, making a whoosh sound to a count of 8.
 - Repeat this three times
 - Tell participants to try to do it at the same time once or twice a day.
- b. Practice self-care activities habits alongside your partner and child.
- Ask parents to think of an activity that they can do with their child that will be relaxing and make you both feel good.
 - Possible examples: take walks together, enjoy a hobby together, have a nap together, cook a nutritious meal together, play a game together.
 - Encourage participants to try and do one thing every day that improves their physical and mental health. They could pick from the examples above and from the examples discussed during the module on mental health, self-esteem and self-care.
 - Encourage participants to continue establishing self-care routines, cultivating interests and hobbies, finding social groups that provide social support and to continuously recognize and appreciate themselves for the positive choices they have made.

Activity 5: Promoting Secure Parent-Child Attachment

How long: 40 minutes

What:

- Practice attachment activities that strengthen parent- child attachment

Materials: Three dolls and feelings flash cards

5.1 Remind participants that for young children physical and emotional presence and availability are important. Tell participants that now they are going to practice some attachment-based activities.

5.2 Now introduce the first activity

Exercise 1: Touch exercise with dolls (10 min)

- Remind people about the the group work in Activity 3: Importance and Factors that Influence Secure Attachments.
- Have three dolls that you can share with participants to practice some of the activities

that they can do using examples below:

- a. Holding and touching: stroking, massaging, tickling, bathing, gentle touching, close eye contact, singing, feeding, cuddling, snuggling, skin to skin touch
- b. Playing together: Be creative about games and activities that can be done together. Ask parents to give a few examples of games and activities that they can play together (*hide and seek, peek a boo, card/board games. Reading story books to children, watching your favorite programs together*)
- c. Soothing and comforting activities: soothing a child when crying, comforting and consoling children when they are distressed. Hugging, assisting the child when doing difficult household tasks and homework

Some children with certain forms of disability or children who have experienced trauma in the past may be uncomfortable with touch. Remind participants that it is always important to be led by the child. If they do not wish for touch, find other ways of being close by sitting near but not too near, being calm and gentle, etc.

5.3 Now introduce the second activity:

Exercise 2: Maintain stability and routines (5 mins)

- Remind participants what was covered in the module on values and discipline on maintaining routines and stability.
- Explain that children need routines to feel secure.
- Encourage them to try to keep your kids' daily and weekly routines as familiar and stable as possible.
- Encourage participants to go home and develop a morning till evening routine with their children.
- As a parent or caregiver you need to balance the need for independence and guidance. Set together with your child a daily schedule with the same wake-up times and bedtimes and stick to them. Make household chores and study time part of your child's daily routine, with more time allocated for study when assignments or exams are coming up. It is important to note that:
 - Homework, and chores often aren't on the top of a teenager's to-do list. Therefore, they may need rules that ensure they get their work done. Establishing a time to do homework or linking privileges to chores and encouraging your teen to earn spending money with a part-time job can encourage good habits.
 - Teenagers often need rules to help them spend their spare time productively. Set limits on electronics usage so your teen's spare waking hours aren't devoted to mobile phones, TV or video. Also, be clear about where your teenager is allowed to hang out.
 - Although most teenagers no longer require reminders to brush their teeth, they do still tend to need help with self-care. Consider routines to promote healthy eating, good sleeping habits, exercise, and good hygiene.

5.4 Now introduce the third activity

- Exercise 3: Attachment activities with teenagers (20 mins)

- Select 4-6 participants to do a role play on how parents and caregivers relate with their teenagers and how they are currently managing conflicts that arise.
- Reflect together in plenary using the following guiding questions and write responses on a flip chart;
 - Are these situations common in our families?
 - How was the relationship between the caregivers and the adolescents in the role play?
 - Was there a conflict and how did the caregivers try to resolve the conflicts?
 - Were they successful in resolving the conflicts? If Yes? Why, If No Why?
 - What went on well?
 - What could be done differently?
 - What do adolescents need from their parents/caregivers to sustain healthy attachment?
- Explain that adolescence stage is increasingly recognized as the second major 'window' of opportunity and risk in development, next only in significance to early childhood development. Remind participants to reflect briefly on what they learnt in module on child development stages- focusing specific on the needs of adolescents 13- 17 years.
- Remind participants that in this stage of development while adolescents maintain relationships with their parents/caregivers, they are also becoming independent and are increasingly being influenced by their peers and the world around them.
 - This means that their caregivers are no longer their primary influencers.
 - Many parents or caregivers view this period as a period of rebellion. That is why we see an increase in conflicts between parents or caregivers and children during adolescence.
 - Sometime parents or caregivers feel they have little or no influence in their adolescent's life. This can cause a parenting/caregiving dilemma. While the presence of conflict in the parent/caregiver -adolescent relationship is normal, the solution lies in how the caregiver resolves or negotiates these conflicts.
 - Explain to participants that secure attachment with adolescents is associated with less engagement in high risk behaviors, fewer mental health problems, and enhanced social and relationship skills and coping strategies.
- Read out the following statements and, after reading each statement, ask participants to suggest ways in which this can be achieved (with some examples provided in the Facilitator Notes below).
 - Let adolescents/teenagers know that you love them.
 - Set reasonable expectations and limits for behavior

5.5 Be aware of how changes in teenage years will affect their behavior – physical, intellectual, social, emotional. highlight together in plenary what went well and encourage participants to practice these at home. Thank the participants for actively engaging in the exercise

Facilitator Notes for Activity 5

Let adolescents/teenagers know that you love them. Re- assure the teenager that they are loved, appreciated and that they have the support of their parent/caregiver no matter what. A caregiver can tell their teenagers but more important is know their love languages and act accordingly. Spend time with your teenager and show them that you care. Don't assume that your teen knows how much you love him or her.

Set reasonable expectations and limits for behavior. Establish and communicate expectations, acceptable and unacceptable behavior at home, in school and elsewhere as discussed in the values and discipline module. Although teenagers might act unhappy about the expectations their parents/caregivers place on them, they will usually understand and need to know that their parents/caregivers care enough about them to expect certain things such as good performance, acceptable behavior, and complying to the house rules. Remember discipline is about teaching, not punishing or controlling your teenager. Agree and communicate about consequences if they break the rules. As parents/caregivers make sure you are consistent and follow through with the stipulated consequences.

Examples for setting rules include:

- If you can, involve all family members in the discussions about rules. Try to keep the rules positive. For example, instead of saying ‘Don’t be disrespectful,’ you could say, ‘We speak to each other with respect’.
- If they break rules, follow up calmly, firmly and consistently. You can do this by using a brief and fair consequence that you and your child have agreed on in advance. It helps if you link the consequence to the broken rule – for example, ‘Because you didn’t come home at the agreed time, you’ll need to stay home this weekend’. This also helps you communicate your expectations about future behaviour.
- Encourage self-reflection. If you need to use a consequence, explain why you’re doing it. This gives your child the chance to reflect on what she could change to stop the problem coming up again. For example, you could say something like, Mary, I get worried when you stay out late without telling me what you’re doing. Next time, you need to be home by 7 pm. What could you do differently next time so you don’t get a consequence?
- You need to give enough guidance to ensure they are making healthy choices and while the same time giving them enough freedom to make mistakes. Under your supervision, mistakes and failure can teach some of life's greatest lessons. When establishing rules for your teen, establish stricter rules in the areas where your teenager still needs the most guidance. When teens struggle to follow the rules, it is a sign that they aren’t ready for that much responsibility yet and may need more guidance.
- Talk about rules that promote safety. Teenagers need to be informed about the realities of drug and alcohol use and early sexual activity. Talk often about how to make good choices and set clear consequences about what will happen if your teen is caught experimenting with drugs and alcohol or is engaging in sex. Also, discuss how they can get out of a bad situation like being sexually abused.

Here are some examples of how adolescent growth affects their behavior – more understanding can make it easier to accept teen behavior.

- **Physical changes (body image, physical appearance, body weight):** It is important to help prepare the adolescent for the myriad changes that take place during this time of life. Even in schools where sex education is taught, many girls and boys still feel unprepared for the changes of puberty, suggesting that we need to understand and talk to teenagers about these important topics and support them in this phase. Teenagers may also try on different looks and identities, and they become very aware of how they differ from their peers, which can result in episodes of distress and conflict with parents/caregivers.
- **Changes in reasoning, thinking and understanding.** Parent and caregivers should know that it is normal for teenagers to be; i. Self-centered. Teenagers can be very “me-centered.” ii. Teenagers

argue for the sake of arguing. Teenagers often seem to argue issues for no apparent reason. Keep in mind that, for adolescents/teenagers, exercising their new reasoning capabilities can be exhilarating, and they need the opportunity to experiment with these new skills. iii. Jump to conclusions -even with their newfound capacities for logical thinking. Instead of correcting their reasoning, give teenagers the floor and simply listen. You build trust by being a good listener. iv. Although most adolescents still need guidance from their caregivers to develop their potential for rational decision making, they increasingly prefer to seek the opinion of their friends when making important decisions about such things as attending college, engaging in a relationship or handling money.

Activity 6: Summary, Concluding Questions and Actions to Take Home

How long: 10 minutes

What:

- Summarize key messages from Module 6
- Assess participants' knowledge
- Identify home practice

Materials: Flip charts from previous activities

6.1 Explain that the session is nearly at an end and that now we would like to look back on what we have talked about today.

6.2 Ask people to think about the most important messages are that we have discussed.

6.3 As volunteers suggest key messages, thank them for their answers. Add the following key messages if they have not already been mentioned;

- Secure attachment is a loving, emotional relationship that a child forms with at least one consistent and reliable caregiver.
- Children who have secure attachments tend to be more socially competent, and more trusting of others, and they have better relations with parents, siblings, and friends. They do better in school, stay physically healthier, and create more fulfilling relationships as adults.
- There are practical things you can do during daily family routines that can facilitate secure attachments.
- Secure attachments start with taking care of yourself as a caregiver.
- Sometimes parents and caregivers and their children can go through various experiences that affect the secure attachment bond. It is still possible to (re) build and strengthen these relationships through a number of attachment-based activities that we are going to explore in the next activity.
- What makes attachment secure, is the quality and level of responsiveness when interacting with a child.

6.4 Now ask everyone to think about these two questions:

- *The most important thing that you learnt today is...?*
 - *What topics did you not understand well?*
- 6.5 Explain that everyone will choose some actions or techniques discussed during this module that they would like to practice at home before we meet again.
- 6.6 Ask everyone to think of one new action that they will do to strengthen their attachment with their children
- Give examples/ suggest a few ideas for home action. For example, breathing exercises, Holding and touching their children, laughing and playing together, setting daily routines, setting limits for acceptable and unacceptable behaviour, enough rest and food for children, labelling and validating feelings etc.
- 6.7 Ask everyone to write down what they will do in their notebooks and explain that we will share what we have all done in the next meeting.
- 6.8 Finally, thank everyone for attending. Remind participants that we will be looking at “understanding child abuse and neglect” in the next session.
- 6.9 End by giving positive praise about how people have shared, and what skills exist in the room.

Reference

<https://raisingchildren.net.au/newborns/connecting-communicating/bonding/bonding-newborns>
<https://raisingchildren.net.au/pre-teens/behaviour/encouraging-good-behaviour/encouraging-good-behaviour-teens>
<https://www.apa.org/pi/families/resources/develop.pdf>

Communicating with Your Children about Safety

GROUP SESSION 7

INFORMATION FOR THE FACILITATOR

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

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 all the positive parenting techniques that are covered in the home visiting guides. We can help children by providing support so that they live in nurturing families and environments, building strong attachment, communicating clearly and promoting positive discipline and the

healthy development of family relationships. All of 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. Parents and caregivers may want to protect their children from harm, but it's not possible to shelter them from every single 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 – even while they learn through making mistakes which is often the best way of learning. It is also important to help strengthen children's resilience so that they are able to cope with stress and difficult circumstances and bounce back from whatever life throws at them.

Globally, children with disabilities are at an increased risk of experiencing harm (physical, sexual and emotional violence, sexual exploitation, and neglect) than children without disabilities. Stigma and discriminatory attitudes in families and communities enable harmful practices against children with disabilities. Discriminatory attitudes include misconceptions that children with disabilities are different, that their lives are less worthy, or they do not feel, experience or understand the same things as children without disabilities.

It is important to ensure that children with disabilities also have the information and skills to avoid and report harm and for families to understand and value the experiences and voices of their children with disabilities.

Key messages

1. Talking to children from an early age about safety, their bodies, and how they can protect themselves, is an important part of keeping them safe

- The best way to protect children from abuse and neglect is to stop abuse from happening in the first place.

- If you talk to your child regularly, they will find it easier to talk when something bad or scary has happened to them.
- Talking about their bodies is important and does not encourage children to do 'dirty' things. It is important that children know that their body is their own and they have the right to say 'no', even to a family member or someone that they love or respect.
- It is important to communicate with children with disabilities about their bodies, their rights to say no. It is also important that they have the functional skills to communicate No, including their wants and dislikes. Parents and caregivers may have to explore alternative communication methods to ensure their child with a disability has these skills. See module 5 for additional tips on communication.
- All children have the right to report any abuse or harm they experience, including children with disabilities.

2. If you suspect abuse or harm, it is important to support your child.

- We all have the potential to be strong and deal with difficulties – this is called resilience. It is easier to deal with difficulties if we are care for in supportive and nurturing families. This can help children develop the confidence and skills that help them protect themselves and cope with difficult situations .
- When children experience abuse or neglect, this can have an effect on them for a long time and increases the risk of them having difficulties in learning, making friends, and other developmental outcomes. However, even if a child has had difficulties in the past, they can recover and regain confidence and catch up on lost experiences with love and care from a supportive family.
- It is important to support children with disabilities where abuse or harm is suspected. Sometimes finding the courage to report harm is almost always difficult for all children and can be especially hard for children with disabilities. Some children with disabilities may not be able to communicate harm in the same way as children without disabilities. Encourage children to communicate and express themselves in their preferred format and with individuals they are most comfortable with.
- For many children reporting harm is initiated by a change in behavior. This is the same for children with disabilities. Identifying the signs of harm/abuse may differ between children with disabilities and children without disabilities. Some signs of harm from children with disabilities can be observed from a change in appearance or behaviour. Other signs can be observed in the interaction between a child and a responsible adult. Seek support from organizations of persons with disabilities, health care workers, social workers and other community members who have experience with supporting survivors of managing issues of harm violence and abuse, and have a positive attitude towards people with disabilities.

Background Information for the Facilitator

All children have the right to grow up in a safe and supportive family and to have opportunities that assist them to reach their full potential. When children are protected against neglect and from being abused, they can have the best development outcomes.

Child abuse and neglect is a major problem everywhere. Child abuse can be an incident or multiple incident that occur over time. Abuse is any action or treatment that results in harm, potential for harm, or threat of harm to a child. There are 4 types of child abuse; physical abuse, sexual abuse, emotional abuse and neglect. Abuse takes place in various settings; at home, in school, within the community and in institutions of care. Mostly abuse is perpetrated by people known to the child. It could be a parent, caregiver, or another person in a custodial role such as a religious leader, social worker, a coach, a local leader or a teacher.

Children who are abused and neglected may suffer immediate physical injuries such as cuts, bruises, or broken bones, as well as emotional and psychological problems, such as impaired social-emotional skills or anxiety. Child abuse and neglect can also have a tremendous impact on lifelong health and wellbeing if left untreated. There are a number of factors, including the characteristics of the individual child (age, sex, special characteristics) and his or her family, those of the caregiver or perpetrator, the nature of the local community, and the social, economic and cultural environment that can increase the risk of child abuse and neglect. Children living away from home such as those in institutions of care, children who live in poverty and those who live caregivers who are stressed or who have experienced abuse are extremely vulnerable to child abuse and neglect.

Safe, stable, and nurturing relationships between parents/caregivers and their children and between parents/caregivers and other adults are an important way to protect children from abuse, neglect and harm. Parents and caregivers can prevent abuse and neglect of their children if they take care of themselves, and when they know the risk factors, warning signs and what to do when abuse or neglect takes place.

This topic is divided in two modules. Module 8 looks in more detail about supporting children who have experienced abuse. The aim of these two modules are to empower parents and caregivers on these aspects and reflect on the most effective ways to support families to strengthen the protective factors that will ensure the wellbeing and safety of children.

What Parents and Caregivers will Learn and Practice in this Session

By the end of this session, parents and caregivers will:

- Define what constitutes child abuse and neglect
- Understand why and where abuse and neglect happen
- Learn the signs and effects of abuse and neglect on children
- Appreciate why it is important to protect all children from abuse and neglect

What is in this Module

Activity	Time	How
1. Welcome and Introduction to the Module	15 mins	Group discussion
2. Defining Child Abuse and Neglect	35 mins	Myths and Misconceptions exercise and Group discussions
3. Types of Child Abuse and Settings where Abuse Occurs	35 mins	Group work
4. Causes and Effects of Child Abuse	20 mins	Group discussions
5. Recognizing Child Abuse	35 mins	Case studies and Group work
6. Summary, Concluding Questions and Actions to Take Home	10 mins	Group discussion
Total	2 hours and 30 minutes	

Activity 1: Welcome and Introduction to the Module

How long:	15 minutes
What:	<ul style="list-style-type: none">▪ Greet each other▪ Share feedback on the home practice actions▪ Learn about what today's topic will be
Materials:	A ball

- I.1 Welcome everyone to the seventh module of the parenting training and thank them for coming.
- I.2 Explain that now we are going to reflect back on what we did last week, before we start a new topic today.
- I.3 Remind people that in the last session we talked about Building Strong and Secure Attachments and we all decided on some activities that we would practice at home. Ask everyone to think for a minute about what they did at home.
- I.4 Explain that you will facilitate a short ball game that will help a few participants share what they learnt in the previous module and what they have been able to practice at home
- I.5 Make sure everyone is standing in a circle and then bring out a ball. Pass the ball to the participant on your left and ask them to share with the whole group what they have successfully implemented at home.

Probe participants to share practical things they were able to do. For example, how many of us did breathing exercises? How many spend more quality time with children- Holding and touching their children, laughing and playing together, how many were able to set daily routines, set limits for acceptable and unacceptable behaviour, get enough rest and food for children, label and validate feelings

- 1.4 Once they have spoken, ask for someone to hold up their hand to volunteer to share what they have successfully implemented at home, and ask the first person to throw the ball to them. Allow the ball to go randomly across the circle until at least 5 -10 participants have had a go.
- 1.5 After everyone who volunteers has shared what they have done, thank everyone and encourage them to continue practicing these techniques.
- 1.6 Ask the group if anyone has any questions or concerns about what was covered in the previous session. If there are questions, clarify these or explain that this is going to be discussed later in the training and write up the question in the parking lot.
- 1.7 Introduce today's topic on understanding child abuse and neglect. Explain to participants that this topic is broad and has been divided in two parts. Part 1 will be on understanding child abuse and neglect and will be covered today in Module 7. Part 2 will be on preventing and responding to child abuse and neglect. Part 2 will be covered next week in Module 8. Explain the following key messages, checking that everyone understands:
 - Child abuse and neglect are a major problem everywhere.
 - There are four main types of abuse: Physical, emotional, sexual and neglect
 - Mostly abuse is perpetrated by people known to the child.
 - Children who are abused and neglected may suffer immediate physical injuries, as well as long-term emotional and psychological problems, such as impaired social-emotional skills or anxiety.
 - There are a number of factors, that can increase the risk of child abuse and neglect. Children living away from home, such as children living in CCIs or on the streets, and children who live caregivers who are stressed or who have experienced abuse are extremely vulnerable to child abuse and neglect.
 - Children can be more protected from abuse and harm if they are in safe, stable, and nurturing families and communities

Activity 2: Defining Child Abuse and Neglect

How long: 35 minutes

What:

- Identify local definitions of child abuse and neglect
- Explore how personal and cultural attitudes can lead to different forms of abuse

Materials: Myths/Misconceptions written on manila cards

- 2.1 Start the activity by explaining that there are incorrect beliefs and attitudes which are commonly held in our community, but which are not true/accurate. These are referred to as myths and

misconceptions. Myths and misconceptions often lead to different forms of child abuse and neglect.

2.2 From the statements /myths below, select 10 myths that are common in your context and write each one on a separate manilla card/paper.

1. It is only abuse if it is violent
2. Children are always abused by strangers
3. Child abuse only happens in certain families
4. Children living with disabilities (speech, sight, hearing, physical, intellectual) are less likely to become victims of abuse than children without disabilities
5. Children in charitable and statutory institutions (commonly known as orphanages) get better care and support
6. Most children who are abused do something to cause the abuse
7. Children always tell someone when they are being abused
8. Child abusers are easy to identify
9. The only way you can discipline your child is to physically cause pain (beat, slap, cane)
10. Parents/caregivers who abuse their children do not love their children
11. Engaging children in paid work /child labor is not child abuse
12. The work that child laborers do isn't very hard, so it's okay.
13. Parents and caregivers who allow their children to work (child labor) do not love their children
14. The world is a dangerous place and therefore we need to always protect our children
15. If a boy is sexually used or abused, he can never be a "real man"
16. Only bad parents and caregivers get so angry with their children that they feel like hitting them
17. Girls who wear Immodest clothing are asking to be sexually abused
18. To protect girls, we may have to keep them at home as they start to grow into women
19. Boys who are encouraged to fight will grow into real men.

2.3 Paste/place one card at a time on the wall/floor and read out loud.

2.4 For each card, ask the parents and caregivers whether they agree or disagree. Those who agree should stand on one side of the card, and those who don't agree on the other side.

2.5 For each card ask the parents and caregivers the reason why they agree or disagree.

2.6 After each card discussion with the parents and caregivers, clarify if it is myth or fact using the information below:

1. **Myth:** It is only abuse if it is violent.

Reality: Child abuse does not necessarily involve violence or anger. Abuse often involves adults exploiting their power over children, and using children as objects for their own gratification rather than respecting their needs and rights as children. Abuse is any action or treatment that results in harm, potential for harm, or threat of harm to a child. There are 4 types of child abuse; physical abuse, sexual abuse, emotional abuse and neglect. Child abuse can involve emotional abuse- patterns of belittling, threatening, scaring, discriminating, bullying, name calling, ridiculing or other non-physical forms of hostile or rejecting treatment.

2. **Myth:** Children are usually abused by strangers.

Reality: Most children who are abused are abused by someone they know. More likely, abuse will be inflicted by a parent, a relative, or a child's caregiver and other people known to the child including leaders, teachers, religious leaders etc.

3. **Myth:** Child abuse only happens in some families.

Reality: Child abuse happens across all sectors of society including different socio-economic and ethnic groups, and in both city and rural communities. Children also often experience abuse in charitable/ statutory children's homes (orphanages) in the hands of adult professionals who work there and also from other children. Children can be perpetrators also.

4. **Myth:** Children living with physical, language, speech, hearing, sight and intellectual disabilities are less likely to become victims of abuse

Reality: Children living with disabilities are two to three times more likely than children without disabilities to experience all forms of abuse. The impact of a child's disability on their quality of life is very much dependent on the way parents, caregivers and other individuals treat them, It is important for parents and caregivers to understand what can make children living with disabilities more vulnerable to abuse and neglect so that they can take steps to help protect the children and prevent abuse from happening. Children living with disabilities are more vulnerable to abuse and neglect due to a number of reasons. They might lack a good understanding of social relationships, personal boundaries, protective behaviours, sexual awareness, and what abuse is. Children with physical disabilities might be more vulnerable to neglect or to rough and intrusive personal care. They may also be physically unable to resist or avoid abuse. If communication is difficult, children with hearing and speech disabilities find it hard to let someone know that abuse is occurring. Children with behavioral issues are more likely to be dealt with in a forceful or restrictive way, and indicators of abuse might be wrongly attributed to the behavioral issue. Children with disabilities might be more dependent on others to have their needs met and care may be provided by someone other than a parent or primary carer. Children might accept abusive treatment if they have low understanding, self-esteem or a low perception of their abilities. Children living with disabilities and their families can be more socially isolated and thus more at risk of being abused. Placement of children living with disabilities in institutions of care also increases their vulnerability to abuse and neglect. In these settings and elsewhere, children with communication disabilities are hampered in their ability to disclose abusive experiences.

5. **Myth:** Children in charitable and statutory institutions (commonly known as orphanages) get better care and support

Reality: Research indicates that children in orphanages/institutions of care are more likely to experience abuse than children in families. Research also shows that institutional care severely harms children. The physical, emotional, social and intellectual development of these children is hampered because the stimulation needed for brain development is lessened and their ability to form healthy attachments and relationships with primary care givers is reduced. For most children living in orphanages, their dream is to go back home and live with their caregivers and families. Majority of these children are also not orphans and in fact have living parents or caregivers. Parents and caregivers often give up their children thinking they will get better care in orphanages. On the contrary living and care conditions in these orphanages are inadequate leaving children more vulnerable and at risk of abuse, neglect and exploitation. Preventing family separation and promoting family-based care for all children is therefore important. With the right support, all children in orphanages/institutions of care can live in families – this could be with their parents, caregivers, relatives, foster parents, or adoptive parents

6. **Myth:** Most children who are abused do something to cause it.

Reality: It is never the child's fault. The responsibility for the abuse lies solely with the perpetrator. A perpetrator has the main responsibility to protect a child because children do not have the same level of life experience or ability to make decisions as a perpetrator. When there are child perpetrators, it is for the same reason- they have power over the child. If a child has complained, chances are that it's already happened. Abuse can be stopped and further abuse prevented

7. **Myth:** Children usually tell someone that they are being abused.

Reality: Most children do not tell and find it difficult to ask for help especially when they are being abused by someone close to them. Abusers can be very effective in making children too fearful to talk about what is going on. Often children do not have the words to use to let someone know what is happening to them. The most common barriers that stop them from reporting include; fear and anxiety manipulated by the abuser, caregiver or parent not close to the child, nobody was keen to listen or ask, they may not recognize what is abuse and developmental barriers. For example, young children cannot speak up and children living with speech, hearing, sight and intellectual impairments may not express themselves in ways that adults understand. Parents and caregivers should teach their children about dangerous situations and what to do in the event of one.

8. **Myth:** Child abusers are easy to identify, they look sleazy, cruel, or unusual.

Reality: Offenders come from all walks of life and look like ordinary people. They can be fathers, grandfathers, uncles, brothers, stepfathers, mothers, grandmothers, aunts, sisters, stepmothers, babysitters, coaches, teachers, doctors, social workers, religious leaders, neighbors, etc. Contrary to what people think, Children also often experience abuse in charitable/ statutory children's homes (orphanages) in the hands of adult professionals who work there and other children who live there

9. **Myth:** The only way you can discipline your child is to physically cause pain (beat, slap, cane)

Reality: Violence and humiliating punishments do not prevent children behaving badly and have long-term consequences. Children who experience such punishment are more likely to become a victim in other situations or relationships. Violent punishment inhibits children's physical, emotional and cognitive development. Children who experience corporal and humiliating punishment are likely to develop a negative view of themselves, their parents/caregivers, other people and society. Corporal and humiliating punishment teaches children that violence is an appropriate way to solve problems and conflicts. Children who experience violence are more likely to use violence as adults

10. **Myth:** Parents and caregivers who abuse their children do not love their children. These parents and caregivers want to hurt or get rid of their children.

Reality: Most parents/caregivers who abuse their children really do love their children and feel very guilty after abusing them. More often the problem is that these parent/caregivers do not know how to raise and discipline children in a non-abusive/violent manner or know how and who to ask for help.

11. **Myth:** Engaging children in paid work /child labor is not child abuse.

Reality: Child labor is work that deprives children of their childhood, their potential and their dignity. It is work that is mentally or physically dangerous and harmful to children, and that interferes with schooling. Children should be protected from hazardous or

exploitative labor - any work that interferes with their education, and work that is harmful to a child's health or social, mental, physical and spiritual development.

12. Myth: The work that child laborers do isn't very hard – so it's okay.

Reality: *This is not true. All children have to be protected from economic exploitation and any work that is likely to be hazardous or interferes with the child's education, or is harmful to the child's health or physical, mental, spiritual, moral or social development. In Kenya, it is illegal to employ children under the age of 13. Children between the ages of 13 to 16 can be employed in "light work" while those between 16 and 18 are considered employable. Kenyan laws prohibits worst forms of child labor, which include all forms of slavery or practices similar to slavery; the use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances; the use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs and work that is likely to harm the health, safety or morals of the child.*

13. Myth: Parents who allow their children to work (child labor) do not love their children

Reality: *Most parents don't want to send their children to work, but often do so because of low family income which cannot provide for the basic needs of their families. Some parents are also not aware of effects and consequences of child labour*

14. Myth: The world is a dangerous place and therefore we need to always protect our children

Reality: *In the society today the risk factors for abuse might scare us. Overprotecting our children can cause more harm than good. Children should not grow up being fearful of everyone and every situation. If we overprotect children, we might limit their potential. Rather than overprotect children, parents and caregivers can focus on teaching children what is abuse, how to take care of themselves and how to make their own evaluations of what's safe and what's not*

15. Myth: Boys can't be sexually used or abused"

- **Reality:** Boys and men can be sexually used or abused, and it has nothing to do with how masculine they are. Sexual abuse and assault harms boys/men and girls/women in ways that are similar and different, but equally harmful.

16. Myth: Only bad parents and caregivers get so angry with their children that they feel like hitting them.

- **Reality:** It is common for parents and caregivers to get angry and frustrated with their children's behavior from time to time. But it is the inability to cope with anger provoking situations that increases the risk for potential abuse as parents/caregivers lose control of negative emotions and harm their children. Abusive parents/caregivers are shown to have more unrealistic expectations of child behaviors and with a low frustration tolerance, are more annoyed with child behaviors. By using more positive parenting and consistent disciplinary practices, as well as coping strategies to control anger, parents and caregivers can improve parenting satisfaction and reduce parental stress thus reducing the risk child abuse and neglect. Some of these strategies we have already learnt in previous modules.

17. Myth: Girls who wear immodest clothing are asking to be sexually abused

- **Reality:** Many people believe that a girl/woman is more likely to be sexually harassed if she wears revealing clothes. What you wear is not a statement of consent and clothes should not be

an excuse for abuse. Abuse is a conscious choice made by the perpetrator. Placing blame on the victim of assault (in this case girl/woman) is victim blaming and absolves the abuser of crime.

18. Myth: To protect girls, we may have to keep them at home as they start to grow into women

- Reality: Just like boys, girls need equal opportunities in life, this means they need to access school, health care, play, travel and interact with others in society. Abuse can happen at home. We need to enhance girl's participation and empowerment while challenging and speaking out about violence, raising awareness about traditional harmful practices, making girls' journeys to school safer etc

2.7 Summarize the activity by asking parents and caregivers to define child abuse and neglect. List their responses on a flip chart. Clarify, if they have not already done so, the following national definitions:

- Child abuse is any action or words that cause harm, injury or sadness to children.
- It can be physical, sexual or emotional abuse and neglect.
- Neglect is the failure to provide for a child's basic physical, emotional, or educational needs or failure to protect a child from harm or potential harm.

2.8 Add the following aspects of the definition if not already mentioned by parents and caregivers.

- There are many myths and misconceptions about abuse and neglect, these allow abuse and neglect to continuously take place.
- Child abuse is deliberate and intentional and includes words or actions that cause harm, potential harm, or threat of harm to the child's health, survival, development or dignity.
- Abuse happens in the context of a relationship of responsibility, trust or power.
- Children with disabilities are at increased risk of child abuse; any action that causes harm or injury to a child with disabilities is abuse, including harsh words and discrimination.
- Child neglect on the other hand is the failure to provide for a child's basic physical, emotional, or educational needs or failure to protect a child from harm or potential harm.
- Any person who is close to a child, can abuse and neglect the child and these include parents, family members, caregivers, teachers, friends, police, religious leaders, professionals in institutions of care and even other children.
- In fact, most children who are abused are abused by someone they know.
- Child abuse and neglect can take place in any setting; at home, in school, in the community and in institutions such as schools and orphanages/CCIs/SCIs.

Activity 3: Types of Child Abuse and Settings where they Occur

How long: 35 minutes

What:

- Learn different types of child abuse
- Learn different settings where abuse occurs
- Learn the different perpetrators of child abuse

Materials: Pictures/illustrations of different types of abuse, pictures of children living with speech, sight, physical and hearing disabilities

3.1 Explain to the participants that child abuse can take many *forms*, including physical, emotional, sexual, and negligent treatment.

Have ready copies of the pictures of the four different types of abuse. These pictures should be able to demonstrate the following forms of abuse; Physical abuse, emotional abuse, sexual abuse and neglect.

3.2 Group participants into groups of four and ask them to select a leader.

3.3 Give each group a picture/illustration of a type of abuse/neglect and a picture of a child living with a disability.

3.4 Ask the groups to take 10 minutes to discuss using the pictures following the guiding questions below. They should write down their discussions on flipcharts. The facilitator should walk to each group to help them in the discussion.

- What is the type of abuse/neglect shown in the picture?
- Is this type of abuse/neglect common in our communities?
- What are some examples of this type of abuse?
- In what settings do these types of abuse happen? At home? in schools? In community spaces? In institutions of care/orphanages?
- Who is the common perpetrator of this form of abuse?
- Why are these children likely to be abused?

3.5 After 10 minutes ask the group leaders to make a presentation of their discussion. Each group uses 5 minutes to make a presentation.

3.6 After each group presentation, add more information that may not have been discussed, referring to the facilitator notes below.

3.7 Thank each group for making a presentation and summarize the session with the key messages below checking that everyone understands

- Child abuse is never acceptable
- There are four types of abuse; Physical, emotional, sexual and neglect
- No child should experience any form of abuse
- Children can experience a combination of all types of abuse and effects.
- Children have a right to basic needs and care from their parents and caregivers. Examples are food, shelter, clothing, education, and love.
- Children should have access to safe, violence-free environments where they live, learn, and play. This includes places like at home, schools, churches, mosques, and playgrounds.
- Young or small children are more at risk of being abused at home, in the community or at school

because they are not able to defend themselves. Other children at risk are those who live in institutions on the street and those with a disability, who have mental issues or unstable families.

- Children are abused by people they know and trust. Abusers may be warm, charming, easy to like and trust. They slowly push boundaries also testing if children will report or keep the secret. They will normalize the behaviour so that children think it is ok/normal and that all children experience this type of abuse. They may use play to introduce sex and take advantage of a child's sexual curiosity. They do favours for the child and may give gifts so that the child feels special. To avoid getting caught, they blame the child for the actions and can sometimes change from being very loving to being very cruel and can even threaten to harm the child or his/her family members. They may tell others that the child lies and make up stories so that the child is not believed.

Facilitator notes for Activity 3

Types of child abuse

Abuse can take many forms including all types of physical, emotional, sexual, neglect, or other exploitation, which results in actual or potential harm to the child's health, survival, development. Child abuse happens in the context of a relationship of responsibility, trust or power. Abuse happens in homes, schools, online, in institutions of care and in communities across Kenya, no matter the tribe, religion, or upbringing. Adults, young people, leaders or even other children can cause abuse.

Physical abuse Examples include; caning, beating, biting, choking, burning, hanging, and shaking

Emotional abuse Examples include; restriction of movement, patterns of belittling, threatening, scaring, discriminating, name calling, ridiculing or other non-physical forms of hostile or rejecting treatment.

Neglect is the failure to provide for the development of the child in all areas: health, education, emotional development, nutrition, shelter, and safe living conditions, in the context of resources reasonably available to the family or caretakers and causes or has a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. This includes the failure to properly supervise and protect children from harm as much as is feasible. Examples include; denying children adequate food, leaving children without cloths or children having torn cloths, failure to take a child to hospital when sick, leaving children unsupervised for long hours or with very young siblings. Negligent practices are mostly perpetrated within the home and in institutions of care. They imply a deliberate choice on the part of parents and caregivers to withhold basic necessities from children and fail to care for them adequately despite having the necessary means, knowledge and access to services. Leaving children unsupervised for long hours can lead to harm. Neglected children are also at risk of teenage pregnancies and early marriage

Sexual abuse Child sexual abuse is any activity between a child and an adult or another child. The activity is intended to gratify or satisfy the needs of the other person. In summary, all sexual touching between an adult and a child is sexual abuse. Sexual touching between children can also be sexual abuse when there is a significant age difference (often defined as 3 or more years) between the children or if the children are very different developmentally or size-wise. Sexual abuse does not have to involve penetration, force, pain, or even touching. If an adult engages in any sexual behavior (looking, showing, or touching) with a child to meet the adult's interest or sexual needs, it is sexual abuse. This also includes exploitative use of child in prostitution or other unlawful sexual practices such as use of children in pornographic performances and materials

Other specific examples include;

Bullying may be defined as deliberate hurtful behavior, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. tribal remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group). The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children to the extent that it affects their health and development or, at the extreme, cause significant harm (including self-harm). Mostly happens in schools

Child labour The term “child labour” is often defined as work that deprives children of their childhood, their potential and their dignity, and that is harmful to physical and mental development. It refers to work that is mentally, physically, socially or morally dangerous and harmful to children and interferes with their schooling. However, it must be noted that not all work done by children should be classified as child labour. Children’s or adolescents’ participation in work that does not affect their health and personal development or interfere with their schooling is generally regarded as being something positive. This includes activities such as helping their parents around the home, assisting in a family business or working age appropriate jobs to earn pocket money outside school hours and during school holidays. These kinds of activities contribute to children’s development and to the welfare of their families.

Harmful traditional practices. These could include; child marriage, female genital mutilation, abandonment of children with disabilities immediately after birth, child labour, corporal punishment, and child rape victims asked to marry the perpetrator etc.

Who abuses children?

Child abuse is caused by the people children know and trust. These people include; parents and caregivers, boyfriend or girlfriend, classmates or schoolmates, other children (siblings and friends), adult relatives, neighbours, strangers, teachers, religious leaders, house helps, boda boda and matatu operators, shopkeepers, police, chief employers (child labour). For sexual abuse, most children and young people report the most common abuser was a boyfriend or girlfriend; for physical abuse children report that parents and caregivers are the most common, and for emotional abuse, children report caregivers, classmates or schoolmates to be the most common perpetrators.

Settings where abuse takes place

Child abuse and neglect can take place at home, in school, in community spaces, online and in institutions of care (commonly referred to as orphanages)

At Home: not all homes are safe for all children, and members of the family can be perpetrators of violent behaviour towards children, extending to child sexual abuse and exploitation. Most children experience least one form of physical punishment at the hands of close family members in the context of discipline.

In school: Teachers and school leadership may lack the knowledge and skills to adequately support and ensure learning environments are safe. Some schools still use punishment to “discipline” those who come late, who do not pay attention in class and for those school children who are perceived as ‘troublesome’ or ‘disobedient’. Peer-to-peer violence is also common in school, at home in cases of extended families and in the wider community.

In community settings: When children are neither at home nor in school, they are not in the charge of someone whose role towards them includes their protection, including from sexual harm, and they are therefore more vulnerable. Many children and young people experience sexual abuse or violence while en route to and from school, including on public transportation or at recreational areas

Online /cyber space: Increased access to communications, technology and internet has also led to an increase in virtual forms of sexual abuse such as child pornography, sexually exploitative representations of children and exposure of children to graphic and violent sexual imagery

In institutions of care /orphanages: Children in institutions of care are more likely to experience abuse than children in families. Institutional care severely harms children. Living and care conditions in these institutions are inadequate leaving children more vulnerable and at risk of abuse, neglect and exploitation.

Activity 4: Causes and Effects of Child Abuse (20 minutes)

- 4.1 Ask participants to reflect back on the different types of abuse as discussed in activity 3.
- 4.2 Encourage a group discussion by reflecting of the following questions:
 - What can lead to or cause the different type of abuse/neglect? Are there local practices, traditions, norms and faith that can cause the various types of abuse?
 - What are the potential effects of child abuse?
- 4.3 Write their responses on a flip chart, using different headings: *'Causes' and 'Effects'*.
- 4.4 Summarize the group discussion by sharing the following key points below if they have not already been mentioned by the group:
 - There are many things that can cause child abuse. The reasons are often complex, and there's no single or simple explanation.
 - Most parents want to love and care for their child in a safe home. Stress, tiredness or lack of parenting skills or family support make the pressures of caring for a child overwhelming, and can cause abuse.
 - Not all parents and adults may know how to care and protect children, and thus sometimes they make mistakes that harm children.
 - Child abuse and neglect are complex problems rooted in unhealthy relationships and environments.
 - Children who are abused and neglected may suffer immediate physical injuries such as cuts, bruises, or broken bones, sexually transmitted diseases, unwanted pregnancies, HIV as well as emotional and psychological problems, such as impaired social-emotional skills, depression or anxiety.
 - Child abuse and neglect can also have a tremendous impact on lifelong health and wellbeing if left untreated. For example, exposure to violence in childhood increases the risks of injury, future violence victimization and perpetration, substance abuse, sexually transmitted infections, delayed brain development, lower educational attainment, and limited employment opportunities. Children may also think that violence is normal.
 - There are special circumstances of vulnerability affecting children that increase their exposure to violence. For example; Children without parental care as a result of parental death, family break-up, abandonment or rejection, children living in unstable families, children living and working on the streets; children in domestic work, children in residential institutions; and children living with disabilities are more risk of abuse and neglect.
 - Children often end up in institutions of care because of violence or abuse at home.
 - Children in residential /Institutional care facilities (Orphanages) are at greater risk of abuse than in a family setting. In institutional care settings children experience structural abuse and neglect.

Facilitator notes for Activity 4

Causes of abuse and neglect

- Isolation and lack of support — no family members, friends, partners or community support to help with the demands of parenting
- Stress — financial pressures, job worries, medical problems or caring for a family member with a disability
- Domestic violence- children who are part of households where there is frequent domestic violence are prone to becoming victims of abuse themselves.
- Unrealistic expectations — a lack of understanding about a child's developmental stages and behaviour
- Learning, speech, hearing, sight, physical disabilities or mental illness — parents and caregivers may be unable to adequately care for their child
- Lack of parenting skills — parents/caregivers may not know how to care for their child or may believe it is acceptable to use excessive physical force to discipline or punish a child
- Drug, alcohol or gambling problems — addiction or substance abuse may affect a parent's/caregiver's ability to meet their child's needs
- Low self-confidence — parents/caregivers may doubt their ability to meet their child's needs and find it hard asking for help
- Past childhood experiences — parents/caregivers may have experienced abuse as a child in their own families, which could have caused them to develop an insecure attachment style
- Untreated mental health problems
- Cultural and gender norms that allow, and condone violence, harmful cultural practices. For example, early marriage, female genital mutilation
- Poor support and welfare systems for vulnerable children

Special vulnerabilities

There are special circumstances of vulnerability affecting children that increase their exposure to violence. Children without family care as a result of parental death, family break-up, abandonment or rejection, children living and working on the streets; in domestic work, children in residential institutions; and children living with disabilities are more at risk of abuse and neglect.

- Many children in these groups are forced to internalise violence as an integral part of their lives. Living in institutions can be a traumatic experience for children. They may be neglected, or face risks of being physically or sexually abused. Indeed, children in institutional care – already vulnerable as a result of the circumstances that led to their separation from their families and communities– are at high risk of violence, neglect and abuse, including sexual abuse, from staff and officials responsible for their well-being.
- Children may be exposed to different types of violence within other forms of alternative care. These forms of violence could include; child labour, domestic or agricultural work and neglect. Children living with different disabilities are at a greater risk of violence as a result of the social stigma and discrimination that they face, and the lack of social support available to them.
- In the case of children with physical disabilities, their vulnerability to abuse is aggravated by their inability to escape potential perpetrators. Children with mental disabilities may not be able to discern the intentions of assailants, or communicate incidents of abuse to law enforcement bodies. Children with visual disabilities may be unable to escape harm, or give accurate descriptions of assailants. Families may force their children with disabilities to beg on the streets. The children may be routinely subjected to abuse to keep them on the street, where they also face abuse by the public. Children with different disabilities can be subjected to torture in order to make them appear

more pitiable and therefore worthy of charity (

Effects and consequences of child abuse and neglect

Effects of child abuse and neglect may be mild or severe; disappear after a short period or last a lifetime; and affect the child physically, psychologically, behaviorally, or in some combination of all three ways.

Immediate effects of child abuse or neglect can include bruises, burn marks, choke marks, hand slap marks, cane marks, cuts, broken bones, bleeding or even death. In some cases, the physical effects are temporary; however, the pain and suffering they cause a child should not be discounted.

Other immediate psychological effects could include isolation, fear, poor self-esteem & image, feelings of shame and guilt and inability to trust. Long term psychological and behavioral effects may include; alcohol and drug abuse, violent and other risk-taking behaviours, depression and anxiety, Developmental delays, relationship difficulties, poor school performance, suicidal behaviour and self-harm

Effects of sexual abuse may include reproductive health problems, sexually transmitted diseases, HIV, unwanted pregnancy and sexual dysfunction.

Institutionalization: Neglect and abuse is one of the leading causes of institutionalization / parent caregiver separation

Consequently, as adults, abused children are at increased risk for behavioural, physical and mental health problems such as:

- perpetrating or being a victim of violence
- depression
- smoking
- obesity
- high-risk sexual behaviors
- unintended pregnancy
- alcohol and drug misuse.

Beyond the health, social and educational consequences of child maltreatment, there is an economic impact, including costs of hospitalization, mental health treatment, child welfare, and longer-term health costs.

Effects of institutional care on children

Children in institutions of care (orphanages) are at greater risk of abuse than in a family setting. In institutional care settings, children experience structural neglect. Structural neglect results from limited facilities like sleeping and sanitary areas and limited and inadequate interaction between children and staff, partly due to low caregiver-to-child ratios. As the previous module on attachment, inadequate stimulation and interaction between caregivers and children depresses healthy cognitive, physical and social development. Children deprived of family care experience more profound cognitive challenges than their peers who were either adopted at an early age, placed in foster families or raised by their parents/caregivers. Children with greater exposure to institutional care are vulnerable to a spectrum of challenges that potentially inhibit learning and overall capacity to function at a high level in society.

Activity 5: Recognizing Child Abuse and Neglect

How long: 35 minutes

What:

- Identify the different signs and indicators of child abuse and neglect

Materials: Jacob and Jane's case studies

- 5.1 Introduce the activity by explaining to parents and caregivers that knowing and learning some of the common warning signs of abuse and neglect, can help identify the problem as early as possible and get both the child (and the abuser) the assistance that is required. Not all child abuse and neglect is obvious. It is therefore important to know the signs that indicate that something is going wrong.
- 5.2 Divide the participants into two groups.
- 5.3 Introduce Jacob's and Jane's case studies. Prepare and write down the case studies on a flip chart before the session
- 5.4 Read out the 2 case studies – each facilitator to support (prepare) the two group members concurrently in order to save time

Case study Jacob

When Jacob joined class 1 at Biki primary school, he was a very neat, smartly dressed, happy and playful child who was performing very well in school. He was always among the top 5 students in his class. But when he joined class 3, his teacher noticed that his academic performance in school had dropped. He became very withdrawn from the other children, had torn clothes, he didn't even have shoes and his feet were infested with jiggers. He had also been sent home twice for lack of school fees. At first, the teacher ignored the situation until one day he saw some marks on Jacobs right arm. The teacher called Jacob one afternoon and asked him what the problem was. Jacob told the teacher that since his father lost his job, he has been drinking heavily, coming home very late in the night and waking him up and his 4 younger siblings. He forces them to listen to his stories even for 2 hours at night; he canes all the children; calls them names and tells them that they are "as stupid as their mother. He was even recently caught trying to sleep with his younger sister Jackline. Because of this Jacob told the teacher that he is considering to run away from home and is sometimes forced to beg for money and food from the local market.

Case study Jane

Jane's mother died two years ago and the extended family decided to take her to a nearby child care institution at age 3 because nobody was willing to take care of her. After two years, Pauline her aunt (mothers' sister), decided to care for her and picked her up from the institution. She immediately noticed she had ringworms, her skin was scaly and she had a large burn like scar on her hands. She was no longer the bubbly girl she remembered. It was not easy for Pauline at first. One the first day, Jane refused to greet or even talk to her all the way home. She cried all the way. Upon reaching home, Jane run and locked herself in one of the rooms and refused to bath and eat. This went on for days. As days

went by, Pauline's other children started complaining that Jane never wants to play with them and when she does, she picks fights with them and doesn't like sharing toys. Sometimes she also throws toys all over the place and screams in a rage when she is told to calm down. She also doesn't like being called Jane – she says that is not her name. Pauline is getting uncomfortable with Jane's behaviour and has beaten her a couple of times but she sees no "improvement". Pauline's children also pick on Jane at every chance they get. When Jane tries to report them, she is accused of lying and making up stories. At age 5 now, Jane cannot speak well and Pauline is worried about what will happen when she starts school. Pauline has also noticed that Jane is extremely uncomfortable with the male family members and stays away from them most of the time.

5.5 Give each group one case study and ask them to analyze their case study by reflecting on the following questions. Ask them to document their discussions on flipcharts.

- *What are different types of abuse in the story?*
- *How can you tell that Jacob/Jane has been abused, neglected or is at risk?*
- *What are the signs in the story that could indicate that Jacob/Jane could be experiencing abuse and neglect*
- *What are other signs (not included in case studies) that could indicate that a child has been abused, neglected or is at risk?*

5.6 After 10 minutes allow each group to report back to plenary. Document group responses on flipcharts . allow each group 5 minutes for feedback

5.7 Thank participants for sharing and summarize the activity with the following key messages, checking that everyone understands.

- There are many types of child abuse, and the signs aren't always clear
- The first step in helping abused or neglected children is learning to recognize the signs of child abuse and neglect
- Most signs are not in themselves proof of abuse.
- The presence of a single sign does not prove child abuse is occurring in a family, in school or in other settings, but a closer look at the situation may be warranted when these signs appear repeatedly or in combination.
- If you do suspect a child is being harmed, reporting your suspicions may protect the child and get help for the family
- The child might also tell you that they are being abused. It is important to note that many children who experience abuse do try and tell or show they are being harmed but often they are not listened to, believed, or have no one they can trust to turn to. So take your time to listen and observe children.
- Caregivers closeness and frequent contact with their children put them in an excellent position to recognize and report suspect abuse
- Sometimes parents and caregivers can also show signs that could show the possibility of abuse and neglect taking place. For example, parents/caregivers who give conflicting explanations about the injury of their children, those who use harsh discipline methods, those who abuse drugs and alcohol, those who reject or overly belittles their child, those who have a history of abuse etc

Facilitator notes for Activity 5

Signs of abuse or neglect

- (a) **Unexplained injuries.** Unexplained injuries such as visible signs of physical abuse may include unexplained burns or bruises in the shape of objects, trouble walking or sitting, you may also hear unconvincing explanations of a child's injuries;
- (b) **Changes in behavior.** Changes in behavior as abused children often appear scared, anxious, depressed, withdrawn or more aggressive;
- (c) **Returning to earlier behaviors.** Abused children may display behaviors shown at earlier ages, such as thumb-sucking, bed-wetting, fear of the dark or strangers. For some children, even loss of acquired language or memory problems may be an issue.
- (d) **Fear of going home (or school).** Abused children may express apprehension or anxiety about leaving school or about going places with the person who is abusing them.
- (e) **Changes in eating.** The stress, fear and anxiety caused by abuse can lead to changes in a child's eating behavior, which may result in weight gain or weight loss.
- (f) **Changes in sleeping.** Abused children may have frequent nightmares or have difficulty falling asleep, and as a result may appear tired or fatigued.
- (g) **Changes in school performance and attendance.** Abused children may have difficulty concentrating in school or have excessive absences, sometimes due to adults trying to hide the children's injuries from authorities.
- (h) **Lack of personal care or hygiene.** Abused and neglected children may appear uncared for. They may present as consistently dirty and have severe body odour, or they may lack sufficient clothing.
- (i) **Risk-taking behavior.** Young people who are being abused may engage in high-risk activities such as using drugs or alcohol or carrying a weapon.
- (j) **Inappropriate sexual behavior.** Children who have been sexually abused may exhibit overly sexualized behavior or use explicit sexual language. There could be unexplained accumulation of money and gifts, bleeding from the vagina or external genitalia or anus. Injuries such as tears or bruising to the genitalia, anus or perineal region, Sexually transmitted diseases and pregnancy

One sign in isolation may not necessarily indicate child abuse and neglect. But they should alert parents/caregivers and others to the possibility and help them to consider what the next steps are in trying to support or investigate concerns about a particular child

Also consider the possibility of child abuse and neglect when parents and caregivers;

- Offers conflicting, unconvincing, or no explanation for the child's injury
- Describes the child as "evil," or in some other very negative way
- Uses harsh physical discipline with the child
- Has a history of abuse as a child
- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Constantly blames, belittles, or berates the child

- Is unconcerned about the child and refuses to consider offers of help for the child's problems
- Overtly rejects the child
- Is abusing alcohol or other drugs
- Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex
- Is secretive and isolated
- Is jealous or controlling with family members

Activity 6: Summary, Concluding Questions and Actions to Take Home

How long: 10 minutes

What:

- Summarize key messages from Module 7
- Assess participants' knowledge
- Identify home practice

Materials: Flipcharts from activity 3 ,4, 5

- 6.1 Explain that the session is nearly at an end and that now we would like to look back on what we have talked about today.
- 6.2 Ask people to think about the most important messages are that we have discussed. As volunteers suggest key messages, thank them for their answers. If any of the following key messages have not already been mentioned, add them:
 - Child abuse is never right
 - It is abuse, even if it is not physically violent: There are 4 types of abuse; Physical, emotional, sexual and neglect
 - Children can experience a combination of all types of abuse and effects. There are some children who are more vulnerable to abuse- Children with disabilities, Children in Institutions of Care, Children in unstable families, Children without parental care
 - Child abuse is caused by the people children know and trust
 - Not all parents and caregivers may know how to care and protect children, and thus sometimes they make mistakes that harm children
 - Children who are abused and neglected may suffer immediate physical injuries such as cuts, bruises, or broken bones, sexually transmitted diseases, unwanted pregnancies, HIV as well as emotional and psychological problems, such as impaired social-emotional skills, depression or anxiety.
 - There are many things that can cause child abuse. The reasons are often complex, and there's no single or simple explanation.
 - The first step in helping abused or neglected children is learning to recognize the signs of child abuse and neglect

6.3 Now ask everyone to think about these two questions:

- The most important thing that you learnt today is...?
- What topics did you not understand well?

6.4 Explain that everyone will choose some actions discussed during this module that they would like to practice at home before we meet again.

Ask everyone to think of one new action that they will do to practice self-care for themselves and that of their children

Give examples/ suggest a few ideas for home action. For example, they may choose to take time and ensure that their homes are safe for children, they will not leave their children unsupervised, they will follow up on safety issues that their children have raised, they will resolve stressful situations at home that may cause harm to children, spending quality time with your child to understand and support them, Talking to your child (if old enough) about keeping safe

6.5 Explain that we will share what we have all done in the next meeting

6.6 Finally, thank everyone for attending. Remind participants that we will be looking at *Preventing and Responding to Child Abuse* in the next session.

6.7 End by giving positive praise about how people have shared, and what skills exist in the room.

References

ACPF, 2014, *Africa Report on Violence Against Children*

<https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>

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<https://www.qld.gov.au/community/getting-support-health-social-issue/support-victims-abuse/child-abuse/child-abuse-causes>

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Helping Children Feel Safe, Secure and Loved

GROUP SESSION 8

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

INFORMATION FOR THE FACILITATOR

This module is a continuation of the topic started in Module 7. See Module 7 for key messages and why this topic is important.

Background Notes for the Facilitator

All children have the right to protection. Many children, however, continue to deal with abuse and neglect every day. Child abuse and neglect are complex problems rooted in unhealthy relationships and environments. The impact and effects of child abuse and neglect can be profound as we learnt in the previous module. In addition to the impact on the child, child abuse and neglect also has profound, broad implications on families and communities. Overall, such violations limit the chances of children surviving, growing, developing and pursuing their dreams. But it is possible to reduce the risk of abuse and neglect and parenting programmes are one important means to do this.

Parents, caregivers, teachers, neighbors, leaders, social workers, community workers and childcare workers all can provide children with love, care, safety, guidance and protection. It is a collective responsibility.

The goal in preventing child abuse and neglect is to stop abuse from happening in the first place. There are a number of actions that parents, caregivers, teachers, leaders, organizations, and communities can take to protect children from intentional and unintentional harm. First, for real change to occur, it is important to raise awareness with families and communities about what child abuse is and the serious and pervasive impacts of child abuse and neglect. Second, we can help children by providing support so that they live in nurturing families and environments, through child abuse prevention practices such as supporting and meeting each child's needs, promoting positive discipline and the healthy development of family relationships. Third, it is important to listen to and work with children to improve their lives and safety. When children are empowered and educated, they can keep themselves safe and defend their rights. Fourth, schools and communities can play a key role in recognizing risks, intervening before abuse takes place or escalates, and in providing supportive care to children and families. Lastly, leaders and organizations can address social norms that perpetuate abuse and put in place laws and practices that safeguard children from harm.

Parents and caregivers may want to protect their children from harm, but it's not possible to shelter them from every single threat or challenge that may come their way, now or in the future. It is important to help strengthen children's resilience so that they are able to cope with stress and difficult circumstances and bounce back from whatever life throws at them.

Children who are at risk of or experiencing child abuse and neglect are likely to be exposed to other forms of violence, such as witnessing violence in the home, being exposed to violence in the community or school, being at risk of exploitation and more. These forms of violence have similar

risks; similar protective factors all reduce the risk of violence – these include the following factors:¹

- Parental resilience: Managing stress and functioning well when faced with challenges, adversity and trauma
- Social connections: Positive relationships that provide emotional, informational, instrumental and spiritual support
- Knowledge of parenting and child development: Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development
- Concrete support in times of need: Access to concrete support and services that address a family's needs and help minimize stress caused by challenges
- Social and emotional competence of children: Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships.

This means preventing child abuse and neglect can also prevent other forms of violence. Intervening effectively to prevent child abuse and neglect in lives children and their families is a shared community concern. In this module parents and caregivers will have the opportunity to be supported to strengthen what they are already doing well in promoting the safety, and well-being, for children and families.

What Parents and Caregivers will Learn and Practice in this Session

By the end of this session, parents and caregivers will:

- Learn how to promote safe, and nurturing relationships and environments
- Identify child protection protective and risk factors in different settings
- Know what action to take when there is a suspected case of child abuse
- Enhance their skills in talking to their child about abuse and neglect

What is in this Module

Activity	Time	How
1. Welcome and Introduction to the Module	15 mins	
2. Protective Factors Child Abuse and Neglect	20 mins	Group discussions
3. Risk Factors for Child Abuse and Neglect	15 mins	Buzz group and group discussion
4. Strengthening Protective Factors	30 mins	Group work
5. Talking to Children about Abuse	30 mins	Skills sessions
6. Responding to Child Abuse Cases	30 min	Case studies and group discussions
7. Summary, Concluding Questions and Actions to Take Home	10mins	Group discussions
Total	2 hours 30 minutes	

¹ Center for the Study of Social Policy, 2018. Protective Factors Framework: <https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf>

Activity 1: Welcome and Introduction to the Module

How long: 15 minutes

What:

- Greet each other
- Share feedback on the home practice actions
- Learn about what today's topic will be

Materials: None

- Welcome everyone back to the session. Appreciate everyone's commitment in coming back again.
 - Ask one of the participants to lead in a song or a stretching exercise. Explain that now we are going to reflect back on what we did last week, before we start a new topic today.
 - Remind people that in the last session we talked about *Understanding Child Abuse and Neglect* and we all decided on some activities that we would practice at home.
 - Ask the participants to share in plenary what they were able to practice from the previous session for 3 minutes. Encourage participants to share by probing using the following questions:
 - Were you able to spend quality time with your child?
 - Last week we learnt about child abuse, how has that changed or affirmed the way you relate with your child or discipline your child?
 - What challenges do you face?
 - How have you balanced your roles of being present and providing for your children etc. (especially where children are left unattended for long hours when parents have to go tend to their farms or businesses)?
 - How was it when you talked to your child about keeping safe?
- 1.1 Allow some participants to share, thank everyone and encourage them to continue practicing these techniques.
 - 1.2 Ask the group if anyone has any questions or concerns about what was covered in the previous session. If there are questions, clarify these explain that this is going to be discussed later in the training and write up the question in the parking lot.
 - 1.3 Tell the participants that today they will be learning about how to prevent and respond to child abuse
 - 1.4 Introduce today's topic by explaining the following key messages, checking that everyone understands:
 - Everyone benefits when children have safe, stable, nurturing relationships and environments.
 - The best way to protect children from abuse and neglect is to stop abuse from happening in the first place.
 - When children experience abuse or neglect, this can have an effect on them for a long time and increases the risk of them having difficulties in learning, making friends, and other developmental outcomes.
 - This is not always the case. Children often show resilience and can overcome difficulties.
 - We can all have resilience, but children who grow up in supportive and nurturing families have more opportunity to develop the confidence and skills that help them protect themselves and cope with difficult situations
 - Children and families cannot do this alone. It is really important that others including

teachers, leaders, organizations, and communities also take action to protect children from intentional and unintentional harm

- 1.5 Now remind people of the safeguarding commitments that your organization has made. If you have an organizational safeguarding policy, you can summarize it here. Here are two examples:
- The local implementing partner staff have been trained on safeguarding so that they are able to work towards the best interest of children and their families. Parents and caregivers have a duty to raise concerns about the attitude and actions of facilitators as regards child abuse and neglect. They can talk to the Changing the way we (CTWWC) staff, raise the issue on the CTWWC SMS platform or report to the local administration.

Activity 2: Protective Factors for Child Abuse and Neglect

How long: 20 minutes

What:

- Learn about protective factors that help prevent child abuse

Materials: Flip charts and marker pens

- 2.1 Remind participants that last week we discussed about recognizing warning signs of child abuse and neglect. It's important to know when something is wrong and how you can help.
- 2.2 Explain that there are also certain signs to look for that can help prevent abuse or neglect. These are called protective factors. These occur at individual, family, community or wider societal level. In this activity we will talk about the protective factors, what they mean and how you can identify and strengthen them in your family and community.

Protective factors are a set of attributes or characteristics that reduce the risk of adverse childhood experiences and can increase the health and wellbeing of children and their families. When parents and caregivers know these factors, they can help recognize their family's and community's strengths and take steps to strengthen them for others.

- 2.3 Put two flip charts and some marker pens on the floor in the middle of the group and ask participants think and reflect on;
- The protective factors at child, family and community level.
 - What they can do to promote these factors in their family or community
- 2.4 Encourage participants to make suggestions as a whole group and to note these down on the flip chart papers using words or pictures.
- 2.5 After 15 minutes close discussions, and share what the participants may have missed out guided by the facilitator notes below.
- 2.6 Summarize the group reflection by sharing the following key messages, checking that everyone has understood
- Protective factors are the things that help parents find resources, support, or coping strategies that allow them to parent effectively, even under stress or difficult circumstances.
 - When these factors are present in a child's life, the child is able to focus on growing and feeling well.
 - The more protective factors are present, the better the chance a child can adapt positively to difficult circumstances.
 - Resilient individuals recover faster and more completely from painful life experiences, and may even emerge relatively unharmed from severe hardships.

Facilitator notes for Activity 2

Protective factors

At child level

- When children are emotionally and socially competent. This helps distance themselves from intense feelings and properly label and understand different emotions in themselves and others.
- Strong attachment with caregiver
- Positive self esteem
- Child's ability to recognize danger and adapt and to create relationships that are crucial for support
- Good peer relationships
- A balance between seeking help and autonomy.
- Good health and adequate development

At parental or family level

- The ability of parents to deal effectively with stress, adversity, or trauma (parental resilience)
- Strong parent- child relationship
- When parents and caregivers are knowledgeable on child development and child abuse
- Good knowledge on parenting/caregiving and nurturing skills
- Parental self-esteem and self- care
- Family cohesion
- Good family functioning and relationships
- Parental reconciliation with their own childhood history of abuse
- Household rules and monitoring of the child
- When families have good relationships with their, friends, neighbours, or other community members.
- Concrete support for parents- When families know where to get help, support and resources they need during times of struggle and stress.
- Family participation in a religious faith
- Family expectations of pro-social behavior
- Caring adults outside the family who serve as role models

At community level

- Positive social connection and support
- Access to health and social services
- Access to affordable, safe schools, in which children are encouraged and supported both academically and socially

Activity 3 Risk Factors for Child Abuse and Neglect

How long: 15 minutes

What: Learn about risk factors that contribute to the likelihood of child abuse

Materials: None

3.1 Introduce the activity by explaining to participants the following:

- In the last activity we learnt that there are protective factors that may lessen the likelihood of children being abused or neglected.

- Children are not responsible for the abuse inflicted upon them
 - There are risks in the community and in the family that can increase the risk or potential for child abuse
- 3.2 Group participants into buzz groups of 3 and ask them to discuss the factors that might make a child more likely to experience abuse, at child, family and community level.
- 3.3 In plenary, ask participants to share their answers. Write the responses on a flip chart. Add the points from the facilitator notes if they have not already been mentioned.
- 3.4 Summarize the session by sharing the following key messages checking that everyone understands
- Risk factors are those characteristics linked with child abuse and neglect, but they may or may not be direct causes.
 - A combination of individual, relational, community, and societal factors contribute to the risk of child abuse and neglect
 - When families understand the risk factors, they can take action to mitigate them

Facilitator notes for Activity 3

There are different obstacles in protecting children from abuse and neglect. These obstacles/risks can be at home, school or at community level. If parents/caregivers are aware of these obstacles/risks, then they can better plan for the safety and wellbeing of their children. Remember that children and families are part of the community. When children and families struggle, it is very likely because of challenges that they face that are beyond their own family. These might include

1. Norms and practices that are harmful, such as gender attitudes that give men power over women or discrimination against people with disabilities
2. Lack of schools or health facilities locally
3. Media pressure and influence that promotes harmful behaviors
4. The need for children to go out to work in harmful exploitative child labor, and lack of policies to prevent this
5. Community violence and insecurity
6. Inadequate/poor enforcement of laws and policies to protect children
7. Untrained and unsupervised teachers, care workers in institutions, police, etc. who may not know how to make schools safe & prevent and respond to violence
8. Lack of work in the local area, so parents and caregivers are unable to provide for their children and are facing stress

It is often the problems in communities that make it harder for families to provide a caring and supportive home. But these problems can help exacerbate risks within the family such as:

- Parental stress
- Excessive substance and alcohol abuse
- Poor child parent relationship
- Having to leave children unsupervised at home or children left under the care of young siblings
- Violence in the home- Intimate Partner violence

The result can be that children also face individual risks, which make it harder for them to seek support

- Children think it's their fault or are scared of hurting others if they talk
- Children are not believed when they report abuse
- Children do not know that what is happening is wrong/not allowed

Activity 4: Strengthening Protective Factors

How long: 30 minutes

What:

- Learn how to strengthen protective factors

Materials: Flipcharts from activity 2

- 4.1 Remind and explain to parents and caregivers that child abuse and neglect happens in various settings (home, school, community, child care institutions, faith-based institutions etc)
- 4.2 Display the flipchart from activity 2 so that participants can be reminded of their discussions on protective factors at different levels
- 4.3 Group the parents into four groups. For each group, assign them one setting. (Home, School, Community, CCIs/SCIs). Ask each group to select a leader.
- 4.4 Ask them to discuss and write down practical things that can be done (in their assigned setting whether at home, in school, in CCIs/SCIs, or community) to *strengthen the protective factors* and reduce the risk of harm discussed in activity 3 above? 7 minutes

Probe participants to actually discuss practical things they can do to make their homes or communities more safe for children e.g., clear bushes that lead to the school or community well, encourage caregivers to attend parenting classes, nominate a member of their group to join the nyumba kumi or have a meeting with nyumba kumi initiative, ensure that their children's birth are registered, get advice and support from social workers if in distress, spend quality time with their children, resolve stressful situations at home, Learn about perpetrator behaviour, Learn about child abuse-causes, effects, Perpetrators signs, I will protect others by reporting abuse work together with teachers to ensure schools are safe, promote family based care etc

- 4.5 After group discussions, bring all the parents and caregivers back together. Ask each group to present their discussions. *5 minutes per group*
- 4.6 After each presentation allow other participants who were not in the group to add
- 4.7 Summarize the activity by adding what has been left out from the facilitator notes below. Refer to the notes below.
- 4.8 Thank participants for sharing

Facilitator notes Activity 4

Practical suggestions will depend on the local context, but the following are some considerations:

Family:

- Skillful parenting support
- Open communication all the time, to make it easier to talk about sensitive topics
- Giving children age-appropriate information about abuse risks
- Opportunities for economic empowerment.
- Leave children under the care of responsible adults or older siblings.

School:

- Better communication between children, teachers and parents
- Enough trained adults in the classroom
- Zero tolerance of teacher violence (corporal punishment)

Community:

- Awareness raising on child protection
- Support to families for economic and other development
- Training of community leaders on child protection
- Better support from social services and civil society, to facilitate easier reporting of cases of abuse.

CCIs/SCIs:

- Safeguarding training
- Oversight from community members
- Regular contact with families

As a facilitator, discovering that there's been an incident or abuse and/or neglect among the children or young people in your care can be very distressing. The safeguarding training you received breaks down the appropriate courses of action to take, empowering you with skills and knowledge you need in order to appropriately report abuse and neglect.

Emphasize to participants that safeguarding training should be enforced for all staff members, social workers, parenting facilitators, school teachers, service providers, caregivers in institutions of care to ensure that everyone acts in the best interest of the children and to give them the skills and knowledge they need in order to appropriately report abuse and neglect.

As parents and caregivers;

- Learn child abuse facts and understand the risks. Also empower your children on these
- Minimize opportunity – do not leave your children unsupervised and always know where your children are. Talk to your children about risky situations and suspicious behaviour
- Talk about abuse – teach your children good touch and bad touch
- Be alert- learn the warning signs
- Make a plan – how would you react in case abuse is suspected or reported. Tell your children what to do. More exercises on this in subsequent sessions
- Act on suspicion – Trust your instincts
- Allow your child to communicate and express feelings- spend quality time with your children, remain approachable, responsive, nonjudgmental and available

Activity 5: Talking to Children About Abuse

How long: 30 minutes

What: Practice talking to children about abuse

Materials: Feelings cards

5.1 Introduce the session by telling parents the following key points:

- It is important to talk to a child about abuse in order to avoid abusive situations or prepare them should they be faced with an abusive situation. In most situations children will talk about abuse to someone they are close to. This emphasizes the need for caregivers to spend time/ communicate with their children.
- It is important for children to understand their rights, what abuse is and what to do if abuse happens. But it is important to always start with general discussions. One must always take into account the child's age and level of emotional development.

- Timing and atmosphere are very important. Choose a calm and private time to talk with children. It is also important to be ready with the accurate information to share.

5.2 Remind parents on the module on communication and specifically what they learnt about talking to children and introduce the first activity.

Exercise 1: General discussions about abuse and neglect – 15 minutes

- However much we love and care for our children, there is always a risk that they may face violence or abuse. Many children in Kenya have experienced some kind of abuse – physical, emotional or sexual. And often children do not talk about this to anyone because they are scared of what might happen or do not know how to talk about something. Sometimes they have been asked to keep it a “secret”. As parents / caregivers, the most important thing that we can do is to spend time with our children and to talk with them. That way we can notice when something is wrong. If we have open communication, it can be easier for children to talk to us.
- Using the facilitator notes below, discuss together how you might bring up the subject of abuse for children of different ages.

You can emphasize the following key messages:

- Children need to know that It is important for all children to understand their rights, what abuse is and what to do if abuse happens, this includes children with disabilities. But it is important to always start with general discussions.
- Communicate about the issue in a way that is appropriate for the child’s age, cognitive functioning, sensory needs, and level of emotional development. (There are two handouts for older and younger children)
- Timing and atmosphere are very important. Choose a calm and private time to talk with children. Be ready with the accurate information to share. Remember all the tips about clear and simple communication and active listening. Remind parents on the module on communication and specifically what they learnt about talking and communicating with children, including children with disabilities.
- Take advantage of *teachable moments- situations when children ask you about abuse. Use these moments to share more and if to find out what your child knows and why they are curious. For example, a child may ask you – where do babies come from?*

- Invite a pair of volunteers to do a role play illustrating how they might talk to their children about abuse. Each pair should role play an adult and a child.
 - *Mummy/Daddy – what is abuse? I heard people talking in school that Susan was abused.*
- After the volunteers have shared, thank them and gather feedback. Ask for ideas on how to address for boys and girls of different ages.

Children need accurate age-appropriate information about abuse and confidence that adults they know will support them

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

Remind participants about what they learnt in module 8 about who abuses children and the signs to look out for. Anyone can be an abuser. Children are normally curious about sex and their changing bodies. Parents/caregivers need to look out for anyone their child doesn’t want to be around, someone interested in their child more than usual, someone who is overly affectionate and loving

with your child and adults that often bring special gifts to their children

5.3 Thank the participants for sharing and introduce the next exercise

Exercise 2: What to do if a child tells you that they have been abused or a case has been reported- 15minutes

- Introduce the exercise by highlighting that an appropriate decision will have to be made depending on the nature of the abuse and the relationship between the child and the alleged abuser. The guiding principle in responding to any child abuse concerns is that the safety and welfare of the child should always come first. No child should be put at more risk by any action that a person will take.
- Share with the parents the following examples on how they can respond to the child;
 - *React calmly: For example, don't say "why didn't you tell me earlier, this is serious" but you can say "You are very brave. Thank you for sharing with me, can you tell me more?". If possible, the parent/caregiver should document all that the child is saying.*
 - *Re assure the child that they are right to tell you about the abuse but do not promise confidentiality as you may need to take the case forward. All reports remain confidential and should be passed only to the right child protection persons. Example of what to say "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."*
 - *Take what is said seriously, even if it is difficult to believe or even if you feel sure that it involves a harmless person*
 - *Be patient: This will be challenging if you are worried about the child. You may ask about a situation in a routine way, and she may not answer you right away. Be attentive for an answer some time after you ask about it.*
 - *Reassure the child that if someone touches him inappropriately, it is never his fault; he is not to blame and that he or she did the right thing by reporting*
 - *Avoid leading questions*
 - *Ensure safety of the child and provide urgent medical attention if required*
 - *Don't talk to the alleged abuser*
 - *Don't delay, document and report to the village chief /police station. for sexual abuse cases it is important to report to the health facility first and then the police immediately within 24hrs*
 - *Explain to the child what you will do next*
 - *It is important not to encourage or lead the child in discussions. For example:*
 - *Avoid: suggesting that something happened. e.g. "He did that, didn't he?" you can instead say "let's talk about what is bothering you. I want to help." What did he do?*
 - *Avoid: asking questions over and over again – it will communicate to the child that something is wrong, when nothing may have happened.*
 - *Avoid: putting words in their mouths or suggesting who, when or where something might have happened*
- Invite a new pair of volunteers to do a role play illustrating how they might respond when their child has reported abuse. The pair should role play an adult and a child. Share with them the following scenario as a guide for their role play
 - *Mummy/Daddy – yesterday uncle bought me sweets again. He told me I am their favourite niece and that he loves me very much. I don't however want to show him my private parts anymore, because they hurt everytime he touches them.*
- After the volunteers have shared, thank them and gather feedback. Ask for ideas on how to address for boys and girls of different ages.

Facilitator notes for Activity 5²

These are some of the possible risks that a child may face.

Physical or sexual abuse by someone familiar to the child

Teach good touch bad touch, establish trust with your child that s/he can come to you for help, always believe your child, even if they have a disability.

Know where to seek help if it happens. (see activity 4)

Child 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. Remember to use alternative communication formats if needed, especially for children with disabilities.
- Discuss with them the difference between safe touch (e.g. hug/kiss, arm on the shoulder) 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) or unwanted touch (e.g. Might be safe, but child does not want it from that person or at that moment, for example a hug or kiss from a relative. Encourage children - allow children to say no and choose who and how they wish to receive affection from).
- Teach children that they are the boss of their own body and it is okay to say NO to an unwanted touch, even if it is someone they know or a grown-up in a position of authority (e.g. relative, teacher, neighbor).
- 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 to role play saying no in the communication format that works for the individual child. Help children identify which individuals they trust and encourage them to share unsafe touch with these individuals even if it is not the primary caregiver.
- Remember that both boys and girls can experience sexual abuse, including boys and girls with disabilities.
- Remember that children with disabilities are at an increased risk of sexual exploitation, abuse, and harassment.

Shaken baby syndrome (brain injury caused by forceful and violent shaking of baby)

Educate yourself and other caregivers of the dangers of shaking your baby. If you are feeling upset or stressed about baby's crying, make sure baby is in a safe place and step out of the room to calm down. Get help from family and friends.

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

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

more information.

Peer 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.

Infanticide of children with disabilities

If you are a parent or caregiver of a child with a disability, seek support to help you manage stigma, discrimination and pressure to neglect your child from family and community members. This support can come from people who value children with disabilities and see them as equal to children without disabilities. This can include, organizations of persons with disabilities in your area, health care workers, social workers, or other caregivers.

Additional tips for talking with children about abuse

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.

Activity 6: Responding to Child Abuse Cases

How long: 30 minutes

What:

- Learn how to respond to and report cases of abuse
- Identify where to seek help

Materials: Reporting protocols, Jacobs case study

6.1 Introduce the activity by acknowledging that even though we have talked about the importance of making our homes safe and talking to children about abuse, there are instances where some children will still be abused and that many cases of child abuse and neglect go unreported. If cases are not reported, no action can be taken and the child will continue to suffer. Lack of reporting occurs due to a number of reasons.

Exercise 1: Identifying reporting barriers (5 mins)

6.2 Ask parents to reflect on why most child abuse cases are not reported using the following guiding question:

- *What stops children from reporting abuse and adults from taking action or reporting abuse?*

6.3 Thank the participants for sharing and summarize the activities by adding from the notes below

- Children have to overcome many obstacles before they can tell anyone of abuse. Once they do tell or report, the people they tell also have to overcome barriers some of the above barriers before taking appropriate action.
- Some of the reasons why children or adults don’t report abuse include:
- Failure to recognize child abuse and neglect as a problem
- Lack of knowledge on early warning signs or indicators of abuse
- Uncertainties about where to report and reporting procedures
- Fear of the consequences of reporting
- When cases previously reported are not followed up or acted upon after reporting. This discourages others from reporting
- Perceived negative consequences of reporting (could make it worse for the children, it can lead to family break up etc.)
- Not sure about the outcome
- Reporter worried of being wrong or fear of legal ramifications if abuse did not take place
- Victims can be intimidated or threatened by the abuser
- Feelings of shame or guilt or embarrassment
- The alleged abuser may be a respected person or leader in the community or may be perceived as harmless

In addition to the above barriers, children with disabilities and their caregivers also face the

following barriers:

- Stigma and isolation from families and community members can result in lack of confidence or fear of humiliation to report any concern
- Exclusion from community can result in lack of knowledge about where to go for help regarding abuse or harm, because there is limited information sharing.
- An assumption that there is a separate process for reporting cases related to children with disabilities. Even if children with disabilities receive services from specifically trained professionals, reporting abuse must still be done through the standard child protection reporting mechanism that is used for all children. Children with disabilities and their caregivers can seek support from organizations of persons with disabilities and other specially trained professionals to help them through the reporting process if needed.
- The information about where to report or how to report is not available in different formats so children with disabilities may not know their rights nor the procedures.
- Children with disabilities may not be able to communicate through the reporting formats available. If the reporting process requires a child to use spoken or written language, children who use alternative formats such as pictures, gestures, or sign language will be limited in their ability to independently complete the reporting process.
- The location to report is not accessible. For example, the distance could be too far for people with disabilities to travel, the building/room may not be accessible.
- Caregivers may have a fear of losing support services if they report harm related to a service provider.

6.4 Now introduce the second activity

Exercise 2: What, where and how to report 10 minutes

- Introduce the activity by highlighting that everyone has a role to play in protecting children. All child abuse cases, suspected or confirmed should be responded to. If you have a feeling something is not right, it should be reported. One does not have to be absolutely certain about whether a child is being abused. The child protection officers (police, children officers, social workers, Health care workers) will have responsibility to investigate further and recommend the appropriate actions.
- Re- introduce the case study of Jacob from Module 7

Case study Jacob

When Jacob joined class 1 at Biki primary school, he was a very neat, smartly dressed, happy and playful child who was performing very well in school. He was always among the top 5 students in his class. But when he joined class 3, his teacher noticed that his academic performance in school had dropped. He became very withdrawn from the other children, had torn clothes, he didn't even have shoes and his feet were infested with jiggers. He had also been sent home twice for lack of school fees. At first, the teacher ignored the situation until one day he saw some marks on Jacob's right arm. The teacher called Jacob one afternoon and asked him what the problem was. Jacob told the teacher that since his father lost his job, he has been drinking heavily, coming home very late in the night and waking him up and his 4 younger siblings. He forces them to listen to his stories even for 2 hours at night; he canes all the children; calls them names and tells them that they are "as stupid as their mother. He was even recently caught trying to sleep with his younger sister Jackline. Because of this Jacob told the teacher that he is considering to run away from home and is sometimes forced to beg for money and food from the local market.

6.5 Ask the participants to reflect on the case study as a group guided by the following questions;

- What would be the most appropriate way of responding?
- Who should take action? Who should report?
- Where should the case be reported?

6.6 Thank the participants for sharing, and summarize the activity by sharing the reporting guidance below;

Child help line (116) is a 24-hour toll-free emergency public line for reporting all cases for children in need of care & protection. The phone service also links children in need of care and protection to essential services and resources.

Any individual who has reason to believe that a child is being (or has been) abused or neglected should make a report to the help line or the following places for action to be taken;

- Village chief
- Local police
- Children officers from the department of children services
- If you think the child is in immediate danger, call your village chief or local police.
- Children who have been sexually abused and physical must report first to the health centre within 24 hrs for health screening and evidence documentation

Remember if you have questions or are unsure if the signs that you are observing are a cause for concern, contact the department of children services at xxxxx and their staff can help you determine if a child may be at risk. You can also contact the parenting facilitator at xxx.

You do not have to be certain that abuse is taking place. Every suspicion should be considered serious and reported. Once reported, the professionals will make an assessment of case and determine the next course of action.

It is the responsibility of the service providers (facilitator) who suspects child abuse, or to whom there has been a disclosure, to report the abuse. The service provider does not need permission from the organization or the parents/caregivers to make a report.

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. Sexual abuse cases presented later than 72 hours should be offered other aspects of post rape care, except PEP at the health facility.

Once you have made a report, you should not inform or discuss the suspected incident(s) with the alleged offender.

All child protection service providers must observe utmost confidentiality while dealing with cases involving children but to ensure the best course of action is taken in every case, there will be mutual sharing of all relevant information by the agencies and professionals involved in the investigation and treatment process.

Child abuse investigations often occur parallel to an ongoing police and health investigation. Here, consultation, collaboration and information-sharing among those involved in the investigations, is essential.

6.7 Now introduce the third exercise

Exercise 3: Identifying safe spaces to report and seek help (10 mins)

- Introduce the activity by highlighting that it is important for each parent peer group to identify the local service providers and stakeholders in their community. This information will help parents and caregivers talk to their children about finding safe spaces to talk and where they can report and get help. Knowing and building relationships with the service providers and local leaders is important to ensure that cases are adequately responded to and on a timely basis
- 6.8 Explain that there are a number government service providers, organizations, or individuals who can provide different child protection services.
- These include children's department, hospitals, police, village chiefs, NGOs, Community Based Organizations, child protection committees, community health workers etc. some cases can also be reported to the media (TV and Radio). When reporting cases to the media, it is important to maintain confidentiality. The name and location of the child should not be provided.
- 6.9 Explain to participants that children who are abused (and their families) also need support services to heal and cope with the abuse. These services may include counselling, psychosocial support, legal representation, and health services.
- 6.10 Using the template below; ask the parents and caregivers to identify service providers and organizations that might help protect children and where they could report child protection concerns

Name of Officer	Designation/ Title	Name of Organization	Services Provided	Office Locations	Contacts

- 6.11 Once the form is filled in, ask the parent peer group leaders to publicly display at the centre or somewhere where the information can be easily accessible to all group members. Encourage the participants to write down the information on their note books.
- 6.12 Conclude the activity by acknowledging that responding to abuse may be challenging, but we all have a responsibility to prevent abuse and to support children who have been abused and their families get the assistance that is required

Activity 7: Summary, Concluding Questions and Actions to Take Home

How long: 10 minutes

What:

- Summarize key messages from Module 8
- Assess participants' knowledge
- Identify home practice

Materials: Flip charts from previous activities

- 6.1 Explain that the session is nearly at an end and that now we would like to look back on what we have talked about today.
- 6.2 Ask people to think about the most important messages are that we have discussed.
- 6.3 As volunteers suggest key messages, thank them for their answers. Add the following key messages if they have not already been mentioned;
 - Child abuse is preventable
 - Strong protective factors in families such as supportive social networks and a good parent-child attachment can build resilience in children and parents.
 - Learning more about how to strengthen what protects children from violence and reducing what puts children at risk benefits everyone.
 - You don't have to be sure that abuse is occurring to report your suspicions – If you see or suspect something, take action, report.
- 6.4 Now ask everyone to think about these two questions:
 - *The most important thing that you learnt today is...?*
 - *What topics did you not understand well?*
- 6.5 Explain that everyone will choose some actions or techniques discussed during this module that they would like to practice at home before we meet again.
- 6.6 Ask everyone to think of one new action that they will do to strengthen their protective factors at household level

Give examples/ suggest a few ideas for home action. For example, spending quality time with children, not leaving children unsupervised, talking to children about abuse and where they can seek for help, resolving family conflicts, reporting abuse etc.

- 6.7 Ask everyone to write down what they will do in their notebooks and explain that we will share what we have all done in the next meeting.
- 6.8 Finally, thank everyone for attending. Remind participants that we will be looking at "understanding child abuse and neglect" in the next session.
- 6.9 End by giving positive praise about how people have shared, and what skills exist in the room.

References and further reading for facilitator

<https://preventchildabuse.org/resource/parenting-tip-protective-factors/>

<https://www.slideshare.net/ben10prem/child-protection-training-for-parents>

http://ourkidscenter.com/wp-content/uploads/2012/06/Talking-to-Child_onesheet_v5.pdf

Post training evaluation, Graduation and Celebration

Welcome and recap of all previous modules (10 min)

- Welcome everyone to graduation and celebration session and thank them for coming. Sing a welcome celebratory song
- Ask participants to take 5 minutes to reflect on everything they have learnt over the last 12 weeks and how this has influenced their parenting and caregiving journey
- Thank the participants for their commitment, collaboration and hard work during the parenting training sessions
- Welcome them to the graduation and celebration guided by the introduction below

Introduction

This is the last formal session of the group and is a graduation celebration for all participants who have attended the parenting sessions. In this session important guests are invited. These are frequently family members, community facilitators, local government representatives but can also be friends to the graduates who proud of their accomplishments. Through this graduation ceremony we recognize and appreciate positive changes, strengths, and celebrate new possibilities. The graduation provides an opportunity for participants to make their learning visible to themselves and to those present by answering key reflective questions provided in the post training evaluation and during their personalized speeches. This celebration is important and affirms their strengths and commitment. Good to note that family members and friends are invited to come one hour later to ensure that the post training evaluation is not interrupted.

Session outcome: Participants celebrate, share and articulate how they have benefited from the training they received throughout the 12 -week group sessions.

Activity outline

Session	Timeline	Methodology
Welcome and recap of the parenting training sessions	10	Group reflections and plenary
Post test evaluation	50 minutes	Individual tests
Reflections about family goals	60 Min	Individual speeches from graduates

Distribution of certificates	10 mins	Distribution by master trainers/local government representative
Celebration and best wishes	50 minutes.	Group lunch, singing , photography
Total hours	3 hours	

Activity 1: Post training evaluation 50 Mins

- Organize the venue well and ensure everyone is comfortable.
- Hand over the printed post test evaluation questionnaire to every graduate and ask them to fill in the evaluation.
- Walk around to support those who might not be literate and provide guidance and support to interpret the questions
- Have extra pens to give those who may not have****
- Collect all post test evaluation forms, keep them well in preparation for handover to the office.

Activity 2: Reflections about family goals (1 hr)

Ask the participants to make their short speeches 3- 5 minutes using the following guiding questions;

- What have you learned in the 12 -week session that impacted you the most with regards to parenting and caregiving? What are some of the benefits that you are seeing for yourself and for your family?
- If possible, through consent of participants video record this session.

Activity 3: Distribution of certificates (15 min)

- Ask the guest of honour to give a small speech
- Support the guest to distribute the certificates to each individual graduate.
- Photos can be taken. The graduates can take the photos individually or together with their family members
- Take a group photo after all graduates have received their certificates
- Close the trainings officially and hand over the peer group to the peer group support leaders

Activity 4: Group lunch and celebrations (1 hr)

Group lunches are mostly prepared and provided by the parent peer group. The organization can supplement the groups budget to ensure that there is enough food for everyone.