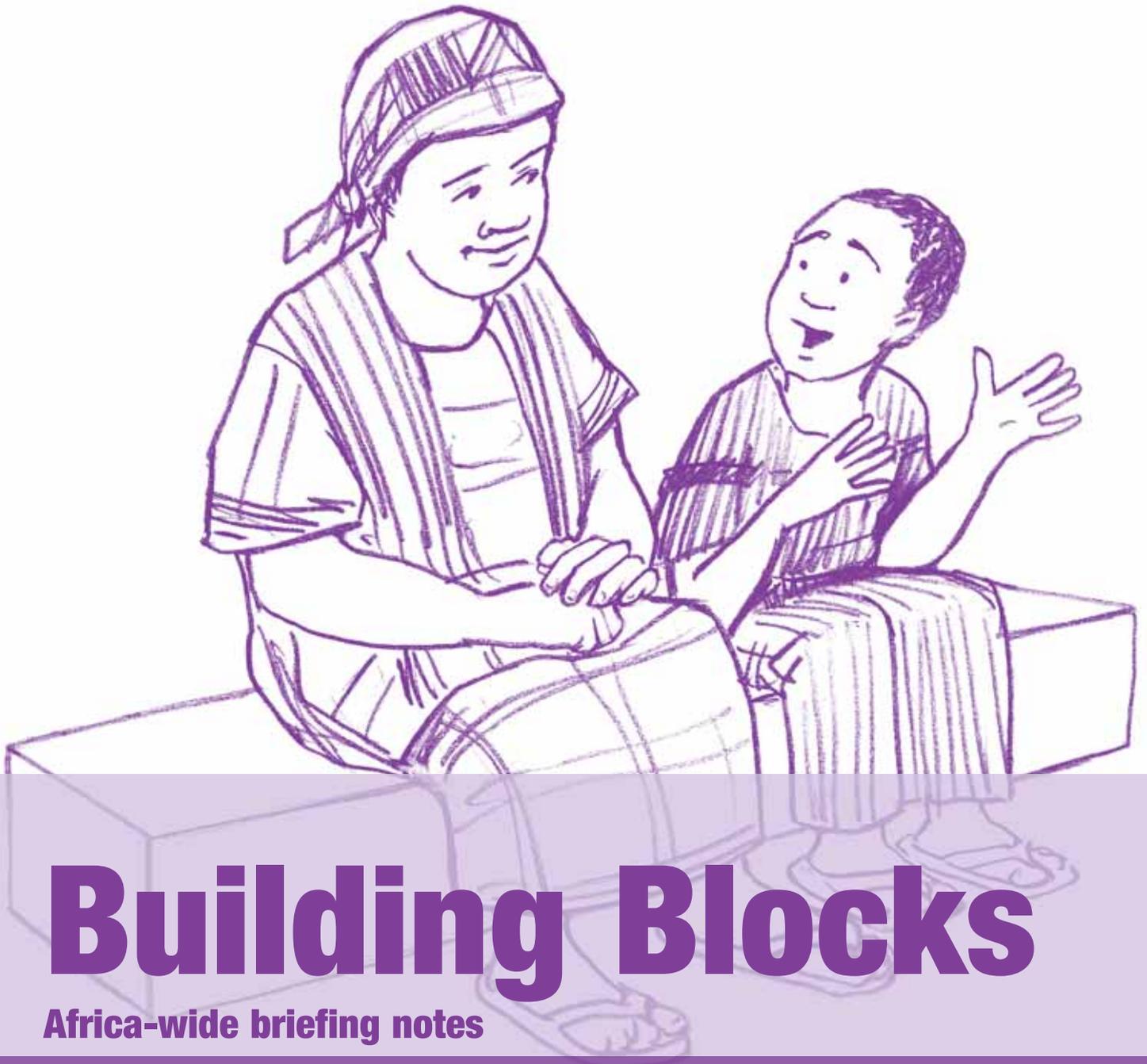


Supporting community action on AIDS in developing countries



# Building Blocks

Africa-wide briefing notes

## Psychosocial support

Resources for communities working with orphans and vulnerable children

# Acknowledgements

## What is the International HIV/AIDS Alliance?

The International HIV/AIDS Alliance (the Alliance) is the European Union's largest HIV-focused development organisation. We were established in 1993 as an international non-governmental organisation to support community action on HIV/AIDS. Since then, we have worked with over 2,000 community-based organisations in over 40 countries, reaching some of the poorest and most vulnerable communities with HIV prevention, care and support and improved access to treatment.

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# Background



These briefing notes are part of a set of seven, comprising six topics and an overview:

- Education
- Psychosocial support
- Economic strengthening
- Health and nutrition
- Social inclusion
- Supporting older carers

All these areas are important and should be considered together in an integrated response.

Each briefing note provides issues and principles for guiding strategy, while drawing on best practice from programme experience. The briefing notes can also be used as background information to **Building Blocks in Practice**, a set of participatory tools to support communities caring for orphans and vulnerable children.

These briefing notes have been developed through a highly participatory process, guided by an international advisory board. During their development in English, French and Portuguese, they have been reviewed by more than 100 people across Africa. Examples and case studies from this process have been noted in the text as coming from a 'Member of the Building Blocks Development Group'. These briefing notes are divided into four sections:

## INTRODUCTION

An overview that explains why programmes need to strengthen the skills and resources of families and communities to provide psychological and emotional support to children.

## ISSUES

An outline of the psychosocial impact of HIV/AIDS on children.

## PRINCIPLES

Guidelines for programmes aimed at providing psychosocial support to orphans and vulnerable children.

## STRATEGIES

Possible ways of taking action to strengthen support for orphans and vulnerable children.

There is a growing evidence base of strategies that are effective in supporting orphans and vulnerable children. As this is not yet comprehensive, strategies in the briefing notes include both those that have been implemented, as well as suggestions for strategies based on the experience of people working with orphans and vulnerable children. As such, strategies are not given in any order of priority or relative effectiveness. It is important to consider local context when judging the value of any strategies.

# Introduction

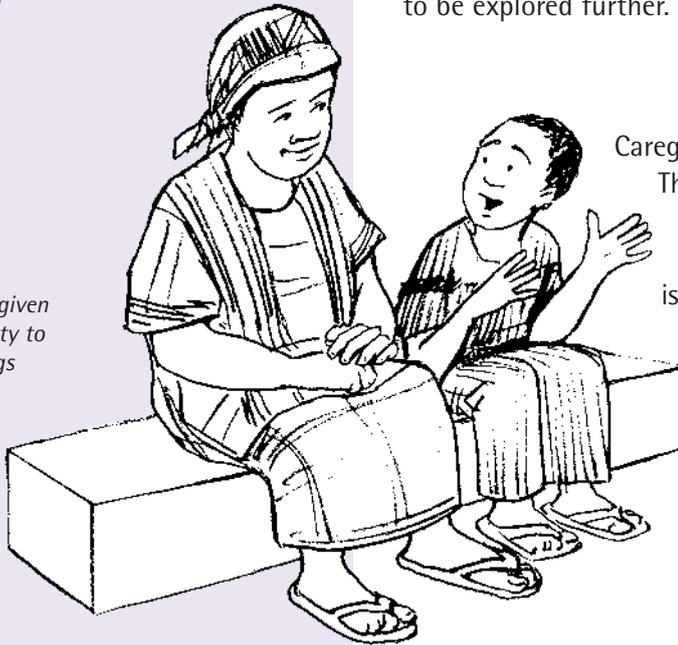
When people came to visit me after the loss of my mother, they all brought me food and more food but they never noticed how depressed I was. I could not even eat the food they had brought for me. All I needed was someone to listen to me and tell me I could still be loved even after my mother had died. (Masiye Kids Club)

*Member of Building Blocks Development Group*

Most programmes for orphans and vulnerable children focus on material support and meeting children's physical needs. Relatively few consider the psychosocial effects on children of having HIV, caring for a sick parent, living in a household affected by HIV/AIDS or losing one or both parents.

The loss of a parent is a traumatic and stressful experience. Early intervention is vital, and we should not assume that children can always cope. They should be given plenty of opportunity to express their feelings. Different approaches to counselling for children need to be explored further.

*Children should be given plenty of opportunity to express their feelings*



Caregivers also need care and support.

Those caring for orphans and children in households affected by HIV/AIDS have psychosocial needs too. Meeting these needs is essential to help them go on to provide the best possible care and support for orphans and affected children.

**Trauma** is an emotional shock, producing long-lasting, harmful effects on the individual.

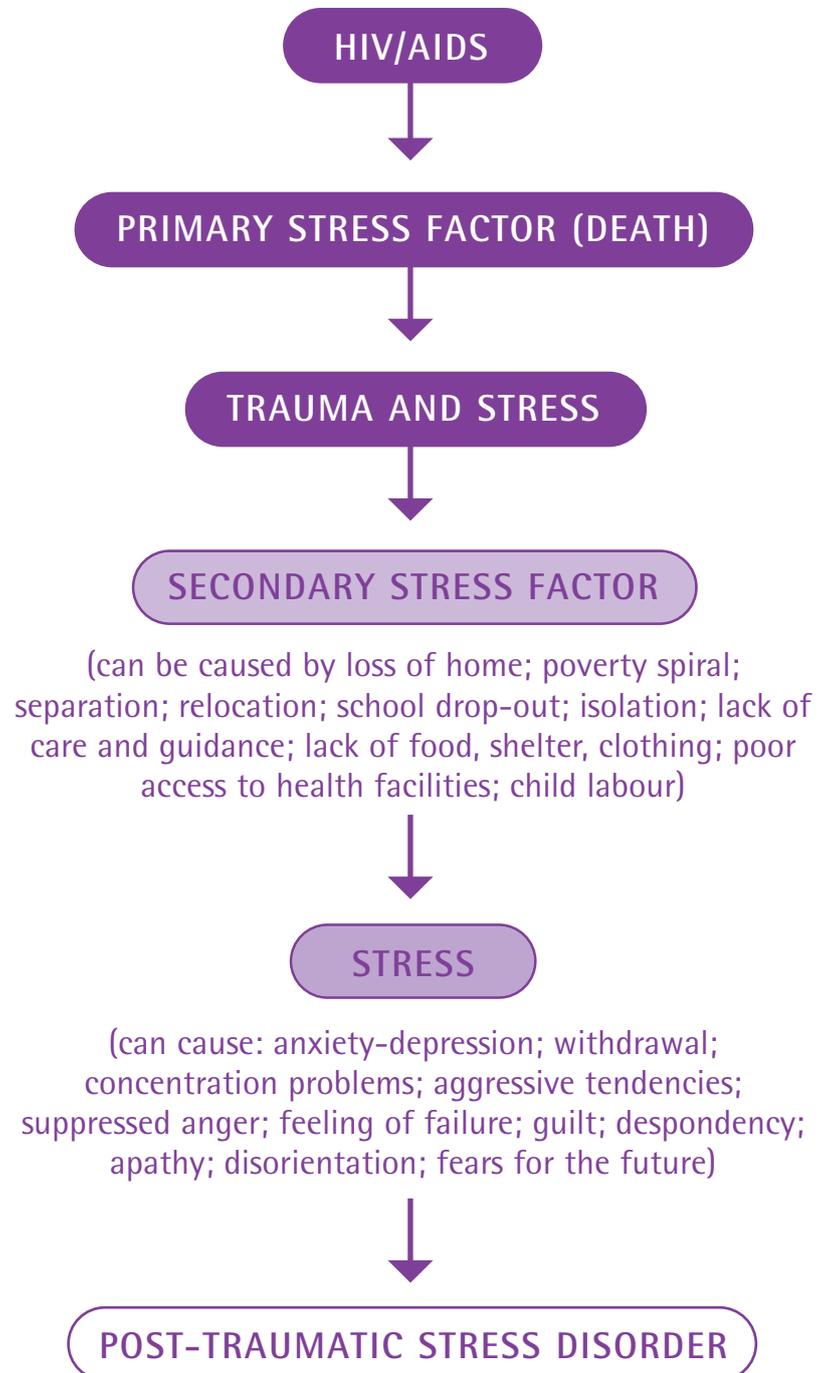
**Stress** is an emotional condition, experienced or felt when an individual has to cope with unsettling, frustrating or harmful situations. It is a disturbing sense of helplessness, which is uncomfortable and creates uncertainty and self doubt.



*Caregivers also need care and support*

# Issues

The stages of psychological damage caused to children by HIV/AIDS can be seen in the diagram.



# Issues

## 1 THE EFFECTS OF STRESS

The psychosocial impact on children of living in families affected by HIV/AIDS will lead to stress, often characterised by:

- **Anxiety.** Some parents find it too difficult to talk to their children about HIV/AIDS, and this lack of communication can confuse them. The children may have their own sources of information outside the family and draw their own conclusions. This also creates anxiety, as the children worry about their parents and their future. What will happen to them? Who will care for them and their siblings? Will they be able to go to school? How long will the parent live? Are they also affected? Do others at school know? Will they lose friends?
- **Loss of self-esteem and confidence.** Loss of a father can deprive children of social and economic security, while the loss of a mother deprives them of emotional security. Children without parents may lose their confidence and self-esteem as a result. Often they feel ashamed that one of their parents has died of AIDS because of the social stigma attached. Children may feel that adults don't notice them or their needs. They may not be certain whether they are accepted. In some cases, they are not sure how to respond to questions such as how their father died.
- **Stigma and discrimination.** HIV/AIDS in Africa has often been considered a form of punishment for wrongdoing and associated with "promiscuity" and witchcraft. This has resulted in the stigmatisation of affected families and discrimination against them. Affected children suffer stigma and discrimination at home, school and in their play environments. If children know that a parent has died because of AIDS, they may be afraid to tell anyone because of the associated stigma. These children may be called names, isolated and denied access to facilities; for example, health care and education.
- **Depression.** Depression is a deep sadness with long-term, harmful effects on the health and development of the individual. When parents die, children not only miss their physical presence, but also the many positive things they gave them when they were alive, such as love, care and protection. In many instances, orphans and vulnerable children have no one to share their grief with, and this can compound their sense of helplessness. Lack of support during the grieving process and inadequate help in adjusting to an environment without their parents may lead children to become depressed.

# Issues

In a study conducted in Malawi in 1993, it was revealed that many orphans, especially those who had lost both parents, were stressed and traumatised, and at risk of committing suicide.

*Member of Building Blocks Development Group*

## 2 THE EFFECTS OF LOSING PARENTS

Children affected by HIV/AIDS can show grief even before their parent (or parents) dies, and after their death may act in a way that seems strange. Adults often believe that children will forget their parents after a few months. In many cultures, there is little understanding of children's grief or of how grief is expressed by children of different ages. Adults often find it too difficult to cope with their own grief to be able to help the children deal with theirs. It can be difficult for children to acknowledge and talk about their strong feelings concerning a parent's illness or death. Even if they are able to express these feelings, often no one has time to listen.

Common feelings experienced by children when they lose their parents include guilt, anger and sadness.

- **Guilt.** Some children feel that they are responsible for the death of their parent(s), and if they are not helped to work through their guilt they can become depressed:
  - Many parents live for their children, struggling to pay school fees and get food for them. Sometimes they even take risks and get HIV. Children feel their parent(s) got HIV in an attempt to provide for them, and therefore feel guilty.
  - The children feel guilty because they could not keep their parent(s) alive. They did not know that the parent(s) had AIDS.
- **Anger.** Some children, especially adolescents, are angry when they lose their parent(s). This anger may be directed against the deceased parent(s), who they think have abandoned them and left them to suffer alone, or against whoever the child feels has caused the death of his or her parent(s). Counselling and support is required to work through this anger.
- **Sadness.** This a common and normal feeling which, with support, most children can work through and overcome. Children are often shielded from death, and when they realise their parent(s) have gone for ever they may become depressed and take a long time to recover. This may also result in "inhibited grief"; that is, grief erupting later in the form of emotional disturbances, various kinds of phobias and eventually depression.



*Children may be angry about losing their parents*

A young boy in Zimbabwe said he had no idea whether his mother was dead or alive. His mother was taken to her rural home when she was sick. When the father returned he told them that the mother had died, but the boy has still not accepted it. He would like to see his mother's grave so that he can accept her death. (Masiye Kids Club)

*Member of Building Blocks Development Group*

# Issues

Children are usually excluded from the funeral process and rituals that take place when an adult dies. They are rarely told about what goes on during and after the burial, and why rituals are performed. It is also common for adults to leave the children to fend for themselves with no guidance soon after the funeral process. A study in Brazil found that when a child's parents die, especially after a long terminal illness such as AIDS, and this has been explained, the grieving process is much easier for the child.

*Member of Building Blocks Development Group*

Some orphans have been abused by their extended family or guardians, with serious psychological consequences. Such children may spend most of their time in a state of low-level fear, which can disturb their behaviour, appetite, learning and sleep. Maltreatment in early life also increases the longer-term risk of drug taking, mental health problems and criminality as coping strategies.

*Member of Building Blocks Development Group*

## 3 POOR SENSE OF IDENTITY

Parents normally help children to develop a sense of self. Without that, many orphans – particularly those who have been institutionalised – lack a sense of identity, belonging, culture, status, self-respect and confidence.

A non-governmental organisation (NGO) in Ethiopia changed from institutional to community-based care of orphans because they found that the children were alienated from society and mocked at school. They also were aggressive, had limited knowledge of social norms and values, and found it difficult to live independently after leaving the institution because they had no family and community networks to rely on and inadequate skills to cope with the outside world.

*Association Francois-Xavier Bagnoud (2000)*

The National Community of Women Living with HIV/AIDS (NACWOLA) in Uganda started a memory project in 1997 to help ill parents and their children to write memory books. This project is designed to help children develop a sense of identity and belonging.

*Member of Building Blocks Development Group*

## 4 NEGATIVE DEFENCE MECHANISMS

When children living in stressful situations receive little or no support, they may try to cope in ways that harm themselves or others; for example, by becoming aggressive or withdrawn, taking drugs or drinking alcohol.

## 5 POOR MANAGEMENT OF CHANGE

The effects on a child's psychological wellbeing of losing or nursing a sick parent will leave an indelible mark unless the child is helped to manage the subsequent changes in his or her life. In modern Africa, large, extended families are becoming less common, so that there are fewer opportunities for contact with aunts and grannies for advice. There is also less contact with other family members for moral and financial support when a child loses their parents.

Self awareness is a very important factor in managing change. It is important that the child knows his/her limitations, strengths and weaknesses, and what they can and cannot do. Children's developing self awareness needs to be supported by adults, as do all of the psychosocial problems that they experience.

# Issues

6

## PSYCHOSOCIAL IMPACT ON CAREGIVERS

Caregivers can also have psychological problems – for example, grief, fear, anger – after the death of a relative. If severe, such psychological problems can also have an effect on the children they are looking after. Grandparents, children looking after younger children and caregivers looking after many children often find it difficult to cope and blame themselves for not being able to do enough, even though they must also deal with their own grief and sadness.

Many struggle to meet their children's needs – for food, clothes and schooling, looking after them when they are sick and giving them love and attention – in conditions of financial hardship and with little practical, medical or social support. Sometimes they are also struggling with the fact that the children in their care have HIV and may soon die. Often their contribution is not recognised, and they may suffer some of the following psychosocial effects as a result:

- depression, grief and feelings of helplessness
- withdrawal and isolation
- despair and loss of hope for the future
- anxiety
- frustration
- confusion.

7

## CHILDREN WITH HIV

Children with HIV who are aware of their status have additional psychological and emotional needs, and require help to come to terms with HIV and live positively, manage illness, deal with stigma and discrimination, and prepare for the future. Programmes should ensure that children with HIV receive appropriate and confidential guidance and support, and have access to a safe space (such as a private room) where they can share their problems. However, it is important to avoid separating children with HIV from other children.

# Principles

## 1 THE RIGHTS OF THE CHILD

The UN Convention on the Rights of the Child and the African Charter on the Rights of the Child should be the main guiding principles in programming for orphans and vulnerable children. These documents specify that a child has a right to:

- a name, nationality and sense of identity
- affection, love and understanding
- opportunities for play and recreation
- learn to be a useful member of society and to develop individual abilities.

All programming should centre on the best interests of the child, which also implies encouraging the child to contribute to his or her own welfare wherever possible and not just expect all his needs to be met by the community.



## 2 NON-DISCRIMINATION BETWEEN CHILDREN

All children are entitled to equal opportunities in every sphere of life. Families and communities should be encouraged to use an inclusive approach when working with orphans and vulnerable children.

## 3 OPENNESS AND TRUTH

Most children prefer to know the truth and view parental disclosure and discussion about HIV positively. Openness and truth prepare children and parents for impending death. Secrecy and denial can have an adverse effect on children's long-term psychosocial health.

## 4 PREPARE CHILDREN AND PARENTS FOR IMPENDING DEATH

Discussing parental illness helps to overcome children's fears and worries. Talking about death before a parent dies prepares children to cope with grief and loss.

## 5 RECOGNISE THE INDIVIDUALITY OF CHILDREN

The way that illness and death are explained should be appropriate to the needs of each child. It is important to remember that each individual child will respond differently to situations and will have their own psychosocial needs.

## 6 EARLY INTERVENTION

Early intervention can prevent adverse effects on children's longer-term development, and it is important to identify children with psychosocial needs before they develop problems.

# Principles

Parents should be encouraged to know their status early and take steps to prolong their life as much as possible.

## 7 PARTICIPATION AND INVOLVEMENT OF CHILDREN

Children should be included when parents are making decisions about the future.

## 8 PROMOTE FAMILY AND COMMUNITY-BASED MODELS OF CARE

Approaches to providing care for orphans must be socially and culturally acceptable as well as appropriate to the needs of the children themselves.

## 9 TARGET THE MOST VULNERABLE FAMILIES

Programmes should focus on strengthening the capacities of families and caregivers rather than targeting vulnerable children directly.

## 10 INVOLVE THE COMMUNITY IN PROVIDING PSYCHOSOCIAL SUPPORT

Children need to feel part of the community. Relatives, neighbours, health workers, teachers and other community members all have a role to play in providing children and their caregivers with a supportive environment. Vulnerable children in particular need to be given a sense of safety, and of being positively valued and personally competent.

## 11 CONDUCT ONGOING RESEARCH

Programmes need to conduct more research into the impact of HIV/AIDS on children and how children are coping. Research should also investigate the relevance and effectiveness of programmes. Greater efforts are needed to assess the best ways of identifying and targeting the most vulnerable children or households. Monitoring the immediate and longer-term outcomes of interventions is also critical in order to identify the approaches that best meet the psychosocial needs of orphans and affected children.

## 12 HOLISTIC APPROACH

Programmes should take into account all the needs of the child in a holistic manner and avoid specialisation in services. This ensures that all children's rights are met. Psychological support for caregivers must be backed up by practical support to address their immediate needs for food, clothing, medical care and education. An integrated or holistic approach encourages programmes to complement each other towards meeting the needs of the child. Efforts should be made to build partnerships with other care programmes to ensure good use of resources and comprehensive delivery of care services.



*Children need to feel part of a caring and supportive community*

Some community-based organisations in Malawi are already integrating orphans and vulnerable children within broader community activities. For example, the Episcopal Conference of Malawi's Home-Based Care Programme has a nursery school in Balaka district with 300 children, 40 of whom are orphans.

*Member of Building Blocks Development Group*

# Strategies

## 1 ENCOURAGE OPENNESS AND TRUTH

Give children enough information, but not so much that they are burdened by things they are powerless to change. Remember that children, especially young children, have a different concept of time. Listen carefully, give simple, concise answers, and check to see if the child understands. Do not make up things you do not believe about dying or death.

- Address issues of anxiety, uncertainty and insecurity about the future.
- Facilitate voluntary counselling and testing for children to determine their status.
- Provide counselling services to children in and out of school.
- Have suggestion boxes in schools or other centres and create forums for discussion.
- Have accessible, child-friendly information resource centres.
- Mobilise religious leaders and encourage them to support and destigmatise orphans and vulnerable children.
- Strengthen the ability in terms of skills and resources (capacity) of teachers to counsel children.
- Encourage and help parents to discuss the future with their children; for example, who will live with them after the parents die.
- Help parents to write wills and share them with their children.

## 2 PREPARE FOR ILL-HEALTH AND THE DEATH OF PARENTS

Ideally, children should receive counselling before a parent dies and should have the opportunity to talk about dying with their parents. Once children understand that a parent is going to die, they need practical information about what is going to happen to them; for example, who will care for them, where they will live, where they will go to school.

Strategies to meet psychosocial needs must be appropriate to a child's age. For example, after about seven years of age, most children can understand the finality of death. The way that children react to the illness or loss of a parent also depends a great deal on their age, and the support they are given should be tailored to their particular needs.

It is important to address parental concerns as well as the needs of children during the terminal stages of illness. Parents need counselling and support to help them talk to their children about dying and to plan for their children's future. This includes making decisions about who will care for the children, about inheritance of land, property and money, and making appropriate legal and

# Strategies

In the NACWOLA project in Uganda, while parents are still alive, they encourage their children to visit and socialise with as many relatives as possible so that they get to know their extended family well. This helps strengthen the bonds between these relatives and the children, so that when the parents die and the children have to move in with their relatives, they are not seen as strangers but as part of the family system. This can help to promote confidence and a sense of belonging in the children as they grow up.

*Member of Building Blocks Development Group*

financial arrangements. Making the right decisions is important to avoid a future scenario where children are constantly moved from one extended family member to another. Parents should also be encouraged to pass on crucial information and knowledge to their children before they die. There is a need to demystify death, as this is both educational and therapeutic. Death should be treated as a fact of life; sad but true, and eventually unavoidable.



*Help parents to write wills and share them with their children*

Memory-book writing is a good process for initiating communication, disclosing personal information and sharing family history. It gives a parent an opportunity to plan for the future with their children. NACWOLA's experience shows that children whose mothers have been able to disclose their HIV status to them have tended to be more supportive and rational. The children have also been able to make decisions about where they would like to live after the death of their mothers and how they will make use of their property.

- Help parents to learn to communicate with their own children and any other children for whom they are responsible.
- Provide practical advice to grandparents and other caregivers to help them explain what has happened and plan for the future.
- Integrate counselling for children into family counselling and home-based care programmes to prepare them for parental death.
- Help the child to cope with the eventual death of their parent(s), reassuring them that their education, protection and care will continue.

# Strategies

The Zimbabwe branch of Island Hospice, which offers bereavement counselling services, explores the future options for children with parents before they die and counsels children before and after death. This works well because parents and children already have an established relationship with a home-based care nurse or counsellor.

*UNAIDS (2001)*

Mildmay Mission runs a course for mothers with HIV in Uganda to help them understand the need to talk to their children about what is happening and to tell them the truth. Once mothers understand that fear and anxiety is often the reason for children's depression, anger or bad behaviour, they realise the importance of talking to their children.

In some places, parents have helped their children before they die by making a memory book with them. A memory book includes important information about where the child grew up, family events and traditions and a family tree to show who is who and where they live. Some parents include information about their memories of the child, the child's health, education and favourite things. An alternative approach is a memory basket, which includes important personal items to help children remember things. Memory books or baskets help to strengthen a child's sense of belonging and to know about their roots, especially if he or she moves to live in another area or with a different family. If the parent goes through this process with their children, it allows the children to ask questions about their history and future.

*UNAIDS (2001)*

## 3 PARTICIPATION AND INVOLVEMENT TO ENABLE CHILDREN TO EXPRESS THEIR FEELINGS

After a parent dies, other adults need to listen to children, acknowledge their changing roles and the responsibilities they have taken on. Listening to children and involving them in decisions about their lives help to build their self-esteem and confidence. Giving children the opportunity to participate in decision-making also helps them to learn about co-operation, mutual understanding and social responsibility, and to develop communication and negotiation skills.

Children need opportunities to talk about how they feel, but should not be forced to talk before they feel ready. Some children say that they do not feel comfortable with sharing problems in a group with their peers and that they prefer individual sessions with a psychologist. Some do not want to talk at all and may feel unhappy about disclosing information in a group situation.

Feelings associated with the death of the parent are usually negative and painful to experience. Grief can be very difficult to deal with, especially in cultures that prevent children from expressing such feelings. Counselling approaches should give the child the opportunity to explore and express their feelings. Various approaches have been used to help children do this.

- Poems and stories: children often find it easier to express their feelings in this way than in other forms of writing.
- Writing letters to a deceased parent or absent siblings can help older children to express their feelings.
- Drawing is often a helpful way for younger children to express feelings of loss and sadness or to describe their situation.
- Role-play and drama can help children to act out situations or re-enact their experiences.
- Puppets and models are especially useful for working with children who have been sexually or physically abused, because they find it easier to describe or show what has happened to the puppet rather than talking about these difficult issues with reference to themselves.
- Train teachers and religious leaders to counsel children before and after parental death. Involve village elders, traditional leaders and healers in counselling and helping children recover from trauma, especially if a community has traditions for dealing with death and grief already in place.

# Strategies

One project uses storytelling and play to help young children understand and talk about what is happening in their lives. Children use toy animals to make up a story and then act it out. The following story, developed by five to eight-year-olds, helped them to talk about feeling sad or lonely by ascribing these feelings to a baby animal.

Mummy cheetah and her baby lived in the plain. Mummy cheetah hunted for food for her baby and sang to her to keep her safe at night. One day, mummy cheetah became sick. She was sad and worried about who would look after her baby if she did not get better. Mummy cheetah became so sick she could not sing any more and after a time she died. Auntie took baby cheetah to live with her and her own children. When baby cheetah felt sad, she sang the song her mummy used to sing to her and she felt comforted.

*Healthlink Worldwide (1998)*

A project in Malawi run by Salima AIDS Support Organisation is using memory books to allow orphans to talk about their problems.

*Member of Building Blocks Development Group*

- Provide opportunities for peer support. Giving children an opportunity to talk about their feelings and experiences with other children in a similar situation helps them realise that they are not alone and builds their confidence.
- Organise structured activities (games, cultural activities, sports) for groups of children, and include children who have become socially isolated.
- Help children plan ways that they can support or involve peers who are experiencing difficulties or loss.

The Humuliza project in Tanzania has started counselling sessions for orphans at primary schools. The sessions help orphans to share experiences with children in similar situations. To promote co-operation and positive social interaction, each session starts with a meal and the children are then expected to clean and sweep the room. Each child is asked to describe something important that happened during the week and any problems they have encountered. Children have reported not being appreciated at home, being beaten by teachers or other students, physical ailments and deaths of relatives or neighbours. Children are encouraged to share their worries with the group. Participants have described dreaming of their deceased parents, crying often and feeling guilty because they are not managing things as well as their parents. Drama, music and other activities are used to build children's self-esteem.

*UNAIDS (2001)*

## 4

### PROMOTE AND STRENGTHEN COMMUNITY RESPONSIBILITY

Community support must be community led (rather than community placed), relevant, use available human resources, and be ethical and sustainable. Strategies should support communities in planning and monitoring the care of children, in collaboration with local authorities, social and health services, schools, private and religious organisations.

Communities can suggest various indicators to identify vulnerable families. For example:

- families with large numbers of children
- poor economic capacity of caregivers
- presence of sick children
- child-headed households
- grandparent-headed households
- single-parent headed households.

# Strategies

Family AIDS Caring Trust (FACT) in Zimbabwe provides support to orphan and affected households through community volunteers. The volunteers identify needy households, provide small amounts of material assistance and make referrals to other sources of support. The women volunteers, who are recruited on the basis of their concern for children, provide moral support, monitor the children's wellbeing and advocate on their behalf with political and traditional leaders, head teachers and health workers. Such community-based monitoring helps protect orphans and allows a swift response when serious problems arise.

*Levine, C. and Foster, G. (2000)*

Although female-headed households tend to be more vulnerable economically, a study in Uganda showed that children living with single, male parents suffered the most neglect. This appeared to be because men were not accustomed to nurturing and rearing children, so they spent most of the time outside the home, leaving the children to fend for themselves.

5

## USE EXISTING COMMUNITY STRUCTURES

Identify, strengthen and use existing community structures to help children remain in the community. Various structures at community level include:

- child welfare forums – some communities have involved community leaders and other professionals in these
- traditional healers
- traditional structures – in some districts, chiefs and village leaders have become responsible for ensuring that orphans and vulnerable children in their communities are supported, including by providing counselling and helping them recover from trauma (especially if a community has traditions for dealing with death and grief already in place)
- self-help groups such as widows associations
- youth clubs
- community-based volunteer groups; for example, orphan visiting programmes. Community volunteers receive some training and agree to visit regularly children identified by the community as particularly vulnerable and their guardians
- burial welfare associations
- faith-based organisations – they can provide support and mentoring, and ensure that children are cared for and involved in community activities
- teachers and religious leaders – they need to be trained to counsel children before and after parental death.

6

## PROVIDE SUPPORT TO CAREGIVERS

- Prepare caregivers for the challenges of taking care of children who have lost their parents to AIDS. This may include sensitising them to the psychosocial needs of children.
- Identify areas requiring special skills and provide basic training; for example, parenting, health care, communication and income generation.
- Conduct special programmes for grandparents who are caring for orphaned and affected grandchildren.

# Strategies

Adolescent volunteers at the Masiye camp in Zimbabwe, who are themselves orphans, are trained as counsellors to provide support and advice to younger orphans and affected children who participate in the camp.

*Foster, G. and Jiwli, L. (2001)*

One organisation runs camps for grandparents to give them an opportunity to share problems and feelings, learn about home care, plan the future of the grandchildren, and find out about sources of economic and social support.

*Member of Building Blocks Development Group*

Some communities in Zimbabwe and Malawi have organised community childcare to provide respite for children looking after younger siblings and guardians who are responsible for many children.

*Member of Building Blocks Development Group*

Compassion, an organisation in Uganda, identifies and trains 'father figures' to provide support to 'family units' of groups of orphans.

*Member of Building Blocks Development Group*

- Facilitate setting up child daycare centres to provide respite to caregivers.
- Establish support groups for caregivers or provide meeting space for caregivers to get together for mutual support. In some places, guardians have organised themselves into self-help groups.
- Organise informal community visits to provide caregivers with moral support and regular social contact.
- Work with communities to identify resources and services available to them and jointly plan how to use them.
- Facilitate an integrated approach between counselling processes for caregivers, home-based care and other related programmes for affected families.
- Identify and enhance the skills of government and NGO workers in counselling families affected by HIV/AIDS, especially those coping with many orphans.
- Provide support to adolescent and child caregivers. Different approaches include:
  - identifying adult mentors who can provide support to adolescents and children who are looking after younger siblings
  - relocating to adult relatives for short periods of time or getting an adult relative to move in on an occasional basis
  - regular support and visits from community or family members
  - identifying suitable older children and adolescents who can provide support to younger children based on their own experience, and training older orphans and affected children as counsellors.

## 7

### STRENGTHEN PSYCHOSOCIAL SUPPORT FOR CHILDREN WITHIN THE COMMUNITY

Programmes should ensure that children with HIV receive appropriate and confidential guidance and support, and have access to a safe environment where they can share their problems.

- Raise awareness among community leaders, health care workers, social welfare workers, religious leaders and other community members of the psychosocial needs of orphans and vulnerable children, ensuring that they can identify children with particular needs.
- Use traditional approaches to providing psychosocial support to children; for example, storytelling by elders and mentoring.

# Strategies



Children develop better in a family environment

The Humuliza project in Tanzania has trained 40 teachers. Initially, many of the teachers thought AIDS was a punishment from God and that orphans were a family's responsibility. Seminars helped teachers to become aware of the problems of orphans and affected children, their need for attachment and ways to improve their self-esteem. The training helped teachers to understand the reasons behind what they had identified as misbehaviour. Some teachers started to make after-hours visits to children at home to encourage them to attend school and do their homework. Classes are now better attended as teachers have convinced the orphans that they have the same right to education as other children, and the orphans now feel more confident. Some teachers have created a fund to buy school supplies for the orphans from their own salaries.

*UNAIDS (2001)*

- Promote children's interaction with adults; for example, through common projects where adults and children work together, family visits and communal eating.
- Integrate psychosocial support for children with home-care programmes and other support programmes for people living with HIV, including developing a checklist to help home visitors get the balance right between meeting the needs of children and the needs of caregivers.
- Actively involve children and young people in planning activities for vulnerable peers.
- Consider the introduction of mentoring and role modelling by older members of society.
- Encourage a "buddy" system to encourage companionship for orphans and vulnerable children.
- Group approaches have also been used to provide opportunities for peer support. This gives children an opportunity to express their feelings and experiences with other children in similar situations and allows for emotional growth and development to take place.

In 1999, in Malawi, during the best practices conference on community-based care for orphans, the importance of promoting positive traditional ways of counselling was recognised. Traditional counselling involves all community members so that everybody – brothers sisters, uncles, aunts, grandparents and village elders – all provide counselling to orphans.

*Member of Building Blocks Development Group*

## 8 FOSTERING AND ADOPTION

Experience shows that children develop better – socially and emotionally – in a family environment and familiar surroundings. As far as possible, children should be kept together with their siblings and in their own community, where they can relate to adults and other children who share a similar background, culture and traditions. Countries with long-term experience of institutional care have seen serious difficulties among young people raised in institutions when they try to reintegrate with the outside community. Models of care can vary:

- Extended family; for example, living with grandparents, aunts or uncles.
- Informal fostering; for example, living with neighbours or other families.

# Strategies

In Zimbabwe, the Farm Orphan Support Trust (FOST) project uses a range of approaches to care for orphaned children on commercial farms. Children who cannot live with their extended family or a substitute family either live in 'family' groups with a paid guardian or in adolescent-headed households that are visited regularly by a member of the community childcare committee. The children remain in the community and this enables them to take part in community activities as well as continue their schooling.

*UNICEF and UNAIDS (1999)*

- Communal fostering; for example, orphan family groups living in a community or communal setting with a foster mother or house parents.
- Formal fostering and adoption; for example, fostering or adoption by families that is arranged through social and welfare services.
- Institutional care; for example, orphanages and children's homes.
- Transit shelters and halfway homes for the rehabilitation of children with serious psychosocial problems.

Safety nets and alternative models are required when the extended family cannot cope or refuses to care for children. In some settings, fostering and adoption may be necessary, but great care is needed in assessing potential foster and adoptive families to prevent any risk of exploitation and abuse. Appropriate systems and mechanisms for the training, supervision and regular follow-up of foster parents are needed. This approach is best undertaken in collaboration with agencies that have experience with fostering and adoption.

Institutional care is the least appropriate model of care, and can lead to long-term developmental problems. Children in orphanages and residential homes risk:

- losing contact with their extended families and communities
- missing out on opportunities to develop meaningful relationships with adults, which can lead to poor social and practical skills
- developing a poor sense of identity and culture
- having poor social support networks beyond the institution
- being abused, physically, psychologically and sexually
- being easily stigmatised
- not having their psychosocial needs (for example, for emotional security) adequately met.

Institutional care has proved to be much more expensive, and should only be used as a last resort when there are no alternatives, or as a temporary measure while fostering, adoption or other arrangements are being made, or while attempts are being made to locate relatives.

- Develop more flexible and streamlined approaches to formal fostering and adoption of children, while ensuring that prospective parents are properly screened.
- Develop strategies to address the fears and concerns of adoptive and foster parents.
- Provide practical help and information about childcare, especially care for children with HIV.

# Strategies

In South Africa, Children in Distress Network (CINDI), a network of organisations concerned with children's welfare, has established a child intervention panel. The panel works on behalf of children to ensure that they are not left in hospitals or institutions for long periods and that social workers follow through with the placement of children with extended family or foster parents.

*UNICEF (2000)*

- Encourage communities to keep sibling orphans and vulnerable children together after parental death.
- Mobilise support for families that have fostered children.
- Arrange visits to the foster homes or other care centres where children have been placed.

9

## PROVIDE OPPORTUNITIES FOR PLAY AND DEVELOPMENT OF LIFE SKILLS

Play promotes the proper mental and physical development of all children. Therefore, wherever possible, efforts should be made to create an atmosphere where orphans and other vulnerable children can play together.



*Provide opportunities for children to play*

Several organisations in Malawi, like the Kasoba Orphan Care project (supported by Save the Children US) and Namwera AIDS Co-ordinating Committee, have recreational opportunities for orphans and non-orphans to play together.

*Member of Building Blocks Development Group*

Experience with traumatised children in Mozambique and children in areas of Uganda worst affected by AIDS shows that community-based activities such as play groups can help children recover and develop social skills.

*Member of Building Blocks Development Group*

- Organise community sports and recreation, and encourage orphans and vulnerable children to take part.
- Provide play materials and opportunities for children to play – including drama, music and dancing – in order to help them learn social skills and provide relief from stress and responsibility.
- Provide social activities such as theatre and sports to emotionally support children as they socialise and develop a sense of belonging.
- Establish and strengthen child-to-child activities and support groups to help children through traumatic periods.
- Establish children's clubs to provide ongoing support and opportunities for social interaction.

# Strategies

The FOST project in Zimbabwe has set up clubs attended by all children, to ensure that orphans mix with other children.

*UNAIDS (2001)*

- Include child representatives in community committees. Sharing ideas with children, asking their advice, and involving them in planning and implementation helps to develop life and social skills.
- Provide daycare to give child caregivers as well as younger children the chance to play and interact with other children.

In Zimbabwe, the Salvation Army Masiye Camp runs life-skills camps in national parks for six to sixteen year-olds affected by AIDS. Many children attending the camps show disturbed social behaviour, hopelessness, depression, low self-esteem and poor life skills. Almost all report sadness, anxiety, anger and keeping their feelings to themselves. The camps aim to develop social and life skills, and offer temporary relief from stress through play and adventure-based learning. Activities combine the "outward bound" approach and African traditions of learning life skills through bush camps, and also include dancing and drama. The camps develop confidence, trust, and problem-solving and decision-making skills. Children also have an opportunity to talk to adults who are prepared to listen, share common experiences and problems, and learn skills in parenting, household management and care of sick parents and siblings.

*Foster, G. and Jiwli, L. (2001)*

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UNICEF (2000) *Children in Distress: A Best Practice Response to Children Affected by HIV/AIDS*.

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# Useful Resources

Most resources listed here, and many others, are available to download from [www.ovcsupport.net](http://www.ovcsupport.net)

**Investing in our Future: Psychosocial Support for Children Affected by HIV/AIDS**, Fox, S., UNAIDS, 2001.

This UNAIDS report, through providing examples of successful interventions being undertaken by organisations in these two countries, aims to share experiences and lessons learned in order to stimulate new awareness of needs and to open new doors for action.

**Guidelines for Counselling Children who are Infected with HIV or who are Affected by HIV and AIDS**, Southern African AIDS Trust (SAT), 2003.

This document is number seven in the SAT series on counselling and focuses on issues relating to children. The document then explores issues around the counselling process, HIV testing and talking about death with children.

**Building Resilience in Children Affected by HIV/AIDS**, Sr Silke-Andrea Mallmann CPS, Catholic AIDS Action, Namibia 2003.

Building Resilience in Children Affected by HIV/AIDS is a 150-page guide to psychosocial support for children. Its eight chapters are designed to help parents, caregivers and teachers understand children who are caring for a sick parent or who have lost a parent. It provides practical advice on supporting children who have experienced loss, and suggests helpful discussions and games.

**Memory Box South Africa Manual**, Thomas, K., Subotzky, A., Almeleh, C. and Stratton, L., University of Cape Town.

This is a very detailed, practical guide to making a memory box.

**Psychosocial Support of Children Affected by AIDS**, Germann, S., Masiye Camp.

This brief paper argues for programmes working with orphans and vulnerable children to adopt an holistic approach which caters for a variety of needs including material needs, psychosocial needs and needs for skills training.

**The Journey of Life: A Community Workshop to Support Children**, Brakarsh, Jonathan and the Community Information and Inspiration Team, The Regional Psychosocial Support Initiative, Bulawayo, Zimbabwe, 2004, 49 pages.

The Journey of Life is a workshop designed to raise awareness of the problems and needs of children. It provides guidelines on how the community can find solutions.

# Useful Resources

**First Eastern and Southern Africa Regional "Thinktank" on Psychosocial Support for Children Affected by AIDS: Voices for Advocacy on Psychosocial Support for Children Affected by AIDS.** This document is a report of a workshop held in Zimbabwe in August 2001, which brought together 50 participants from nine different countries in East and Southern Africa.

**Psychosocial Support for Children Affected by AIDS: Practical Responses from Zimbabwe and Tanzania,** Germann, S., Madorin, K. and Ncube, N., Salvation Army/Terre des Hommes, 2001. This document's starting point is that children who nurse their dying parents and watch them die are at risk of psychological trauma unless they receive adequate support.

**Children Orphaned by HIV/AIDS in Zambia: Social and Economic Risk Factors of Premature Parental Death,** Nampanya-Serpell, N., 2001. This study aimed to identify factors which increased the risk or protected orphans from the psychosocial consequences of parental death.

**Care for Children Infected and Those Affected by HIV/AIDS: A Handbook for Community Health Workers,** Save the Children, Uganda Ministry of Health, 2003. This handbook about children infected and those affected by HIV/AIDS is for carers of these children, community health workers, and also people living with HIV/AIDS who can use this as a source of information.

**A Guide to Promoting Resilience in Children: Strengthening the Human Spirit,** Grotberg, E.H., International Resilience Project/Bernard van Leer Foundation, 1995. This is a clear and detailed description of the idea of resilience in children.

## WEBSITES

[www.repssi.org/](http://www.repssi.org/)

This website gives details about the Regional Psychosocial Support Initiative (REPSSI), its vision and the partners with which it works.

# Notes

# Notes

This publication is also available in:

- French
- Portuguese

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