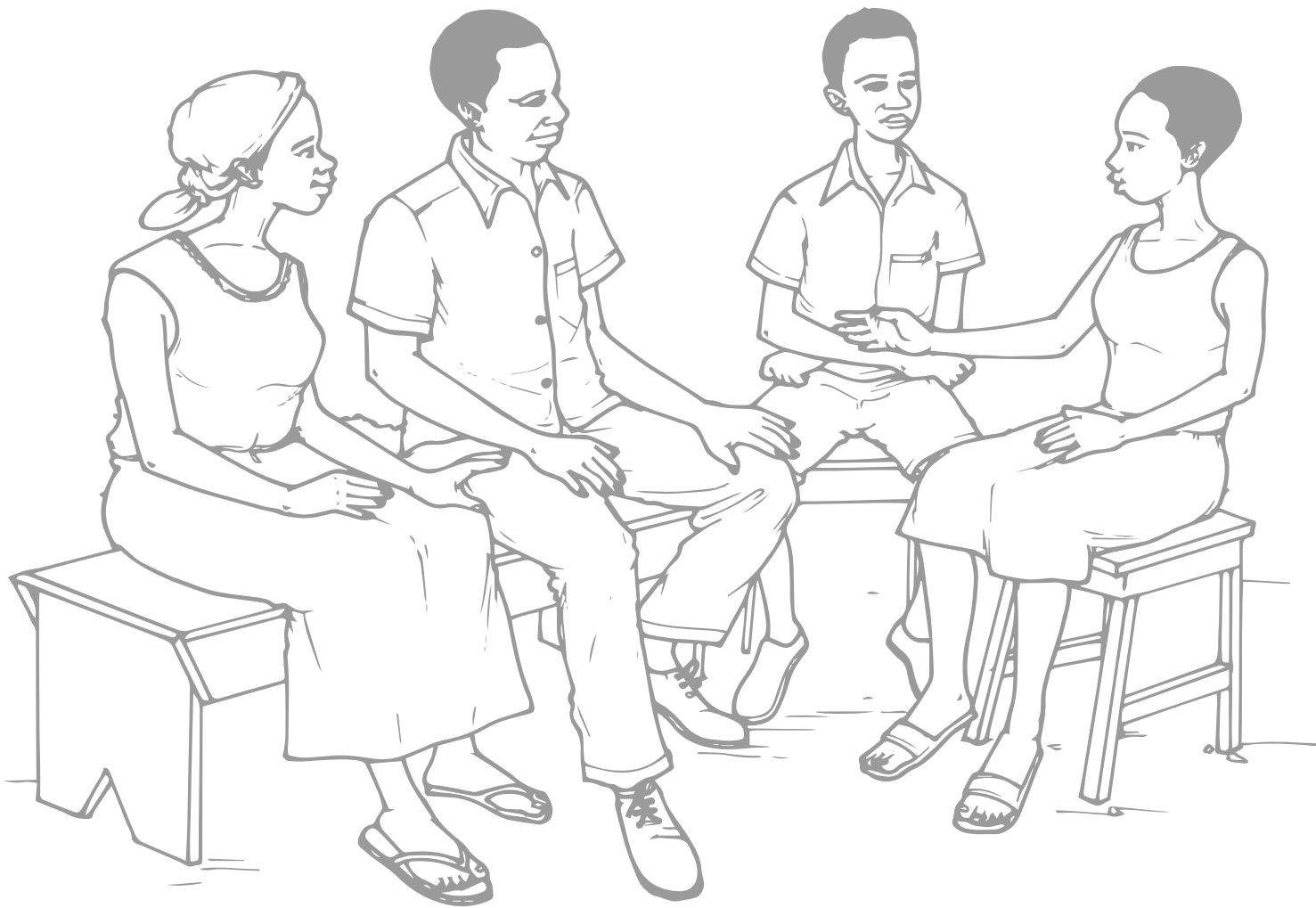THE REPUBLIC OF UGANDA

CAPACITY BUILDING OF COMMUNITY-BASED CHILD CARE WORKERS

TRAINING MANUAL for
PARA-SOCIAL WORKERS

REVISED EDITION, 2017

CAPACITY BUILDING OF COMMUNITY-BASED CHILD CARE WORKERS

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PARA-SOCIAL WORKERS

CONTENTS

LIST OF ACRONYMS

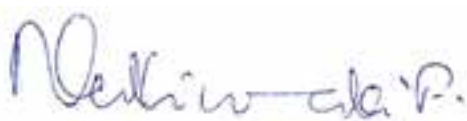|	
AIDS	Acquired Immune Deficiency Syndrome
APT	Active Parenting Today
ART	Anti-Retro-viral Therapy
CBOs	Community-Based Organizations
CBSD	Community-Based Services Department
CDO	Community Development Officer
CFPU	Child and Family Protection Unit
CP	Child Protection
CPA	Core Programme Area
CPWG	Child Protection Working Group
CRC	Convention on the Rights of the Child
CRS	Catholic Relief Services
CSOs	Civil Society Organizations
CV	Curriculum Vitae
FAL	Functional Adult Literacy
FBO	Faith-Based Organizations
FCC	Family and Children's Court
HIV	Human Immunodeficiency Virus
IDP	Internally Displaced Person
LC	Local Council
LLG	Lower Local Government
MoGLSD	Ministry of Gender, Labour and Social Development
NDP	National Development Plan
NGOs	Non-Governmental Organizations
OAU	Organization of African Unity
OVC	Orphans and Other Vulnerable Children
PET	Parent Effectiveness Training
PSS	Psychosocial Support
PSW	Para-Social Workers
PSWO	Probation and Social Welfare Officer
PTA	Parents Teachers' Association
REPSSI	Regional Psychosocial Support Initiative
SDPs	Sector Development Plans
SOCY	Sustainable Outcomes for Children and Youth
STEP	Systematic Training for Effective Parenting
SUNRISE	Strengthening Ugandan National Response for Implementation of OVC Services
ToT	Training of Trainers
TPO	Transcultural Psychosocial Organization
VHTs	Village Health Teams

FOREWORD

Over the past 5 years, Para Social Workers have become a key resource to actors delivering services to vulnerable households in rural communities in Uganda. The Ministry of Gender, Labor and Social Development considers Para social Workers integral to the realization of ongoing care reforms in the country. To date over 11,000 Para Social Workers have been training in basic care and support for orphans and vulnerable children and there is still a need to train more.

This revised training manual which incorporates additional skills for effective care by Para Social Workers, is part of the ministries commitment to skill the social service workforce in Uganda and ensure that children receive services of the highest quality delivered by a well-motivated and trained team. This manual, which contains new content on psychosocial support (PSS), care for HIV and AIDS affected families, and child protection, among others, is key to the development of a social service workforce that is well planned, supported and equipped with critical knowledge and skills that strengthen their ability to provide care and support to vulnerable children and their families.

The revised manual also includes an evidence based seven- step community case management model, which has been tested and is now being scaled up by Bantwana Initiative with the MGLSD and other development partners. The model places trained PSWs at the center of an integrated referral network that is linked to formal institutional structures. The manual will enable Para Social Workers to work in multi-contexts of poverty, disaster risk and HIV and AIDS as well as introduce them to basic concepts, ethics and helping skills that will enable them respond in a more effective manner.

I therefore appeal to our development partners and all agencies working with children to promulgate the use of this manual, by adopting it as the main training standard for those working with Para Social Workers. It is recommended that organizations that work with Para-social workers invest in supporting them acquire, additional knowledge and skills through ongoing competence assessment, training and mentorship.

I would like to end by appreciating the Ministry Team led by Mr. Mondo Kyateka, Commissioner for Youth and Children that has provided leadership to the process of developing this manual. I am also grateful to our development partners namely TPO Uganda and Bantwana Initiative for the support rendered to this project.

Hon. Florence Nakiwala Kiyingi

Minister of State for Youth and Children Affairs Ministry of Gender, Labour and Social Development

ACKNOWLEDGMENT

INTRODUCTION AND RATIONALE

The systems analysis exercise, conducted in January 2010 by the Ministry of Gender, Labour, and Social Development (MoGLSD) under the SUNRISE-OVC programme, revealed that the majority of community-based groups or structures providing care and support to OVC lack basic skills in care and protection of vulnerable children.

Based on the above state of affairs, and given the fact that communities and families are the first line of response for OVC but with low protective capacity, the SUNRISE-OVC Project, in partnership with the MoGLSD, made an effort to train representatives of community-based groups/structures (Para-social workers)and build their competencies in child care and protection, in order to fill the above gaps. The Para-social workers, as members of community-based groups, are expected to supplement and complement government efforts in providing social protection to the vulnerable children.

Community-based Para-social workers are recognized as the second line of response to OVC after the family system of care; and their key roles in the community in the care and protection of vulnerable children are: assessing needs of children,identifying vulnerable children, providing child care and support,working with families and caregivers within the community context to provide care and protection of vulnerable children, referring children to existing services, providing ongoing follow-up support to referred child protection issues,promoting actions that address the needs of vulnerable children, identifying and selecting OVC beneficiaries most in need of basic services,mobilizing locally available resources for the OVC response, and participating in community-based monitoring and evaluation of child protection interventions,among others.

TPO Uganda is therefore supporting the efforts of MoGLSD to put in place a skilled workforce at all levels of service delivery in the country, by reviewing and updating the Para-Social Workers' Training Manual, in order to improve delivery of services to OVC;and to strengthen sustainable local government and community systems that will improve access to utilisation, coverage, quality and holistic social protection services for vulnerable children, youth and their caregivers. The revision and development of this manual is premised on the ever-changing context of the OVC situation in the country, with the view of making it relevant to the emerging needs of OVC and the broader context of child protection work in Uganda.

Who is this manual intended for?

This manual is intended to train Para-social workers who are a non-formal "workforce" that constitute the largest but yet undefined group of caregivers who provide support and services to vulnerable children and families, particularly in low and middle income countries (GSSA, 2016). These include religious and traditional leaders, community-based support groups (e.g., mothers' clubs), Popular Opinion Leaders and Peer Champions; as well as community health workers who can be trained in child protection and welfare knowledge and skills.

The Para-Social Workers' Training Manual is intended to guide frontline community development workers, including Community Development Officers (CDOs), Probation and Social Welfare Officers (PSWOs) and NGO workers involved in child welfare and protection work. These professionals should be able to conduct a participatory and experiential training and learning process with community-based child care workers that will empower participants to realize the following outcomes:

- Understand and appreciate broader human rights and protection, health and psychosocial issues as part of common community problems affecting children and their households.
- Understand HIV and AIDS, and its impact on children, families and communities as well as identify children's needs in the context of HIV and AIDS, with the view to organize care and support services for them and for their caregivers.
- Gain understanding and skills to support parents and caregivers to strengthen their relationship with children.
- Gain basic skills and techniques to monitor, identify, support, refer and follow up child protection and welfare cases.
- Gain soft skills that are relevant in career building and case management.
- Apply the child protection framework for the prevention of and response to child rights violation cases.
- Demonstrate the ability to document, analyse and utilize data from community-based work with children and their households.

However, if the para-social workers are to be effective in executing their work, they need to have some level of literacy in order to do both the case identification, some kind of assessment and documentation functions. It is expected that people to be trained using this manual have basic educational qualification of ordinary level (lower secondary education) or its equivalent, possess some level of experience in terms of community engagement and previous training in related fields. In addition, the individuals will be required to demonstrate the ability to make some judgements about needs, resources and services available in their communities.

It is expected that, to be able to use this manual effectively, this cadre of professionals training Para-social workers should have completed the training of trainers' (ToT) course, so that they can apply the principles and methodology of the training appropriately.

What is new in this edition?

The review and upgrading of the Para-Social Workers' Training Manual,which had been developed earlier under the SUNRISE-OVC programme, was informed by the gaps that stakeholders have identified through community-based work with vulnerable children and their households. For instance, the original training materials heavily focused on child protection, while leaving out other critical components that vulnerable children and their caregivers could benefit from. Thus, during the review process, some modules have been merged and developed into units, while other content has been removed.

This process has created space for new modules that the revised Para-Social Workers' Training Manual has introduced. The new modules in this training package include:

- **Module 1: Personal Development** is intended to build awareness of the Para-social workers about their own childhood and growing up, so they can understand children and their issues and needs better.

- **Module 3: Psychosocial Well-being, Care and Support** introduces participants to the concept of psychosocial care and support and its core principles. It seeks to achieve an understanding among the participants of the importance of psychosocial care and support in their work with children.

- **Module 5: Understanding HIV and AIDS** introduces participants to understanding HIV and AIDS, and its impact on children, families and communities. Particularly, the module prepares Para-social workers to be able to identify children's needs in the context of HIV and AIDS, with the view to organize care and support services for them and for their caregivers.

- **Module 7: Parenting Skills**, which is intended to increase knowledge and skills for community-based child protection workers who support parents and caregivers to strengthen their relationship with children.

- **Module 9: Sustaining the Work of Para-Social Workers**, which focuses on efforts by Para-social workers and government technocrats to come up with innovative and creative approaches and interventions to facilitate, encourage, motivate and sustain the Para-social workers even after eternal support ceases to be available. As an example, a para-social worker having served for a period of two years or so may be recommended for more education or a better opportunity (e.g. employment) as a way to build the workforce. Additionally, this is an incremental training programme that allows the graduates to upgrade their competencies within the sub-sector having successfully completed this foundational level.

How to use the manual

The Para-Social Workers' Training Manual is organized into 8 interlinked modules, each structured into units and sessions addressing specific aspects. This means that each covered module lays the foundation for the next. Besides, each session is allotted a tentative amount of time to guide the facilitator. In addition, there is an overall training timetable that facilitators are expected to follow with flexibility.

For a new group of Para-social workers, facilitators can use the content in this manual as a whole, but with modifications in the process, methodology and timing, depending on the context of the training. These contents have been developed based on the emerging situation of OVC in the country, and the context in which the Para-social workers conduct their activities with vulnerable children and their households. To be considered trained para-social workers, participants are expected to complete the whole set of modules presented in this training programme. Additionally, they should have undertaken supervised field practicum as a partial requirement. Upon successful completion of the course, and placement to the respective duty stations, the Para-social Workers will work under the supervision of CDOs and PSWOs who will mentor and coach them using hands-on approach. The CDOs and PSWOs are expected to continually develop the workforce through skills and knowledge gap identification remedial actions.

However, for purposes of conducting refresher training for initially trained cadres, it is recommended that the trainers conduct a capacity gap assessment and analysis through which capacity gaps are identified. This capacity assessment can be done through field monitoring and support visits to the Para-social workers. A capacity assessment tool may be designed to support this process. Once capacity gaps have been identified, relevant content from this manual may be selected and structured into a training plan.

PERSONAL DEVELOPMENT

INTRODUCTION

Module 1 gives the participants an opportunity to think about their own life. It is believed that one of the best ways of learning how to work with children and youth is through reflecting on and remembering one's own experiences as children. This module has two units. Unit 1 focuses on personal development and wellness,while unit 2 explores the Para-social worker with regard to career development. The aim of this module is so the para-social workers can understand needs of children, and this is achieved by awareness of their own experience.

OVERALL OBJECTIVES

- To reflect on the Para-social workers' roles in ways that help them learn and improve their work with children.
- To evaluate the values and attitudes that guide Para-social workers' roles and have a clearer understanding of how they influence their work.
- To increase Para-social workers' self-awareness and self-reflection, which are key tools to work with children.
- To explore and apply professional development skills, creating a career pathway for the Para-social workers.

EXPECTED OUTCOMES

By the end of this module, participants will be able to:

- Gain a better understanding of their strengths and weaknesses through reflective exercises.
- Reflect on and explain different values and attitudes and how these influence their work with children.
- Demonstrate an understanding and appreciate the importance of self-care, and be able to prioritize it so as to live as role models.
- Build ability to understand stress management techniques and recognize when and how to look for and get help.
- Apply life skills, especially problem solving and conflict management during their work with households and communities.

UNITS

Unit 1: Personal Development and Wellness

Unit 2: You and Your Career

Unit 1: Personal development and wellness
- Self-awareness
- Your life story
- Personal values and attitudes
- Cultural diversity
- Healthy life style and being a role model to others
- Taking care of ourselves

Unit 2: You and Your Career
- Professional development for Para-social workers
- Personal goal setting
- CV writing and interview skills

PERSONAL DEVELOPMENT AND WELLNESS
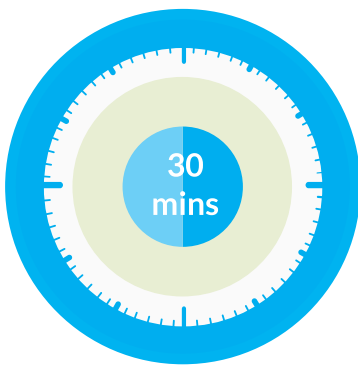
SESSION 1: SELF-AWARENESS

30 mins

Facilitator's notes:

When you are working with children and their households, the most important tool that you bring to this work is yourself. To do this work well, it is very important to get a better understanding of yourself. Therefore, in this session, we want you to focus on yourself and your own life situation (rather than on the children that you are working with). This unit is about your own personal development and wellness. We will begin by helping you to consider your life journey. After this, we will think about the ways in which you evaluate yourself. We hope that by doing the exercises in this unit, you will grow in self-knowledge and confidence.

Personal Development:

Growth of who one is as a person. This can be about becoming more aware of one's own strengths and weaknesses. It can be about learning new ways of thinking about becoming more confident. It can be about improving one's relationship with people.

When you work with other people, it is important to know yourself. This unit looks at you as a person. It gives you ways to think about your life story and to take your personal growth seriously. It is important to continue to develop yourself, because you are the "precious tools" who work with children and youth. You are asked to think about your own personal

experience in working with children, and which values and attitudes guide (direct/shape) your work as a development facilitator. This unit also looks at why it is important to stay healthy as well as encouraging the people you work with to be healthy. You will read about, think about and plan for ways to take care of yourself. As professional child care practitioners, we hope that you will be positive wellness role models.

Learning activity 1.1

Make notes in your notebook.

Self-reflection: Keeping well

Think of your own situation, and your lifestyle. There are probably already ways in which you try to keep well and maintain a healthy way of life. Identify these and write them in your notebook.

Life Journey

Reflect on (think deeply about) your work in ways that help you to learn and improve your work with children and youth. Write short paragraphs (learning journal entries) to describe day-to-day work experiences. Explain important words and concepts used in the field of working with children and youth at risk. Think about the values and attitudes that guide your work and have a clearer understanding of how they influence your work. Know more about yourself as a person (self-awareness). Explain why it is important to care for yourself and recognize when and how to look for and get help. Set goals and realize why this is important in your life and professional work. Use helpful ways of reading and strengthen (make better) your reading ability.

SESSION 2: YOUR LIFE STORY

The first exercise is a self-reflection exercise, which looks at your own personal history. We believe that by looking back on our lives, we can learn about how we handled different situations. This can help us to understand how to better support children and youth. We encourage you to share your story with someone you trust.

Learning activity 1.2 (individual)

Make notes in your notebook.

Your Tree of Life

This exercise will help you to think about family history, your environment, the important people, the important times (good

Time:

30 mins
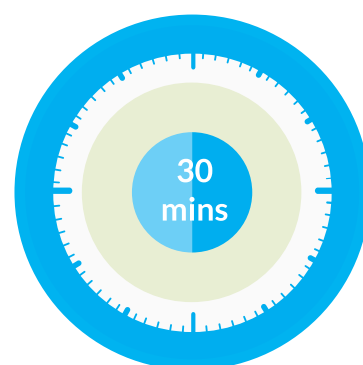
and bad) and your dreams and aspirations (goals or objectives, i.e. what you hope to achieve in life). For this exercise you will need:

1. A quiet place and about an hour to properly concentrate on the activity.

2. A large piece of plain paper or a page in your notebook – you choose whichever is more comfortable and convenient for you.

3. A set of coloured pencils, crayons, coloured pens, or other drawing equipment.

Instructions:

Draw a tree on a large piece of paper. This tree is about your life. It should have the soil, roots, trunk, branches, leaves and fruit.

Now think about your life and draw it through the Tree of Life. Think about the following aspects of your life:

- **Soil:** the soil is about your country and culture. It is about the environment in which you grew up. Think about your country and the environment in which you grew up. How did it affect you as a child? How has it influenced who you are as a person today? Think also about your cultural and religious background. Write this in your notebook.

- Roots: the roots are for your family and friends. It is about your heritage (where you come from/your history), your ancestors and family line. Think about the important people in your life. They could be alive, or may have passed on. Think about how each person has impacted (influenced/ played a part) your life.

- **Trunk:** the trunk is for the different experiences you have had in your life. They could be good things that have happened to you. Or they could be bad things that happened to you. Each of us has had positive experiences and painful experiences in the past.

- **Branches:** the branches represent other parts of your life (like work, school or education, friends, colleagues, churches or other religious beliefs, spiritual (similar to religion/not physical) aspects, hobbies, sports, etc.). Our lives usually have different branches. Each of these could be represented in your tree. Tell us a little about each of these.

- **Leaves:** trees draw their life strength from their leaves. On your Tree of Life, use the leaves to symbolize (represent/stand for) your strengths, special skills, gifts and
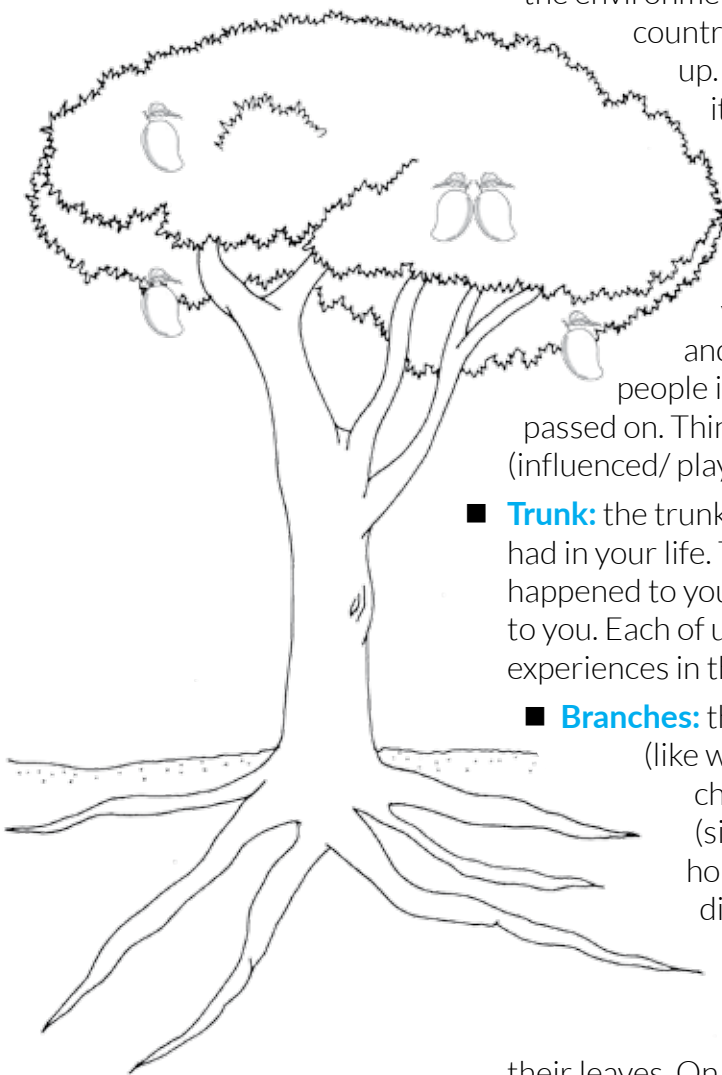
talents given to you by those on the trunk and branches, or that you were born with. Tell us about your special skills, talents, and abilities (that is, what you can do well).

- **Bugs:** everyone has challenges, or bugs that challenge our development. Draw bugs to represent the challenges and difficulties that you need to overcome in your life. Perhaps you can include people who you see as standing in your way or causing difficulties for you. Perhaps include difficulties that you have been dealing with throughout your life. Tell us a little about these.

- **Fruit:** the fruit is for the achievements you had made in your life. It could be passing school, or having good relationships with people. They are the things we are proud of.

- **Buds:** these are for your dreams and wishes. In your Tree of Life, the buds are for the chances you have in your life for growth, healing and progress. Think about your dreams and hopes for your life. Tell us a little about these.

Learning activity 1.3 (group)

For group discussion

Your Tree of Life

In your group learning session, in small groups of about 4 or 5 people, share some things about your Tree of Life.

- You may want to talk about some of the challenges, losses or difficult truths you have faced. (Only share what feels safe to share in the group.)

- Then talk about how you have overcome these difficult truths, what you have learnt and what your support factors and strengths are.

Time:

45 mins
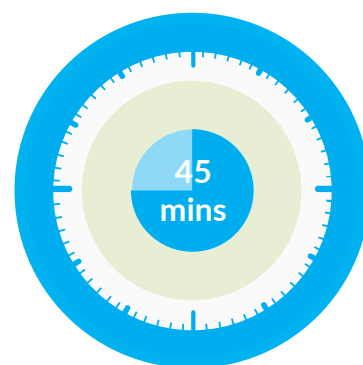
Our self-esteem is about how much we value ourselves. It is about how good or bad we feel about ourselves as a person.

One of the most important parts of being a Para-social worker (and in our personal life) is a positive attitude. How we feel about ourselves affects how other people see us. If we do not believe in ourselves, others will often not believe in us.

When we describe ourselves to others, we tend to use different types of words. Some are about facts, for example, "I am tall, I have three brothers and I play sports". Other words we use have a positive or negative value: for example, "I am creative, I am kind" (these first two examples are usually seen positively in most societies), or "I always forget things, I am not very clever" (these two examples are usually seen negatively in most societies). These words tell others how we feel about ourselves. If another person was describing you with these terms, it would show how they feel about you. It is true that all of us have both

good and bad points. We also have parts of ourselves which we would like to improve (make better). However, some of us give more attention to the parts of ourselves that we are not happy with. We tend to forget about the things that we are good at and our own positive qualities. If we can think more about our positive attributes (parts), we will increase our self-esteem. This will put us in a stronger position to value ourselves, help others, and to be a positive role model. This would also make us better able to face the challenges of working in emotionally difficult situations.

In this section, we provide you with a way of thinking about yourself. There are parts of yourself that you and others know about you. There are some parts that you try to keep hidden from others (and perhaps even from yourself). There are some parts that others know about you, but which you don't know so well. And there are some parts that are yet to be discovered (not known). A diagram is often used to explain how we can think about these four aspects of ourselves. It is called the Johari's Window (named after the two men who first used it in the 1950s: Jo and Harry). This window shows the different aspects of our self-awareness.

	Things I know about myself	**Things I don't know about myself**
Things others don't know about me	The open window	The blind window
Things others know about me that I don't know	The hidden window	The dark window

On the basis of Johari's Window, there are four parts of each of us:

1. **The Open Window** is that part of ourselves that we feel is safe to share with others. This is the self you show to the world. It may be your social self, your interests, and your work. You can ask yourself: *What do you know about yourself that is known to you and to others? Include your social roles, the way in which you present yourself to the world. This may include aspects connected with your job, interests, activities, hobbies, and your values. When you were asked to describe yourself earlier in this unit, your first few responses were the ones that probably belong in this window.*

2. **The Hidden Window** is the part of ourselves that is private, that we keep from others, like our fears, our resentments (what we don't like) and jealousies, and our secrets. With regard to this part of yourself, you can ask yourself: *"What do you know about yourself that is unknown to others?" This includes areas of your life that you want to keep private, your secret fears and worries, your feelings of resentment and shame, and maybe some behaviour that you do not want others to know about. These are the parts that you really try to keep secret and hidden,*

perhaps even from your closest friends and family members.

3. **The Blind Window** is that part of ourselves that only others see, but which we are not able to see. With regard to this part of yourself, you can ask yourself: *"What do other people know about me, but that I am not aware of? What are my blind spots?"This includes what others see but what you try to hide from yourself. This might include behaviour that does not fit with your usual pattern of behaviour, but which is noticed by others. It may also include the various ways in which you sometimes overreact (for example, getting very angry about something very quickly). When describing yourself earlier in this unit,if you had asked a trusted friend for help, and if you would had been surprised about the way they describe you (even though after some thought you admitted their description was true and accurate), then it is possible that their response came as a surprise*

4. **The Dark Window** is that part of us which is unknown to us and to others. It is the window of unknown potential. Another name for this is "unconscious": the things we do not know about ourselves. With regard to this part of yourself, you can ask yourself:*"What are the parts of me that I am unaware of and that others are also unaware of?"This includes your unconscious (thoughts you have but you are not aware of), the depths of your soul (what is deep inside you), and most importantly, your undiscovered potential. There are parts of you that are yet to be discovered, that neither you nor anyone else knows about yet. Interestingly, and very sadly, sometimes these parts only come forward in times of great stress.*

Learning activity 1.4 (individual)

Make notes in your notebook.

Your Johari's Window

1. Draw your own Johari's Window.
2. Try to list some of the aspects of yourself in each window. You may like to use words from the previous exercise, or you may choose to add to your self-knowledge by adding new ways of describing yourself. Start with the open window and move to the hidden window.
3. Next, you will need to talk to someone to find something to include in the blind window. Explain what you learned about yourself through this interaction. How did you manage to not become too defensive about the feedback you were given?
4. When you get to the last window (the dark one, the unconscious parts of ourselves), are you able to write something that you have learned about yourself through this exercise? Also try to focus on possible hidden talents and abilities that you may like to explore more and make more known to you and to others. However, you may not be able to put anything in the dark window.

17

Time:

1 hour

SESSION 3: PERSONAL VALUES AND ATTITUDES

Facilitator's notes:

Remember that **values** are the worth, importance, or usefulness of something to somebody. Values are the accepted principles or standards of an individual or a group. For example: the values that are important to Para-social workers are empathy, love, honesty and hope. It means that these values guide what we do and how we behave.

Learning activity 1.5 (individual)

In pairs, discuss the following and write down your answers:

Personal values and working with children and youth in adversity:

1. What is it that you like about working with children?
2. What worries you about working with children?
3. Why do you do this work?

Note: The trainer should debrief the participants as the discussion/ sharing may elicit some uneasy feelings.

Personal attitudes:

We are now going to ask you to go on an imaginary (not real) aeroplane trip to help you to examine your attitudes towards people in a little more detail!

Learning activity 1.6 (group)

Group activity – Make notes in your notebook.

Our values and our attitudes towards others: the dinner exercise

Divide into groups of about six people. In each group, imagine this scenario. You are hosting an important dinner. There are 12 people who really want to come to your dinner. However, you only have 8 places available at the table. In a group, discuss who you decide to invite to your dinner and who you decide to exclude.

The 12 people who want to attend your dinner are:

1. a drug addict
2. a government official
3. a lesbian (gay woman)
4. a terminally-ill woman (one who is expected to die soon from her illness)
5. a terrorist
6. a pregnant teenager
7. a millionaire (a very rich person)
8. a priest
9. a child abuser
10. a 2-year-old child who cannot walk
11. a very old man
12. an irritating woman who complains a lot

Select (choose) the 8 people who you think should get to attend the dinner, and give a brief reason why you are selecting each person – why you think these are the 8 people who you believe are the most deserving of the dinner. Now list the 4 people who will not get to come to dinner, and list the reasons as to why you think they should not get the invitation to dinner.

Plenary session:

Now carefully, consider and discuss about each of the following questions:

1. How did you make the decisions?
2. Do you feel sure about your decisions?
3. What is difficult about such decisions?
4. Which issues did you feel most strongly about and why?

After the discussion, the trainer should ensure that participants are debriefed so they return to themselves as some of the feelings elicited during the exercise can be haunting.

Now that you have made decisions, we would like to provide extra information that may lead to you changing your mind about some of those who you thought should come for the dinner and those who you thought did not deserve to come.

Acceptance is an attitude!

Acceptance is an attitude which expresses respect to the other person. Acceptance also means trying to understand the circumstances that have led to a present difficulty. A non-judgmental attitude is important in building a relationship with someone, so that the person can trust you and co-operate (get along) with you. Being non-judgmental does not mean that you have to agree with that person or his or her behaviour. Being non-judgmental also means having an open attitude to others, especially to those who we are working with. We can think about attitude as a set of skills that we need if we are to work effectively with people. You need to keep working on your attitudes as skills all through your working career.

1. Honesty: this means dealing with community members, children and young people in an honest, trustworthy manner. It means being yourself and encouraging others to be themselves. Being honest also means being self-aware. Genuineness starts with knowing yourself, and realizing that you are constantly changing and growing.

2. Approachability: this means that community members need to know that they can approach you (come to you) with problems and not be judged or discriminated against (that is, not to be treated unfairly).

3. Respect: this means that you value and respect all the individuals you work with. This affects the way in which you will listen and try to understand another person's perspective.

4. Encourage participation: this means that the voices of community members and young people in decision-making processes are essential. Participation may be the only way they will truly be empowered.

5. Effective communication skills: these include the ability to listen, to negotiate (to try to reach an agreement through discussion) and to consider other people's points of view.

6. Having a positive idea of children, youth, their families and communities you work with: it is important that we see the strengths in people. It is important to realize children have rights (see Module 2) and feelings like we do. It is important to build on people's existing strengths and knowledge. It is important that we realize that most people are doing the best they can and that we can support (assist/help) them in finding solutions.

SESSION 4: CULTURAL DIVERSITY

Learning activity 1.7 (group)

Group activity – Brainstorm

Ask each participant to say two words that represent culture for them. They can be concrete examples (e.g. tribal dances) or abstract examples (e.g. tradition). After everyone has shared, ask participants if they can define culture, take 3-5 answers.

Wherever you work, you will be working with people from different cultures. Building good relationships with children, youth, families and the community means accepting people of different cultures. It means showing respect for cultural diversity. As child and youth care workers, it is important to show sensitivity for different cultures. Learning to show sensitivity to different cultures starts with self-assessment.
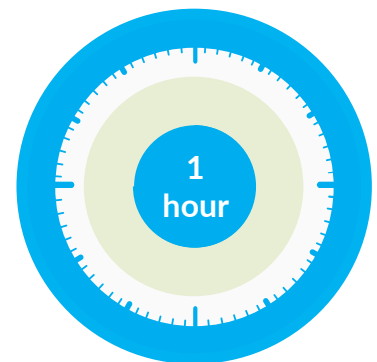
Learning activity 1.8 (group)

Group activity – Brainstorm

Ask participants how they know that someone is from a different culture. What are all the things that show that someone is different from you? List all the cultural differences:

Time:

1 hour

write the list on a board or on a flipchart.

Exercise on cultural differences:

Purpose: To demonstrate how to develop cultural sensitivity and understand how we react to people from different cultures.

Trainer asks participants to react/ respond to the different statements below and generate ideas on how they can react to different cultures that they may encounter during their work.

■ Speaking different languages.

■ Having different religious beliefs.

■ Having different attitudes about family relationships (for example the relationships between different age groups in the family).

■ Having different ideas about the roles and responsibilities of different people, for example the roles of boys and girls or men and women).

■ Having different types of food and ways of preparing food.

■ Having different ways of communication (for example, there may be some topics which are not spoken about).

Culture is:

1. **All the knowledge, values, and beliefs shared by a society.**

2. **A particular society at a particular time and place**

3. **The attitudes and behaviour that is characteristic of a particular social group or organisation.**

Conclusion:

As you work in various communities, you will encounter people from different cultures. In order to understand the community you are working in and build relationships with them, you have to understand and respect their culture, however different it may be from yours. Pay attention to how you react to and treat people with different cultures. Make an effort to be sensitive to their differences while still respecting them. Learning to show sensitivity to different cultures starts with self-assessment, which can be done through this kind of training.

SESSION 5: HAVING A HEALTHY LIFE STYLE AND BEING A ROLE MODEL TO OTHERS
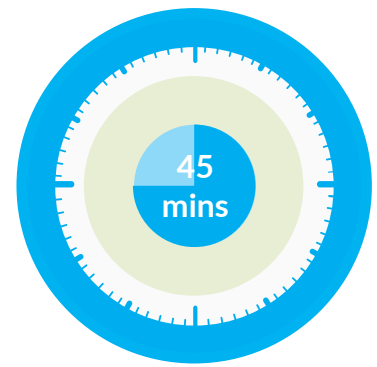
Facilitator's notes:

In most cultures, we usually try to teach our children about the right way to live, with a good diet, exercise and spiritual beliefs, because we want them to grow up to be happy, healthy and productive people. Healthy and successful people generally think about their lifestyles and their diet. They think about their religion or spiritual beliefs or what gives their life meaning. We would like you to do the same while you are working through this part of the unit on wellness. There are general principles that guide us when we start a healthy living programme:

Learning activity 1.9 (group)

Group activity – Brainstorm

Ask participants: What are some of the principles that guide healthy living? What do you think we need to live a healthy life?

You can supplement their answers with the list below:

Protective foods

Body-building foods

Energy-giving foods

1. **Eat the healthiest foods possible:** healthy foods help to keep us strong, give us more energy and support our immune system. An easy way to remember to balance your diet is the principle of seven colours of food in your meal. Different colours indicate different nutritional values, so a colourful plate usually indicates a balanced diet. Try to include the following colours: red, purple, orange,yellow, green, brown, and white. A healthy diet does not need to be expensive, or made up of very special foods. The important thing is the combination of foods that we eat during each meal. We should try to have different kinds of food every day. There are basically three different types of food that should be eaten:

a. **Energy-giving foods (carbohydrates or starches):** these include potatoes, yams, bread, brown rice, posho, millet, and cassava. Two fifths of a person's plate should consist of these energy-giving foods.

b. **Body-building foods (proteins):** these include beans and peas, g-nuts, eggs, meat, fish, chicken, and milk. One fifth of the plate should consist of these foods.

c. **Protective foods (vitamins and minerals):** these are found in vegetables and fruit. Brightly coloured fruit and vegetables are the best for us. Dark green, orange, red and yellow fruits and vegetables are very nutritious. These include vegetables like nakati, beetroot, sukumakwiki, carrots, and fruits like mangoes, oranges, lemons, bananas, and melon. Some vegetables need to be cooked lightly, and at least one portion should be eaten uncooked every day. Raw foods should be washed carefully before eating. Fruits and vegetables are to be washed with clean water, preferrably drinking water. Two fifths of our plate should consist of these foods. The World Health Organization says that everyone should try to have at least five different fruits or vegetables daily.

d. **Drink plenty of water:** It is important to drink plenty of clean and safe drinking water and to train children to drink water from a young age. Safe drinking water is either treated filtered of bacteria and chemicals or boiled for over 10 minutes.

2. **Get regular exercise:** exercise helps increase our strength and energy levels and can help fight against stress and depression. Regular exercise improves our fitness levels and our muscles. Some of us think that we do not have much time to exercise everyday, but remember that many activities around the home involve stretching and moving, like digging in the vegetable garden, cleaning the home, or fetching the water. However, when we are sick, and have a bad cough, a fever or diarrhoea (running stomach), only gentle exercise should be done.

3. **Find ways to relax and get enough sleep:** we must make sure that we get enough sleep. Sleep restores our body and our mind. It is also important not to overwork yourself, wether in the office or doing manual labour in the garden. Take time to rest the body and the mind. To rest them mind, try a relaxation exercise, prayer or meditation (to think deeply and quietly, without worry), walking, reading, or listening to music. There is a relaxation exercise at the end of this unit. Try this activity on your own or with your learning group.

4. **Keep your hands clean:** wash your hands very well with soap and water after using the toilet, before eating or preparing food, and after spending time in public places.

5. **Keep wounds clean and covered:** if you have any cut, sores or open wounds, keep them clean and covered. Be careful to

use gloves when dealing with any body fluids like blood.

6. **Do not share medical equipment with others:** this means razorblades, needles and syringes, as well as gloves. The medication we are given is for our use and should not be shared with others.

7. **Avoid smoking or using illegal drugs,** Cigarette smoking, use of drugs like marijuana, mairungi/khat, and cocaine weaken the immune system.

8. **Build and maintain a strong support system:** we only truly find our own meaning and value in life through being with and helping others. Share your challenges and victories with friends, join a communal activity like a sport, or get involved at your place of worship. This community can support you through difficult times.

9. **Practice safe sex:** safe sex means avoiding infecting one another with sexually transmitted diseases like HIV. For example, this can be done through a condom for protected sex. We will talk more about HIV and AIDS in Module 3.

SESSION 6: HOW CAN WE TAKE CARE OF OURSELVES?

Facilitator's notes:

We want you to understand that it is important for you to have the same care as you would like to offer to children, families, and communities. Even though we wish others would provide (give) it for us, we have to learn to care for ourselves. We suggest that you give yourself as much care as you give to others.

Think of how you carry a heavy load: it is best to carry it across both hands/arms/ shoulders – if one side is heavier than the other, one side of your body will get tired more quickly. If both sides weigh the same (we care equally for ourselves and others), it is much easier to carry the load. When we carry the load of someone else's worries, we must also look after our own load.

Ask participants: Why is it important for role models to take care of themselves?

Remember that it is healthy and good for children and others to see you take good care of yourself, so that you can set a good example or be a role model for them. That does not mean hiding your feelings or pretending to feel differently from how you really feel. It means being honest, and being responsible.

Ask participants: When do you especially need to take care of yourself?

Time:

1 hour

There are times when special attention needs to be paid to self-care, such as times when we have a lot of stress and work, and when the stories of families are very emotional and painful. Then it is a good idea to talk to your mentor, or to go for supervision. We often think of weekends or holidays as self-care times, and they can be, but self-care is more than just time off. Self-care is about regular, affordable (not expensive), safe and healthy ways of letting go of some of our issues and the issues of the children, families and communities we help.

Self-care activities should help us feel:

■ **Relaxed:** letting go of or expressing our stresses and feeling calm.

■ **Rested:** having more physical energy, enough sleep, and exercise.

■ **Renewed:** having more energy mentally, physically and spiritually.

■ **Creative:** giving expression to talents, wishes, dreams.

When thinking about activities for relaxation and rest, remember to include something from each of these five need areas:

■ **Body:** diet, exercise, sleep.

■ **Feelings:** counselling, supervision, debriefing, setting limits to our work.

■ **Social:** peer support, support groups, hobbies, leisure activities.

■ **Spiritual:** meditation, prayer, religious or spiritual worship, quiet time.

■ **Thinking:** further education, training, technical (specialized/particular to what you are doing) supervision.

Ask participants to share activities they already use for rest, relaxation and self care.

STRESS MANAGEMENT TECHNIQUES

You may already have ideas about how to care for yourself when you experience high stress levels.

Learning activity 1.7 (journal)

Make notes in your notebook.

Self-reflection: relaxation activities that suit you

Think of some practical and affordable stress management techniques that you have tried, or would like to try. These activities should bring relaxation, rest, renewed energy and recreation (pleasure/fun/not work). List these in your notebook.

Your list of ideas to help you cope with stress might have included the following ideas:

■ Relax and take time off. This is a necessity and not a luxury.

■ Join in community activities.

■ **Social activities:** spending time and talking with friends, colleagues other trusted individuals who make you relax.

■ Exercise and sporting activities: walking, running, taking part in sports.

■ Fun activities and hobbies, especially if these are creative, such as gardening, carpentry, cooking, watching TV, reading, etc.

■ Manage your time well: limit your hours of work, and plan for supervision and quiet time.

■ Look at your thinking: remember that you can't do everything for everyone, and understand your limits.

■ Prayers and enhancing your spiritual life – going to church/ temple/ mosque/ Bible class/meditation or services can be very satisfying ways that provide us with a deep sense of peace and calm.

■ Take care of your body: get enough sleep, and check with a doctor about any physical problems, like headaches and flu.

■ Take care of your body in relaxing ways, like bathing, relaxation techniques, having your hair done, getting a back and shoulder massage.

■ Eat healthy foods: eat stress-busting foods, such as those high in Vitamin B(whole grains, green vegetables), Vitamin C (bananas, other fruits, sweet potatoes and tomatoes),and Potassium (bananas, leafy green vegetables and oranges).

■ Plan well: have someone who can stand in for you when you need time off, delegate (give) some tasks to others and get help where necessary.

■ Talk about difficult situations: this might be in supervision or with someone else you trust.

■ Keep **boundaries**: in our type of work, it is important that you have clear boundaries between your work life and your home life. Try to keep them separate, if at all possible.

■ Keep learning. When you regularly learn and increase your knowledge, you feel less stress in the long term, even though the learning in itself can create stress.

■ Say "no" when you are asked to do yet another thing, simply because you are someone who is usually willing to take on extra tasks.

■ Make time to mix with peers.

YOU AND YOUR CAREER

Overview

This unit looks at Para-social work as a career step in a longer ladder. We will look at some skills for developing you as a professional, such as how to write your CV, how to manage conflict, how to set goals and how to solve problems. The unit looks at the importance of supervision and making use of referral and support systems to guide your work and professional development.

SESSION 1: PROFESSIONAL DEVELOPMENT FOR PARA-SOCIAL WORKERS

Time:

1 hour

Facilitators and volunteers

Many of you work as development facilitators and/or community childcare workers, or in similar roles. In some organizations, this is a formal role, whereas in others, it's a volunteer role. In many organizations, the role and career path of development facilitators (or community care and support workers or volunteers) is not very clear.

Here is a made-up conversation:

Birungi: *"John, you have done some good work. We value what you are doing and hope you will carry on supporting the children."*

John: *"Hi Birungi, it is difficult to work for no money."*

Birungi: "I understand, but we can't pay our volunteers. There is not enough money."

Maria: *"Surely volunteers should get something for their work?"*

Birungi: *"Yes, we provide training."*

Maria: *"But often this is not enough…"*

Birungi: *"What do you think volunteers need?"*

John: *"Yes, and often I do not know how to help, especially in difficult circumstances. We need more skills."*

Birungi: *"It sounds as if you're saying two things – you need continued (more/ongoing) training, and you would like some supervision for your work."*

Maria: *"Yes, we need someone we can trust to talk to…"*

Working as a volunteer

Facilitator's notes:

Because there is so much need in Africa and Uganda in particular, and resources are limited, much of the work with children and young people has been done by volunteers. The term "volunteer" refers to somebody who works without being paid a salary. Some may get a small amount (called a stipend) or their transport costs might be paid. But they don't get a full salary. In countries where people earn good incomes, a culture of volunteerism (giving generously of time and skills to the community) is a good thing. In these countries, many people give their time outside of their work as volunteers. However, volunteers in poorer countries are often in a different situation.

Often, volunteers are doing work that should have been paid for. Because there are not many resources, people think the work should be done by volunteers. But this ignores the needs of volunteers for payment, for mentoring and for continued training and career path development. It can begin to feel as if volunteers are not really being appreciated in these contexts. Many volunteers come from communities in which many people are unemployed and rely on very small amounts of money. People often volunteer to get training and skills. Volunteers often provide extremely valuable services in very difficult circumstances.

Learning activity 1.8 (group)

Discuss the following questions in small groups:

Volunteer work in your organization/community

- What types of work do volunteers do in an organization/community?
- What motivates people to volunteer?
- Why are volunteers necessary in Uganda?
- What are the strengths of having volunteers?
- What are the challenges for the organization/community of volunteer service?
- What are the difficulties of being a volunteer?
- What would help volunteers to do their job more effectively?

Facilitator's notes:

Volunteers are valuable

Volunteers play a very important role in our communities. Volunteers are doing things, like caring for orphans and

vulnerable children, distributing food parcels, doing home-based care visits and educating people. In many places, no one else is doing this work. Volunteers provide practical care to people who are sick. They provide acceptances of people who are HIV-positive. They help people living in difficult circumstances. They give care where there are few resources.

CHALLENGES OF THE VOLUNTEER SECTOR

There are many challenges to being a volunteer. The work they are expected to do is very difficult, and there is not much money or support. Often volunteers come from the same communities and experience many of the same difficulties as the people they work with (Emett and Higson Smith, 2002).

Volunteers are often asked to deal with some of the most difficult cases of loss, HIV, poverty and trauma. It is emotionally difficult to share in someone's pain and fear. Because many volunteers work directly with people who are suffering, they take on many of those painful feelings. They share in the sadness and grief. Many volunteers start feeling helpless, sad, angry and frightened. Volunteers need support in understanding these difficult feelings. Many volunteers are also living in difficult circumstances and need to deal with those feelings and challenges. It is difficult to do outreach work with other people when you are worrying about your own situation. Often volunteers report that they do not feel ready to handle the many problems they see in their work, especially in poor areas. They report feeling overwhelmed by the many needs of the young people. This leads to feeling stressed.

NB: The facilitator should discuss with participants how some of the challenges highlighted above can be addressed. The details will be covered under Module 8: Sustaining the Work of Para-Social Workers.

Time:

45 mins
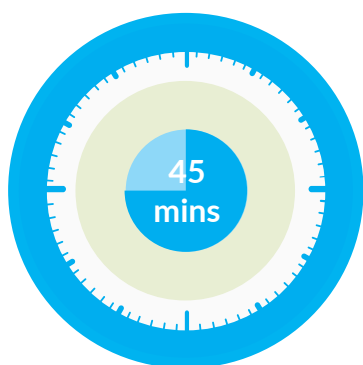
SESSION 2: PERSONAL GOAL SETTING

This next topic is about setting study goals. The same process applies to setting goals for work, your professional goals and for your life.

SETTING GOALS WHEN YOU STUDY

Goals are steps that need to be achieved in order to reach the overall aim. Bigger goals should be broken down into smaller steps which you take on one at a time.

Goals help us work out our priorities (the things you think are most important) in the short term, that is, in the next week or month.

Stephen Covey (1989) suggests that in setting clear goals, we are **SMART**:

Simple and specific: be clear and specific in setting your goals, e.g. when studying, decide what topic you want to study during the next week.

Measurable: be able to know for certain when you have reached your goals, e.g. "I will read 10 pages every day".

As if now: always write your goals in the present tense. This helps you focus on what you need to do in the here and now, and not at some distant time in the future. For example: I am studying this topic because it is important for my work.

Reasonable: try to be reasonable and not be unrealistic by setting goals that are too difficult. Know how much you can read in a study session.

Timed: put a timeframe to ensure that you keep the commitment to achieve your goals. This also helps you to start working towards a set date, and so be sure that you achieve your goals. Is your plan for a day, or for a week?

While setting your goals, you may like to consider the following questions:

Learning activity 1.9 (individual)

Make notes in your notebook.

Study Goals: Individual Action Plan

1. Read the example below.
2. Copy the table below, and then set one main work goal or one study goal and SMART steps to get there.

Example: think about one career goal, i.e. I would like to be employed as a youth worker (camp facilitator) at the Nakivale refugee settlement in western Uganda.

1. Now think about what knowledge, skills and/or values are required for that role, i.e. I need to have a first aid certificate if I am working with children (knowledge/skill), I need to know about games I can play with children (knowledge), I need to know about children's development (knowledge), I would like to have a driver's license (skill), I need a caring and respective attitude towards young people (values).

2. What three steps can you take to reach those goals, and make yourself more employable? You may need to do some research and speak to people employed in these roles. Make the goals manageable. Take it one step at a time. For example, complete this Para-social certificate programme by the end of the year, go for driving lessons, and ask about how I can get a first aid certificate.

3. Now set dates for when you are going to achieve the steps towards your goal.

4. Think about any friends, family, role models, organizations that can help you to achieve your goals.
    - What do you want to achieve?

- Why are you doing this?
- Who else is involved?
- Where am I getting support from?
- When will this goal be accomplished?

This reminds you of your motivation, and is very important to think about at least once a week.

PLAN YOUR STUDY GOALS OR PROFESSIONAL DEVELOPMENT GOALS

FIND SUPPORT STRUCTURES TO HELP YOU REACH YOUR GOALS

Learning activity 1.9 (individual)

Make notes in your notebook.

Study Goals: Individual Action Plan

1. Read the example below.
2. Copy the table below, and then set one main work goal or one study goal and SMART steps to get there.

Example: think about one career goal, i.e. I would like to be employed as a youth worker (camp facilitator) at the Nakivale refugee settlement in western Uganda.

1. Now think about what knowledge, skills and/or values are required for that role, i.e. I need to have a first aid certificate if I am working with children (knowledge/skill), I need to know about games I can play with children (knowledge), I need to know about children's development (knowledge), I would like to have a driver's license (skill), I need a caring and respective attitude towards young people (values).
2. What three steps can you take to reach those goals, and make yourself more employable? You may need to do some research and speak to people employed in these roles. Make the goals manageable. Take it one step at a time. For example, complete this para-social certificate programme by the end of the year, go for driving lessons, ask about how I can get a first aid certificate.
3. Now set dates for when you are going to achieve the steps towards your goal.
4. Think about any friends, family, role models, organizations that can help you to achieve your goals.

We all need support to help reach our goals. Now that you have thought of your goals, think about people (friends, family and role models) who can help you. It is useful to be able to talk to someone about your feelings of excitement (happiness/when things go well) and frustration (e.g. when things go wrong or don't work as you would like them to) in your work and studies. We will also look at this in the section on supervision.

WORKING WITH RESOURCES THAT ARE ALREADY THERE

One of the best ways of starting to move towards your dream is to think about what you already have going for you. This may include particular skills or talents, relationships with certain people, or some small amount of money or possessions (things you own). People who have managed to be very successful in life often say that they started with what they had, rather than focusing on what they did not have. Many people become stuck because they think, **"But I don't have the money for that."** But almost everyone does have at least something (whether it is skills, a little bit of money, or determination) that may be used as a starting point in reaching a dream.

One should also avoid getting into "all-or-nothing" thinking. For example, someone might wish to become a social worker, but is currently working as a shopkeeper. He or she may think, **"Well, I can't afford to quit (leave) my job to study to be a social worker, because then my children will suffer."** This is all-or-nothing thinking that would stop the person from reaching their dream of becoming a social worker.

Instead, it may be possible to do both things at the same time – like finding out about some of the courses that she would need to take in order to become a social worker. She would start to study these courses part-time while keeping her job.

However, we should keep in mind that most dreams do require sacrifice (giving up something). This means putting off pleasures now for the goals in the future. One young woman who used her small income to study said, **"It was so hard for me not to spend my money on clothes and nice hairstyles. Everyone in college looked so beautiful, and as a young person I wanted to look nice too."** Having a strong vision could help you to make these sacrifices, in order for you to reach your higher goals.

Time:

1 ½ hours
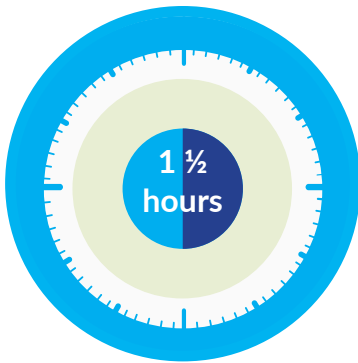
SESSION 3: CURRICULUM VITAE (CV) WRITING AND INTERVIEW SKILLS

Working and learning helps us get a sense of meaning. It helps us to feel part of a society. It makes you feel that you can do things because you have skills, interests and usefulness (Schreuder&Theron, 1997). The next important professional development skill is to write a goodcurriculum vitae (CV).

When you apply for a new job, you will need to submit acurriculum vitae. The words 'curriculum vitae' are Latin words, meaning"the course of one's life". It is a written summary or description of your educational background, work experience, job qualifications and skills. It is called a CV for short. It is a good idea to keep a CV of your experiences, even if you are not yet applying for a new job.

CV LAYOUT

Different people use different headings, but this is a general guide:

CV Title: write"Curriculum Vitae" and your name and the title that describes the job that you are applying for.

Personal Details: list your personal information, including your name and surname, your local address, your contact numbers, your e-mail address (if you have one), and your identity number (if applicable in your country, i.e. if you have to).

Personal statement and working skills: write a personal statement in 25-30 words stating your skills and qualities, which you have achieved throughout your career, especially those that directly relate to the job that you're applying for.

Working experience: list the various jobs that you have had, and the roles you played in those jobs. List the information in a reverse chronological order (most recent relevant information first). Mention areas where you have achieved something and areas that show your experience in the areas that you have been listed as roles or responsibilities for the job that you're applying for. If you do not have much formal work experience,

try to think of other work opportunities that you had, like volunteering for an organization, or working with a church (or other religious) groups.

Education and Qualifications: list your relevant qualification or highest level of education in a reverse chronological order. Bullet point qualifications and certificates (like this). Have the relevant documentation available (e.g. your certificate/s), should the employer need proof of the documentation.

Achievements: this is not compulsory (you don't have to include it), but it can be useful to put your achievements in your CV.

Hobbies: list any of your interests and/or sports.

Job References: it is a good idea to include a list of relevant and qualified referees when writing your CV. These are people that can be asked about your work. References/referees will affirm details you have bulleted as your knowledge and skills and what you have achieved (that is, they will say you did). You can list a mentor or lecturer who worked closely with you during your studies and apprenticeships. Or you can give the name of a religious or community leader from your area. Remember that work references should ideally be your previous supervisors and managers, and not work colleagues. They should also be people that know who you are and are able to say something useful about you.

SOME TIPS FOR WRITING A GOOD CV

- Write your CV specifically for each job you apply for. Focus on the strength required for that job and give information why you are the best candidate (person to do the job).
- Write simply. Use short, simple sentences.
- Type your CV. Use Arial or Times New Roman, 12 point font.
- Your CV should be printed on white/cream A4 paper.
- Do not include a photograph unless asked to.
- Use the same formatting (e.g. numbering, headings, etc.) throughout the document.
- Separate your CV into sections and label each section clearly. E.g. personal information; educational background; work experience, etc.
- Don't write your whole CV in capital letters.
- Get someone to check your CV. You should have no spelling or grammatical mistakes in your CV.
- Be honest. The employer will check if what you have said is true.
- Write a covering letter to go with your CV, highlighting your particular skills and qualities that fit the particular job you are applying for.

PREPARING FOR AN INTERVIEW

After your CV is submitted, you may be short-listed for a job and invited for an interview. The main purpose of the interview is to see if you match their requirements. But it is also a chance for you to ask the organisation any questions you have. There are no right or wrong answers. How you present yourself is as important as what you say.

Short-listed: out of a large number of applicants, a smaller number of people are chosen, for example four applicants, who will then be interviewed. The interview is to determine who the organization feels is the best candidate to employ.

Be prepared: it is useful to prepare for an interview by preparing answers to a few questions that they may ask, and by finding out something about the organisation or company you are applying to. Use the internet, library, newspapers or ask someone who knows about the organisation to get an idea about the organisation.

Dress appropriately: first impressions (the first things one sees) are important in an interview. Therefore, wear clothes that are appropriate to the serious nature of the interview. Try to look smart and professional, but not flashy.

Some typical interview questions:

- *Why do you think you would be the best candidate for this job? Why should we hire you?*

Here, it is important to talk about your strengths and achievements and your values that you know link to those of the organisation. It is better not to talk badly about any of the other applicants (people applying for the job).

- *What are you strengths? What are your weaknesses?*

Here it is important to have an idea of a weakness but also a way to express it positively.

- *In working with children, it is very important to be a reflective and ethical practitioner. Can you give us an example when you have done this in the past?*

Try to have an example of doing a task similar to the job you are applying for.

- *Can you work under pressure? Give an example.*

To give an example of when you were able to work well under pressure and get good results.

- *Do you have any questions?*

Try to have an idea of a question that you could ask them. Questions show that you are interested. For example, "How does it work in terms of keeping information about children confidential?" or "When will the starting date be for the successful candidate?"

Try to
- Arrive 10 minutes early for the interview.
- Be prepared.
- Maintain (keep) eye contact (if culturally appropriate).
- Smile and use firm handshake or culturally appropriate greeting.
- Refer to the interviewer by name.
- Be positive, alert and interested.
- Be yourself – friendly, open, relaxed.
- Be positive about yourself, your experience and what you can contribute.
- Breathe deeply to help you relax.
- Think before you speak.
- If don't understand, you can ask the interviewer to clarify (explain) it.
- It is useful to have a question to ask them at the end of the interview.

Try not to
- Talk badly about past colleagues or bosses.
- Seem uninterested in the company or job.
- Talk too much about money.

Individual Task: Curriculum Vitae Writing

Write a CV for your portfolio. Use the format and headings below to guide your CV.

Personal Statement and Working Skills

Write three descriptive bullet point statements that describe (explain) your strengths. These statements should also be linked to the personal qualities that the employer is looking for. Write simple, clear sentences.

Personal Details

- name
- address
- phone numbers
- e-mail (if any)
- D.O.B. (date of birth)
- identity number (if you have to give it)
- marital status
- driver's license
- dependents (children)

Work Experiences

- List all your work experiences, starting from the most recent experience, in this format: month/year – job title/function/ responsibilities – employer/city.
- Give some examples of skills, e.g. planning, communicating, problem solving, analysing (to look at something closely/in details), etc.

Education and Qualifications

- List qualifications/certificates from university/college/school.
- Include dates.

Achievements

- Describe your achievements.
- Achievements do not have to be work-related, especially for young people with little work history.

Hobbies

- List hobbies/interests/sports.

Referees: List two or three people who can talk about your work or study skills. Include their contact details.

EXAMPLE OF A DESCRIPTION FOR A PSW

JOB TITLE: PARA SOCIAL WORKER

JOB DESCRIPTION:

This employee is the first line of contact in the social service welfare workforce. This employee is responsible for addressing the needs of the most vulnerable populations at the community level. This employee is also responsible for providing appropriate social welfare and protection services to vulnerable populations who are experiencing personal difficulties to help them overcome their problems.

THE SOLE RESPONSIBILITY FOR HANDLING CLIENTS (VULNERABLE GROUPS) SHOULD NOT BE ASSIGNED TO THE PARA SOCIAL WORKER; THEY SHOULD WORK UNDER THE SUPERVISION OF THE COMMUNITY DEVELOPMENT OFFICER (CDO) AT ALL TIMES.

Duties of this position include but are not limited to:

1. Identifying vulnerable populations at risk, especially vulnerable children
2. Establishing a relationship with vulnerable groups who are in need of service
3. Assessing strengths and needs of vulnerable populations
4. Developing service plans including direct support. Plans may also include coordination of services with other resources where they exist
5. Providing supportive counseling or psychosocial support, especially in times of crisis
6. Linking clients to services and following up through case management
7. Provide ongoing support and problem solving
8. Documenting client cases, service needs and service provision
9. Providing services according to their abilities and training, obtaining consultation, assistance or referral as needed
10. Performing routine tasks involving data collection, interviews with clients for purposes of assessing personal needs, community needs, and ideas for community or group meetings.
11. Implementing and monitoring effective social services available to the community.
12. Assessing community problems and needs
13. Creating awareness and advocacy around community problems and needs

14. Maintaining contact with other service agencies to assure delivery of required services.
15. Intervening with specific focus on community levels, which may include economic empowerment, engaging community stakeholders and the like on behalf of these vulnerable groups.
16. Performing other duties as deemed necessary and appropriate by the CDO.

REQUIRED QUALIFICATIONS

1. At least 18 years of age.
2. O- Level graduate or equivalent.
3. Ability to relate to vulnerable populations, especially children.
4. Ability to communicate well in oral and written form (fluent in English).
5. Must have two years of experience working with individuals, families or communities in providing social support services

Proposed Para Social Worker Reporting and Supervision

MoGLSD	National Level

DCDO	
Probation Officer	District Level

CDO	Sub-county Level

Parasocial worker	
LC 1	Village Level
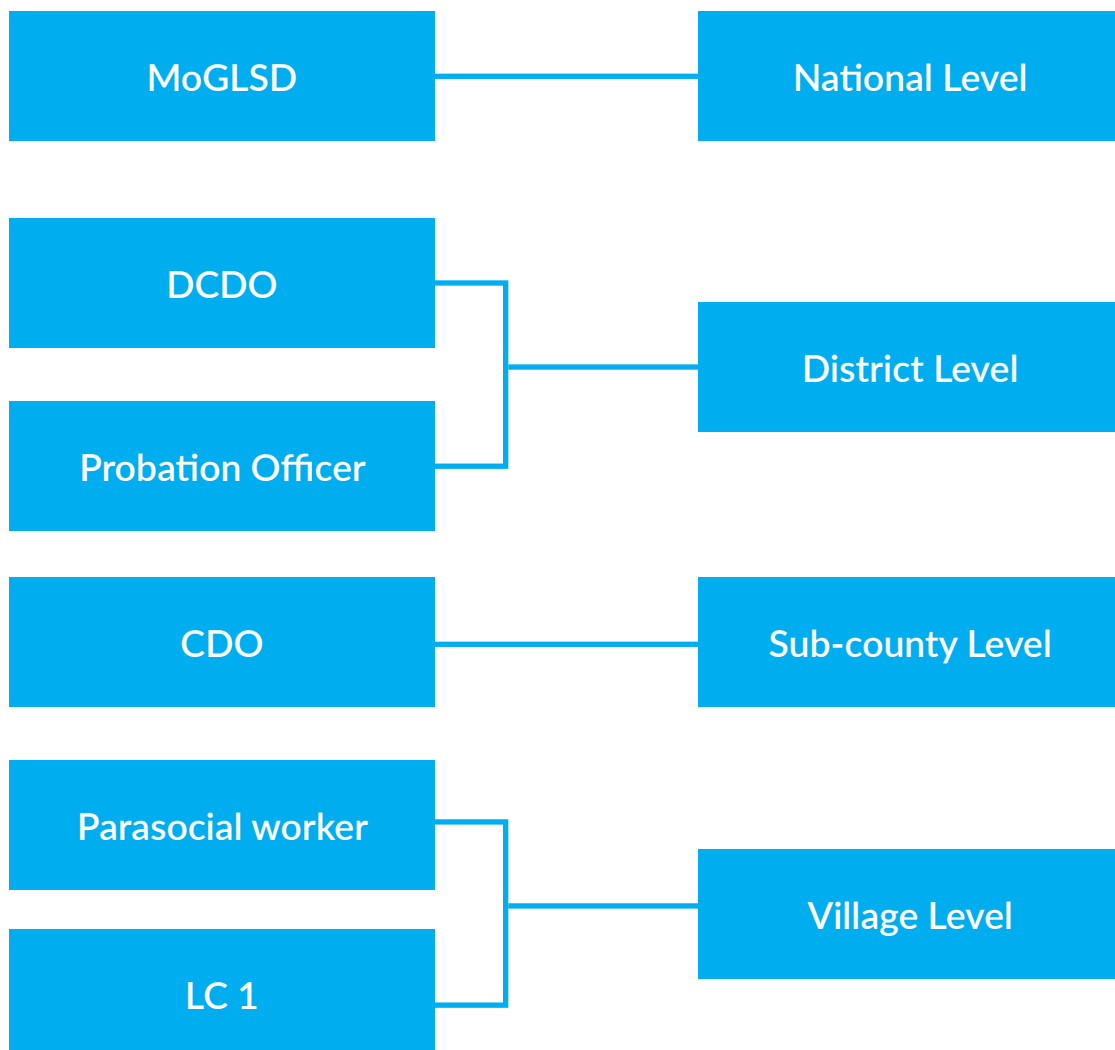
Proposed Para Social Worker Professional (Academic) Growth

- Bachelors Degree in Social Work and Social Administration

- Diploma in SW

- Completes 1 Year Certificate in Social Work
- At least 3 Years Para Social work experience
- Work under the supervision of the CDO and performs related services

- Complete PSW Training
- Provide Direct Services (e.g. Outreach, assessment, service plan, case management etc.)

SESSION 4: INTERPERSONAL SKILLS

Introduction

In all areas of life we need to deal with others; whether as clients, colleagues, members of a team or as subordinates. How well we manage these relationships and our interaction with others can have a huge impact on how effective and motivated we are in our work. If we want to be successful, we have to have good relations with all those with whom we come into contact. Effective interpersonal skills are important for our personal and professional lives.

Learning outcomes

After studying this session, you should be able to:

a) Recognise the importance of interpersonal skills

b) Understand how good interpersonal skills with other can influence our working relationships

c) Outline the roles we play in our work groups and teams.

Defining interpersonal skills

1. Write "Interpersonal Skills" on a sheet of a flipchart.

2. Ask participants to share words that come to mind when they think of the phrase, "interpersonal skills".

3. Write all responses on the flipchart without discussion.

4. Ask participants to brainstorm what is meant by interpersonal skills based off their responses. See if they can agree on a definition.

When you feel certain that the participants understand and agree on the meaning of interpersonal skills, write the following definition on flipchart:

Interpersonal skills are the life skills we use every day to communicate and interact with other people, individually and in groups. Interpersonal skills include not only how we relate with other, but also our confidence and our ability to listen and understand.

Interpersonal skills are essential to developing other key life skills. Being able to communicate and relate well with others is often essential to solving problems in our private and professional lives. Developing good interpersonal skills allows a person to engage with others productively at different levels.

Basic principles of interpersonal skills

The seven types of interpersonal skills we use when we communicate and deal with other people face to face that are needed to succeed in any environment are:

- Verbal communication.
- Non-verbal communication.
- Listening skills.
- Negotiation.
- Problem-solving.
- Decision-making.
- Assertiveness.

Steps to improve Interpersonal skill

Improving our interpersonal skills helps us improve our personal effectiveness. The most effective ways to improve your interpersonal skills is to;

- Become aware of the way we communicate with others,
- Develop a broader repertoire of behavioral skills
- Identify and select the "right" response at the right time.
- Promote positive work culture
- Promote teamwork
- Listen
- Use positive body language
- Recognize and appreciate great work
- Act as an impartial moderator and help mitigate disputes
- Include and respect all people

UNDERSTANDING CHILD PROTECTION

INTRODUCTION

Module 2 introduces participants to the key concepts and terminologies in child protection, child protection issues, the holistic framework when responding to child protection issues, and the Child Protection Code of Conduct. The aim of the module is to enable participants to understand and interpret the legal framework and terminologies used in child protection. The module has 4 units. The first unit focuses on the key concepts and terminologies in child protection, the second unit explores child protection issues, unit 3 covers the core guiding principles in child protection, and unit four discusses the Child Protection Code of Conduct.

OVERALL OBJECTIVES

- To understand the key concepts and terminologies in child protection.
- To enhance the ability to identify child protection issues at the community level.
- To apply a holistic framework when responding to child protection issues.
- To explore and put into practice ways to keep the Child Protection Code of Conduct alive.

EXPECTED OUTCOMES

By the end of this module, participants will be able to:

- Participants understand and interpret both the legal framework and terminologies of child protection.
- Participants are able to identify and respond to child protection issues at community level.
- Participants understand, sign and adhere to the Child Protection Code of Conduct.

UNITS

Unit 1: Key Concepts and Terminologies in Child Protection

Unit 2:Child Protection Issues

Unit 3: Core Guiding Principles

Unit 4: Child Protection Code of Conduct

KEY CONCEPTS AND TERMINOLOGIES IN CHILD PROTECTION

SESSION 1: DEFINITION OF CHILD PROTECTION

What is child protection?

Buzz group discussion (in pairs)

Let participants discuss in buzz groups (for 3-5 minutes) their understanding about child protection. Generate their ideas on a flip chart paper. Pick the key issues in their definition such as safety, fulfilment of child rights, preventing abuse, etc.

Facilitator's notes:

Child protection refers to interventions aimed at preventing and responding to violence, exploitation and abuse against children, with the aim of ensuring children's well-being and happiness.

The rights of children to protection mean safety from abuse, exploitation, neglect and all forms of violence. Protection of children involves four key actions.

1. Preventing abuse or reducing risk to abuse.
2. Making the rights of children a reality in their day-to-day lives.
3. Restoring hope and a dignified life where abuse has happened.
4. Creating a protective environment that promotes children's positive development.

Note: Explore with participants how each of components of the definition mentioned above can be achieved through a plenary discussion.

Experience phase:

Ask participants to share some of the examples of child protection rights that they consider important for the positive development of children in their communities. The

list should include the following:

- Protection from neglect situations where parents or guardians purposely do not provide basic needs like food, clothing, medical care, shelter or education for the child.
- Protection from abuse (physical and sexual abuse, defilement, child marriage, emotional abuse, or use of abusive/threatening language).

By the end of the unit, participants should be able to:

- Define child protection.
- Explain child protection rights requisite for positive child development.

Time:

30 mins
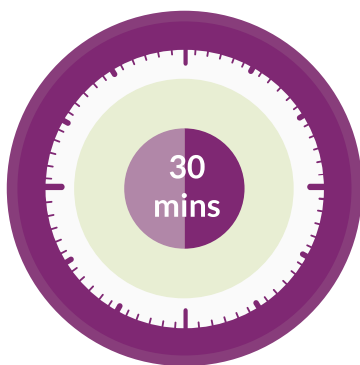
- Protection from abandonment(a parent or a person who has the ability to maintain the child, desert the child and leave him or her without means of support).

- Protection from hazardous labour (work which by its nature or the circumstance under which it is performed jeopardizes the health, safety, and morals of a child. Children in domestic services, the informal sector, commercial agriculture and trafficking).

- Protection from negative cultural and religious practices(female genital mutilation or cutting and indoctrination by sects of religious extremism).

Group work: Identify the rights that have been violated in the scenarios below and discuss how the violations might affect the life of the child.

1. Nyombi Matata is an energetic 14 year old child living with his parents who are farmers in Isingiro District. While all the other children of his age attend classes in a school that is less than a kilometer away, Matata spends most of his time loading bananas from his father's plantation onto trucks coming from Kampala.

2. Magara Edward lives with his mother who is a widow. He is 3 years old and spends most of his time during the day with his sister, who is 6 years old. Magara's mother works in a tea plantation. Every morning she leaves Magara in the care of his 6 year old sister while she goes to the plantation to work. Last week, Magara got burnt while trying to get food from a neighbors stove.

3. Shamira is a pupil at Bujagali primary school. One day she came back from school crying because she was caned by her teacher for arriving late at school. She showed her mother the swelling on her buttocks caused by the beatings she received from her teacher. She can't sit because the swelling are painful. Lately, she refuses to go to school.

4. Nambi is a 14 year old orphan who lost her parents to HIV & AIDs. She also has hydrocephalus (a medical condition that makes the head bigger due to water accumulation). Children and family members at her uncle's place where she lives do not refer to her by her name. They call her Lutwe which means big head. During meals time, she is not allowed to join the rest of family members. She eats in isolation. The LC 1 chairperson of the village observed that she looks very sad and she must not be a happy child.

5. Faridah Namusisi is a 15 year old girl living with her grandmother. She is now 4 month pregnant after her grandmother forced her to marry a 35 year old business man. Dowry has been paid and arrangements are in place to take her to the man's home. She is very worried and does not know what to do.

Tasks

1. In small groups, identify the rights violated in the case scenarios above

2. Discuss the impact of the violations in the child's life

3. Use the table below to fill in your findings on the case scenarios above.

Case Number	Type of rights violated	Effects of violation of this right
1		
2		
3		
4		
5		

Violation of rights negatively affects a child's life. In child protection, the violation of rights becomes a child protection issue and constitutes a kind of abuse. There are different types of abuse that are commonly grouped into four categories: Physical abuse, Emotional abuse, Sexual abuse, and neglect. Those types of abuse will be discussed in detail in the next sessions.

SESSION 1: IDENTIFICATION OF CHILD PROTECTION ISSUES

CHILD PROTECTION ISSUES

Practical Exercise: On the Line (Strongly Agree and Strongly Disagree)

Purpose:

- To assess the level of participants' understanding of child protection issues.
- To encourage friendly debate and discussion about controversial child protection topics.

Materials:

- Masking Tape (or chalk, or string to make a line across the room), Two signs reading: 1) Strongly Agree, 2) Strongly Disagree

Instructions:

1. Create a line across the room or outside using either masking tape, string, or chalk. The line should be long enough to extend across the entire room/space.

By the end of the unit, participants should be able to:

- Identify and respond to child protection issues at the community level.

- Understand, interpret and apply the Child Protection legal framework (laws, policies and guidelines) at the community level.

- Assess the level of vulnerability in children.

Time:

45 mins
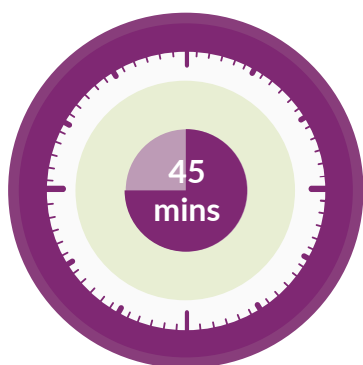
2. On one end of the line place the sign "Strongly Agree".

3. On the opposite end of the line place the sign "Strongly Disagree"

4. In the middle of the line create a small line intersecting the line and indicate that this is the middle (You can create another sign that says "I don't know" or "Maybe Agree/ Disagree")

5. Ask all participants to stand up and come over to the line.

6. Explain to participants that you will read aloud a statement. If participants Strongly Agree that the statement represents a Child Protection Issue they should stand by the side of the line that indicates "Strongly Agree." If participants strongly disagree that the statement read is not a child protection issue they should stand on the opposite side of the line that reads "Strongly Disagree". Participants that do not know or who think it could be both should stand in the middle.

7. Explain to participants that you will read the statement and they should think about the issue individually and make their own decision. Explain that at this point there are no right or wrong answers that you are only exploring how individuals think.

8. Begin to read various statements (See below)

9. After each statement allow participants to go to the place they feel strongly about.

10. Once participants have decided where they stand, ask a few people in each section to explain why they are standing in either "Strongly Agree" or "Strongly Disagree" or in the "Middle". Allow one or two people to speak and then move to the next group. Allow this group to speak and then go back to the group before to see if anyone has additional information to say.

11. Continue to go back and forth between the different groups to start a small debate among participants and to get them thinking through the topic.

12. After you have explored one topic for some time proceed to another statement. Indicate again that at this point you will not disclose which topic is right or wrong, but rather you want to see how they think and how they can argue their point of view.

13. Proceed with another statement and continue the steps as before.

14. Try to do at least 4 or more statements that will highlight the different categories of child protection issues.

Example Statements:

-   A 9 year old boy fails to submit his homework. The teacher gives him 2 canes for not completing his homework.

-   A 16 year old boy voluntarily joins the military.

- A child of 13 years believes in Islam, but his parents insist that he go to a Christian Church to pray.
- A 14 year old girl teases an 8 year old girl at school every day.
- A formerly abducted child comes back to the community but does not go through a reception center.
- A girl child of 17 years old falls in love with her classmate who is the same age as she. Two months later the boy turns 18 years. The girl is still 17 years. The boy and girl decide to marry.
- A refugee child who is 12 years old is not included in the universal primary education policy by the government because the child is not a citizen of the country.
- A child has no access to school.
- A child's participation in helping to design a new program is denied.
- A child is made to do housework (washing dishes and fetching water) before going to school.
- A 7 year old child is left alone at home while his mother and father work in the fields.
- There are no playgrounds for children in the community.
- A child becomes separated from his/her parents during a rebel attack.
- Children want to play sports instead of doing their homework.
- A child is adopted by a loving family but the child does not know who his/her biological parents are.

Facilitator's notes:

There are three broad categories of child protection issues. They include:

1. child rights violations
2. child abuse
3. child exploitation

These categories overlap and are integrated, but for purposes of clarity we try to broadly categorize them.

Child rights are the human rights of children, with particular attention to the rights of special protection and care of the young, including their right to association with both biological parents, human identity as well as the basic needs for food, universal state-paid education, health care and criminal laws appropriate for the age and development of the child.

Any right of a child that is violated is a child protection issue. Some examples of rights of children include the right to education, or the right to healthcare, or the right to a name, or the right to a birth certificate.

These child protection issues are interlinked. For example, a child lacking a birth certificate can also be at risk to further child protection abuses if this issue is not addressed.

WHAT IS THE DIFFERENCE BETWEEN CHILD ABUSE AND CHILD EXPLOITATION?

Abuse is defined as "the process of making bad or improper use, or violating or injuring, or to take bad advantage of, or maltreat the person", while **exploitation** literally means "using for one's own profit or for selfish purposes."

Child abuse
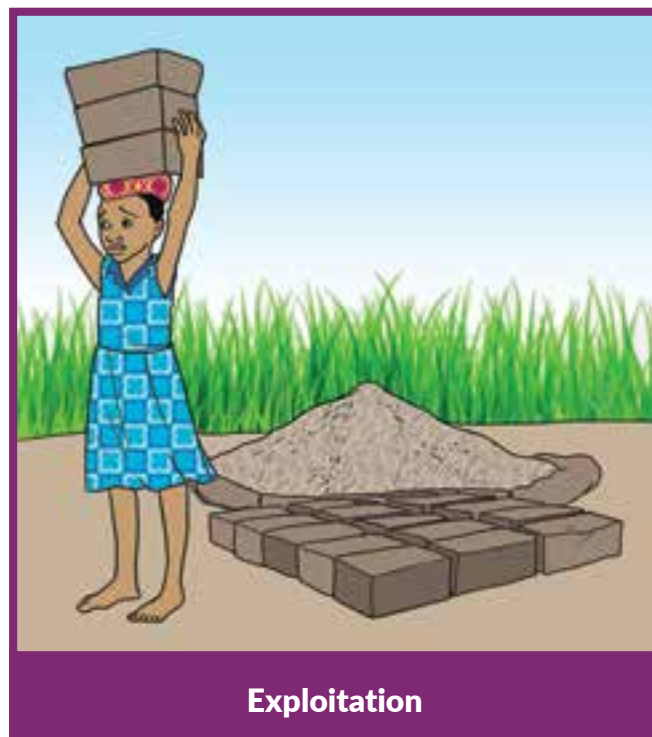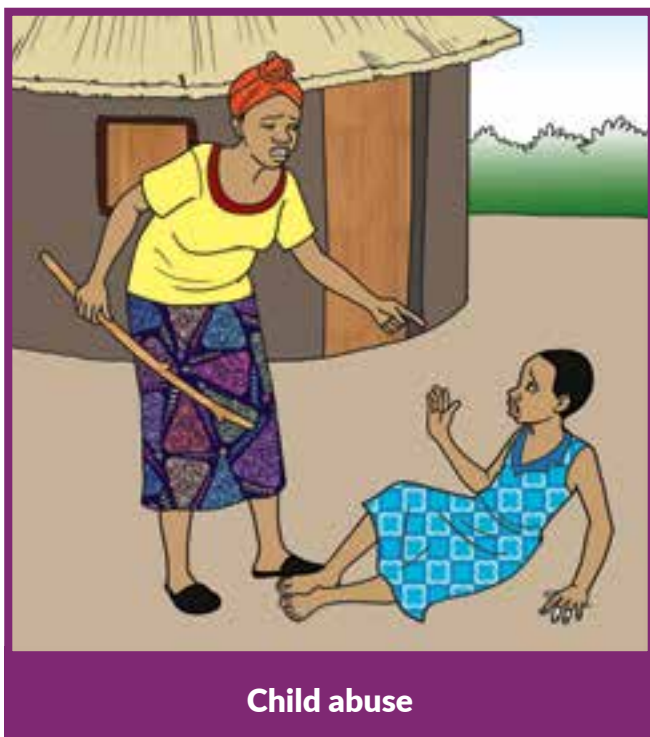
Exploitation

Exploitation of a child refers to the use of the child in work or other activities for the benefit of others, and to the detriment of the child's physical or mental health, development, and education. Exploitation includes, but is not limited to, child labour and child prostitution. Both terms, however, indicate that advantage is being taken of the child's lack of power and status. It is the abuse of a child where some form of remuneration is involved or whereby the perpetrators benefit in some manner—monetarily, socially, politically, etc. Exploitation constitutes a form of coercion and violence detrimental to the child's physical and mental health, development and education.

Child abuse includes physical, emotional, or sexual mistreatment of a child, or the neglect of a child, in the context of a relationship of responsibility, trust of power, resulting in actual or potential harm to the child's physical and emotional health, survival and development.

Child abuse is a generic term encompassing all ill-treatment of children, including serious physical, emotional and sexual assaults and neglect as well as cases where the standard of care

does not adequately support the child's health or development. Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm. Abuse can occur in a family or an institutional or community setting. The perpetrator may or may not be known to the child.

There are four broad categories of abuse:

A. **Physical abuse:** any form of non-accidental injury which results from wilful or neglectful failure to protect a child. There is a definite knowledge or a reasonable suspicion that the injury was inflicted or knowingly not prevented. Physical abuse may take many forms, e.g. hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child. It may also be caused when a parent or caregiver feigns the symptoms of or deliberately causes ill health of a child. This is an unusual and potentially dangerous form of abuse, and is described as fabricated or inducted illness in a child.

B. **Emotional abuse:** normally to be found in the relationship between a caregiver and a child, rather than a specific event or pattern of events. It occurs when a child's need for affection, approval, consistency and security are not met. Emotional abuse can also be found between a child and a teacher/religious leader/elder/police and others that associate directly with the child. Emotional abuse of a child can also stem from another child, i.e. bullying and name calling. Ask participants if they can give examples of emotional abuse within their communities.

C. **Sexual abuse:** sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others. Dependent, immature children and adolescents are involved in sexual activities that they do not really comprehend, to which they are unable to give informed consent.

D. **Neglect:** neglect can be defined in terms of an omission, where a child's health, safety, development or welfare is being avoidably impaired by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults or medical care.

MYTHS RELATED TO CHILD ABUSE

Myths are beliefs which are commonly held, but which are not true or accurate. There are myths relating to all kinds of child abuse, some of which are more or less common in different parts of the world, and they result in a range of views on how to treat and discipline children. Examples of myths relating to child abuse include:

- Children with disabilities should be kept separate from other children, so they don't inflict their bad luck on other children.

- A child with behavioural or mental challenges is possessed or insane.
- Difficult children in homes should be punished excessively.
- Children need a good spanking to show who's the boss.
- Having intercourse with a very young child or even a baby can cure you from AIDS.
- Women and girls should only eat any food which is left after men have eaten.
- Street children should be kept in government remand homes as they are all criminals.
- Children don't make the same mistake again if they are given a good caning.
- Children always know why they are being punished.
- Giving a child an abusive nickname is okay.

CIRCUMSTANTIAL/SITUATIONAL CHILD PROTECTION ISSUES

Exercise: Circumstantial Drawing

Objectives of activity:

- To visually illustrate child protection problems and risks in specific situations.
- To highlight the varied problems that can arise due to extreme circumstances.

Materials:

- Flipchart paper, Markers, Masking Tape

Instructions:

1. Divide participants up into several groups.
2. Each group is given a large flipchart paper.
3. Explain to participants that in their group you would like them to draw a poster using no words, only illustrations/pictures that describe the risks and abuses children face in specific situations.
4. Each group will be given a different situation to illustrate. (See below)
5. Give each group about 20 minutes to draw their poster.
6. Ask each group to hang their drawing up on the wall or in a location that can be viewed by all.
7. Ask participants from the other groups that did not draw the picture to try to determine what is happening in the poster. Try to determine what the child protection problems/risks are that children face in these particular situations.
8. Allow participants to reflect on each poster before asking

the groups that drew the poster to explain any part or aspect that the group did not understand.

9. At the end of the session ask participants what they learned from doing this activity.

10. Ask participants if the illustrations reflect reality on the ground when children are in these situations.

11. Ask participants what types of programs/policies exist to prevent some of these abuses from happening? Are they effective? Why are some of these risks/abuses still a challenge?

Different situations for illustration:

- A child living in an IDP/refugee camp.

- A child living on the streets.

- A child living in a single-headed household (or a child-headed household).

- A child separated from his or her parents.

- A child who has escaped from a rebel group and is trying to reintegrate into the community.

- A child entering into early marriage.

- A child who has lost both parents and is now an orphan.

Facilitator's notes:

Circumstantial or situational issues refer to a particular situation a child might be in that could lead to further child rights violations or various forms of child abuse. It is not the situation that is the abuse, but rather the risks that can develop due to the situation.

Each of the above situations describes a break in the protective environment for the child. It does not conclude that every child in these situations is enduring a child protection problem. However, it recognizes the situation as a risk that could lead to further vulnerability of a child, and therefore the situation should be addressed in a manner that minimizes these possible risks. A child's circumstance or "label" is not a child protection violation; rather, it is what happens to a child within this circumstance/situation that either is a form of abuse or a violation against the child's rights.

FACT SHEET ON CHILD ABUSE

Recognizing Child Abuse

A.   Recognizing Physical Abuse

The following are often regarded as indicators (signs) of concern:

- An explanation which is inconsistent with an injury.

- Several different explanations provided for an injury.
- Unexplained delay in seeking medical treatment.
- Caregivers are uninterested or undisturbed by an accident or injury.
- Caregivers are absent without good reason when the child is presented for treatment.
- Repeated presentation of minor injuries (which may present a "cry for help", and if ignored, could lead to a more serious injury).
- When family uses different doctors and hospital departments.
- Reluctance to give information or mention previous injuries.
- Hiding certain body parts that might be burned/wounded (i.e. putting hands in pockets).
- Fearfulness in approaching adults.
- Playing violent games e.g. boxing, kicking others.

Bruising

Children can have accidental bruising, but the following must be considered as non-accidental, unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby.
- Bruising in or around the mouth, particularly with small babies, which may indicate forced feeding.
- Two simultaneously bruised eyes, without bruising to the forehead (rarely accidental).
- Repeated or multiple bruising to the head, or on sites unlikely to be injured accidentally.
- Variation in colour, possibly indicating injuries caused at different times.
- The outline of an object used, e.g. belt marks, hand prints or a hair brush.
- Bruising or tears around or behind the earlobe, indicating injury by pulling or twisting ears .
- Bruising around the face.
- Grasp marks on small children.
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.

Bite marks

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child. A medical opinion should be sought where there is any doubt over the origin of the bite.

Burns and scalds

It can be difficult to distinguish between accidental and non-accidental burns and scalds, and this will always require experienced medical opinion. Any burn with a clear outline may be suspicious, e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine).
- Linear burns from hot metal rods or electrical fire elements.
- Burns of uniform depth over a large area.
- Scalds that have a line, indicating immersion or poured liquid.
- Old scars, indicating previous burns/scalds did not receive appropriate treatment or without adequate explanation.
- Scalds on the buttocks of a small child, particularly in the absence of burns to the feet are indicative of dipping into a hot liquid or bath.
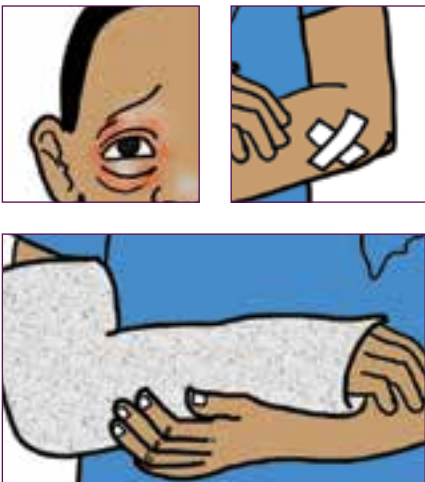
Fractures

Fractures may cause pain, swelling and discolouration over a bone or joint. Non-mobile children rarely sustain fractures. There are grounds for concern if the history provided is vague, non-existent or inconsistent with the fracture type, if there are associated old fractures, if medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain, or loss of movement, or if there is an unexplained fracture in the first year of life. If a fracture is suspected, the affected limbs should not be tampered with to avoid making the injury worse.

Scars

A large number of scars, or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

B.   Recognizing Emotional Abuse

Emotional abuse may be difficult to recognize, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse are often associated with other forms of abuse. The following may be indicators of emotional abuse:

- Development delay.
- Abnormal attachment between child and a parent/carer, e.g. anxious, indiscriminate or no attachment.
- Indiscriminate attachment or failure to attach.
- Aggressive behaviour towards others.
- Scapegoat within the family.
- Frozen watchfulness, particularly in pre-school children.
- Low self-esteem and a lack of confidence.
- Withdrawn or seen as a loner, difficult relating to others.
- Self-harming behaviour, eating disorders (anorexia or bulimia) and suicidal attempts.
- Isolation, plays alone
- Destructive behaviour e.g. spoling toys
- Crying unnecessarily for a long time
- Playing sex-like games or engaging in sexually harmful behaviour.

C.   Recognizing Sexual Abuse

Boys and girls of all ages may be sexually abused, and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about, and full account should be taken of the cultural sensitivities of any individual child/family. Recognizing can be difficult, unless the child discloses and is believed. There may be no physical signs, and indicators are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate and sexual behaviour
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age.
- Continual and inappropriate or excessive masturbation.
- Self-harm (including eating disorders), self-mutilation and suicide attempts.
- Involvement in prostitution, or indiscriminate choice of sexual partners.

Emotional abuse
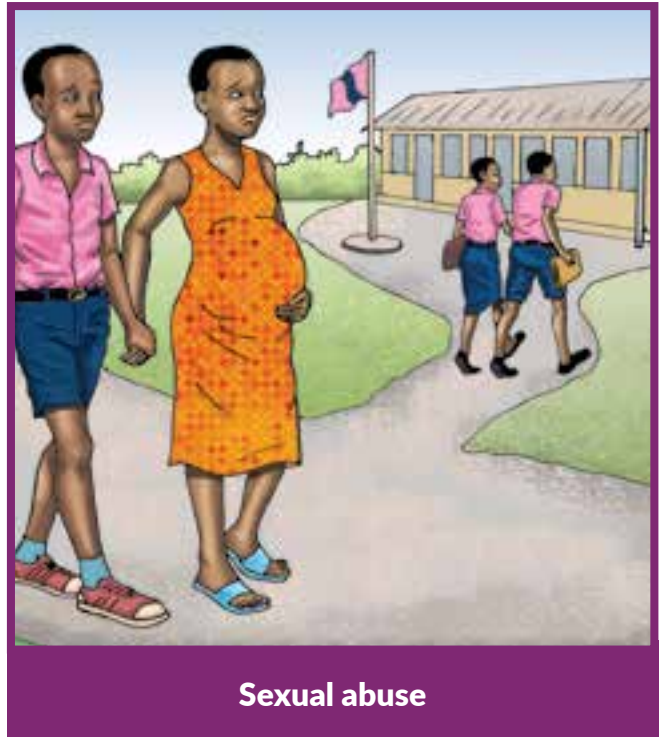
Sexual abuse

- An anxious unwillingness to remove clothes for e.g. sport events, cultural events (but this may be related to culture norms).
- Use of vulgar language.
- Playing sex refutes games.

Some physical indicators associated with sexual abuse:

- Pain or itching of the genital area.
- Blood on underclothes.
- Pregnancy in a younger girl where the identity of the father is not disclosed.
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted infections, and the presence of semen.
- Inabiity to walk properly for both girls and boys.

D.   Recognizing Neglect

Evidence of neglect is built up over a period of time, and can cover different aspects of parenting. Indicators include:

- Failure by parents or caregivers to meet the basic essential needs, e.g. adequate food, clothes, warmth, hygiene and medical care.
- A child appearing to be listless, apathetic and unresponsive with no apparent medical causes.
- Failure of child to grow within normal expected pattern, with accompanying weight loss.
- Child thrives away from home environment.

- Child frequently absent from school.
- Child left with adults who are intoxicated or violent.
- Child abandoned or left alone for excessive periods.
- Child not friendly to direct care givers

Examples of Child Protection Problems and Violations

SESSION 2: CHILD PROTECTION LEGAL FRAMEWORK

Group work

• child abuse • corporal punishment • child abduction • recruitment of child soldiers • separated and unaccompanied children • harmful and/or exploitive child labour • child prostitution/forced prostitution • child pornography • child trafficking • emotional abuse • malnutrition • school dropout • refugee and IDP children • street children • night commuting children • children in conflict with the law • domestic violence • children exposed to violence (death of family member due to war, torture) • denial of participation/freedom of speech	• early child marriage/forced marriages/rape • harassment/sexual harassment • discrimination • harmful traditional practices • physically and mentally disabled children • children living in child-headed households • children affected by HIV and AIDS • children caught in custody battles with divorced parents/caretakers • child abandonment • children involved in gangs • children involved in drugs, alcoholism • neglect (food, shelter, clothing, medical) • children living in orphanages • suicide • defilement • child protection violations by NGOs/government agencies/media (breach of confidentiality, bad practices, discrimination, increased risk) • diseases

Time:

1 hour

1. What are Legal Instruments?
2. Why do we have them?
3. Where do they come from?

OVERVIEW OF LEGAL INSTRUMENTS?

Legal instruments are the laws and bylaws within a community, a nation, and within a global, international society. They can refer to actual binding laws or principles, declarations, and other commitments made by governments, but may not necessarily be binding. Legally binding refers to an exchange of promises and/or agreements between a society and its citizens, a nation and an international body, or a contract between two or more persons that, if not kept, is seen as a breach of the contract/law. Various repercussions can take place based on the breach of a law. Alternatively, governments may develop guiding principles or declarations, that, although based on law (international, humanitarian or human rights), are not laws in and of themselves. They serve as a standard to guide governments as well as international humanitarian and development agencies in providing assistance and protection. Examples of guiding principles include the Universal Declaration of Human Rights, and Guiding Principles on Internal Displacement.

SELECTED LEGAL INSTRUMENTS

Refugee Law: Applies only to refugees, including children. It ensures that they are safe and have rights similar to citizens in the asylum country.

- 1951 Refugee Convention
- Organization of African Unity (OAU) Convention
- Convention Governing the Specific Aspects of Refugee Problems in Africa

International Human Rights Law: human rights are inherent entitlements which come to every person as a consequence of being human. Treaties and other sources of law generally serve to formally protect individuals and groups against actions which interfere with fundamental freedoms and human dignity.

- Convention on the Rights of Children
- Convention Against Torture
- Convention on the Elimination of Discrimination Against Women
- International Covenant on Civil and Political Rights

Regional Human Rights: these rights are developed within specific areas that may take into account the culture and regional contexts. They can sometimes provide higher standards of protection than an international treaty. For

example, the African Charter on the Rights and Welfare of the Child prohibits all forms of military recruitment of children under the age of 18, whereas the Optional Protocol to the Convention on the Rights of the Child permits the voluntary recruitment of children under 18 by states, in some instances.

Africa: Under the umbrella of the Organisation of African Unity (OAU), useful human rights instruments that can be referred to include:

- The African Charter on Human and Peoples' Rights (1981) monitored by the African Commission on Human and People's Rights. A Draft Optional Protocol of 1997 created the African Court of Human and Peoples' Rights.

- For children, the African Charter on the Rights and Welfare of the Child (1990).

- For refugees, the Convention Governing the Specific Aspects of Refugee Problems in Africa (1969).

Humanitarian Law/ Geneva Conventions

- The Geneva Conventions is international law governing the conduct of parties in war. It protects rights of civilians in war.

- Between the Fourth Geneva Convention, Protocol I and Protocol II, there are more than twenty provisions that give special protection to children affected by armed conflict.

- These apply to parties in conflicts, so they apply very explicitly to rebel groups, unlike human rights conventions.

- For instance, protections against child sexual exploitation, basic needs for children, protection for separated children.

National Laws: These are laws put in place by the Ugandan government that may be harmonized with international legal instruments, yet are governed under Ugandan courts and systems.

- Uganda's Children Act
- Penal Code Act
- Evidence Act
- Land Act
- Employment Decree
- Industrial Training Decree
- Education Act
- National OVC Policy

Reference to these laws can help bolster advocacy efforts when organizations or communities recognize a violation of rights.

THE CONVENTION ON THE RIGHTS OF THE CHILD

The Convention on the Rights of the Child took ten years to develop through international consultations. Every country in the world, including Uganda, helped to develop the document. It was finalized in 1989 and was nearly universally ratified.

The CRC offers the highest international standards of protection and assistance to minors. It is considered as a guiding tool in most major child protection strategies because of its almost universal acceptance and its high standards of protection for children.

Uganda being a signatory to the CRC is under obligation to observe and enforce it in order to realize the goals of child protection.

Definition of a child: the convention considers a child to be under the age of 18.

The CRC is:

- **Comprehensive:** it covers all aspects of a child's life– i.e. physical, mental, spiritual, etc.
- **Universal:** it was ratified by almost every country in the world (except two: the USA and Somalia).
- **Binding:** countries that ratify the convention are legally bound to **implement** it.

Implementation means that states are obliged to:

- Promote the rights in the CRC.
- Harmonize national laws with the CRC.
- Collect information on the realization of children's rights.

The CRC promotes the idea that rights do not exist alone. Rights are not realized by themselves. With every right, there is an obligation. With every rights-claimer, there is a duty bearer. Parents have obligations to provide for children. However, children also have obligations to their parents. Communities have obligations to assist families. However, families also have responsibilities to communities, and so on.

The CRC has 54 articles, but all of these articles fit into four main categories of rights:

- Survival: physical needs of children.
- Development: cognitive, emotional, spiritual needs.
- Participation: to express opinions, to be heard.

Survival

Development

Participation

Protection

Non - Discrimination

Survival and Development

Participation

Best Interests of the Child

- Protection: to be protected from abuse, exploitation, neglect, insecurity.

GUIDING PRINCIPLES IN THE CRC

Group discussion

A family that is composed of husband (Moses Lutu), wife (Harriet Namuddu)and their one child ((Edward Tamale) aged 8 years, has decided to break up after some misunderstanding and each one wants to retain custody of the child. Edward, the child, wants to stay with the father. The wife (Harriet Namuddu) sells in the market and has been the bread winner providing for basic needs in the house. Moses Lutu , on the hand has no employment and is known for being violent after taking alcohol. When Moses Lutu is sober, he plays with his son and they seem to be happy. But when Moses drinks, he becomes abusive and sometimes forgets to pick the son from school.

In the above scenario, considering best interest of the child, what considerations can be taken in deciding who remains with the child.

1. Take into consideration the rights of the child
Who is likely to help the child realize his rights and who is likely to violate them ?

2. Take into consideration the welfare of the child
Who is likely to meet the basic needs of the child?

3. Take into consideration the positive development of the child
How is the child's development (physical, emotional, cognitive, spiritual)going to be affected ?

4. Take into consideration the protection of the child
Is the child safer with the father or mother?

5. Take into consideration the child's wishes
What are the Childs wishes, thoughts and feelings regarding decision on where he will stay?

In the above scenario, it is clear that the father is more likely to put the child at risk due to the following reasons:

1. Inability to meet basic needs since he is not employed although he loves his child

2. Can't guarantee safety of the child given the history of his behavior when drunk. At one time, he forgot to pick the son from school !

3. Although the child wishes to stay with the father, the other considerations above need to be taken into account and explained to the child.

4. The mother is more likely to meet the criteria for best interest.

Ask participants to share similar scenarios experienced in their communities

The 54 articles of the CRC are based on four guiding principles:

- Best Interest: for all decisions related to a child, the best interest of this child should be considered first and foremost. Each child's best interest should be considered as an individual one.

- Non-Discrimination: all children are equally entitled to all of the rights in the convention. No child should be discriminated on the basis of gender, age, ethnicity, race, religion, physical abilities, etc.

- Participation: children are no longer considered just property of their parents, nor are they passive recipients of charity. Children are active rights claimers. Children have the right to participate in the decisions that affect their lives. Three forms of participation in decision-making include:

  - Information input: when primary school children draw pictures, the activity can be just recreation and self-expression. But it can also be participation, provided that adults use the pictures as a source of information about the children's thoughts and feelings in their decision-making.

  - Dialogue: children have opinions and can discuss them with adults. When adults give the opinions due weight according to the child's age and maturity, then the children are participating in the decision-making process, according to the CRC.

  - Decision-making: at an older age, young people can make some of their own decisions. For example, under national law, adolescents may have the right to get married or to join the army. Even though these choices are usually subject to the approval of parents, the right of adolescents to decide what is in their own best interests shows that participation is a continuum: with an increase in age and maturity comes an increase in control over one's life.

  - Regional Human Rights: these rights are developed within specific areas that may take into account the culture and regional contexts. They can sometimes provide higher standards of protection than an international treaty. For example, the African Charter on the Rights and Welfare of the Child prohibits all forms of military recruitment of children under the age of 18, whereas the Optional Protocol to the Convention on the Rights of the Child permits the voluntary recruitment of children under 18 by states, in some instances.

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Time:

30 mins

SESSION 3: UNDERSTANDING CHILD VULNERABILITY

Brainstorming

What is Vulnerability?

Facilitator notes:

According to the Ugandan Guide for Interpreting and Applying National Quality Standards for the Protection, Care and Support of Orphans and Other Vulnerable Children, endorsed by the Ugandan Ministry of Gender, Labour, and Social Development;

vulnerability refers to a state of being in which a person is likely to be in a risky situation, suffering significant physical, emotional or mental harm that may result in their human rights not being fulfilled.

A vulnerable child can be defined as a child, given a local setting, who is most likely to fall through the cracks of regular progress, policies and traditional safety-nets and therefore needs to be given attention when programs and policies are designed and implemented. In normal programming, this might result in the categorization of children in specific situations that might make them more vulnerable than other children. This categorization often includes children affected by HIV &AIDS, children affected by conflict, child-headed households, street children, disabled children, and so forth. However, it is important to recognize that although the category may indicate a degree of potential vulnerability, it does not warrant the complete vulnerability of that child.

Vulnerability can also be seen as when risks are typical for children where all their local peers face the same situation. Examples of this may include children whose parents are alcoholics or mentally ill, children that are all exposed to locally common diseases, or where all children have poor access to education or health services. In another instance, where the majority of the child population in a given setting is affected by HIV&AIDS or a conflict would also indicate vulnerability and therefore programs and activities should be designed more 'globally' or 'nationally' or 'communally' and specific activities should be set up for those within these categories that may face even more vulnerabilities and fall through the cracks.

Child vulnerability is a relative, not an absolute state, and is characterized by tendencies of increasing, when risk factors increase in the life of a child, and decreasing, when protective factors are added into the life of a child. As such, vulnerability is therefore ever changing and never static. It is therfore important to intervene as early as possible before the risk factors compound. Child protection actors can best achieve a balance when they identify and address or reduce the protective factors that increase vulnerability and increase the supporting factors that decrease vulnerability (better security).

CORE GUIDING PRINCIPLES IN CHILD PROTECTION

SESSION 1: THE BEST INTEREST OF THE CHILD PRINCIPLE

THE BEST INTEREST OF THE CHILD PRINCIPLE

Facilitator notes:

The Uganda Children Act refers to the **Welfare Principle**. This is equal to the definition of the Best Interest of the Child. According to the Uganda Children Act it states that :

"Whenever the state, a court or any person determines any question with respect to the upbringing of a child, the administration of a child's property or the application of any income arising from it, the child's welfare shall be paramount."

Likewise, the Children (Amendment) Act states that:

"The welfare of the child shall be of paramount consideration whenever the state, a court, a tribunal, a local authority or any person determines any question in respect to the upbringing of a child, the administration of a child's property, or the application of any income arising from that administration."

It further concludes that the following issues must be taken into consideration when determining the welfare of the child:

- timing
- criteria for decision-making
- rights of the child

Likewise, article 3 in the CRC requires that:

"In all actions concerning children, the State shall make the best interests of the child primary consideration."

The Best Interest of the Child or the Welfare Principle should be emphasized when discussing and making decisions at three levels, namely:

- government policy making **(government decisions)**
- program design **(programming decisions)** and
- decisions made about children on an individual basis **(individual decisions)**.

By the end of the unit, participants should be able to:

- Demonstrate understanding, interpretation and application of child protection principles.

Time:

45 mins
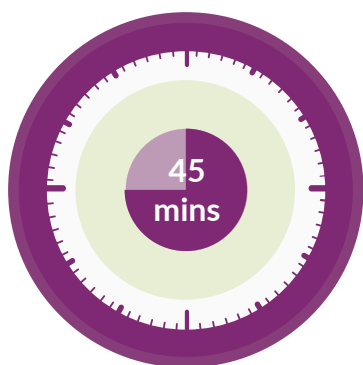
The Best Interest of a Child relates to our decision-making process with regards to children's rights, well-being, positive development, protection and children's wishes.

- **Policy decisions:** both the CRC and the Uganda Children Act require states to analyse how each course of action may affect children. Because the interests of children are not always identical to adults' interests, and can at times even conflict, the state must carefully separate out the various interests at stake. The government does not have to take the course of action that is best for children, but if any conflicts are identified, the state must make the "best interests" of children "a primary consideration." This rule applies in budget allocations, in the making of laws, and in the administration of the government.

- **Program decisions:** similar to how the government must create policies for the protection of all children in the state, organizations designing programs or making programming decisions on behalf of all children in a program location must do so considering how the rights, well-being, positive development, protection and children's wishes will be affected on a broad scale. Therefore, rather than looking at an individual child, organizations will assess a given population and design programs that will benefit this entire population. For example, an organization may design an awareness-raising campaign on the reintegration of former child soldiers. The program itself is not targeting any one child, but intends to bring awareness to support all former child soldiers.

- It is important to understand that the design of one's activities

can have an impact on an individual child or groups of children, depending on how the activity is planned and implemented. In addition, how one responds (identify, report, refer, follow-up) to child protection cases must be carefully thought through on the basis of the Best Interest of the Child, with careful evaluation to ensure that decisions are not solely made in the interest of the parent, the agency responding, or sometimes even the child's own wishes.

- **Individual children decisions:** When a decision is being made about an individual child, then the child's best interests must be, at a minimum, "a primary consideration." There are some situations where the child's welfare gets higher consideration. For example, in a case of abuse or neglect, a child can be separated from its parents if it "is necessary for the best interests of the child" (art. 7). In an adoption case, the "best interests of the child shall be the paramount consideration" (art. 21). In these cases, how a course of action might affect the child must be looked at closely, which is a requirement similar to that in policy decisions. What can be different in individual cases is that under some CRC articles, a child's welfare must be given priority over an adult's. For example, making a long term plan for an unaccompanied minor requires a decision about a child's best interests. A child might be an orphan living in a refugee camp, with grandparents in the country of origin, an uncle in a second country of asylum, and with unrelated family in another country that would like to adopt the child. In deciding what is best for the child, many factors would have to be considered, including "the desirability of continuity" of culture and language (art. 20), the preservation of family and nationality (art. 8), and the child's own desires, which must be considered according to the child's "age and maturity" (art. 12). The objective is to allow the child to "grow up in a family environment, in an atmosphere of happiness, love and understanding" (Preamble). The decision about a child's best interests can often be difficult; no single answer may be obviously and indisputably correct (In the example, not enough "facts" were given to make a decision. More information would be needed: does the child have the legal status of refugee? How old is the child? What are the conditions in the home country? Are the grandparents able to raise the child?)

- Key to understanding the Best Interest of the Child is that this core principle is brought down to each and every individual child. The CRC and the Uganda Children Act are extensive legal texts that cover the general child population. The Best Interest principle recognizes each child as unique and deserving of protected measures based on their specific, individualized circumstances. Decisions affecting one child may be greatly different for a child in another context. For example, it may be customary for a child to live with his mother if the parents are to divorce. However, if the

mother is engaging in illegal activities, this situation may not be in the best interest of the child, despite cultural norms. Sometimes, difficult decisions must be made, and each individual right of a child must be assessed to determine the best interest of the child. In another example, in the case of a divorce, a child's right to education may be hindered if he/she lives with his or her mother and the mother is unable to provide school fees due to poverty. However, if the child lives with the father, although the child may receive school fees to continue education, a factor impacting a child's rights could be that the father is emotionally abusive to the child.

The Best Interest of the Child in Practice:

Instructions:

1. Divide participants into three small groups.
2. Provide each group with a case study and have them explore the case and answer the questions following the scenario.
3. The case studies are illustrated through either a general child protection concern or a specific action taken by an NGO through their programs. The best interest of the child should be analyzed in both scenarios.
4. Participants should write up their responses on flipchart. Following each group work, participants should return to the larger group and present their discussion/conclusion to the wider group.

Alternative Method #1:

If you find that the participants have difficult reading and/or are illiterate, the activity can be done as a group whereby the facilitator reads the scenario and the group debates the issue out loud. To do this, encourage all participants to speak so that one or two do not dominate the discussion.

Alternative Method #2:

Rather than have each group look through the case study and come up with answers, choose one case scenario and have participants debate the issue. On one side have participants agree that the case was in the best interest of the child. On the other side have participants disagree with the case as in the best interest of the child. Both sides must back up their debate and reasoning with specific factors they believe to support their argument.

Case Studies:

1. Cleansing Ceremony

A formerly abducted child returns from captivity. It has been

10 years since the child has been away and many changes have taken place with this child, including her religious beliefs. To reintegrate her back into the community her family insists that she go through a public cleansing ceremony. The child, however, does not believe in these traditions and does not feel comfortable going through the ceremony. Her family refuses to take her back into the house unless she goes through the ceremony. The child, however would like to return and go to the church to be blessed and forgiven of her sins (since she is a Christian), she does not want to practice the old traditions of her family. Despite the child's wishes, the family forces her to go through a public cleansing ceremony. She is welcomed back into the family, but the girl finds that she is teased at school now and treated differently. Some people in the community still see her as evil.

Discuss the following questions:

- Does this scenario present the Best Interest of the Child?
- If yes, why?
- If no, what would you do differently?
- What factors are you considering to determine the best interest of the child?

2. Child Prostitution

A family has three children, two girls and one boy. The family is very poor and they cannot support themselves nor send the children to school. So, the family decides to send both girls to town to earn money as sex workers. This money will help sustain the family and send the boy child to school. After two years someone discovers what this family is doing. By now, the boy is in secondary school thanks to his sisters extra income. A local NGO speaks with the family and informs them that they will report them to the police if they continue to send their girl children to work as sex workers. The family agrees to stop. This results in the boy dropping out of school because there is no longer any money to support his education.

Discuss the following questions:

- Was the action of local NGO in the best interest of the two girl children?
- If yes, why?
- If no, what would you do differently?
- Was the action of the local NGO in the best interest of the boy child in the family?
- If yes, why?
- If no, what would you do differently?
- What factors are you considering when determining whether your action is in the best interest of the child?

3. An Orphan

A young boy becomes orphaned after both his mother and father die of HIV/AIDS. The boy has two options. He can go and live with his uncle in a nearby town and stay close to his friends, or the boy can be sent to live in an orphanage where he will be guaranteed food and an education at the center. The social worker decides to send the boy to the orphanage.

Discuss the following questions:

- Was this action in the best interest of the child?
- If yes, why?
- If no, why not, and what would you do differently?
- What factors are you considering when determining whether your action is in the best interest of the child?

4. Targeting Children with Disabilities

A local NGO decides to distribute soup and blankets to all disabled children in the village. One of the households with a disabled child also has five other children that are also in need of soap and blankets. The other five children are not disabled. But, because the other children are not disabled the NGO will not provide soap or blankets to these children. The disabled child receives the soap and blanket during the distribution event, however on return to the house the soap and blanket are taken away and the disabled child is left with nothing and continues to suffer in silence.

Discuss the following questions:

- What is the problem?
- Was this activity in the Best Interest of the Child?
- What factors are you considering to determine if this is in the Best Interest of the Child?
- What would you do differently?
- How might you change the activity to ensure that the more vulnerable child is benefiting without also stigmatizing or causing resentment within the community/household?

5. Responding to a Sexual Abuse Case

A Para-social Worker(PSW) is informed that a young girl of 13 has been defiled. The PSW immediately follows-up on the case and on arrival to the house where the girl lives proceeds to find out information by talking to the girl and also her parents that are there. The parents know that if this information is to get out into the community that their daughter will be stigmatized and she will never be able to marry in the future. They would like to take her to the doctor and have her treated but they would like to handle the case internally so that there is not a lot of publicity. The PSW, however, decides that because it is a case of defilement that it must be reported immediately to the police. The presence of Police now in the village causes suspicion and before long everyone in the village knows that the girl has been defiled.

Discuss the following questions:

- Was the action taken by the PSW in the best interest of the child?
- If yes, why?
- If no, why not?
- What action would you do differently?
- What factors are you considering when determining the best interest of the child?

Five key concerns

In order to go about making the **best decision** for a child, one should consider the following five key concerns:

1. Take into consideration the rights of the child.

   – *Are the child's rights being promoted or violated?*

2. Take into consideration the welfare of the child.

   – *Are basic needs being met?*

3. Take into consideration the positive development of the child.

   – *Is the child's development (physical, emotional, cognitive, spiritual) affected?*

4. Take into consideration the protection of the child.

   – *Is the child safe?*

   – *Will more harm be done to the child by the decision?*

5. Take into consideration the child's wishes.

   – *How does the child feel?*

When making a decision concerning a child, one should ask him or herself questions that will help them consider the five points above. Some examples of these questions include:

- If the family is unable to respond to the problem, can I involve the community in helping to address this issue?
- What are the community resources available that may help the child in addressing this issue?
- By tapping into community resources, will I create further harm to the child? Will the child be stigmatized or discriminated against?
- By making a decision to involve the community to address issues around the child, will the child's rights be affected?
- Have I considered the welfare of the child if the child stays in this living situation?
- What type of impact and/or risks will this child face if I report the incident to the police?
- Am I prepared for the consequences of the result of my decision?
- Have I spoken to the child about how they feel about the decision that is going to be made?

- Have I spoken to the child about what they wish to do?
- Does the child have the capacity to participate in the decision-making process?
- Will including the child in the decision-making process pose risks to the child?
- Will my decision have any effects on the culture?

The Best Interest of the Child principle emphasizes that, in addition to the decisions being made about a child, the evolving capacity of the child should also be considered in terms of their own participation and opinions concerning an action. This does not mean that what the child says or wishes should necessarily be granted. Including the child's wishes and participation in the decision-making process means evaluating whether or not the child's wishes or participation are harmful to their protection, rights, and well-being. The evolving capacity of the child reflects on whether or not the child is physically and mentally able to understand and make decisions. A 2-year-old child who says that he only wants candy for dinner may not have the capacity to understand that candy does not have enough nutrition to provide a healthy meal and support the growth and development of the child. Therefore, it is important that one engages the child to seek their opinions and wishes, but the age and development of the child must be taken into consideration.

SESSION 2: THE PRINCIPLE OF NON-DISCRIMINATION

Time:

30 mins

PRINCIPLE OF NON-DISCRIMINATION

Discrimination means treating an individual and/or group of people less well because of whom or what they are. The Human Rights committee defines discrimination as any distinction, exclusion, restriction or preference which is based on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, and which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise by all persons on an equal footing of all rights and freedoms.

According to the CRC, Article 2 states that "states shall respect and ensure the rights set forth in the present convention to each child within their jurisdiction, without discrimination of any kind, with regard to citizenship, immigration status or any other status." Refugee children, asylum seekers, and rejected asylum seekers are entitled to all rights of the CRC.

State parties should take all appropriate measures to ensure that a child is protected against all forms of discrimination or
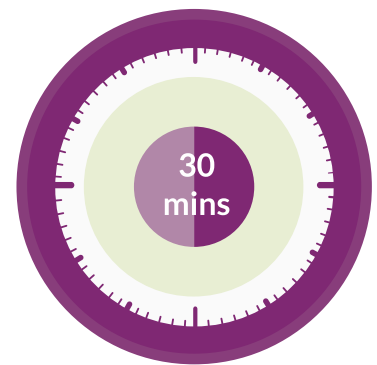
punishment on the basis of status, activities, expressed opinions or beliefs of a child's guardians or family members.

People can be discriminated against for a number of reasons, such as:

- age
- race
- colour
- sex
- political opinion
- religion
- disability

- ethnic group
- employment
- education
- economic status
- marital status
- family background
- nationality

Time:

30 mins
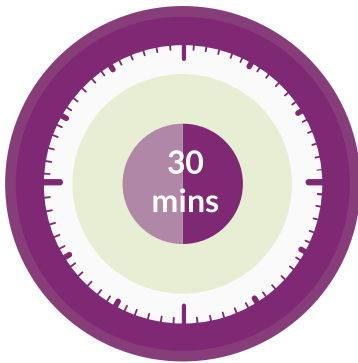
SESSION 3: THE DO NO HARM PRINCIPLE

Principle of "Do No Harm"

In child protection, "Do No Harm" refers to every aspect of our work to protect children and the communities they live in. Below are examples of the five key areas with questions to consider as initiatives are set forth.

1. PROGRAM DESIGN AND IMPLEMENTATION

Example: child-friendly space

If we are to provide a protective space for children in a conflict situation, we must consider the approach we take to establish this space and evaluate its impact on the community, from the immediate impact to the long-term effects. Questions one might want to consider include:

- Will this space be a lasting initiative? If not, what will be the impact on children when the space closes?
- Will creating a space impact local initiatives or after-school programs?
- Will this space become an easier target for children to be abused?
- Is this space replacing school programs?
- Will this space hire locally to implement the activities? And will these people be compensated for their participation? What impact will paying community volunteers have on the local economy? Will paying community volunteers create a form of dependency?
- Is the space located in an area that is accessible to all children? Are children at risk when commuting to and from the space?
- Are volunteers or staff qualified to work with children? If not, what impact will this have on a child's positive development?

Think of additional questions that you should be asking yourself when designing and implementing a program/activity.

2. IDENTIFYING, REPORTING, REFERRING, AND FOLLOW-UP ON CHILD PROTECTION CASES

Example: Child Identified as an Orphan

If a child is identified as having been orphaned due to his or her parents dying of HIV/AIDS, the manner in which we handle this child's case is crucial in determining whether the outcome is successful in terms of recovery, reintegration, and the overall future well-being of the child. Questions one might want to consider include:

- How was this child identified? Was the method used stigmatizing in anyway?
- Will other, more vulnerable children be excluded based on the criteria used to identify children orphaned by HIV and AIDS?
- Was the child's name and parents' identity revealed openly in public forums when discussing next steps for this child?

- Was the community involved in identifying this child?
- Did the community and extended family participate in the decisions affecting this child?
- Was the child provided with proper guidance and information and allowed to participate in the decisions that will affect his/her future?
- Is the person providing guidance qualified and able to communicate with the child at his or her capacity?
- Were local initiatives and resources tapped into before referring the child to other authorities and organizations?
- Will the referring agency continue to follow up on the child?
- Does support to this child take into consideration long-term impact?

Think of additional questions that you should be asking yourself when identifying, reporting, referring and following-up individual child protection cases.

3. RESEARCH, ASSESSMENTS, EVALUATIONS

Example: Assessment on formerly abducted children
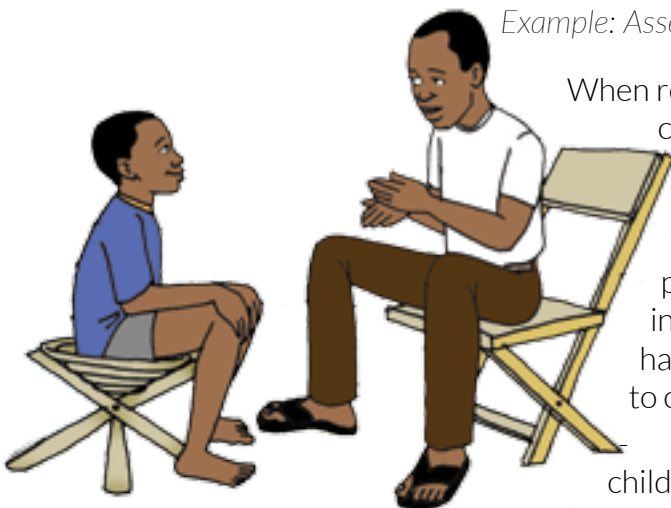
When research is carried out to assess the situation, conditions, and well-being of children, for example formerly abducted children, the methodology used in gathering information must protect the persons involved without causing further harm in the process. Participation of formerly abducted children in an assessment should add value greater than any harm that could be caused. Questions one might want to consider could include:

- Will the participation of formerly abducted children in this assessment risk their protection? Will their safety be put at risk in any way?
- Is it necessary to ask formerly abducted children about their past, which could be emotionally draining and upsetting?
- Is the person gathering information qualified to respond if a child breaks down and cries?
- Are pseudonyms used to protect the identity of the child? If not, what will the effect be on the child if their story is revealed to the larger public?
- If participating in a group discussion with other formerly abducted children, is the interviewer sure that no child within the group is a spy?
- Where will the interviews take place? Is the environment comfortable and does it ensure a confidential atmosphere?
- Will participating in this assessment impact the lives of the formerly abducted children in any way (school, livelihood, reputation, family life)?

- Are the questions intrusive?
- Have these children been interviewed countless times in the past? What impact will this have on the research and the child's involvement?
- Is the child comfortable speaking to the interviewer?
- Have you received consent from this child in terms of how their information may be used and disclosed?
- Have you allowed this child to opt out of the research?
- Is the research and/or assessment being carried out for the benefit of formerly abducted children or merely to gather information? How does the involvement of the children add value to their lives?

Think of additional questions that you should be asking yourself when carrying out assessments, research or evaluations on child protection.

4. DEFINING ADVOCACY

Note: Before this session, prepare three sets of advocacy cards. Each set includes all the steps in the advocacy process and the explanations on the back.

Brainstorming (5 minutes)

1. Write "Advocacy" on a flipchart.
2. Ask participants to share words that come to mind when they think of advocacy.
3. Write all responses on the flipchart without discussion.

Small Group Work (30 minutes)

1. Divide participants into four small groups.
2. Ask each group to develop a definition of advocacy by using the words and concepts written on the flipchart.
3. Ask each group to write their definition and hang it on the wall.
4. When all definitions are posted, ask participants the following:
   - What, if any, common words or themes run throughout the different definitions? (Underline same/similar language and concepts with a colored marker.)
   - Are any of the definitions very different from the others or do they all express similar ideas?
   - What are the most notable differences? Why did the group that wrote the definition feel this way?
   - Does everyone have a clear and consistent understanding of advocacy?
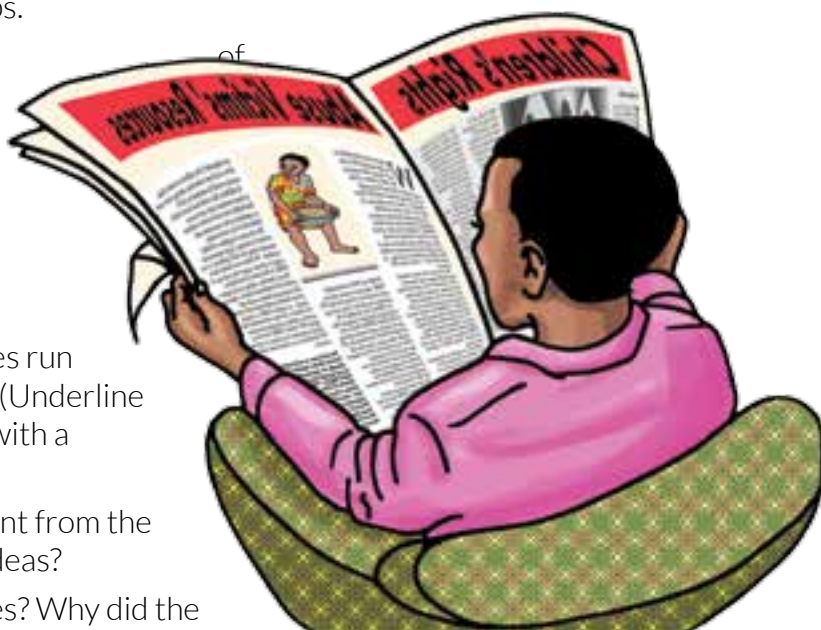
- Does anyone not understand or need clarification?

5. When you feel certain that the participants understand and agree on the meaning of advocacy, write the following definition on a flipchart:

"Advocacy is a set of targeted actions directed at decision makers in support of a specific policy issue".

6. Briefly point out the similarities between the workshop definition and those prepared by the groups.

Time:

45 mins
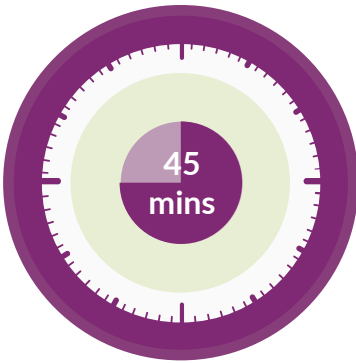
The Advocacy Cycle

When we do an advocacy campaign, it goes through what we call a cycle of activities. These activities include the following:
- Identifying the problem
- Researching the issues surrounding the problem
- Planning a series of activities
- Acting on the plan that has been identified
- Evaluating the results of our efforts

Sequencing the Steps

1. Divide participants into three teams.

2. Distribute one set of advocacy cards to each team. (Prepare these cards beforehand.) Be certain that the cards are NOT in the correct order when you give the sets to the teams.

3. Explain that each card in the set has one step of the advocacy process written on one side and a brief definition/ explanation of the step on the other side.

4. Ask each team to read the cards and agree on the correct order one should follow to plan and implement an advocacy campaign.

Allow 20 minutes for the exercise.

Note to Facilitator: Generally, the teams order their cards to look for something like the following.

5. Ask the teams to post the three sets of cards on the wall or display them on the table/floor so they are visible to the full group. Ask participants to identify similarities and differences.

6. Refer to the first set of cards and ask Team 1 the following:
- Did everyone agree on the final order?
- Where did group members disagree on the sequence of cards and what were the areas of debate?
- Which, if any, steps did participants have difficulty understanding?

7. Ask the other participants if they have questions for the team.

8. Repeat the process for Teams 2 and 3.

9. When all three teams have presented their work, lead a general discussion structured around the following questions:
   - Did the teams all start with the same step? Did they have the same or different ending step?
   - Were there any steps that were ordered concurrently in the process?
   - Were any important steps left out of the process?

10. Refer to the correct sequence of steps:
   - Define the issue
   - Set goal and objectives
   - Identify target audience
   - Build support
   - Develop the message
   - Select channels of communication
   - Raise funds
   - Develop implementation plan

Ongoing activities:
   - Collect data
   - Monitor and evaluate

Thinking Ahead

1. Tape the local newspaper (with the main headline cut out) to the wall or flipchart.

2. Divide participants into small groups.

3. Explain that this activity requires participants to look three years into the future and to imagine that their Para social worker group has just achieved a major Social protection advocacy success. Their success is so impressive that it has made national headlines. Ask each group to discuss and agree on the successful advocacy result they would like to see on the front page of the paper in three years.

4. Once the group members agree, they should write the headline and the first paragraph of the accompanying story.

5. Ask each group to select a representative to present its headline and story to the full group.

The headlines and success stories that participants envision are realistic and achievable for advocacy networks if those networks are organized, strategic, efficient, representative, and committed to participation and collaboration. But these characteristics are not automatically present when groups decide to form a network. Para Social workers have to address a wide variety of needs and concerns to have an efficient and effective network.

Time:

30 mins
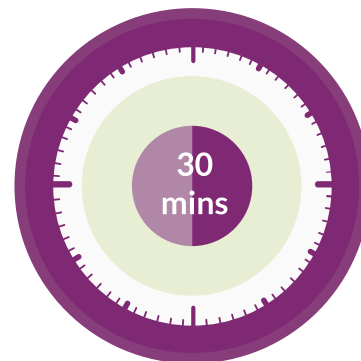
Methods Of Advocacy Campaign

1. Media Advocacy: Going Public with the Issue and the Message

They are various media technologies (for example, newspaper, community radio, TV, the internet) that can reach a large audience. Media coverage is one of the best ways to get the attention of advocacy targets such as: decision-makers, locally elected officials, private corporations, government agencies and international organizations. Getting media coverage may be as easy as writing an opinion letter to a local or national newspaper. By doing this, a Para social workers can reach thousands, including policy makers.

General approaches to working with the media
- Have a clear and concise story
- Present solutions
- Link the cause with other major development and events
- Seek support of personalities (people who can influence public opinion)
- Cultivate good media relations
- Use international media, when possible

2. Awareness- Raising and Capacity Building

It is critical that group leaders begin information dissemination at the community level through community awareness activities. Community members can only support the advocacy campaign and be mobilized if they are aware of the issue. Groups affected by the issue of the advocacy campaign should be primary targets for building awareness for other activities of the advocacy campaign. Advocacy groups can:
- Conduct activities for capacity building/strengthening of the community. These may include: Community meetings, seminars, workshops and training sessions; Community festivals and Cultural Celebrations; Film screenings; community theatre; plays and skits; and Community radio.
- Prepare for Mass meetings/community awareness activities

3. Building Alliances and Networks

1. Write the word "Network" on two sheets from a flipchart.
2. Divide the participants into two groups and ask each group to line up single file in front of one of the sheets.
3. Ask each participant to write a word or short phrase on the flipchart that she/he associates with the word "network". Continue until each person has contributed to the list.
4. Ask each group to use the words listed on their sheet and develop a definition of "network" that everyone in the group agrees with.
5. Share the two groups' definitions and help the two groups agree on one definition. They may choose to accept one of

the posted definitions or combine parts of each for a new definition.

6. Write the agreed upon definition on a clean flipchart sheet and post it in the room.

7. Share the following definition with the group.

"Advocacy Networks are groups of organization and individuals working together to achieve changes in policy, law, or programs for a particular issue"

Building alliances involves bringing together individuals and/or organizations to pursue a common cause and stage common activities towards a common goal/objective. This also includes individuals who can make a specific contribution or play a specific role in the advocacy campaign and/or in reaching the objectives/goals of the campaign.

For most advocates, building alliances with like-minded individuals and organizations is one of the most important steps in the advocacy process because building alliances:

- Creates strength and power in numbers by adding voices and resources;
- Increases access to policy-makers;
- Expands an advocate's base of information and expertise;
- Creates new networking and partnership opportunities;
- Generates cost-saving opportunities;
- Allow for a division of labour and less duplication of efforts
- Leads to an exciting sense of "synergy"—the whole is greater than the sum of its parts.

Practical Considerations for Successful Networks

1. Divide the participants into four groups.
2. Ask the participants to think about their advocacy visions and identify the organizational elements necessary for their network to achieve its vision.
3. Ask two groups to identify what is necessary for a network to form.
4. Ask the other two groups what is necessary for a network to continue its work.
5. Ask each group to list its characteristics/elements on a flipchart.

4. Mass Action

Mass mobilization means getting large numbers of people to join an action for or against a policy, program, project, or activity.

The action may constitute a demonstration of unity. It is called a mass action because many people are participating. Such a demonstration can be used in:

- Picketing the session of a government body, or the meeting of the officers or stakeholders of the organization;
- Lobbying a government body to take a desired measure or counter-measure;
- Rallying the public to support or adopt your cause; and
- Protesting a government policy, corporate action, or individual action.

5. POLICY AND WELL-BEING DECISIONS (BEST INTEREST OF THE CHILD)

Example: A child is sent to live with his or her mother after a divorce

When decisions are being made about a child's well-being, for example in a custody case due to parents divorcing, children's rights and protection must be key points in determining the best interest of the child. The decision should not harm the child. Questions one should consider include:

- Is tradition or religion a deciding factor in the decision on where to place the child? Will this impact the safety and well-being of the child?
- Has the child been invited to participate in the decision-making process?
- Were the child's full well-being and rights considered when decisions were made or were they based on customary practice?
- Are there policies in place that undermine the protection of children during custody battles?
- Does the policy or decision discriminate in anyway?
- Will living with the mother uproot the child?
- Does the child want to live with the mother?
- Will visitation rights of the father pose a protection risk?

CHILD PROTECTION CODE OF CONDUCT

SESSION 1: THE SOCIAL WORK CODE OF CONDUCT

Defining the Social work code of conduct

The Code of conduct states the values and ethical principles on which a profession is based. Social workers have to ensure they fulfill their duties with ethical obligations and that they safeguard and promote the rights of the people they serve (children, young people or adults, families, groups or communities). The Code is binding on all social workers across their roles, sectors and settings. Social workers have a responsibility to promote and adhere to the Code of Ethics while carrying out their obligations to people who use social work services, to one another, to colleagues in other disciplines and to society.

Learning Activity 1.0

Ask participants why they think a Social Work code of conduct is necessary? Without commenting, write participants' contributions on a flipchart. Build on their ideas to explain why there is a need for a Social Work Code of Conduct using the following reasons.

1. To establish the core values upon which the social work profession is based.
2. To create specific ethical standards to guide the social work practice and reflect the core values.
3. To help social workers navigate professional considerations and obligations when ethical uncertainties arise.
4. To provide ethical standards to which the social work profession can be held accountable.
5. To initiate new social workers to the profession's mission, values, and ethical principles and standards.
6. To create standards by which the social work profession can assess if a social worker has engaged in unethical conduct. Social workers who pledge to abide by this code must cooperate with its implementation and disciplinary rulings based upon it.

Note to Facilitator: Take participants through the code of conduct

By the end of the unit, participants should be able to:

- Demonstrate understanding and adherence to the Child Protection Code of Conduct.

Time:

60 mins

Values and principles of Social Work

Social work practice is premised on three core values that determine the principles and responsibilities of social workers. These core values are;

i. **Human dignity and worth:** The social work profession holds that every human being has intrinsic and equal worth. Hence each person has the right to wellbeing, self-fulfillment and self-determination, consistent with the rights and cultures of others.

ii. **Social justice:** The social work profession holds that social justice is a core obligation, which societies should up-hold. Societies should strive to afford protection and provide maximum benefit for all their members. These include:

    – Fair and equitable distribution of resources to meet basic needs

    – Fair access to public services and benefits to achieve human potential.

    – Recognition of the rights and duties of individuals, families, groups and communities

    – Equal treatment and protection under the law.

    – Social development and environmental management in the interest of present and future human welfare

    – The pursuit of social justice involves identifying, seeking to alleviate, and advocating strategies for overcoming structural disadvantages.

iii. **Professional integrity:** The social work profession values: evidence-based practice, honesty, transparency, reliability, empathy, reflective self-awareness, discernment, competence and commitment.

Note to Facilitator: Understanding the duties and responsibilities of the above principles is critical for effective social service delivery. Use the code of conduct to lead a detailed discussion on the duties and responsibilities that come with these values and principles.

Time:

15 mins
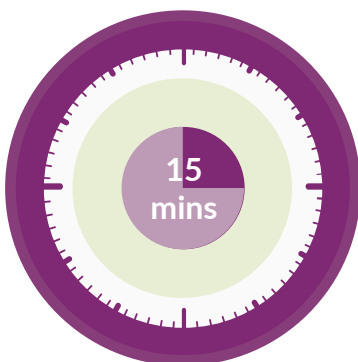
SESSION 2: CHILD PROTECTION CODE OF CONDUCT

A child protection code of conduct is a statement of intent that demonstrates a commitment to safeguard children from harm, and makes clear to all what is required in relation to the protection of children. It helps to create a safe and positive environment for children, and it shows that the organization is taking duty and responsibility of care seriously.

A child protection policy (used more broadly to encompass an organization's entire way of work) provides a framework of

principles, standards and guidelines on which to base individual and organizational practice in relation to areas such as:

- Creating a child-safe and child-friendly organization in relation to environmental safety, as well as protection against physical, psychological and sexual abuse.
- Prevention of abuse.
- Personnel/volunteer recruitment and training.
- Management systems.
- Guidelines for appropriate and inappropriate behaviour/ attitudes.
- Guidelines for communications regarding children.
- Recognizing, reporting and reacting to allegations of abuse.
- Ramifications of misconduct for those failing to follow the Code of Conduct.

A code of conduct is not necessarily solely directed towards sexual abuse, but rather encompasses all aspects of child protection, including, among others, disciplinary measures, physical harm, working with information about children, proper recruitment and management procedures, and ramifications of misconduct.

"Child protection" is a term used by many organizations and structures for work and programs that are undertaken in the community for safeguarding children. This may lead to confusion when discussing the child protection responsibilities and issues involved in managing an organization.

Although many organizations will work towards making communities safer for children in their programming, for example by working on issues of domestic violence, abuse by police, commercial sexual exploitation and so on, the scope of a child protection code of conduct is concerned **only** with child protection within organizations, i.e. recruitment and/or volunteerism, management, behaviour of staff or volunteers and children, physical environment of facilities, etc. Therefore, a child protection code of conduct focuses on the individuals serving as volunteers or employees and their commitment towards the protection of children to ensure that the manner in which they work respects and upholds children's rights in the utmost possible way.

Implementing and signing a code of conduct does therefore not require organizations to respond to individual cases of child abuse, exploitation and/or neglect, unless this is the mandate of the organization. It does, however, require organizations to address such abuses if they occur within the organization, by volunteers or staff to a child and/or to other volunteers or staff.

Learning activity 1.1 (group)

Brainstorming:

Ask participants: What are some rules that Para-social workers should observe when they are working? Consider that these rules should consider the needs of the workers, the organisations, and the children and communities that they are helping.

Write these rules into a code of conduct. Have participants copy this down in the notebook.

WHY DO WE NEED A CHILD PROTECTION CODE OF CONDUCT?

Any organization should have a child protection code of conduct if its direct or indirect beneficiaries include individuals under the age of 18 years.

- Organizations working with children have a moral and legal responsibility to protect children within their care.
- Organizations working with vulnerable children have been, are and will continue to be vulnerable to harbouring abuse until the issues are brought into the open.
- Child protection codes of conduct help to create "child-safe" organizations:
  - That have a culture aware of protection risks and dangers.
  - That do everything possible to prevent intentional and unintentional harm coming to children.
  - Where children feel safe.

- Where children can speak out.
- Where children are listened to.
- Where children and staff are respected and empowered.

- A strong code of conduct will guide you in dealing with difficult situations. When there is a crisis, it may be harder to think clearly. If you have a reliable policy, you can react in an informed way and avoid accusations of a biased response in any participant's favour or disadvantage.

- Organizations without child protection policies, guidelines and systems are more vulnerable to false or malicious accusations of abuse.

- Without proper codes of conduct, guidelines and procedures in place, allegations of abuse, whether founded or unfounded, can destroy an organization's work.

SESSION 3: IMPLEMENTING THE CODE OF CONDUCT

Time:

1 hour

IMPLEMENTING THE CODE OF CONDUCT

This step involves the following key points:

1. Signing the Code of Conduct

After a code of conduct has been developed, it is essential that all members actually sign it, committing themselves to the list of dos and don'ts.

2. Training/Orientation

Part of what this training is already doing is introducing participants to a child protection code of conduct. However, as new members join and/or time passes, training and refresher training on the code of conduct should be given to members to ensure information is kept up to date, and commitment by members continues to be honoured.

3. Management of Procedures (reporting, allegation management, information management)

This will be discussed in Session 6. However, the facilitator should mention that one aspect of implementation is ensuring that a proper system is in place to address violations of a code of conduct and that procedures for handling reports of violations are standardized. This includes how information is handled, who reports are given to, how outcomes are determined, etc.

4. Displaying Information

A code of conduct should not be seen only as something one signs at the beginning of membership. In order to be effective, information about a code of conduct should be accessible not only to members, but also to community members and children. Creating posters, awareness messages and other communication techniques will help to highlight the commitment that members have made. Child-friendly information should also be given to children to ensure children are aware of their rights as well as what a member should and should not do when they interact with children.

Additional information to display should include any emergency numbers or hotlines to call if someone suspects an abuse. (Again, stress that this is not just any abuse. This refers to any abuse by a member to a child/community member or another member). Also, information on the guidelines on reporting an abuse should be included in this. (I.e. who to report to, what the proper channelsare, etc.)

5. Developing an Organizational Action Plan

A key aspect of implementing a code of conduct is the development of an action plan that clearly lays out how the code of conduct is monitored and effectively being implemented. Steps to include in an action plan are:

- List the different actions to be taken.
- Suggest who should take responsibility for these actions.
- List who else should be involved in the process.

- Assign a date/deadline by which the action must be completed.
- Identify any resources and materials needed to implement the action.

DEALING WITH OBSTACLES AND CHALLENGES

Learning activity 1.2 (group)

Group discussion

Instructions to the facilitator:

Ask participants: What do you think are some of the challenges you might have in making and implementing a child protection code of conduct?

Putting in place a child protection code of conductand related policies and procedures can often cause challenges during the implementation . Some of these challenges and/or obstacles include:

- fear
- denial
- lack of resources
- complacency
- cultural barriers
- corruption
- hierarchy within organization
- limited participation (one individual rather than all members)

The chart below highlights some examples of obstacles, the causes and how they can be managed. The facilitator leads a plenary discussion to address them as below:

Obstacles	Fear	Denial	Lack of Resources	Complacency	Cultural Barriers
Mitigation measures					

Time:

SESSION 4: COMMITTING TO SIGNING THE CODE OF CONDUCT

Participants should receive copies of the Child Protection Code of Conduct, and together with the facilitator, go through it section by section. The facilitator should take time to explain what each section means before participants append their signature to the code of conduct.

Wrap-up

15 mins
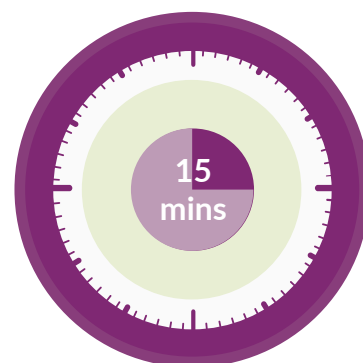
PSYCHOSOCIAL WELL-BEING, CARE AND SUPPORT

INTRODUCTION

The aim of module 3 is about psychosocial well-being, care and support. It introduces participants to the concept of psychosocial care and support and its core principles. It seeks to achieve an understanding among the participants of the importance of psychosocial care and support in their work with children. The concepts of psychosocial care and support and programming are understood and applied in different ways. Often, psychosocial care and support are only implemented in camps, children's clubs and bereavement counselling groups. We adopt a much broader approach in this manual.

OVERALL OBJECTIVES

- To understand the key concepts of psychosocial care and support.
- Explain the core principles of psychosocial care and support, and their importance in the work with children.
- Be able to apply and mainstream programming in child protection activities.

EXPECTED OUTCOMES

By the end of this module, participants will be able to:

- Understand the concept of psychosocial care and support.
- Appreciate the role of psychosocial care and support.
- List and explain psychosocial care and support programming principles.
- Introduce 3 psychosocial programming modules.

UNITS

Unit 1: Understanding Psychosocial Well-Being, Care and Support

PSYCHOSOCIAL WELL-BEING, CARE AND SUPPORT

SESSION 1: UNDERSTANDING PSYCHOSOCIAL WELL-BEING, CARE AND SUPPORT

Learning activity 3.1

Instructions to the facilitator

- Group the participants and ask them to share their understanding of well-being and psychosocial well-being.
- Ask participants to list and explain the different terms used in their local languages that relate to psychosocial well-being.
- Present the case study about Milly, and ask participants to role-play the case.
- Then, facilitate participant discussions through key questions on psychosocial problems, effects, and responses.
- Summarize discussions and draw key conclusions.

Fact Sheet

Well-being can be referred to as the state in which an individual is well in all or most of life's domains, namely, physical wellness (in our biological composition), social wellness (reflecting the quality of our relationships with respect to values, traditions, culture, people, and our environment), and cognitive wellness (experiencing healthy thinking, feelings, emotions, and spirituality).

By the end of the unit, participants should be able to:

- Explain the terms well-being, psychosocial care, and support.
- Understand psychosocial and social needs.
- Define and describe psychosocial well-being.

Time:

1 ½ hours
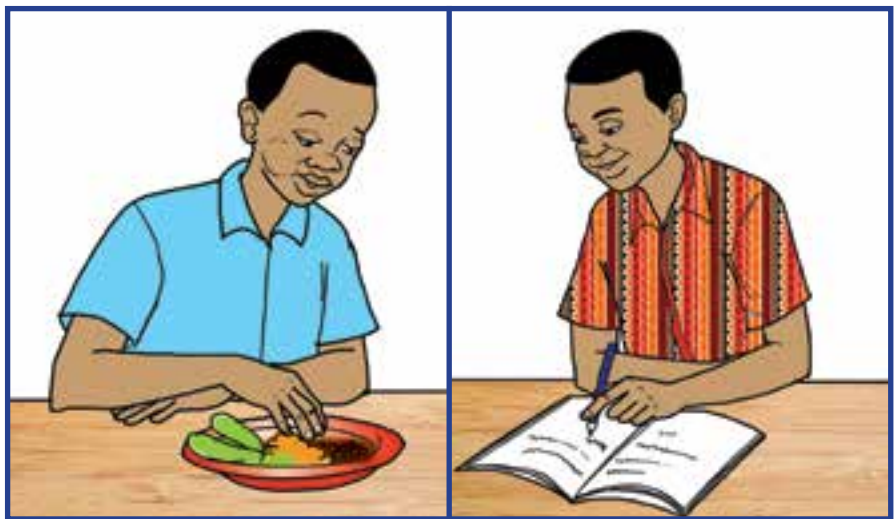
Psychosocial well-being has been defined as the ability to make sense of one's world, and to have a degree of control over it, and a sense of hope for the future (Antonovsky, 1979).

Psychosocial well-being, with regard to children, concerns the connections between the child and the people in the community and society ("social") around him or her. It involves the ways in which the child feels and thinks about him or herself and about life ("psycho"). It is often linked to the African concept of "ubuntu": "I am because we are, and we are because I am". Psychosocial well-being includes many different aspects of the child's life: **physical, material, psychological, social, cultural, and spiritual.** The focus of psychosocial well-being is not solely on the individual: it includes households, families, and communities.

WHAT DO YOU MEAN BY "PSYCHOSOCIAL"?

Psychosocial care and support is provided through interactions that occur in caring relationships in everyday life, at home, at school, and in the community.

These include:

- The love and protection that children experience in family environments.
- Support provided by the communities that assist children and families in coping.

Care and support help children to have a sense of self-worth and belonging, and they are important for children to learn, develop life skills, participate in society, and have faith in the future. Care and support also help to strengthen children and their caregivers in dealing with the challenges they face and ensure their active participation in coping with the difficulties.

Case Study: Milly

Milly, who is 14 years old, was walking from school through a deserted walking path when she met a 64-year-old man who was riding a bicycle. Unconscious of her surroundings, Milly continued her way with her school bag on her back. As she got closer the man, she noticed that the man's bag was falling off the seat. The man asked her to help him pick it up and hand it back to him. Milly quickly bent over to pick up the bag from the ground and the man pushed her over from behind, put his hands on her mouth, quickly tore off her clothes and defiled her. He then left her there, jumped back on his bicycle and rode off. Milly, in tears, quickly ran home and reported what had happened to her aunt. Her aunt immediately started yelling and snapping at her about walking alone. She told her that everything was her fault. Milly felt very sad and stopped playing with her peers. She often sat alone and in tears, reflecting on how it was her fault. She often had bad dreams about someone trying to kill her. Over the next three months, Milly lost a lot of weight and complained about headaches and general body aches. She looked pale and shabby. She dropped out of school because she thought everyone seemed to be laughing at her.

Discussion questions:

- How was Milly's physical health affected?
- How was Milly's mental/emotional health affected?
- How was Milly's social life affected?
- If Milly had come to you, what would you have done?

POSSIBLE PHYSIOLOGICAL, SOCIAL AND EMOTIONAL REACTIONS TO PSYCHOSOCIAL PROBLEMS

Physiological Reactions

- Contracting of sexually transmitted infections.
- Unwanted pregnancy.
- Headaches.
- Loss of energy.
- Loss of appetite, which may lead to ulcers.
- Irregular menstrual cycles.
- General body pain.
- Experiencing of psychosomatic complaints (physical complaints that cannot be medically explained), such as body pains, headaches, appetite problems, and weight loss or weight gains.
- Sleeping problems, such as difficulty falling asleep or staying asleep.

Social Reactions

- Rejected by family and peers (social stigma).
- Inability to relate well to men.
- Dropping out of school because of low self-esteem caused by stigma.
- Becoming involved in risk-taking behaviours, such as prostitution or drug abuse.
- Unruly and disruptive behaviour.
- Disturbed relationships with others.
- Blame of other people.
- Feeling of isolation.
- Decreased productivity.
- In some cases, inability to marry.
- Social withdrawal (difficulty socializing).

Emotional or Mental

- Crying most of the time.

- Experiencing sadness.
- Having too many worries.
- Having nightmares about the incident.
- Irritability or outbursts of anger.
- Experiencing frustration.
- Having a low self-esteem.
- Feeling jumpy and easily startled.
- Experiencing feelings of shame and guilt.
- Having suicidal thoughts and feelings.
- Having difficulty concentrating.
- Experiencing fear, hopelessness, and helplessness.

IMPLICATIONS OF PSYCHOSOCIAL PROBLEMS ON WELL BEING

The case of defilement/rape above is just one example of how a problem that occurs in everyday life can affect the well-being of children. There are both short- and long-term consequences. The social and psychological consequences are sometimes neglected and not addressed by many humanitarian workers. The physical consequences are always easy to identify and address. For example, the physical injuries during defilement/rape can be attended to, the STIs can be screened and managed, and legal services can be arranged to address injustice. The social, psychological, and emotional problems are difficult to address. Even if they are identified, they are given low or no priority. Yet their effects negatively influence the well-being of the survivor, thus depriving the survivor of his or her right to enjoy life for a potentially long time.

WHO NEEDS PSYCHOSOCIAL SUPPORT?

Everyone needs psychosocial support, because we all have social, emotional, and psychological needs. However, we need to pay extra attention to people who have experienced grief, the death of a loved one, physical and sexual violence, displacement, or any of the other difficult situations we mentioned earlier. Others who need special attention are people who live in difficult circumstances such as poverty, those who have a lot of stress, adolescents who are going through a challenging time and people who may be involved in alcohol and substance abuse. Anyone who experiences the psychological, social, and physical reactions mentioned above will need psychosocial support.

A change in our social world or environment produces an emotional and behavioural response in us. This influences how others experience us, as well as how we relate to our environment and those in it.

Time:

1 ½ hours

SESSION 2: PSYCHOSOCIAL INTERVENTIONS

Session objectives:

By the end of this session participants should be able to:

- Define and describe different kinds of psychosocial interventions and programmes.
- Examine the different psychosocial support interventions around their communities.
- Discuss the different psychosocial interventions available at different levels of the pyramid.

Instructions to the facilitator:

- Ask participants to brainstorm about the different psychosocial interventions that are being used to support vulnerable children and their families within their community.
- Summarize discussions and make key conclusions.

Learning activity 3.2

Psychosocial interventions are activities that focus on facilitating the provision of psychosocial care and support. These include counselling, support groups (e.g. clubs), different types of therapy, memory work, and play groups.

UNDERSTANDING PSYCHOSOCIAL SUPPORT

The Wheel Model: Instructions to the facilitator

A. Draw a copy of the Wheel Model on a flip chart. Invite participants to write things that children require for optimum growth and development. Each of them should be written on a separate piece of paper (Post-Its are useful for this).

B. Each participant takes a turn to stick his or her pieces of paper on the diagram of the Wheel Model in the appropriate sector. Education, for example, would go in the mental sector. As they do so, the participants should call out the elements they have identified.

C. After all the participants have completed their turn, point out that children have diverse requirements for optimum development and overall well-being.

D. Refer participants to the Wheel Model information sheet.

Wheel Model Information Sheet
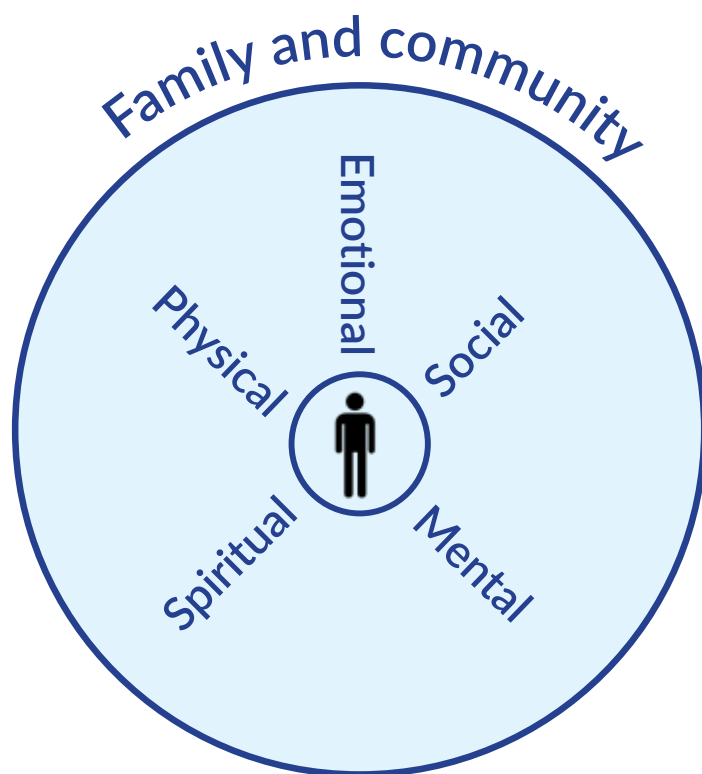
Fact sheets/participants' notes:

The Wheel Model draws on the analogy of a bicycle wheel. At the centre is the axle, which represents an individual with a range of requirements for protection and participation. These requirements may be categorized as emotional, social, mental, spiritual, and physical. They are represented by the wheel's spokes. The aspects of life that are represented by the parts of the wheel will constantly change position in relation to their urgency for an individual, and the impact that they have on his or her psychosocial well-being at different periods of his or her life. The family and community are represented by the rim and tyre. They provide the structure, support and context within which the individual's survival and development needs are met. They are the main custodians of care and support. The model implies that the bonds and interactions that link an individual (child) with a particular family and a community require an enabling political, socio-economic and cultural environment to ensure that they protect and nurture the development of the individual (child).

Social :

- Refers to the need to belong to a family, peer group, culture and other relevant social institutions.
- Includes healthy relationships with family, friends, and community members.
- Also involves participation and age-appropriate inclusion in social and cultural activities, both of which are essential.

Emotional:

- Refers to the ability to identify and communicate a range of emotions.
- Requires safe opportunities to express thoughts and feelings related to personal experiences.
- Includes the need to feel accepted, appreciated, understood, loved, and supported.

Spiritual:

- Refers to the need to feel connected to the greater universe.
- Includes connections to a "higher power" (God), humanity, life in the world and the universe, and ancestors.
- Is often expressed through religion and culture.
- Has a great influence on values and norms.

Physical:

- A range of environmental, biological, and material requirements for optimal growth.
- Includes clean water, nutrition, sleep, exercise, shelter, and health care.
- Access to physical requirements influences psychosocial well-being.

Mental/Intellectual:

- Refers to the need for challenging thoughts, reading, learning, and the stimulation of the mind.
- Includes formal and informal education.

Principles of the Wheel Model

1. **Holistic Programming**
   - Developmental needs are varied and must be met.
   - All of these needs are important for the healthy development and survival of children, and ultimately for their psychosocial well-being.
   - Needs are equally important and interdependent.
2. **Child Centeredness**
   - Ensuring that children themselves meaningfully participate in addressing their own needs and concerns,is consistent with meeting their fundamental rights.
   - Is consistent in meeting the fundamental rights of children
   - Children are not passive recipients of services, but can be active participants in the solutions.
3. **Family and Community Involvement**
   - It is the responsibility of parents, the extended family,

communities and ultimately the government to ensure the satisfaction of children's needs.

- Positive local cultural practices, norms, values and beliefs need to be respected and upheld when meeting these needs.
- Support and care services targeted at children need to be child-centred as well as family- and community-focused.
- The local cultural context and value system play an important role in determining how these needs can be met.
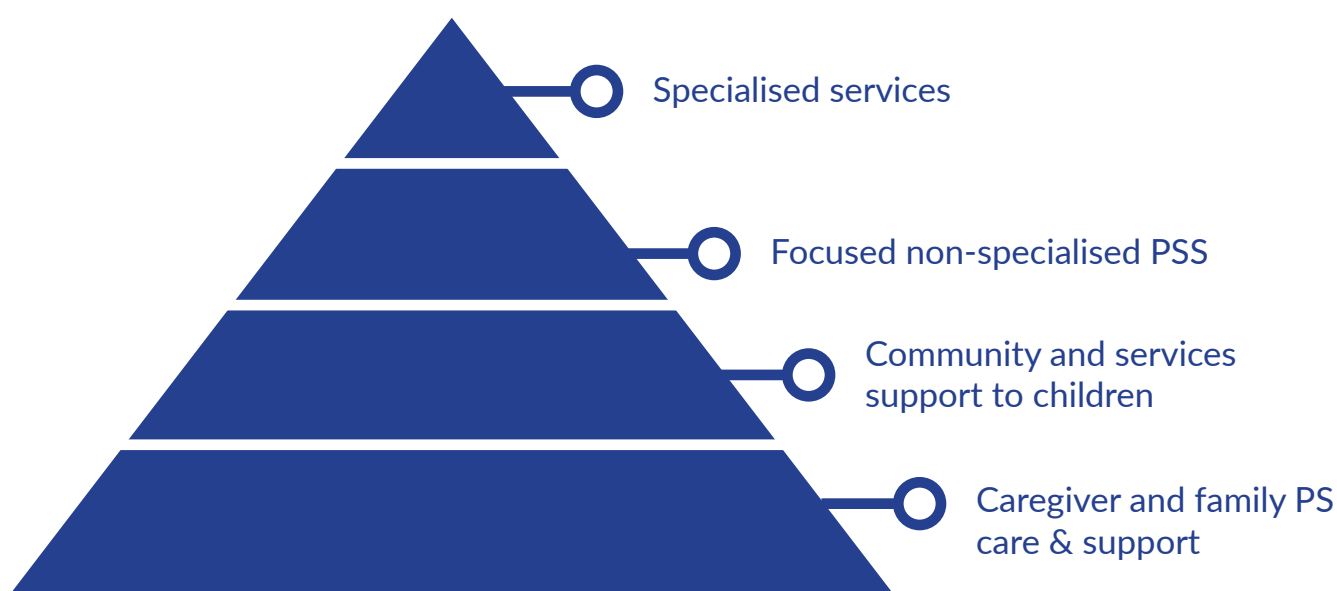
Adopted from: *MoGLSD (2014). A Holistic Approach to Psychosocial Support: A National Training Manual for Caregivers of OVC in Uganda .*

Psychosocial support can therefore be offered at these four levels:

Level 1: Caregiver and Family Psychosocial Care and Support

Caregivers and family are the most important providers of psychosocial support, because they offer children stability, safety, and a sense of belonging. Most OVC can overcome the difficulties they face in time if caregivers provide them with support. However, caregivers may need assistance in knowing how to provide psychosocial support for these children, which is why the MoGLSD has developed this manual. In addition, caregivers also need to look after their own psychosocial needs. Module 2 of this manual focuses on this level.

Level 2: Community and Services Support

Positive daily interactions with community members, teachers, neighbours, health care providers, and other service providers can help OVC to improve their well-being. Feeling accepted, being part of the community's social sphere, and feeling like

they can contribute to the community are all very important aspects of building self-esteem and confidence. Adults who interact with the children may need information and guidance on how to respond positively and supportively to the OVC. Examples of this information are:

- Creating programmes aimed at reducing stigma and discrimination against children affected by HIV or armed conflict.
- Mainstreaming psychosocial support into teaching, nutrition and early child development provision.
- Raising awareness in the community of how to advocate for rights.
- Developing psycho-education programmes for teachers and community members.
- Using parenting skills programmes.

Level 3: Focused Non-Specialized Support

A small number of OVC have problems that are not met through the existing systems of care provided by caregivers, families, and community members. They require additional support that is more directly focused on improving psychosocial well-being and helping them overcome their problems. This additional support is typically provided through psychosocial interventions and programmes that concentrate on specific issues affecting the children. Examples of this are:

- Individual or group interventions, typically carried out by trained and supervised workers.
- Counselling.
- Children's clubs.
- Memory work.
- Support groups and life skills training for adolescents.

These programmes are called "non-specialized", because anyone can deliver them. You do not need to be a professional to run these programmes. They are called "focused", because they focus on specific groups of children with special problems.

Level 4: Specialized Services

At the top of the pyramid is specialized support for the small percentage of children whose problems are not solved at the first three levels, and who have great difficulty functioning due to depression or post-traumatic stress disorder. Examples of assistance at this level are:

- Psychotherapy.
- Medication, if a child is very anxious or very depressed.

Children who experience such serious problems need to be referred to specially trained mental health workers. This manual

cannot provide such training, but does provide information on these conditions, and on when caregivers may need to refer a child to these services.

SESSION 3: COPING AND RESILIENCE

Session objectives:

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

- Define coping and resilience.
- Explain factors affecting coping and resilience.
- Examine the link between coping and resilience.
- Discuss the role of PSWs in supporting/ enhancing coping and resilience in children.

Learning activity 3.3

Instruction to Facilitator (15 Minutes)

- Ask participants to brainstorm on the concepts of coping and resilience.
- Present the case study (Madina's Story) and discuss the questions and answers.
- Ask participants to share similar stories from their community.
- Summarize discussions and make key conclusions.

Fact sheets/participants' notes:

Coping refers to dealing with a new situation, for instance, a behaviour that people develop to deal with a new and challenging experience. Coping can be both negative and positive. Negative coping involves people promoting an unpleasant experience or creating new problems, while positive coping involves adjusting positively to the situation or trying to eliminate it.

Resilience refers to the process of adapting well while experiencing difficult circumstances. It can be described as "bouncing back" from difficult experiences. Research has shown that resilience is normal, and not extraordinary. All people can demonstrate resilience.

Distinction Between Resilience and Coping:

Coping and resilience are often used to mean the same thing. Though they are similar, the two need to be treated distinctly. As explained above, coping refers to the different strategies that

a person will try in order to deal with the difficult experience. These can be positive or negative. Resilience is the ability to recover and return to normal functioning after a difficult experience.

Case Study: MADINA'S STORY

Madina comes from a family of four children, three girls and one boy. Her parents, Mr. and Mrs.Lubega, died when she was thirteen years old. As the youngest child, Madina used to spend a lot of time with her mother, who taught her much about life. Her mother always spoke about how she believed in her heart that Madina would grow up to be successful. She also always encouraged her to have a relationship with God, who would always be there for her. Madina treasured her relationship with her mother dearly, and told herself that she would live to be the success that her mother wished for. When Mr. and Mrs. Lubega died, they left behind three houses, two of which had always been rented out. However, soon after their death, relatives came and took two of the houses away from them. Madina and her siblings were left with one very small house to live in, and with no money for food and other basic necessities. Life for Madina, who was the youngest of the four children, was very tough. Her eldest sister soon got married and left home, her other sister looked to boyfriends for affection, and soon had a child of her own to care for. The relatives decided that Madina and her brother should go and stay with an uncle in another town. The uncle mistreated them, and her brother soon left to live on the street. Madina explained her situation to one of the church elders, who encouraged her to join the church's youth club. This provided her with the opportunity to share her problems with other children, many of whom had also had difficult life experiences. Through the youth club, she befriended a girl, Ruth, who told Madina's story to her parents. Ruth's parents, who were both moved and troubled by Madina's situation, decided to offer Madina a new home. Their offer came at a very good time, because Madina's uncle had thrown her out of his home. Ruth's parents gave Madina a caring and supportive home, and also provided Madina with the opportunity to attend school. Madina now takes part in all aspects of their family life, and aims to study Social Work at university, so that she can become a social worker and reach out to children and families facing difficulties in life.
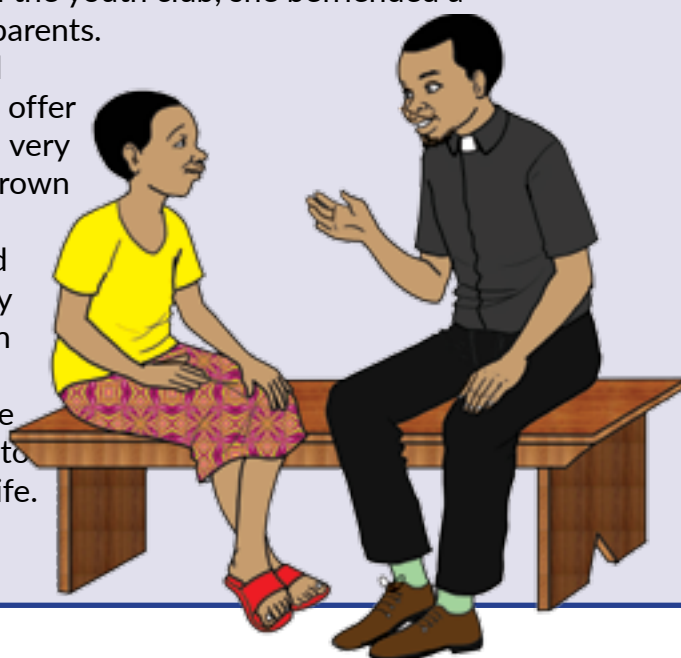
Questions for discussion:

1. What made Madina respond in a different way from her siblings following the death of their parents?
2. What actions did Madina take that demonstrated her resilient qualities?
3. What role did the community play in encouraging or enhancing Madina's resilience?

4. Do you have similar stories from your families and communities about children like Madina who show the ability to stand, survive and fight on, despite difficulties?

Possible answers:

1. Her close relationship with her mother; her relationship with God.

2. She talked about her problem, she joined a youth group, she built new relationships, she got involved with her new family, she maintained her focus.

3. Ensuring that her schooling continued, having a family who adopted her, taking part in a church youth club, having someone to talk to.

Madina's story presents a good example of a child who copes with the challenges she faces and who develops resilience. We will now look more closely at what we mean by coping and resilience.

Instructions to the facilitator:

Ask participants to discuss the following question:

- What are the positive and negative things that OVC do to deal with their difficult experiences?

- Summarize the responses and supplement missing answers from the notes below.

Fact sheets/participants' notes:

Positive and negative things that OVC do to deal with their difficult experiences:

Possible responses:

Positive	Negative
Talking to other children.	Blaming other people.
Attending a ritual.	Exhibiting denial.
Seeking advice from adults.	Doing nothing about the problem.
Keeping busy.	Isolating themselves.
Praying.	Abusing substances.
Getting involved in recreation activities.	Demonstrating suicidal behaviour.
Seeking counselling.	Running away to live on the street.

Factors Affecting Coping

Two people who have experienced the same traumatic event may not necessarily cope in a similar way. One may cope positively, while the other may cope negatively. One may take a shorter period to recover while the other takes longer. People have different coping styles because each individual is unique, with a different personality, experiences and resources, all of which influence their coping abilities. Therefore, caregivers need to understand the factors that influence coping, so that they are able to help children rebuild their lives. These factors include an individual's level of self-esteem, as well as the availability of community protective factors, such as social services and supporting institutions.

Most of the factors that influence resilience are the same as those that influence coping. Other factors that influence coping include:

- Availability of resources like land, property, income, and community support structures.
- Meaning of the experience to the victim. (For instance, how the individual perceives an event will affect both the level of stress he or she experiences and his or her coping effectiveness. An individual who believes he or she was at fault at the time of the event may suffer severe guilt feelings and depression).
- Past experiences in dealing with problems.
- Magnitude and context in which the experience occurred.
- State of the person's health. (For instance, he or she may have pre-existing stress.)
- Ethnic and cultural differences, which may endanger individuals as well as interfere with their ability to obtain or use services and supplies during a traumatic event.

Learning activity 3.4

Instruction to the facilitator (15 Minutes)

Personal Development:

Take a rubber band and stretch it as far as possible, then bring it back to its original size. Repeat the exercise several times and then relate it to a person's experience by asking the following questions:

- What happens when we stretch the rubber band?
- What happens when we let go?
- What happens when we stretch it too far?
- How does this relate to resilience?

Possible answers:

The rubber band changes shape when it is stretched. It adapts to being pulled. When I let go, it snaps back but it may not look exactly the same as before. (It can be longer or have a slightly changed colour). When I pull it too much, it can break. This is similar to resilience, in that people can recover from stress and difficulties (being "stretched") and "bounce back" to their original shape. However, this does not mean that they are just like they were before the experiences. The difficulties can leave their mark on their emotions, behaviour, and abilities. And just like the rubber, if people are "stretched" too far, they may not be able to cope. No one is infinitely resilient. This means that they need support to become more resilient.

Fact sheets/participants' notes

When we use the term "resilience" in psychosocial work:

- It means the ability to recover quickly from severe events, especially if there is a supportive environment.

- It does not mean that after being "stretched" by an adverse event, there are no effects. Individuals experience all the reactions to stress that we talked about, but they are able to quickly adapt and solve the problem, or adapt to the new situation.

- Just as the elastic band snaps when it is stretched too far, it's important to remember that nobody is infinitely resilient. Without proper support, and with prolonged exposure to adverse situations, even the most resilient person can "snap".

- Good news about resilience: almost anybody can build and cultivate it.

CHILD SURVIVAL, GROWTH AND DEVELOPMENT

INTRODUCTION

An understanding of the different stages of child development is necessary for all people who have the responsibility of taking care of children. Psychosocial development, which is a smaller part of child growth and development, provides very good insight into the social and mental health changes expected to occur at each of the different stages of development. The stages are grouped into some age categories deemed to experience the expected developmental changes. It is important, however, to bear in mind that development is not strictly a linear process, but a dynamic and unpredictable process that depends on different factors at play (biological processes, individuals and their environments).

This module therefore focuses on human growth and development from birth to 18 years and provides the learner, who is a Para-social worker, with basic insight on the needs of a child at the different stages of growth and development. The module further looks at not only the factors that affect growth and development, but also the roles of caregivers and parents in promoting growth

and development through such interventions that create the necessary conditions for normal development to take place.

Participants who attend this module will therefore increase their understanding of the factors that affect child growth and development, and will be able to take conscious decisions or actions that will promote or facilitate optimum child growth and development among vulnerable children. By optimum, we mean growth and development that ensures that a child develops in all his or her life domains (social, emotional, mental, physical and spiritual). They will be in a position to educate on what needs to be done to promote this holistic growth and development from birth up to the age of 18 years.

OVERALL OBJECTIVES

- To define child survival, growth and development.
- To describe stages of child growth and development.
- To discuss the challenges of child growth and development.

EXPECTED OUTCOMES

By the end of this module, participants will be able to:

- Participants are able to explain who a child is as provided for in the legal and policy frameworks.
- Participants understand and are able to explain the characteristics and needs of children at the different stages of development, and the role of caregivers and parents in meeting those needs.

UNITS

This module has one unit with two sessions that will be covered in approximately 3 ½ hours. The unit sessions covered are:

Session 1: Definition of Child Growth and Development (30 minutes)

Session 2:Stages of Child Growth and Development, Challenges and Roles of Caregivers and Para-Social Workers (3 hours)

SESSION 1: DEFINITION OF CHILD SURVIVAL, GROWTH AND DEVELOPMENT

Instructions to trainer:

This session will mainly focus on the definition of child growth and development, so that participants have a standard understanding of what is meant by child growth and child development. Growth is sometimes used interchangeably with development. The trainer is therefore required to distinguish the two concepts, child growth and child development.

Time:

30 mins

- Introduce the topic and explain the overall objectives for the module.
  - Ask participants to define or explain their understanding of what child growth and development mean. Write down responses.
  - Ask participants to explain the difference between child growthand child development.
- Write down the responses on the flip chart or board.
- Use the notes below to present and explain the concepts ofchild growth and development.

Growth refers to the physical increase in height, weight, and size of a child, while development refers to the ongoing mental and social change processes that children experience through thedifferent ages of their lives, and continues until they reach adulthood.

It includes the intellectual, emotional, spiritual and social development of children at their different ages that are all necessary for helping them reach their greatest possible potential. It is an integral part of children's holistic development with emphasis on intellectual, social and emotional development. It also includes increased capacity for analysis,

perception, cognition, decision making, interpersonal relations and responding appropriately to the environment (REPSSI, 2007, p.13).

SESSION 2: STAGES OF CHILD GROWTH AND DEVELOPMENT, CHALLENGES AND ROLES OF CAREGIVERS AND PARA-SOCIAL WORKERS

Time:

3 hours

Present the different stages of growth and development as per the table below, and ask participants to list the mental, social, emotional and physical characteristics of children experiencing normal growth and development. Let them also list the likely characteristics of children who are not experiencing normal development due to inability to access the physical, social and mental needs, because of the negative factors that most vulnerable children face. Fill out the first stage (intra-utero) together before breaking out into groups. Divide the class into four groups of 6-7 people to work on a specific age category. The group work should not exceed 30 minutes. Let each group present in about 15 minutes, including feedback and questions from the plenary.

Age category/ stages	Mental, emotional, physical, material and social needs	Likely consequences for not meeting the mental, emotional, social, material, spiritual and physical needs	Role of PSWs and parents in facilitating or promoting normal growth and development
Intra-utero	Maternal health - rest, nutrition, HIV testing, no smoking/drinking	Child may be born with deficiencies, HIV or physical deformities	PSWs can discuss maternal nutritional and health needs
Less than 1 year			
2- 3 years			
4-5 years			
6-9 years			
10-12 years			
13-18 years			

Age	Psychosocial and physical characteristics	Role of parent, caregivers or support workers	Likely negative consequences for children whose parents or caregivers or guardians are not playing their supportive roles
1 year and less	- Trusting caregivers and mistrusting to strangers. - Communicating through crying. - Developing strong bonds and attachment. - Displaying emotions.	- Being reliable. - Loving and accepting. - Actively engaging with the child.	- Not being able to trust. - Being unable to foster mutually beneficial relations. - Displaying violent behaviour.
2- 3 years	- Becoming separate and independent. - Gaining physical coordination, talk, and walk. - Being able to express emotions. - Exhibiting test behaviour. - Socializing and expressing emotions.	- Encouraging and being supportive.	- Poor or inappropriate handling and expressing of emotions. - Developing late or slowly when compared to their peers.
4-5 years	- Exploring, trying out new things and being inquisitive. - Being quite selfish, fighting a lot as they are learning how to relate with others. - Experiencing temper tantrums. - Believing in magical ideas.	- Setting limits but allowing them to explore. - Answering honestly to questions. - Encouraging expression of feelings in appropriate ways.	- Possessing inadequate life skills for their age. - Being unable to control their anger in appropriate ways.

6-9 years	- Comparing themselves to their peers. - Feeling inferior when failing to achieve a task.	- Making sure they do not feel inferior to their peers. - Praising efforts. - Being supportive.	- Possibly developing low self-esteem and becoming more aggressive towards others, or feeling unworthy.
10-12 years	- Peer groups gain more significance in their lives. - Display competence valued by community and family. - Proud and value achievements. - Develop complex skills and solve complex problems. - More aware of themselves as individuals.	- Teach specific life skills. - Show interest in their activities and life. - Praise for attained achievements.	- At this stage, children may easily be influenced to join bad peer groups, poor decision making skills, low confidence, drug abuse etc.
13-18 years	- Becoming more independent - Making future choices with regard to career, relations etc. - Conditioning awareness of their identity. - Experiencing role confusion and strong attachment to particular peer groups.	- Allowing children to find their place in society. - Paying attention to their needs and being supportive. - Communicating openly with them.	- Getting easily distracted from their goals, being unable to make concrete plans for their future, engaging in risky behaviour, being prone to problems like early pregnancy or drug abuse, etc. - Having trouble with the law or people in authority, etc.

Source: REPSSI (2011), Psychosocial Care and Support: Facilitator's Guide. Johannesburg.

UNDERSTANDING HIV AND AIDS

INTRODUCTION

We often think of HIV affecting children in two ways: through parents dying, and/or children themselves being infected with the virus. Module 5 introduces participants to understanding HIV &AIDS and its impact on children, families and communities. It further explores ways to support children and caregivers living with HIV &AIDS in our communities. Particularly, the module prepares Para-social workers to be able to identify children's needs in the context of HIV &AIDS, with the view to organizing care and support services for them and their caregivers. This module should also help identify risk behaviours as well as prevention approaches that can be used. This is because often vulnerable children are dealt with but the risks for HIV, substance use, sex work, sexual transmitted infections, etc. are not addressed. Hence,the need to introduce the key populatio0ns, their risks and how to address them to the para-social workers.

OVERALL OBJECTIVES

- To understand the impact of HIV and AIDS on children, families and communities.
- To identify children's needs in the context of HIV and AIDS.
- To explore and put into practice ways to support children and caregivers living with HIV and AIDS.

EXPECTED OUTCOMES

- Participants understand the impact of HIV and AIDS on children, families and community.
- Participants are able to identify children's needs in the context of HIV & AIDS.
- Participants understand and support children living with HIV & AIDS, caregivers' status disclosure and adherence to treatment.

SESSIONS

1. Understanding HIV and AIDS (Difference and Modes of Transmission)
2. Identifying Symptoms of a Child Living With HIV & AIDS
3. Understanding Needs of Children Affected by and Infected with HIV &AIDS
4. Helping the Caregivers Disclose Their own and/or Child's HIV Status
5. Managing Post-Disclosure and Adherence to ART

SESSION 1: UNDERSTANDING HIV AND AIDS

Facilitator tips:

Talk about currents trends of HIV in Uganda.

Ask participants to brainstorm on the following questions:

- What is HIV & AIDS?
- Differentiate between HIV and AIDS. Ask each participant to say one thing they have heard about HIV and AIDS. Participants should also include questions they might have about the topic. Record the responses on the flip chart. Using the responses, clarify questions and misconceptions.
- Talk about key concepts in HIV and AIDS.
- Identify symptoms of a child living with HIV and AIDS (in groups).
- How can caregivers be helped to disclose their own and/or child's HIV status (in groups)?
- Identify ways of managing post-disclosure and adherence to ART (in groups).

Time:

1 hour

Facilitator's notes:

HIV and AIDS stand for Human Immune Virus/Acquired Immune Deficiency Syndrome.

We often think of HIV affecting children in two ways: through parents dying and/or children themselves being infected with the virus. However, HIV and AIDS can affect lives in many different ways:

- **Physically:** the many opportunistic infections that the infected children get that lower their immunity thereby making them susceptible to multiple illnesses if left untreated.
- **Emotionally:** parents or family members can be HIV+. Children will worry about family members dying and feel sadness and grief when they die.
- **Socially:** the family can experience stigma and discrimination, and children may experience this at school, among friends, and in the community.
- **Financially:** there may be loss of income due to adults in the household not being able to work when they are ill, and due to increased medical bills.
- **Increased workload for children:** children may need to help with the household and farming duties, and take care of an ill family member.

- **School work:** children may have to drop out of school because they have to work, or because the family cannot afford to send them .

Some of the challenges include:

- Fear of the unknown, and the tendency to depersonalize the infected. In some cases, the immediate family members may isolate and blame one of the spouses for the infection. Such behaviour and attitudes increase both emotional and social distance. Children living in such a family may go through the same emotional processes as the sick parent.

- Over-identification. Children may spend an unrealistic amount of time and energy on the sick parent or on their young infected siblings. In the long run,children may neglect their own needs and experience burnout.

- Fear or even actual risk of infection . With an increased awareness about the phenomenon of HIV and AIDS, children, like other members of the general community, may have myths about HIV, such as the conception that HIV can be transmitted through air and contact. On the other hand, lack of adequate knowledge may lead to erosion of fear, thus increasing the risk of contagion.

- Fear of death and dying. Being around a dying person evokes a lot of feelings. Depending on the age of the child, these feelings may activate extreme anxiety and fear of the child's own mortality.

- Denial of helplessness and hopelessness. People with AIDS activate a sense of helplessness and hopelessness in those around them. In young people and even adults, this may be difficult to acknowledge.

- Due to the increasing feeling of helplessness, a psychological process may lead to guilt and blaming the victim. The result of this process may be reducing contact with the patient, and some children may run away from home. Their running away from home exposes them to risky behaviour, and also makes them vulnerable.

- Increasing economic stress on the family may also have an impact on the feelings of children. Chronic illness leads to depletion of resources. Children may be very young, but they can notice changes in family class. Some children may react by engaging in anti-socialbehaviour such as petty thieving.

Time:

30 mins

SESSION 2: IDENTIFYING SYMPTOMS OF A CHILD LIVING WITH HIV AND AIDS

Session objectives:

- To identify symptoms of a child living with HIV and AIDS.
- To understand the impact of HIV and AIDS on children.

Tips for the facilitator:

- On the flip chart, write symptoms of HIV and AIDS in children.
- Invite the participants to list them (brainstorming).
- Encourage all the participants to participate.
- Let the participants list the impact of HIV and AIDS on children. Use the below table to guide your discussions and conclusions. Ensure that most of what is listed below is mentioned by participants. Bring out the impact that is not mentioned.
- End the activity by highlighting the following: children need support to be able to cope with the impact.

IMPACTS OF HIV AND AIDS ON CHILDREN

Physical effects	- multiple pains - abdominal pain - headache - chest pain - general malaise - fatigue
Behavioural effects	- restlessness - hyperactivity - withdrawal and self-neglect - aggressiveness - sleep disturbance - acting out - stealing - drug abuse and sexual promiscuity
Emotional effects	- emotional neglect in infants from sick, depressed mother - irritability - lack of interest in surroundings - depression, sadness and mood changes - suicidal tendencies - anxiety, fear and anger - temper tantrums
Cognitive effects	- inability to concentrate - regression of milestones - forgetfulness or poor memory - confusion - poor academic performance
Effects on mental health	- avoidance and rejection by peers (due to effects of wasting, skin lesions) - social withdrawal and isolation - complications of treatment - antisocial behaviour *Require referral to specialist services: - confusion - forgetfulness - disorientation - memory loss - personality changes - anxiety - seizures - agitation - aggression - hallucinations - delusions - mood disorders

Time:

30 mins

SESSION 3: NEEDS OF CHILDREN AFFECTED BY AND INFECTED WITH HIV AND AIDS

Session objectives:

- To understand the needs of children affected and infected with HIV and AIDS.

Facilitator tips:

- Draw the table below on a flipchart (use the table below).
- Invite the participants to list the needs of children, taking age and gender into account, in a plenary session.
- Encourage the participants to consider earlier discussions on the impact of HIV and AIDS when identifying the needs of children.
- End the activity by highlighting the following:
    - Children have diverse needs, all of which are important.
    - Care and support needs to be focused on ensuring that their needs are met holistically and in a manner that ensures positive growth and development.

Children's needs in the context of HIV and AIDS		
Children group	Needs of children (boys)	Needs of children (girls)
0-1 years		
2-3 years		
4-5 years		
10-12 years		
13-18 years		

SESSION 4: HELPING THE CAREGIVERS DISCLOSE THEIR OWN AND/OR CHILD'S HIV STATUS

Facilitator's notes:

Usually, the disease process is not explained to the children. Older children who often become caretakers of their sick mother are left to draw their own conclusions. Group counselling and empowerment of parents to disclose and discuss their status with the children should commence early, in order to prepare the children for the eventual passing away of the parent or parents. However, this is not easy. The following quotes from parents show how difficult this can be for parents:

"If my husband doesn't know about my HIV status, how do I begin telling my son?" [38-year-old mother on disclosing her status to her 12-year-old son who is living with his stepfather].

"There is no value added in informing my daughter on her own status. Let her continue to have a normal childhood." [32-year-old mother on disclosing her daughter's positive status].

"Telling my son about my infection and his HIV status is like stripping naked in front of him and discussing my sex life with him." [36-year-old mother on disclosing her status to her 11-year-old son].

"It's too painful to face my little girl and start discussing HIV with her." [26-year-old mother on disclosing to her 10-year-old daughter].

WHY SHOULD PARENTS DISCLOSE THEIR HEALTH CONDITION TO THEIR CHILDREN?

- It protects children from getting infected.
- It reduces levels of anxiety and unanswered questions in children.
- It protects the children from being vulnerable to HIV and AIDS.
- It reduces the possibility of long-term emotional problems.
- It gives the child the opportunity to be prepared pyschologically to deal with death if it should take place.
- It gives the parents satisfaction that the child will be prepared to live without them if and when they die.

Note to facilitator:

However, there are also situations where the parent may not be able to or be willing to disclose. Lead discussion with participants about: What may those situations be? What are the consequences? Also disclosure should be age specific. Younger children need to know parent is sick, maybe something about infection control and why they need drugs. Older children need more specific information.

People should be encouraged to be avtive to avoid early death.

It is not only HIV that kills. Many other chronic health conditions like cancer should be disclosed to children with the same sensitivity.

Discussing HIV and AIDS with the children seems the best thing for parents to do. However, parents must overcome many barriers to do this. Individual and cultural barriers include:

- Parent's insecurity about the HIV status and possible breach of confidentiality.
- The maturity of children.
- Fear that disclosure will make the child's life harder.
- The parent's grief process.
- Feelings of guilt and self-blame.
- Concern about the child's reaction.
- Stigma and discrimination.
- Traditional belief that children are resilient.

SESSION 5: MANAGING DISCLOSURE AND ADHERENCE TO ART

Time:

1 hour

Session objectives:

- To understand how to manage disclosure and adherence to ART.

Tips for the facilitator:

Emphasize the confidentiality issues.

Emphasize the importance of counselling and preparedness in the whole process: how the HIV testing and counselling team works together, including roles and responsibilities and line management.

Caregivers often need help with the disclosure process. They can get this by talking to a health care provider who has or had training in disclosure counselling. The health care provider can advise on the following:
- What to say and how to say it.
- What is important during the process, for example, making sure that the child can understand what HIV is, and that it does not receive conflicting messages.
- Offer to be present during the disclosure.

Age of consent:

- The appropriate age for disclosure and consent to test is 12 years and above.
- For children below the age of 12, parents or guardians should sign the consent form.
- For children with special needs, especially intellectual impairment, may also require parents or guardians to sign on their behalf, depending on their level of need.
- When a child requests for a test, or is being disclosed to, a counsellor should assess the child's ability to understand and emotionally cope with the result.

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- Children should be tested for their own benefit, and not simply because their guardians or parents want it done.
- Notification of schools or other facilities about the child's positive status should only be for continued support and disclosure. The best interest of the child should be the guiding principle.
- Confidentiality must be observed. Health workers or caregivers should not disclose the child's status without her or his consent, unless it is necessary for the child's well-being.

POST-DISCLOSURE SUPPORT AND ADHERENCE TO ART [1]

Facilitator tips:

Ask participants to brainstorm on the following question: what support is needed for children after disclosure?

Facilitator's notes
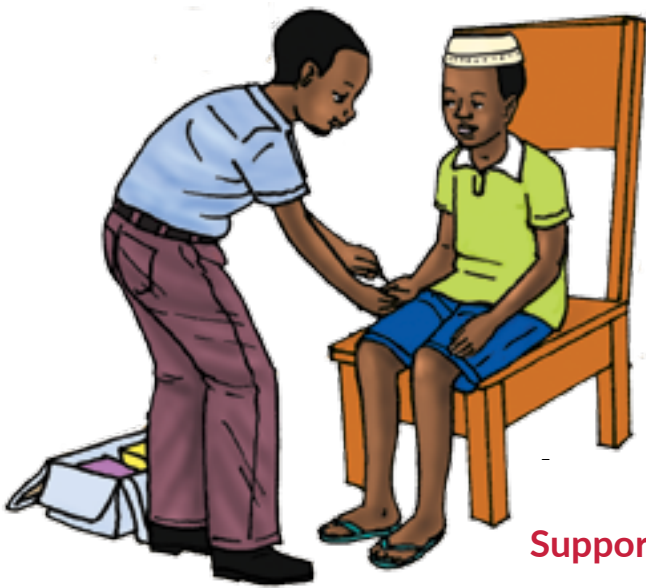
Support for children:
- Encourage interaction with others.
- Refer/link the child to support groups.
- Support positive living.
- Share experiences and testimonies.
- Provide information and materials on disclosure.
- Network with spiritual leaders.
- Encourage adherence to treatment.
- Continue with supportive counselling.
- Encourage drama/music/dance.

Support for Parents and Caregivers
- Encourage sharing the burden with a close friend.
- Give hope and build self-esteem.
- Offer on-going counselling support.
- Encourage parents and caregivers to join a support group.

ADHERENCE

Facilitator tips:

Ask participants to brainstorm on the following questions:
- What is ART?

- What experience do you have with medicine, cultural issues and adherence?
- What does it mean to miss a dose?
- What are the reasons why some people do not adhere?
- How can people be supported to adhere?

Facilitator's notes:

ARV adherence means taking the right drug, in the right doses, at the right time, with the right frequency and in the right way. It also means that children attend clinic appointments, conduct routine lab tests and CD4 counts, and refill prescriptions monthly including post exposure prophylaxis.

WHY SHOULD WE ADHERE?

- Decreased viral load.
- Increased immunological status.
- Improved quality of life.
- Longer life to become an adult.
- Ability to participate in normal activities.

HOW TO IMPROVE ADHERENCE TO ART :

- Caregivers should be educated on how to administer medications to children.
- Health care providers should support the family, guardians or caregivers as they help the child to adhere to medication.
- Carry out regular nutrition education and support.
- Involve in peer education programs on positive living, for instance The Young Positives.

Nutrition Chart
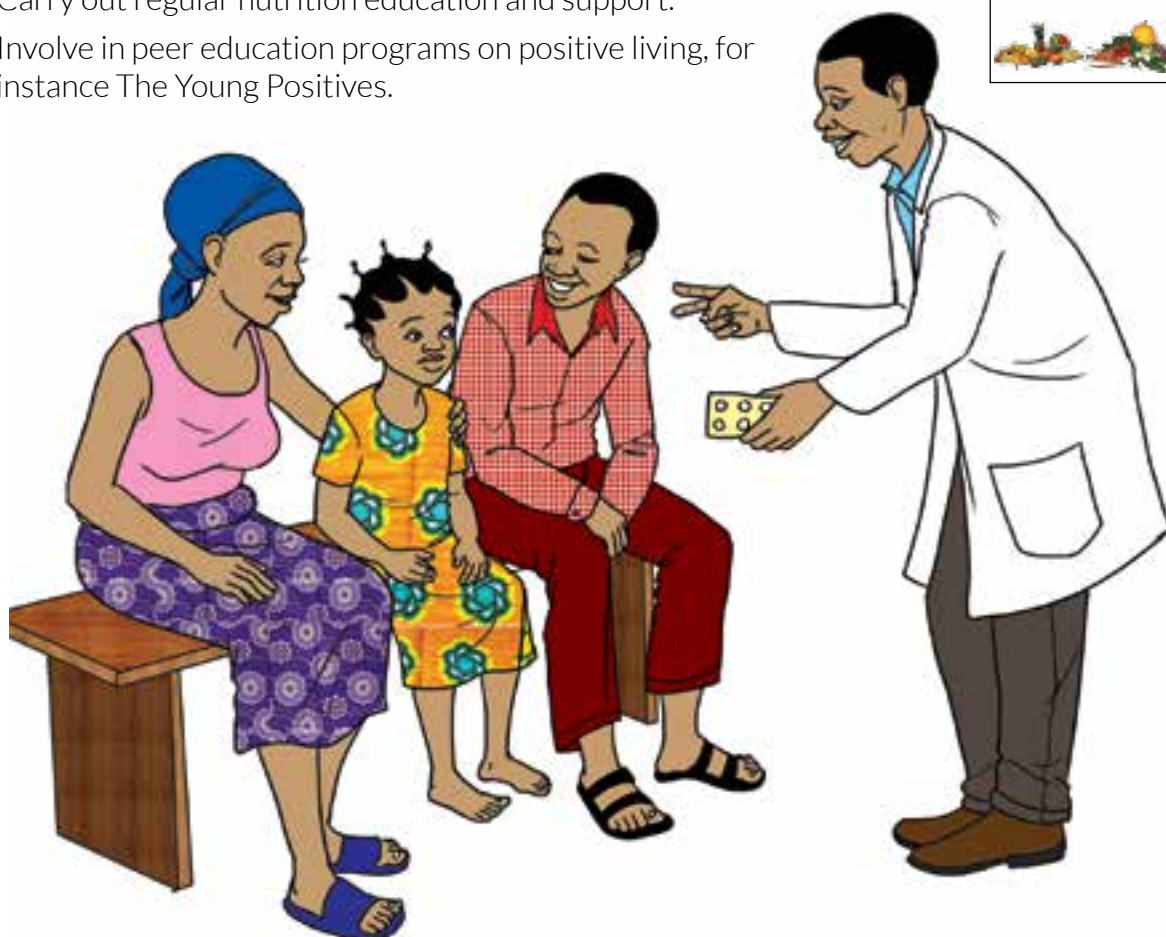
CASE MANAGEMENT

INTRODUCTION

This module introduces participants to the basic principles and processes of case management. The module consists of six units. The first unit explores the concept of case management and its processes; unit 2 discusses the confidentiality principle as it applies to case management; unit 3 focuses on the mapping of resources and services available for child protection; unit 4 reviews community-based child care options with particular reference to foster care and adoption; unit 5 looks at reporting, referral and follow-up of child protection cases; and finally, unit 6 discusses data collection, management and usage. The purpose of this module is to introduce Para-social workers to the skills, processes and procedures of case management, with the view to applying the case management pathway for child protection cases.

OVERALL OBJECTIVES

- To explain the concept of case management and the processes involved.
- To demonstrate understanding and application of the confidentiality principle in case management.
- To demonstrate ability to facilitate community resource and service mapping.
- To increase understanding of the participants' role in implementing the alternative child care framework.
- To build skills in reporting, referral and follow-up of child protection cases.
- To demonstrate ability to collect, manage and utilize data.

EXPECTED OUTCOMES

By the end of this module, participants are expected to:

- Demonstrate the ability to explain the case management cycle/ processes.
- Understand and apply the confidentiality principle in case management
- Be able to demonstrate practical application of basic social work skills in case management.
- Be able to facilitate community resources and services mapping.
- Be able to support the implementation of the alternative care framework.
- Be able to use approved tools to collect, manage and utilize data.

UNITS

1. Understanding Case Management and its Processes
2. Confidentiality Principle
3. Mapping of Resources and Services for Child Protection
4. Community-Based Child Care Options: Foster Care (Formal and Informal) and Adoption
5. Reporting, Referral and Follow-Up of Child Protection Cases
6. Data Collection, Management and Usage

UNDERSTANDING CASE MANAGEMENT AND ITS PROCESSES

SESSION 1: DEFINING CASE MANAGEMENT

BRAINSTORM

What is case management? Record responses from participants.

FACILITATOR NOTES

- It is a way of organizing and carrying out work to address an individual child's (and their families') needs in an appropriate, systematic and timely manner, through direct support and/or referral, and in accordance with a programme objective (Global Protection Cluster, 2014).

- Case management is one among the approaches that could be used by community child care workers (Para-social workers) when addressing problems of children and their families.

- The objective of case management is to bring about positive and sustainable changes in the lives of people in need.

- Children at risk and in need of support have diverse needs that cannot be met by a single source of services.

- Case management is about managing the delivery of a number of services to improve the condition of children and their families.

By the end of the unit, participants should be able to:

- Explain the concept of case management and what is involved.
- Describe the case management cycle.
- Mention the key actors and their roles in case management.
- Demonstrate key competencies in case management.

Time:

1 hour

WHAT DO CASE MANAGERS DO? (RESPONSIBILITIES)

- Interviewing clients and their systems.
- Data gathering to establish psychosocial needs of the client.
- Guide discussion and decision-making forums among relevant program representatives.
- Monitor to ensure adherence to the plan.
- Conduct counselling with clients and their families during crisis situation.
- Document clients' progress.

WHAT ACTIVITIES ARE INVOLVED IN CASE MANAGEMENT?

THE CASE MANAGEMENT PROCESS

Step 1: Case Identification

Step 2: Case Registration Reflection = Is this a Valid Concern	**No** →	No action /Case Closed

Step 3: Assessment of individual child in need Reflection: Is an intervention needed?

Step 4: Develop a case plan Reflection: What support is required?

Step 5: Implement the case plan [direct support

Step 6: CDO reviews monthly registers at case conferencing	→	Refer client for additional Services

No

Step 7: Close Case

- Liaison between client and other actors involved in the change process.
- Establish and maintain good public relations with resource systems.

GUIDES FOR EFFECTIVE CASE MANAGEMENT

- Quick response to the client.
- Well-developed relationship with client and other systems.
- Frequent contacts with client.
- Service continuity from intake to follow-up.

1 hour

SESSION 2: KEY ACTORS AND THEIR ROLES IN CASE MANAGEMENT

- Ask participants to identify key actors in case management.
- Ask participants to identify the roles of the actors in casework management.

In order to provide services to child clients, there is need for assistance from a range of professionals like police, health workers and court. This session explores the role of these partners in our cases.

Police

Lawyer

Local Council

Community-based child care workers: these structures would include para-social workers, child protection committees, religious institutions and traditional institutions, among others. Their roles in case management include: identify cases of child protection violations, report cases to the appropriate authority, provide guidance and follow up or refer child protection cases to the appropriate authorities.

Local Councils: the Local Council personnel takes action against the person who may be offending a child, depending on their jurisdiction.

The Police: the police are a law enforcement agency of government. The CID (Criminal Investigations Department) office investigates crime, whereas the CFPU (Child and Family Protection Unit) handles matters of domestic violence within families, matters of custody and maintenance, and general counselling for the clients.

Probation and Social Welfare Officer: the Probation and Social Welfare Officer (PSWO) is like the CFPU. However, in addition to his or her roles, he or she makes applications to the court on behalf of clients for the care, custody or maintenance of children. He or she also recommends to the court the need for detention of a child. In addition, the PSWO makes a social report to the court on matters of adoption or fostering.
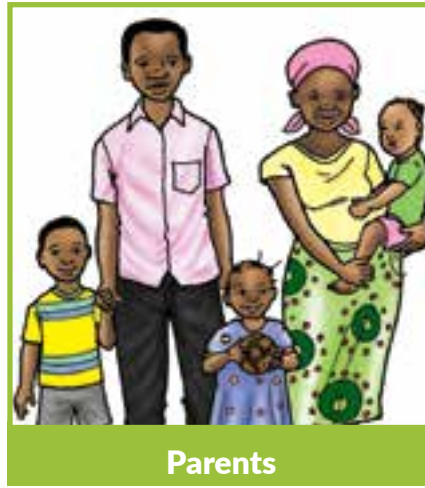
Teachers	Parents	Child Survivor

Health Workers: health workers provide medical support to our clients and perform medical examination in case of sexual abuse. This can be done in private clinics or by a police surgeon.

Teachers: teachers make children and communities aware of child rights and child abuse.

The Family and Children's Court: the Family and Children's Court (FCC) is a children's court with an informal setting, usually in the chambers or office of the magistrate. It is headed by a Grade I Magistrate, who may make orders of care, custody, and maintenance upon application and also hears cases of juvenile offenders that are not capital or grave in nature. Officers should make applications to these courts for care, custody or maintenance of children who are being neglected, have been abused or are vulnerable to abuse. The office will not take up a matter if there is no sign of vulnerability to abuse on the part of the child. Where the complainant has the capacity to facilitate the case, you only offer legal advice and counselling for the complainant, but will not represent such complainant.

The child survivor: these are important sources of information, since they are the ones who have first-hand experiences of the abuse, violence or exploitation.

The parents: parents interact with the child and can be sources of evidence as well as counselling and basic needs support to the child survivor.

Civil Society Organizations: CSOs can be sources of support to enable easy conclusion of the case. CSOs can also demand accountability from the primary duty bearers to ensure a protective environment for children.

4 hours

SESSION 3: CORE COMPETENCIES IN CASE MANAGEMENT

PARA-SOCIAL WORK SKILLS

- Ask participants to define skills.
- Ask participants to brainstorm on the skills they consider necessary to effectively carry out child protection work.
- Have participants role play the different skills they learn in mock interviews
- Wrap up the session by highlighting some of the key social work skills that are necessary in child protection work.

A skill can be defined as the ability to carry out a particular task A skill can be defined as the ability to carry out a particular task effectively and consistently over a period of time. A skill can also be defined as the ability to perform a relatively complicated task with great care, to the extent that an untutored observer feels that they should do the same without tutoring. Skills can be learnt out of practice.

There are many skills that are required of a child protection worker for effective intervention and practice. These may include:

PERSONAL EFFECTIVE SKILLS

Self-awareness: this requires a practicing child protection worker to know him or herself. For example, his or her feelings, attitudes and values towards children and children's rights. One should be able to understand oneself, i.e. one's likes and dislikes, weaknesses, strengths and aspirations in relation to a situation. Knowing oneself minimizes the possibility of bias arising out of negative attitudes, feelings etc.

Stress management: all work involves pressure and stress, so a child protection worker should be able to explore and unearth the sources of stress. Stress, if not handled effectively, may lead to emotional disruptions and discomfort, which all result in low performance and productivity.

Time management: it is said that time is money. Therefore, good time management leads to efficient and effective performance. The child protection worker is required to keep time when dealing with clients, so that all tasks are done as planned.

Supervision: this is about monitoring work, tasks and workloads in order to achieve the set goals and objectives. In child protection, this means supporting the child through difficulties to promote problem solving.

INTERVIEWING SKILLS

These skills are crucial for effective case management and practice.

Communication skills: communication is the process of transferring information from a sender to a receiver with the use of a medium in which the communicated information is understood by both the sender and receiver. It is about what we say and how we say it. We communicate with looks (scowls and smiles), with actions (slaps and hugs), with silence (warm or cold), as well as with words (kind and unkind). Communication, and also "decoding" communication, can sometimes be difficult, especially when children are involved.

Communication basically involves:

- **Listening:** this is defined as the process of attentively hearing another person's words and speech, observing his or her non-verbal gestures and positions, encouraging him or her to express him or herself fully, and remembering what they communication. Effective listening requires the child protection worker to minimize focus on their own biases and experiences, and openly focus on the client's expressions and experiences. This may require the worker to be silent for the larger part of the conversation. Active listening conveys respect to the client; it is a gesture of concern and interest in the clients' message.

- **Observation:** this enables the worker to understand and make sense of non-verbal forms of communication. They can be relied on to gather information, clarify problems and identify resources for handling the case.

- **Asking questions:** there are mainly 2 types of questions, namely open questions and closed questions.

  - **Open questions** are designed to give freedom of choice, and to enable clients to express their feelings and thoughts in their own words. It is recommended that these should form the greatest part of the initial encounters with clients.

  - **Closed questions** include these questions, which require "yes" or "no" responses or with other responses that require a few words, such as asking age, sex, residence, education, etc. These questions are good for obtaining facts in a limited time period. They can also be used to keep the interview focused and may be vital in obtaining information from clients who are either traumatized or cannot easily express their feelings,for example abused children.

It is generally agreed that case workers should avoid asking the following types of questions:

- leading questions

- too many yes-no questions

- vague or unclear questions

- multiple questions

- too many why questions

In the process of asking questions, it is important that techniques such as probing, paraphrasing, clarifying and summarizing can be employed to confirm what has been said and heard.

Questioning skills to use.

As you ask questions, you need to know how much information the client understands and their level of understanding. Different types of questions let you know if the other person can:

- Remember the facts.

- Restate the information in their own words.

- Apply the information to a new situation

Be willing to ask questions and to share ideas and information. Your questions should be brief and clear, focused on the issue at hand, and rephrased when the client does not understand your question.

Verbal communication: the major focus here is what is said. It involves the use of voice. It is necessary that the child protection worker adopts a communication mode that is appropriate or friendly to the child or children in question. The rate and speed of communication must be observed for effectiveness.

Non-verbal communication: this includes the body language, i.e. gestures, touch, posture, gait, signs and facial expression exhibited by the individual. For example, eye contact may imply approval, disapproval or boredom, depending on the circumstance and the cultures involved. Body language can be a very powerful signal, and where there is inconsistency between what is said and the actions, we tend to attach more credence to the latter. One should therefore use the appropriate gesture in relation to the situation at hand and the culture of the client. For effectiveness, it is important that the verbal and non-verbal communication is consistent.

Interviewing skills: this is the basic technique that is employed to obtain information from the client and related systems.

Before interviews: before the worker begins and interview, it is vital that he or she thinks critically about the interview's purpose and what sort of information they hope to gain during the process. This involves taking into account the particular needs and expectations of the concerned individuals, including the worker, other professionals, procedures and policies concerning a specific case. The worker may develop a checklist, a list of issues that need to be considered during the interview. This enables the worker to focus the interview and establish clear boundaries for the task in terms of both content and time.

During interviews: the worker has to establish rapport. This involves creating a climate where the interviewee can begin to gain confidence in the worker's personal and professional integrity. This creates an environment in which the client can discuss and reveal problems and difficulties. In addition for the worker to create a trusting professional relationship with the client, it is important that he or she empathizes with the client. This involves putting oneself in another person's place in the hope that we can feel and understand their emotions, thoughts, actions and motives, their experiences, unique point of view and the meaning they attach to it. Indicating that we understand the other person with gestures, words and touch is a vital technique. We should also be able to put the others feelings in words, especially in cases that may involve abused children who may not be able to describe what they feel.

Terminating the interview: the worker can end the interview by summarizing the key points discussed, and agreeing on the next step with the client. It is wrong to end the interview without providing indications that you will follow up the case, because this may demoralize and diminish the hope of the client.

INTERVIEWING CHILD CLIENTS

Pre-interview: here, the child protection worker must ensure the following:

- Explain the aims and objectives of the interview and give a realistic picture of what is expected after the interview. This is important in maintaining focus until a solution is reached.
- It is appropriate that a convenient time is fixed to allow for guidance on the nature, duration and scope of the interview.
- Conducive atmosphere is another fact that ought to be considered when organizing for an interview with a child. This provides a stimulating environment and will enable client trust building and confidentiality.

During the interview: Here, the child protection worker should consider the following aspects:

- Create an informal and relaxed atmosphere.
- Get the child to assess him or herself.

- Know and understand the child and point out the areas of improvement.
- Listen to the client without interruption.
- Summarize and state what happens in the next state.

Assessment: this is a holistic process that involves gaining an overview of the situation. It involves gathering information and forming a picture of what the problems are, what strengths or resources can be drawn upon, what needs to be done, etc. In sum, it is the ability to collect and analyse information from various sources including the client, so as to understand the causes of the problem, opportunities and resources that can be used to address the situation. The effectiveness of the intervention plan largely depends on the effectiveness of the assessment process.

Networking: the ability to partner and collaborate with other actors whose goals are related to those of the child protection worker's agency.

Advocacy and lobbying: this involves representing the interests of people who are unable to do so for themselves. These mainly include vulnerable categories of people who are commonly termed as the "voiceless".

Coordination: child protection officers normally work in multidisciplinary teams. They therefore have to liaise with other professionals to be able to intervene effectively. This requires them to maintain good links with other actors as well as provide the leadership to focus the priorities of these actors on problem solving. This also involves the ability to manage a heavy work load.

Resilience: the ability to be resilient to the pressures, demands, frustrations and disappointments of the work is very important. Such disappointments may include having to say "no" to people when demand exceeds supply, encountering situations for which there is no apparent solution, applying for funding or resources on someone's behalf but being turned down, making good progress in a particular situation but then having to abandon it because the person concerned withdraws his or her cooperation, receiving an unfair, bad press as a result of prejudices, political interference that may complicate existing cases and colleagues or others in a multidisciplinary network acting unprofessionally, etc. Coping with such situations, many of them inevitable, may require commitment to professional values, flexibility, a support network and a well-developed set of coping skills.

Report writing: this involves the ability to communicate in writing. The child protection officer should be able to write a clear report.

Resource mobilisation: the ability to generate resources for practice. This may require negotiation and lobbying, networking etc.

Mediation: this refers to the ability to reconcile warring factions (e.g. family members) by urging them to work around their differences. In this case the officer is neutral.

Guidelines for communicating with young children:

- Get your head physically on the same level as the child's.
- Make eye contact.
- Use a gentle touch.
- Speak with firmness, not anger, pleading, or whining.
- Give clear and consistent instructions.
- Avoid confusing contradictions or mixed messages.
- Don't give too many instructions at once.
- Allow children to make choices appropriate to their age level.
- Affection is often shown non-verbally. Be sure to hold a child for comfort and share smiles and hugs.
- State things in terms of how a child's behaviour is affecting you.
- Notice your body language.
- Don't try to trick children.

CONFIDENTIALITY PRINCIPLE

SESSION 1: DEFINITION OF CONFIDENTIALITY

BRAINSTORM

What is confidentiality? Record responses from participants.

The following notes cover the components of confidentiality, which are in brief:

1. Ensuring that information is accessible only to those authorized to have access.
2. Ensuring that oral, written and circumstantial information are kept private unless there is an understood agreement or an informed consent that the information can be shared.
3. Not bound by timeframes or limits, unless a timeframe for disclosure of information has been agreed upon.
4. Establishing trust as key to understanding the depth of the term.

In general, confidentiality ensures that information is accessible only to those authorized to have access. It is often seen among family and friends as exchanged information that is kept secret between two or more parties.

Confidentiality refers to both oral and written information, data, records, and circumstances that are kept private unless there is an understood agreement or an informed consent that the information can be shared.

Confidential information is also not bound by timeframes or limits, unless an agreed upon timeframe for disclosure of information has been agreed upon.

Key to understanding the depth of the term confidentiality is that it is an essential part of a trust-building process. To be successful as a friend, social worker, member, police, nurse, doctor, teacher etc., you will need to gain the trust of those you interact with. As members, specifically those identifying and reporting child protection cases, you will often learn intimate personal details from families and children within the community. Without first establishing trust, this information will never be shared with you. Therefore, trust is the most important building block in confidentiality.

By the end of the unit, participants should be able to:

- Explain the meaning of the term **confidentiality**.
- Demonstrate application of the guiding principles of confidentiality.

Time:

30 mins

45 mins

SESSION 2: GUIDING PRINCIPLES OF CONFIDENTIALITY

There are two guiding principles of confidentiality.

The first principle that guides confidentiality is respect for an individual's right to privacy, and safety and security. Every individual is the keeper to their information and there are serious risks that can develop, some that you may not even be aware of, if information is breached.

There are two exceptions to this principle:

1. If information is given that reveals a child or someone else is being abused and/or threatened. Immediate action must be taken to protect the child involved, and this may require breaching the confidentiality of the person that just entrusted you with this information.

2. If information is given that the person will severely harm his or herself (suicide, for example).

The second principle is respect for the way in which sensitive information is disclosed to trusted sources.

The case study below illustrates common mistakes that individuals make when they pass on information to others believing that they are still keeping the information confidential.

The last principle refers back to our core definition of child protection in that everything that we do we should ensure that a child and the individuals we are working with are protected and safe.

Case Study: Common Confidentiality Breaches

A staff member from a child-focused NGO, Jane, is visited by a young girl of 16. She tells Jane that her friend is being abused by the teacher. Jane asks the girl for detailed information, and then tells the girl that she will take care of it. Jane visits another community child care worker, Michael, to get advice on what to do. During this conversation, Jane explains that a young girl has come to her and told her about Mary Atim, a young girl in S2, who is being abused by her teacher. She asks him what to do. Michael explains that the best thing to do first is to talk with the supporting agency child protection officer, to see what he thinks. They call Harry, the child protection officer, and ask him to come and talk to them about a case. Jane explains to Harry that a young girl is being abused by her teacher, and they want to make sure she is safe. Harry suggests that Jane go and speak with Mary and the teacher to find out more details. Meanwhile, he will talk to the district child protection working group to seek additional advice. While Jane goes to talk to Mary and the teacher, Harry reports the case to the child protection working group. He explains that a young girl in S2 in Patonga village is abused by her teacher. "What should I suggest to the community child care workers on how to handle this case?" he asks. One member within the working groups says that he is

from that village, and that he can go and talk with the headmaster of the school, since they are good friends. Harry agrees that this will help the matter. Meanwhile, Jane first visits Mary. She meets Mary's mother and father on arrival. She informs them about who she is and tells them that she is here to talk to Mary about her being abused by the teacher. Her parents are unaware of this, and are immediately very worried. They call Mary over and ask her to sit down. They ask Mary if she is being abused by her teacher. Mary is scared and doesn't want to talk. She stays silent. Jane says: "Don't worry, I will come back later, when you feel more comfortable." Jane leaves and goes to speak with the teacher. On arrival at the school, she meets the teacher and asks to speak to him. Jane, who knows she must keep the identity of Mary confidential until she finds out all of the details, explains that a young girl named Lucy, who is in his S2 class, has come to her, telling her about one of the students in his class being abused by him. Jane makes sure she doesn't say Mary's name. Jane wants to know if this information is true. The teacher says no, and he claims that Lucy is making this information up because he recently gave her a failing grade on her test.

The next day, one of the other child protection working group members goes to the school in Patonga and meets with the headmaster at school. He informs him that he has heard about a girl being abused by one of the teachers who teaches S2. The headmaster says that they only have one teacher who teaches the S2 class, so they can go directly to speak with him. Both the headmaster and the child protection officer meet with the teacher, and ask him about the allegation of abusing a young girl in his class. They inform him that Harry, one of the protection officers whoworks with the community child care workers in this village, has heard that he has been abusing a child. The teacher acknowledges that he knows Harry very well, and he knows only one community child care worker, Jane. Jane came to visit him yesterday. The child protection officer acknowledges that it is indeed Harry who told them about the S2 teacher abusing a young girl, and they believe that Jane is the community child care worker looking into the case. The teacher responds by saying that he spoke with Jane yesterday, and that he told her his side of the story.

Later, the child protection officer reports back to Harry about what he has heard from the teacher. Jane also comes to Harry and tells him what she has heard from the teacher, and that she was not able to get any information from Mary. It is decided that, based on the story, Harry and Jane should now go speak with Lucy. The other child protection officer decides to come along, since he has been part of this investigation. The three of them show up at Lucy's house, where they find her alone with friends. They ask to speak with her. They ask her to tell the story again of her friend Mary being abused. Lucy tells the same story. They then tell Lucy that the teacher has indicated that she is lying, and that Mary is not talking. Lucy does admit that she failed her test, but that it was Mary
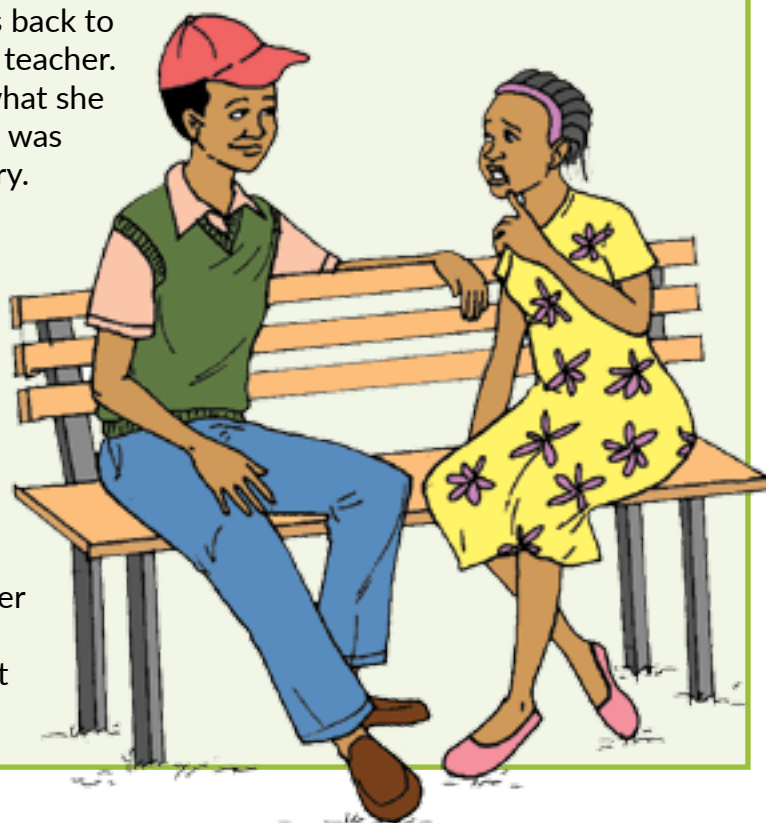
who asked her what to do about the teacher abusing her. Lucy says that that is when she came to Jane. At this point, they ask Lucy to sign her name to her statement,and they return to Mary to ask for more information.

When they return to Mary's house, Harry, Jane and the other child protection officer show the statement made by Lucy to Mary and her parents. Mary then discloses that she has been abused by the teacher, but that he said that if she ever told anyone, he would hurt both her and the person she told. That is why she has remained silent.

Later, Jane writes up a report on the case and presents it to the probation officer as well as to the headmaster. She keeps a copy for herself and files the report in a folder for the community development officer in the sub-county. The probation officer will now handle the case.

Ask participants to identify the different breaches. Ask what they would have done differently.

Time:

45 mins

SESSION 3: GUIDELINES TO ENSURE CONFIDENTIALITY

The facilitator discusses these guidelines in plenary as outlined below.

DISCLOSE IDENTITIES OF THOSE INVOLVED ONLY TO THOSE WHO "NEED TO KNOW"

The term "need to know",when used by organizations, describes the restriction of data/information which is considered very sensitive. Under the "need to know" restriction, even if one has all the necessary official approvals to access certain information, one would not be given access to such information, unless one has a specific need to know. That is, access to the information must be necessary for the conduct of one's official duties. In other words, without this information, the person would be unable to do his or her job properly. Therefore, if a child protection case is presented to a community child care worker, or child protection officer in a particular NGO, the community child care worker must ask him or herself the question, "Is it necessary for me to share this information with other community child care workers, for example, for me to handle this case? Do all the details of this case need to be shared (identity, location, etc.) or can I receive assistance or advice by omitting this information?"

It is important to remember that this restriction is specifically to make it difficult for unauthorized access to occur. It also aims to discourage browsing of sensitive material, by limiting access to the smallest possible number of people.

As a community child care worker and other professions, for example social workers or counsellors, there is a tendency to want to share information that is heard, because of how disturbing the information can make us feel. There are boundaries when sharing information of a sensitive nature, and these boundaries must be maintained to not only maintain the oath of confidentiality, but also protect and secure the individual you are working with.

Facilitator's notes:

Taking photographs and sharing photographs also requires consent. Photos should be treated as sensitive material because they identify persons.

MAKE ALL RECORDS AND REPORTS ANONYMOUS

Anonymity literally means "without a name" or "nameless". The term typically refers to a person, and often means that the personal identity or personally identifiable information of that person is not known. In reports and newspaper articles, names are usually changed to pseudonyms that will not identify the person or their location. Alternatively, their names are left out completely.

KEEP RECORDS SECURE AND ACCESSIBLE ONLY TO APPROPRIATE PERSONS

- If you have written records of cases that reveal the identity of a person, their location, and other details concerning the case, where do you keep that information currently?
- Who has access to that information?
- Is the information kept in a secure location?
- Is this information kept in a locked place? If yes, who has access to the key?
- If records are kept in a notebook, ask participants where these notebooks are kept.
- If records are kept in the house of a member, where are they kept in the house?
- If records are kept in an office, where are they kept?
- What are the consequences if information is discovered by someone else who is privileged to see the information?
- If you are in the office and working on a case that reveals the identity and other confidential information of a case, what do you do with this information when you go to lunch? Should you ever leave this information on your desk? What if the information is put in a folder and covered? Is it safe?
- How do you monitor who has access to information?

- If someone needs specific information about a case, what do you do? How do you know if they have authority? What information should they present to you that would reveal that they qualify as a "need to know" individual?

Even when sensitive case information is kept in a para-social worker's notebooks at home, there are others within the household that could get access to this information: their partner (husband or wife), their children, their relatives, their neighbours, visiting friends, children visiting their children... Even if they do not imagine that this information will be touched, there is always the possibility that it could be.

It is not only about keeping files and records secure, but also monitoring how this information is viewed and used. Who is asking for this information? Are they qualified to view this information? How do you know? Background checks and identifying ID are essential when getting access to confidential information. Letters of approval from a higher authority can be used as well to gain access.

If information is given to various persons, or individuals are allowed to view this information, viewing of this information must also be tracked. Set up a monitoring system that captures the date, the individual's name, signature, the information to be viewed, and the reasons for viewing this information. Keeping records of how information is used is extremely important in tracking how information is kept confidential. When there are leakages in the system, or a breach of confidentiality, this is one tool that can be used to help understand where a breach could have taken place.

INTERVIEWS SHOULD BE CONDUCTED IN A LOCATION THAT ENSURES THAT IDENTITIES WILL BE PROTECTED

When choosing a location where interviews and/or meetings with the child (client) should take place, consider the following:

- Who is around when this meeting is taking place?
- Did others see you visit the person if at the house?
- Will they ask questions?
- Is the location to have a meeting agreed upon by both you and the individual you are speaking to?
- Are they aware of the risks of the meeting location?

Depending on where you have a meeting or an interview with any individual involved in a child protection case can place them at risk, or compromise confidentiality. If interviews are done in the person's house within a village, there is the risk that neighbours will question why an outsider is visiting their house. Gossips or rumours can spread, or people might seek ways to

try to overhear the conversation.

If interviews are done in crowded locations or in close proximity to others, there is always the possibility that someone will overhear the conversation.

There are also potential risks and dangers involved when seeking out a meeting or interview. This risk can also affect the interviewer (member) as well as the individual being spoken to, for example if someone believes you to be favouring the perpetrator, for example, or falsely concludes that because you had a meeting with the accused, you are "making a deal" with the accused to cover up the case. All of these examples could put you at risk for retaliation by a number of different people.

Assessing the risks as well as the security for all involved is essential to ensure that the boundaries of confidentiality are not broken.

ENSURE THAT INFORMED CONSENT OF THE CHILD AND/OR PERMISSION OF PARENT/ CAREGIVER IS GIVEN

Although there is no legal age at which it is required to get permission from caretakers or parents, it is generally the practice to look at the evolving capacity of the child to determine if they are capable of making decisions and/or taking action where they could understand the implications of their participation. This does not mean they are necessarily informed, as this would still need to take place, but it means that if informed, they have the capacity to comprehend the information and make an informed decision. Generally speaking, the age of a child that would have this capacity would most likely be one that is above 15 years old, although this is neither standard nor appropriate for every child.

We must respect the parents and caregivers of children. We recognize that they are the most important source of security and protection for children, and that their role in their child's life is essential. Stepping over this role is literally taking away the rights of parents to protect their children.

There are exceptions to this rule, however. There are some situations where informing the parents and/or getting permission from the parents or caregivers could actually endanger the child further. This issue is further discussed below.

DETERMINE THE BEST INTEREST OF THE CHILD

There will be times when a child care worker will need to make a decision about how information is shared and also whether they will get the informed consent from the child or from the parent/caregiver. This decision is not based on what they believe is right or easier, it is a decision that is based on the **best interest of the child.** (In Module 2, the Best Interest of the Child principle was introduced to participants. Facilitators should reassess participants' understanding of this principle.)

Guideline 6 asks those involved with children to ensure that the best interest of the child is upheld during every step of ensuring confidentiality. Explore with participants what the best interest of a child means, and how it might relate to confidentiality.

The Best Interest of a Child relates to our **decision-making process** with regard to children's rights, well-being, and positive development. The best interest of the child principle emphasizes that in addition to the decisions being made about a child, the evolving capacity of the child should also be considered in terms of their own participation and opinions concerning an action.

Therefore, in terms of confidentiality, a child may come to a member and tell in the strictest confidence that they are being abused in some way by another person. The member would need to look at this situation, the evolving capacity of the child, the risks and protection issues, and may determine that it is in the best interest of the child to break this confidentiality and report the case to someone who can ensure this child is protected from further abuse.

In another situation, where a child is being abused by the father's brother, it may not be in the best interest of the child to actually speak to the father of the child and/or get permission from the father to meet with this child. There could be potential risks involved to the child if the father's permission is obtained and/or sought. There will be times that you will have to carefully evaluate the details of a case to determine the best interest of the child. There is no standard rule. Equipped with the knowledge of the best interest of the child, confidentiality and other guiding principles, participants will be able to make the best decision possible for the protection of children.

MAPPING OF RESOURCES AND SERVICES FOR CHILD PROTECTION

SESSION 1: CONCEPTS OF COMMUNITY MOBILISATION, RESOURCES AND SERVICES

As participants to explain the meaning of the following:

a) community

b) community mobilisation

c) resources and services

WHAT IS A COMMUNITY?

A community can be defined as:

- A territorial unit of society, for example a village, a town, a district, a city or a refugee camp.
- A unit of social organization which can be based around common interests (for example, the academic community), a shared living situation (for example, a residential home) or around a territorial unit (for example, a village or district).
- A particular type of social interaction typically characterized by:
  - A sense of belonging.
  - A sense of purpose and common goals.
  - A high degree of co-operation and participation in pursuing common goals.
  - An interpersonal climate characterized by mutual respect, a sense of fraternity or fellowship.

In the first definition, "community" is referring to a group of people who live in a particular geographical location and often have similar goals. A community can be seen at various levels:

By the end of the unit, participants should be able to:

- Explain the concepts of community mobilisation, the processes involved and benefits.
- Demonstrate ability to facilitate community resource and service mapping and developing community action plans.
- Discuss the qualities of effective community mobilisers.

Time:

1 hour
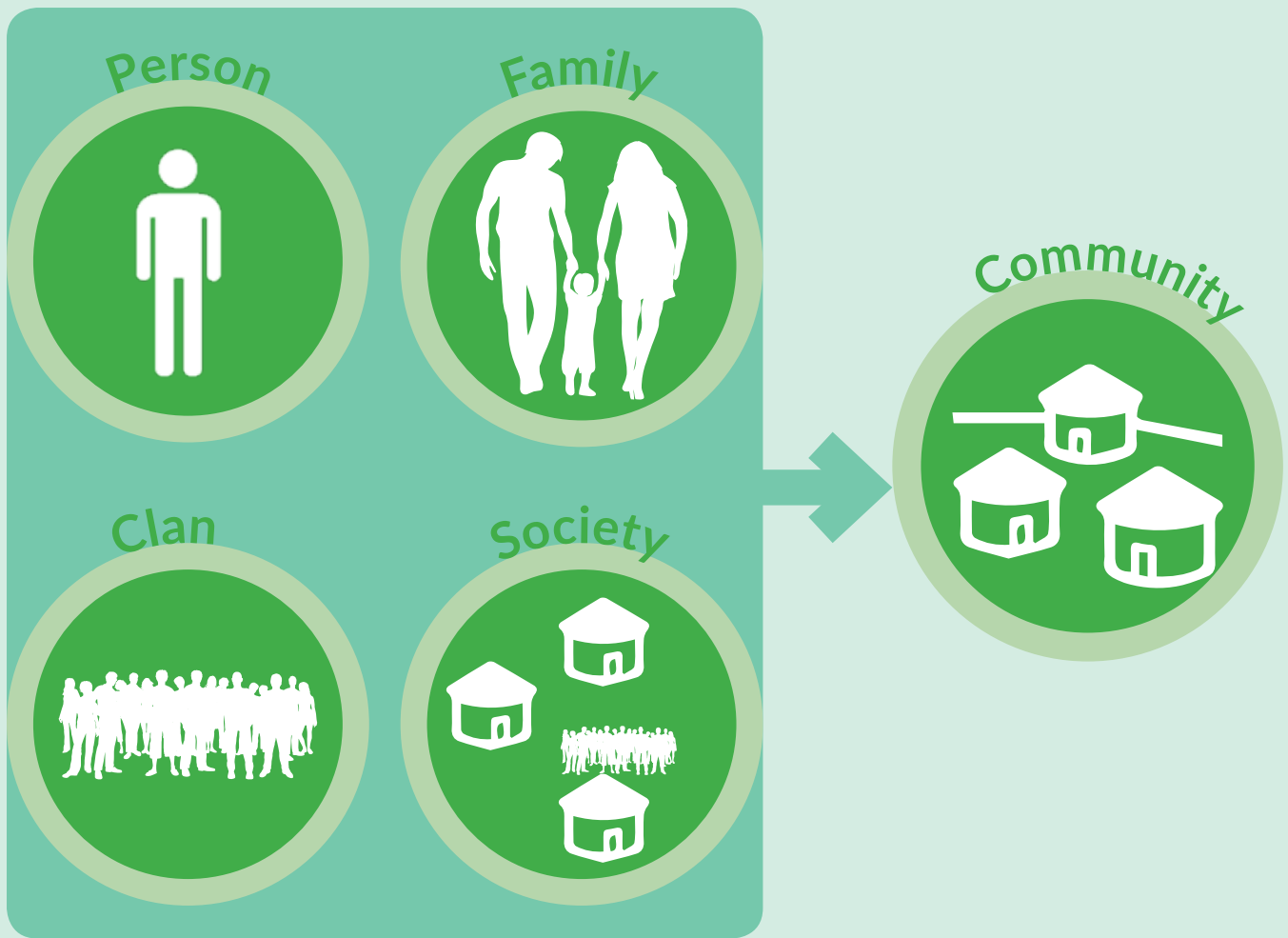
Communities begin with an individual;this means recognizing that every individual is core to forming a community, every member in society is in a community. Therefore, social identity recognizes the individual

- as a person
- as a member of a family
- as a member of a group/clan
- as a member of society
- as a member of a community

Based on the social identity that contributes to the formation of communities, communities will reflect certain commonalities. Some commonalities include:

- language
- expression
- habit
- social customs

- behaviours
- norms
- religion

Rural communities typically have a stronger sense of community (in the sense of the second and third definitions above) than urban communities, and this is especially true in non-industrialized countries. In some societies, divisions of tribe, clan, social class or caste may limit the sense of community to people within similar groupings.

Displaced people living within the same camp form a territorial social unit, and given that there are many issues of concern to the whole population, the nature of a displaced community may encompass any combination of the three definitions mentioned above. By understanding the profile of a particular displaced population, community mobilisation seeks to build a sense of community and engage people in an active process of working collectively.

COMMUNITY MOBILISATION

DEFINITIONS OF COMMUNITY MOBILISATION:

Community mobilisation is a process whereby local groups are assisted in clarifying and expressing their needs and objectives and in taking collective action directed at meeting them. It emphasizes the involvement of the people themselves in determining and meeting their own needs. It is closely linked with the concepts of participation and resilience.

Key points to note:

- Social divisions based on ethnic, tribal, clanship, political or religious considerations may severely limit a population's sense of community.
- Community mobilisation is the process of clarifying and expressing needs and objectives and taking collective action to attempt to meet them.
- Community mobilisation is important because it values the right of people to self-determination and it recognises their resilience.
- Ensuring that the rights of children are respected requires the active involvement of the community.
- Community mobilisation is based on a number of assumptions and principles.
- A community mobilisation approach requires an external agency to work in a participatory, empowering and supportive way with community structures.
- There can be a number of significant problems associated with a community mobilisation approach.
- Community mobilisation requires a comprehensive understanding of existing, and previous, community structures.

- Community mobilisation must work through community structures which meet the needs of the whole population.
- It may be necessary to facilitate the setting up of new or parallel social structures to ensure that the needs of all community members are considered.
- Community mobilisation for women is of particular importance because of their role, the contribution they can make and their marginalisation.
- The mobilisation of women may require the development of parallel women's structures.
- The mobilisation of adolescents is particularly important because it can help to avoid problems caused by boredom and can contribute to their well-being and resilience.
- Adolescents have a right to participate in decisions and actions which affect them.
- The mobilisation of young people can involve them in different degrees of participation.
- Adolescents can play a vital role in promoting peace and reconciliation.
- Strategies for involving adolescents include: needs assessment, using previously existing youth structures, child-to-child approaches, and the development of new youth organisations.

COMMUNITY RESOURCES

WHAT ARE RESOURCES?

Resources may refer to:

- Types and developments that may be any natural or human wealth that can be used for satisfying human needs
- Economic resources that may include commodities and human resources used in the production of goods and services including:
  - natural resources
  - human resources or human capital
  - resource management
- Technological resources that affect the utilization of human needs
  - computers, telephones, machines

EXAMPLES OF RESOURCES

Human capacity	Physical protection (space, materials)	Services
• peer mentors • social workers • doctors • counsellor • local council members • elders • traditional healers • religious leaders • youth groups • drama groups • watch dog groups • PTA • teachers • nurses	• shelters • schools • protective space (child-friendly space) • preschools • day care • playground • immunizations • food/clothing/shelter • whistle • telephone • bicycle/vehicle • self-defence • posters / signs • light deflectors • name tags • permission slips/contracts	• hospitals • police/fire • hotlines • specific program activities: Books on Wheels, etc. • food distribution centres • feeding programs • micro-credit/loan programs • vocational training • social welfare service • school (daycare, preschool, primary, secondary, college) • NGO CP training programs • first aid training
Networks • CP working groups • Children's Groups • PTA • Local Council	**Laws and Policies** • Uganda Children Act • OVC policy • Code of Conduct	**Cultural/Traditional Resources** • cleansing ceremonies • dance • religious related ceremonies (baptism, prayer, etc.) • actions to ward off evil spirits

SESSION 2: QUALITIES OF A GOOD COMMUNITY Mobiliser

Time:

1 hour

Ask participants: "What makes a great community mobiliser?"

The mobiliser must have some required characteristics and skills: some intrinsic, others trainable. To become a community mobiliser, the individual should be involved in self-assessment and self-selection or de-selection. Follow these guidelines to see if you have what it takes to become a community mobiliser who can create positive and lasting change:

a) True trust in the people.

b) A deep enough love of the people to get angry at them. Sympathy is not a useful quality in a good mobiliser, as it

does not help to solve anything. If the mobiliser really begins to understand the suffering of the people, their potential to break out of that suffering, and the reason they fear to take such action, the mobiliser begins to get angry and critical. The people will know if the organizer is angry because of the oppression, or whether he is only angry for arrogant reasons. If the organizer is angry at the people because of the oppression, they will also soon become angry at the oppression, and this will lead to action.

c) The ability to perceive the people's natural process of change that they themselves are carrying out, so that this process can be supported, encouraged and built up. If the mobiliser cannot identify this process, he or she will probably work in conflict with it, and do more damage than good.

d) An impatience with the process of change. A good organizer understands that the people can act, but they fear to act, and the longer they fear to act, the worse their suffering will be and the harder they will have to fight for change in the future. Thus, a good organizer is always trying to figure out why the organizing process is so slow and is always seeking creative ways to speed it up. A good organizer will want to be pushed harder, challenged harder and evaluated more because they know that if they work too slowly, too ineffectively, or too incorrectly it means more pain and suffering for the oppressed.

e) A curiosity that can never be satisfied. After every action, every meeting, or every discussion with the people, a good organizer will dissect the event in minute detail to try to learn everything he or she can from it. They will never be satisfied with what they know and understand about mobilisation, but will always try to improve their understanding and build up their skills. They will ask "why" about themselves and their efforts everyday, all day long.

f) A good mobiliser is a reflective person who is always looking at past experiences and trying to draw principles from them in order to plan for the future and improve work in the future. They see every experience as an opportunity to learn something that will improve their organizing efforts and thus they are never fully satisfied with the way they are working or the way their organizing is going.

g) Good mobilisers work in very close solidarity with their team. Backbiting, useless criticism, arrogance, personal dislikes, formation of gangs etc. are worthless and an obstacle to work with the oppressed. Issues that might cause conflicts are immediately brought to the group for discussion in a mature way, so that they do not interfere with the people's movement. Backbiting is especially seen as an immature and childish act, and should be avoided.

h) Good mobilisers have a great respect for the people and their movement. The mobiliser will never do anything that might damage that movement. If a mobiliser must leave the community, even over personal conflicts, they will make sure that their departure does not cause any harm to the people's movement. They will make certain that a qualified replacement can take over their work, they will complete detailed reports so that a replacement can continue the work without delay, and they will assist in the transition. They do this even if they are angry at their colleagues, because they love and respect the people and the people's movement.

i) Honesty in all aspects of life is essential for a good mobiliser. This applies to the way they use all of their time, energies, resources, the money of the organization, as well as their own personal money. All of these things ultimately belong to the people, and to misuse them is to exploit the people.

j) A good mobiliser learns to keep his or her ego under control. A big ego can easily destroy much hard work.

k) A good mobiliser realizes that good intentions are not enough. Sometimes actions based on good intentions can actually hurt people more.

SESSION 3: STRUCTURES FOR COMMUNITY MOBILISATION

There are actors within and outside the community who must be mobilised.

The people outside the community include:

- community development system (representative)
- the court system (representative)
- the policy makers (representative)
- the key service providers (e.g. health, education, sanitation)

Community leaders and Opinion leaders

- the LC officials
- child welfare officials
  - probation and welfare assistant
  - extension staff of Ministry of Gender & Community Development
  - Secretary for Children Affairs

Opinion leaders

- Religious leaders

SESSION 4: COMMUNITY MOBILISATION TECHNIQUES

Ask participants to mention some of the methods for community mobilization that they have ever used in their work.

Methods used for mobilisation can include:

- Verbal announcements in religious centres, schools and markets.
- Letters, radio announcement, notices or posters in strategic places.
- Newsletters and public address/rally.

The choice of the appropriate method depends on the following factors: cost of the methods, speed needed, appropriateness in the delivery of information and areas of coverage etc.

STRATEGIES TO COMMUNITY MOBILISATION

There are many strategies of mobilisation. They include:

Education strategy: In an educational strategy, the mobiliser tries to educate the population, and, through education, tries

to convince them to change attitudes, behaviour, etc. To do this, the mobiliser presents information using unbiased facts to educate people. The information should provide a rational and well-reasoned justification for the purpose of mobilisation, or why the people should take action. From the facts available, people should be able to make an informed choice. The education strategy is a slow process, because it requires change of established attitudes.

Example: Twenty community leaders are brought together for a workshop to educate them about violence against children. They recognize that the information is important, and that the 25000 community members need to learn it. This form of small educational workshops will take much time.

Persuasive strategy: this involves the mobiliser trying to persuade the community to see a new point. It is intended to create awareness by way of reasoning. It involves presenting good arguments, making it clear that the changes involved are safe and not harmful or dangerous. The mobiliser also shows the dangers of not changing.

Example: the community is told that AIDS is a serious problem in their area, since 50 people are known to have died from it in the past 6 months. They are told they must use condoms to protect themselves, otherwise they risk death. They are offered free condoms.

Segmentation/Isolation of the target system: the fact that community members are not homogeneous, but comprise of different categories of people implies that the mobiliser must

have specific well-planned strategies appropriate for each category of people.

Example: amobiliser wants to educate the community about the risks of alcohol overuse. She brings children together to sing songs about "say no" to alcohol, youth come together to create educational dramas, wives of alcoholics form a self-help group,and alcoholicsform a separate self-help group.

Dictatorship: This mainly applies during emergency, for example when there is an outbreak of an epidemic, violent attacks etc. During this time, a mobiliser will immediately organize an emergency strategy without the consultation of the people, and demand that the people cooperate.

GROUP EXERCISE (SMALL WORKING GROUPS)

Each group is given a situation. The group is expected to mobilize a response by the community. The group must decide how, when, where, what target group and what mobilisation process to use. Each group will present their mobilisation plan to the large group.

Situation 1: there is a rumour that rebels will attack within the next 5 hours.

Situation 2: a community was attacked by rebels, and 10 children and adults were abducted. This is the third attack this month.

Situation 3: the teachers in the secondary school stop working after they have not been paid for 3 months.

Situation 4: a child with mental retardation is being beaten by some youth in the community.

Large group discussion: Each group presents a mobilisation process and discusses.

Trainer's notes: mobilisation can lead to a community response to a problem, community advocacy or education, or awareness raising.

Time:

30 mins

SESSION 5: BENEFITS OF COMMUNITY MOBILISATION

The facilitator brainstorms on the benefits of community mobilisation and records participants' responses. Some of the responses would include:

- Establishing or re-establishing community structures is vital

in providing a range of support mechanisms for children and their families, and thus vital to their protection and well-being.

- Several research projects have shown that, with regard to trauma, a large proportion of the population can be healed through interventions directed at the communal level (i.e. addressing the situation of adversity). Developmental knowledge and programme experience suggest that the most appropriate interventions often focus on whole systems that support well-being, rather than intensive child centred interventions.

- Community involvement in a wide range of child protection activities is vital, including: prevention of family separations, or establishing or re-establishing educational activities.

- Identifying and addressing issues related to child abuse or exploitation.

- Engaging particularly adolescents in meaningful and constructive activities.

- Ensuring that children and adolescents have an opportunity to express their own opinions and objectives.

- Monitoring of the situation of children and adolescents in general, including, for example, in relation to risk factors such as under-age recruitment.

SESSION 6: CHALLENGES TO COMMUNITY MOBILISATION

Time:

30 mins

Ask participants to brainstorm on some of the challenges that they have faced in community mobilization. Responses should include:

- It can be a time-consuming activity, and does not necessarily produce quick or visible outputs.

- It requires the workers involved to be sensitively aware of the concerns and feelings of the displaced persons and to respond to these with respect and patience.

- It is a much subtler and more sensitive approach than the more traditional one of "doing things for the community."

- It requires the agencies involved to hand back power and responsibility to the community members themselves.

- It can be difficult when the needs expressed by community members cannot be matched with available external resources.

- It requires a community to be open and available to dialogue. Populations that are controlled or coerced by a minority may have difficulty in engaging with external agencies.

SESSION 7: DEVELOPING COMMUNITY ACTIONS

Time:

1 ½ hours

After a problem is explored and understood, an action plan must be made. This can be verbal or written. An action plan is a plan of what is to be done about the identified problem(s) of the group members. Changing behaviour is one of the goals of psychosocial helping. An action plan is like a railway track. It will keep the group moving towards the agreed place.

Clearly stating a problem and a possible solution helps the group to identify how members are feeling or reacting to the problem. It might be that the solution has been tried but has not been successful. It's necessary to find out why it was not successful. For example, does it need more time? A different attitude? A different approach? Was it a poor solution?

Template for group action plan:

Problem	What to do	When to do it	By who

COMMUNITY-BASED CHILD CARE OPTIONS: FOSTER CARE (FORMAL AND INFORMAL) AND ADOPTION

SESSION 1: UNDERSTANDING THE ALTERNATIVE CHILD CARE FRAMEWORK

Facilitator's notes:

The Government of Uganda, in consultation with civil society, has developed a set of official standards and processes to be used when responding to the plight of orphaned and vulnerable children. It is called the Alternative Care Framework.

The Alternative Care Framework is the official continuum of care for responses to vulnerable children in Uganda. It prioritizes the responses that should be used. Alternative care may be kinship care, foster care, other forms of family-based or family-like care placements, residential care and supervised independent living arrangements for children.

By the end of the unit, participants should be able to:

- Explain the processes involved in facilitating access to appropriate community-based care options to children deprived of parental care.
- Discuss the benefits of community-based care options vis-à-vis child care institutions.

Time:

2 hours

Alternative care may take the form of:

1. **Informal care:** any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care), or by others in their individual capacity, at the initiative of the child, his/her parents or another person, without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.

2. **Formal care:** all care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures.

With respect to the environment where it is provided, alternative care may be:

a) **Kinship care:** family-based care within the child's extended family, or with close friends of the family known to the child, whether formal or informal in nature.

b) **Foster care:** situations where children are placed by a competent authority (such as the Family and Children's Courts (FCC)) for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care.

c) **Adoption and Kafala:** Adoption is the formal, permanent transfer of parental rights to a family other than a child's own, and the formal assumption by that family of all parenting duties for the child. Where a child's parents are living and their parental rights have not been terminated, they must provide informed consent for adoption. In some countries, it is not culturally acceptable to give the parental rights to a non-family member, and therefore alternative long-term care options must be pursued, e.g. kinship care. In some Islamic countries, the term "Kafala" of Islamic law is used to describe a situation similar to adoption, but not necessarily with the severing of family ties, the transference of inheritance rights, or the change of the child's family name.

Other forms of family-based or family-like care placements:

d) **Residential care:** care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes, baby's homes etc.

e) Supervised independent living arrangements for children.

Facilitator's notes:

It may be a good gesture for PSWs and LCs to take care of

children and their families but it is not right. It should be only
done as an emergency measure. It is not right to offer this care
and support withour reporting the case to police or PSWO/CDO.

Keep the family together and prevent separation.

Reunification and kinship care

Foster care

Emergency response

Domestic Adoption

Special needs respite or residential care

Intercountry adoption
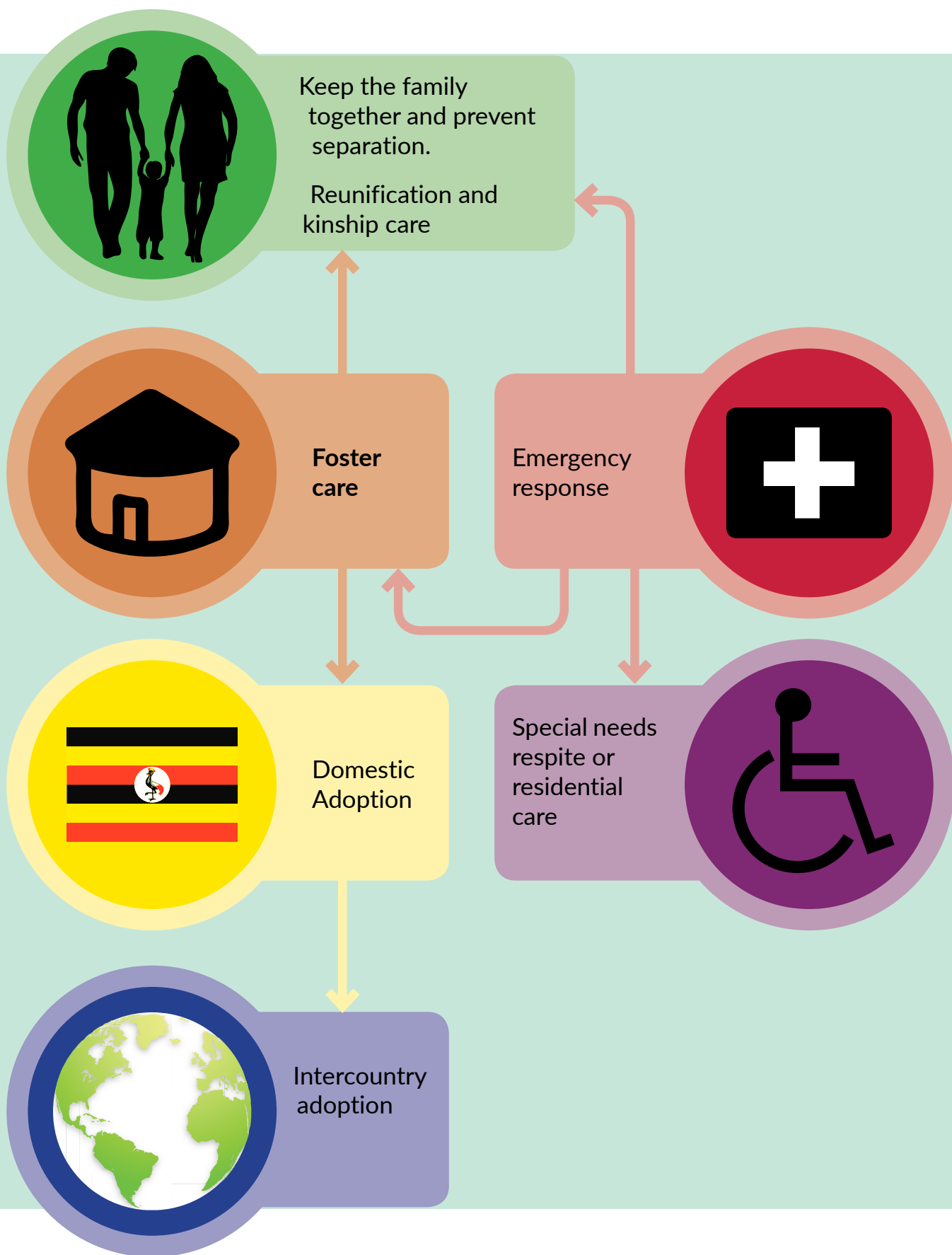
Source: Ministry of Gender, Labour and Social Development, 2015

**30
mins**

SESSION 2: PROCESS INVOLVED IN FACILITATING ACCESS TO COMMUNITY-BASED CHILD CARE AND PROTECTION OPTIONS

Facilitator's notes:

The process of vetting substitute families, placing children and providing adequate monitoring and support is time-consuming and labour-intensive. Local authorities or other community organisations may not have the capacity to follow this process without external support, at least initially. Where this is the case, the following process is recommended. (Parts of the process below may apply to kin caregivers who are not known to the child.)

a. **Identify willing families:** local government, community leaders and other local organizations can be asked to identify families who may be interested in fostering. They can play important roles in identifying, screening, and implicitly monitoring foster caregivers. Their knowledge of caregivers' backgrounds and characters, and their opportunities to observe how they are managing will often be greater than external social workers. They should be involved in determining what would make a person eligible to be a foster caregiver.

b. **Provide information:** provide families interested in fostering with initial information on the role of caregivers, length of placements, type and number of children that may be placed, and the type of care the child is expected to receive. The role of the agency in supporting the placement should be explained. It may be preferable not to give information on any financial payments caregivers may be eligible for until after initial screening of the family, in order not to encourage families to volunteer for financial gain. Adults who are willing to care for a child should be asked to discuss the issue with all the members of the household before arranging the screening interview.

c. **Undertake screening:** families who wish to be considered as substitute caregivers should be initially screened or interviewed to check that they meet pre-determined selection criteria. Where community members know each other, some sort of public community vetting process may be appropriate. A home visit should be carried out to check the suitability of the home environment, the attitudes of others in the household regarding any placement, and to obtain a character reference from others in the neighbourhood.

d. **Match the child and the caregivers:** the priority is to place the child according to which family would best suit his or her needs. This should take into account the wishes of the child, the make-up of the family, their location, if they are known adults from the child's community, and the ability to place siblings together.

e. **Provide the caregiver with initial training on key issues** relating to being a foster caregiver, including for example child protection procedures, how to help the child, how to manage behavioural issues etc. Where there are several adults preparing to be substitute caregivers, a group meeting can be set up.

f. **Prepare the child and caregiver for the placement:** the amount of preparation will depend on the time available. At a minimum, the worker should provide information on the placement and what the child and caregiver can expect. The child and caregiver should have the opportunity to ask questions about the placement.

g. **Complete placement registration:** if the worker, the child(according to his or her capacity to communicate) and the caregiver are in agreement that the placement should go ahead, a foster care agreement form should be signed, and the placement should be registered with all relevant authorities. It may be appropriate to do this in a public way, announcing to neighbours what the roles and responsibilities of the caregivers will be, and whether they are receiving compensation. This may help counter rumours and jealousies, and encourage some informal oversight. If the arrangement is expected to be temporary or permanent, this should also be made clear publicly. A representative from the placement agency should facilitate the meeting and sign the agreement along with the foster caregiver. A copy of the signed agreement should be placed in the child's case file.

h. **Place the child:** the child should be accompanied to the placement, ideally by their current caregiver or case worker. (Some cultures may mark the arrival of the foster child with a ceremony to welcome the child.) The foster child,children in the foster family, and/or the foster caregiver should receive any agreed upon provisions. The foster family and child should be linked with available community groups and other supports ,including community-based schooling/vocational training, and recreational activities.

i. **Monitor the placement:** thereafter, the child and foster family should be seen weekly for the first few weeks, ideally by community-based trained staff (like a Para-social worker), and there should be a review of the placement and the care plan every 12 weeks.

Time:

30 mins

SESSION 3: BENEFITS OF COMMUNITY-BASED CARE OPTIONS: FOSTERING (FORMAL AND INFORMAL) AND ADOPTION

ADVANTAGES OF FOSTERING AND ADOPTION

1. Foster care and adoption can provide the advantages of family-based care within a child's own community. In some situations, particularly with spontaneous care initiated during an emergency, it can become de facto adoption in settings where State Child Protection Services and formalization of care arrangements are very limited or do not exist.

2. Foster care and adoption play an important role in a situation where a child's own family is not providing adequately for his or her care. It can provide protection and care for the child while the family situation is being improved, with the eventual aim of family reunification.

3. It is vital that children are provided with opportunities to express their wishes and concerns regarding with whom they live and have contact. The appointment of a legal guardian is a means of ensuring that their opinions are taken into account.

4. Foster caretakers often receive support to meet the child's needs and prevent placement breakdown. This may include parenting guidance and access to basic services for the child. Payment for care requires thoughtful consideration and should not encourage the separation of children from their families, or the use of a child for financial gain. All placements should be regulated to ensure the standards of care protect the child and encourage his or her development.

FACT SHEET ON ADOPTION

Domestic adoption

When all efforts to enable reunification or kinship care have been exhausted, domestic adoption may be considered. Adoption is the process where the legal guardianship of a child is transferred from her or his parents (or from the state) to new parents via a foster care order that can be consolidated into a full adoption order after one year of foster care, as explained in the Children's (Amendment) Act 2016.

All efforts should be made to find a suitable family in the child's country of origin so not to dislocate the child from her or his cultural heritage and national identity.

The Ugandan government believes that it is best for all children to grow up in families (as opposed to growing up in orphanages).

"We encourage Ugandan citizens to open their hearts and homes to children who have no families of their own and make a place for them within their own family."

Ugandans Adopt

Due to the strength of an emphasis on the extended family, Uganda has a long tradition of families caring for children of family members.This is often referred to as informal fostering or informal adoption. Legally adopting children who are non-blood relatives is still a fairly new concept in Uganda.

During 2011, MoGLSD partnered with Child's i Foundation to run a campaign called Ugandans Adopt, to promote domestic adoption. This campaign was and is very successful, having resulted in more than 30 Ugandan families adopting non-blood relatives. The Adoption Panel is chaired by the Government of Uganda under The Ministry of Gender, Labour and Social Development.

While many misconceptions and fears still exist about adoption, the campaign has proved that through education and good social work practices, there is a demographic of Ugandans who can and will adopt non-blood relatives.

The campaign continues to call on all children's homes to join the Ugandans Adopt process and make their children available for domestic foster care and domestic adoption.

Inter-country adoption

The Children's (Amendment) Act 2016 of Uganda is clear on the process and governance of international adoption. A person who is not a citizen of Uganda may, in exceptional circumstances, adopt a Ugandan child, if he or she:

- Has stayed in Uganda for at least 12 months.
- Has fostered the child for at least thirty-six months under the supervision of a probation and social welfare officer as amended by the Children (Amendment) Act 2016.

In Section 48, the law says on the functions of the court:

"The court shall, before making an adoption order, be satisfied that:

The applicant or any person on behalf of the applicant has not paid or agreed to pay money or anything in place of money to the parent, guardian, or any person in charge of the child, in consideration of the adoption of the child.

If all the preferred responses in the continuum of care have been tried and a solution has not been found, as a last resort, the Alternative Care Framework allows for inter-country (international) adoption to be considered. However, use of this last resort should be considered a call to action to invest more in the earlier, preferred responses."

REPORTING, REFERRAL & FOLLOW-UP OF CHILD PROTECTION CASES

SESSION 1: FORMS OF CHILD RIGHTS VIOLATION AND REPORTING PROTOCOL

Facilitator's notes:

This session focuses on reporting of child rights violations, with particular emphasis on where and how to report, as well as response systems, such as the child help line, Sauti. The facilitator should review with participants the list of child rights violation cases discussed under module 2 to refresh them.

REPORTING CHILD RIGHTS VIOLATIONS

Reporting is an integral part of child protection. It is important to note the following points about reporting:

- In order to get help or services, a Child Protection violation case has to be reported.
- For the reporting system to function, there must be interventions.
- Interventions are linked to the rings of responsibilities.
- The effectiveness of a reporting system depends on the people's understanding and application of the Child Protection guiding principles.

By the end of the unit, participants should be able to:

- Identify and report child rights violations related cases
- Receive, handle and refer cases beyond the PSWs' mandate.
- Demonstrate understanding and application of the child protection guiding principles while handling child protection cases.

Time:

2 hours

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However, for the system to work there must be interventions available to respond to a reported case. Without interventions, the person needing help will only be more discouraged and potential harm can be caused. Reporting does not necessarily lead to an institutional form of support. Nevertheless, reporting to a family member who has means to help, or reporting to a neighbour who can provide care and support, are forms of interventions.

CP violations (examples)	Who reports	To whom	Consequences
neglect			
physical abuse			
sexual abuse	a. abused child b. friend c. neighbour	a. parents b. teacher c. leader d. police	a. rejection (negative) b. help (positive)

HOW REPORTING WORKS: WHO REPORTS, AND TO WHOM?

CONSEQUENCES OF REPORTING

Reporting can come from any direction. However, there will be a consequence to that report. The consequence will either be negative or positive, based on whether or not the guiding principles and rings of responsibility were respected and followed.

Guiding principles are an important ingredient in this process. If the case is reported and the principles are not carefully assessed, then one of two consequences will take place. The report will either bring about help (positive response) or rejection (negative response). Within the reporting system, there will be consequences with each and every decision and action taken. This is the reason why it is vital to think through each guiding principle before one makes any decision to report a child protection case.

2 hours

2 hours

SESSION 2: GUIDING PRINCIPLES IN HANDLING CHILD PROTECTION CASES

The facilitator reviews with participants the core guiding principles in child protection covered under module two, unit3, session 1.

SESSION 3: REFERRAL SYSTEMS

Facilitator's notes:

This session focuses on referral pathways and challenges, service maps, case record keeping using registers and follow-up of cases. The session is built on the earlier sessions under module two. The facilitator needs to remind participants about things that have been covered as they provide a better foundation for understanding and applying the core guiding principles in handling child protection cases.

Referrals are done according to the guiding principles prioritizing the Best Interest of the Child and according to the Rings of Responsibilities. Therefore, if a neighbour reports a case of child abuse to a social worker, the social worker's role is not to jump to the next ring (institution or national, for example the police, or the probation officer), but rather, through their examination and understanding of the case, the social worker would go back to the child and family ring, and determine if there was support and protection at that level before moving forward. After a thorough examination of the situation and assessing the best interest of the child, the social worker moves through each ring of responsibility as they assess the proper referral for support and care for the child.

Referrals are at different levels: child/peer, family, community, institution/services, sub-county and district, national, and international.

An example below shows what kind of issues can be referred to what level:

1. Child ring: peer to peer support for emotional well-being.
2. Family ring: shelter, love, care, food, etc.
3. Community ring: protective traditional practices and/or support networks in place to monitor.
4. Institutional ring: medical support, educational support, financial support, probation and social welfare assistance, legal support etc.

A referral involves many layers: not only health or legal support,

but also emotional support, physical support, cognitive support, community support, etc.

Use the following chart to explain to participants in a logical sequence how referrals are administered.

Child Protection Issue	Someone Reports (From)	To	Result	To	Result
Sexual abuse	child's friend	social worker	negative (frustration) positive (helpful)	police	negative positive
Abduction	parent	neighbour	negative (frustration) positive (helpful)	LC	negative positive
Child labour	neighbour	another neighbour	negative (frustration) positive (helpful)		negative positive
Denial of school	teacher	head teacher	negative (frustration) positive (helpful)	police	negative positive
Parental neglect	child	child's friend	negative (frustration) positive (helpful)	teacher	negative positive

Just like with reporting, with each referral,there will be either a positive (helpful) or a negative (frustrating/abuse) consequence. With each referral, participants must follow the guiding principles, in particular, the Best Interest of the Child, when making a decision to refer a case forward.

Referrals are only given if the individual, institution or service provider cannot meet all the needs of the child in handling the child protection case.

MULTI-SECTOR APPROACH

Unlike reporting, referrals are done through a multi-sector approach in order to ensure that the full well-being of the child is catered to. The following diagram illustrates the nature of the multi-sector approach to referrals:

The child's full well-being must always be looked at first. Therefore, when referring a child for support, one must look at the emotional well-being, the physical well-being, the social/economical well-being, and the spiritual well-being of the child.

In addition to the above, when referring a case, it is essential that individuals also look at:

1. guiding principles
2. rings of responsibility
3. legal protection
4. overall protection – safety and security

Therefore, if a child is referred for medical care (which would be both physical well-being and emotional well-being), to do this, one would need to first look at the guiding principles, the rings of responsibility, the legal protection and the safety of the child before making that referral.

Example:

If a child who has broken an arm is referred to the traditional healer at the community level for treatment, what might be some risks associated with this referral?

1. Would the child's full well-being be compromised?
2. Is it safe?
3. Would there be legal consequences?
4. Would this referral be in the best interest of the child?
5. Would specific aspects of the case be kept confidential?
6. How would the child's participation be affected?

Each child protection case, therefore, takes on a multi-sector approach as is illustrated in the diagram below.

RESPONSIBILITY AFTER REFERRALS
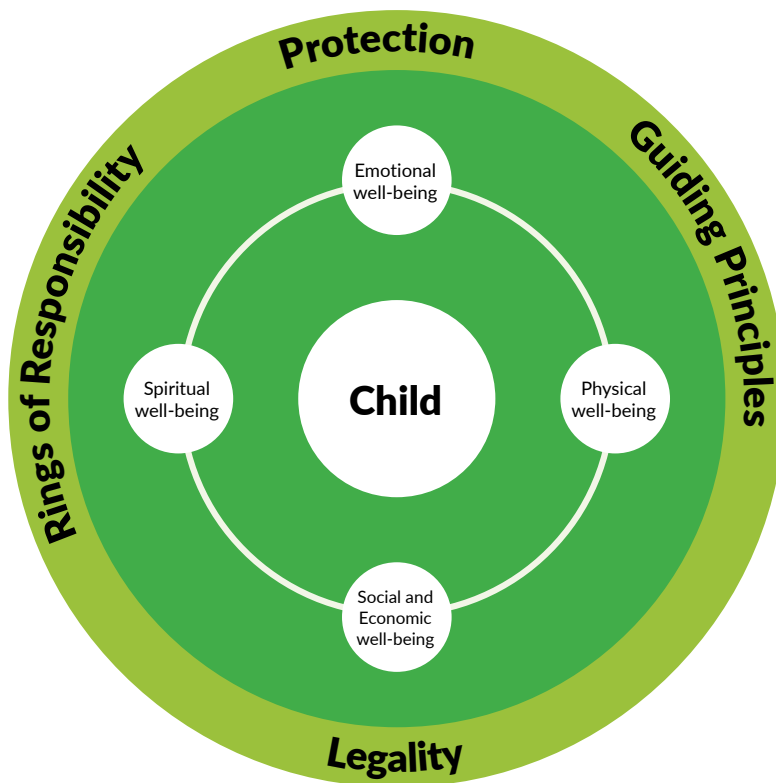
When we refer a child protection case on to another party, individual or service provider, our responsibility does not end there. In child protection we have the responsibility to ensure that our referrals are done in the best interest of the child, and that the child remains protected if we are no longer directly involved in the case. This crosschecking and follow-up on our referrals is a measure used to guarantee that the child is supported and protected and does not become lost in the network of service providers.

FOLLOW-UP OF CHILD PROTECTION ISSUES

Follow-up is the final stage of the Reporting and Referring System. This last step should take place during all levels of referrals, as well as during a child's reintegration process back into a family, community, school etc.

- Each level of reporting and referring has the responsibility to do a follow-up.
- Build from the Rings of Responsibility. (I.e. Follow-up can be done at many levels and through different means.)
- Follow-up with a purpose and action plan.
- Follow-up process is met through the guiding principles.

Follow-up uses the same approach as the reporting and referring stages in terms of its logical sequence. It engages the rings of responsibility, guiding principles, and there will be positive and negative consequences based on the degree of follow-up. Use the chart below to illustrate this point:

CP violations	By Who	For Who	Date On	Result
sexual abuse	NGO social worker	abused child	a) well-being of child (emotional, physical, social, economical, spiritual) b) legal process c) safety	• more counselling • community education • medication • training of police, midwives, magistrates, judges, CBWs, service providers

Follow-up on child protection cases should reflect the type of support services the child is receiving, or the child's needs based on the initial referral process. **Every aspect of a child's well-being should be assessed during a follow-up.**

Follow-up can be extremely difficult in situations where there are few resources, few staff and/or security risks. However, to skip or neglect the follow-up process means children are also less protected. Without a follow-up system in place, the Protective System for children will never be complete. It is therefore essential that follow-up continue, even if it is not done through traditional means.

DATA COLLECTION, MANAGEMENT AND USAGE

SESSION 1: UNDERSTANDING DATA COLLECTION TOOLS

Facilitator's notes:

The data collection tools referred to in this session include (but are not limited to): case management books, referral forms, three factor vulnerability tool, home visit tool, OVC lists, police records, CDO records, LC1 records etc. The Para-social workers need to befamiliar with such data sources, and know when and from where to access them. Para-social workers can use collected data to improve their quality of service.

DATA COLLECTION AND DATA COLLECTION TOOLS

A list of data collection methods/tools

Quantitative methods	Qualitative methods
• administering oral or written interviews • reviewing records (e.g. OVC list, CDO records, Police records, PSWO records, medical records, PSW's case management records etc.) • observation	• administering oral or written in-depthinterviews • focus group discussion • interviewing • case studies • observation

The Para-social workers, for example, will be expected to collect data routinely on the following indicators:

- Number of service providers providing a comprehensive service package.
- Number of service providers providing support under each CPA.
- Number of OVC caregivers trained in providing quality care and support according to the national quality standards.
- Number of OVC caregivers trained in preventive care, identification of health problems, management of minor illnesses, and referral of OVC for specialist services.
- Total number of registered OVC beneficiaries.
- Number of OVC served under each CPA.
- Number of OVC served under supplemental direct support (in one or two CPAs).

By the end of the unit, participants should be able to:

- Demonstrate ability to collect, record, analyse and use child-related data.

Time:

2 hours

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- Number of OVC served under primary direct support (in three or more CPAs).
- Total number of OVC served (primary direct plus supplemental direct).
- Number of OVC households who received psychosocial support from trained service providers within the last 3 months.
- Number of service providers with a functional referral network for services they do not provide.
- Number of service providers that have had at least one support supervision visit by a sub-county or district-level official within the last three months.

Note: It is important to make HIV data stand alone: towards achieving the 90-90-90 targets for 2020.

- Number of cases referred to test for HIV.
- Number of HIV positive cases enrolled into care.
- Number of HIV cases with undetectable viral lead

DEALING WITH ETHICAL ISSUES OF INVOLVING CHILDREN IN DATA COLLECTION

- Inform caregivers and children about the need for data collection and get consent.
- Clarify roles and expectations through community meetings (if necessary).
- Avoid giving incentives for data collection, since these will attract more children and caregivers. However, if it is absolutely necessary, it must be within the cultural standards and values of the community.
- Consult and involve the local leaders.
- Ensure that those involved in data collection are competent to deal with children.
- Honour commitments made in the community, as this will affect future processes.

Time:

1 ½ hours

SESSION 2: BASIC DATA ANALYSIS, STORAGE, DISSEMINATION AND USAGE

Facilitator's notes:

The Para-social workers will work together with civil society organizations, parish chiefs, CDOs and SPWO on data related to child care and protection.

Below are key terms. Write the terms and definitions separately and ask partcipants to match them. Let them justify their

definitions. Once they have completed the exercise, confirm the definitions and correct any mistakes.

Analysis of data is a process of inspecting, cleaning, transforming, and modelling data with the goal of highlighting useful information, suggesting conclusions, and supporting decision-making based on the available data. Data analysis has multiple facets and approaches, encompassing diverse techniques under a variety of names. For instance:

Editing means cleaning up raw data through deletion, insertion and cutting out of certain ideas which are deemed unnecessary or less important.

Coding means assigning numbers to variables and putting raw data together according to their frequency.

Tabulating means arranging, presenting or organizing findings from research (tables, bar graphs, pie charts, line graph etc.).

Interpreting means deriving meaning from the processed data. For example, there are 5 cases of child neglect being reported every month in village X. This implies that parents and/or caregivers do not play their parenting responsibilities as expected of them. This could be attributable to cultural beliefs that children have their space to enjoy life in future but not now.

DATA STORAGE, MANAGEMENT AND USAGE

Data management comprises all the disciplines related to managing data as a valuable resource.It includes setting up a central data management system (database). For example, this can be done at the CDO's or the Probation and Social Welfare Office, whereby Para-social workers periodically submit datasets.

DATA USAGE/UTILIZATION

Data collected and analysed can be used in the following ways:
- decision making
- policy influencing
- advocacy and planning
- resource mobilisation
- understanding trend of event/situation over a given period of time

Role play:

Ask partcipants to form 5 smaller groups. Each group has 15 minutes to prepare a role play one how they used data in one of the above five ways. e.g. they shared data with local leaders to create a policy for reporting child exploitation.

PARENTING SKILLS

INTRODUCTION

The module is intended to increase knowledge and skills for community-based child protection workers who support parents and caregivers to strengthen their relationship with children. The module is based on themes consistent with familiar parent education programs such as Systematic Training for Effective Parenting (STEP), Active Parenting Today (APT), and Parent Effectiveness Training (PET).

OVERALL OBJECTIVES

By the end of the module, participants will be able to:
- Explain the meaning of parenting.
- Identify the different parenting styles and their impact on the child's growth and development.
- State the different ways to work with children of different personalities.
- Discuss the factors that influence a child's personality.
- Identify ways of prompting positive parenting.

UNITS

Unit 1: Understanding Parenting

UNDERSTANDING PARENTING

SESSION 1: PARENTING AND PARENTING SKILLS

Who is a parent?

A parent is a caretaker of the offspring in their own species. The offspring of human beings is called "child", whereby "child" refers to offspring in general, independent of the age. Biological parents consist of the male and female. In all human societies, the biological mother and father are both responsible for raising their young. However, some parents may not be biologically related to their children. An adoptive parent is one who nurtures and raises the offspring of the biological parents, but is not actually biologically related to the child. Children without adoptive parents can be raised by their grandparents, aunts, uncles, older brothers and sisters or other family members, a situation which is very common in Uganda and the entire sub-Saharan Africa region.

What is parenting?

Parenting or child upbringing is the process of promoting and supporting the physical, emotional, social, and intellectual development of a child from infancy to adulthood. Parenting thus refers to the aspects of raising a child aside from the biological relationship. In many cases, orphaned or abandoned children receive parental care from "parents" without any existing blood-relationship between them. Others may be adopted, raised in foster care, or placed in orphanages.

By the end of the unit, participants should be able to:

- Define a parent and parenting.
- Identify and explain the different parenting styles.

LEARNING ACTIVITY 7.1 INTRODUCTION TO PARENTING

Ask participants to share experiences on the following scenario:

A case scenario of a 9-year-old child:

Your 9-year-old child no longer listens to what you say, consistently disobeys your requests and instructions, is performing poorly at school, is getting into fights, does not want to do any work at home, and is always starting trouble with both the younger and older sisters and brothers. She is also very abusive and stubborn and is always pointing out that you do not like her and that you like her sisters and brothers better. What would you do?

Facilitator's notes:

- Let the participants share their different views about the above scenario.

- Support the participants to come up with the best way to handle the situation based on the key guiding principles of child protection, previously covered under module 1 in this training manual.

- The facilitator should wrap up by pointing out the importance of parenting styles.

ACTIVITY 7.2 UNDERSTANDING AND CHOOSING PARENTING STYLES

Facilitators' notes:

- Group the childhood-rearing experiences of the participants in different categories indicating the parenting style of their own parents. The categories could include: strict and harsh parents, responsible and caring parents, permissive and lenient parents, or uninvolved and neglectful parents.

- The facilitator may choose to divide the respective (four or more) groups occupying the corners in a room, or use different sides or spots in case the training takes place outdoors.

- Ask the participants in the different category groups to sit in pairs and identify the key elements that best describe what kind of parents their fathers, mothers or fosters were.

- Afterwards, ask them to identify those elements in the parents they want to be. Let the sharing be guided by the following questions:

  - What parenting style (elements) were you brought up in? Do you like it now?

  - What parenting style (elements) do you prefer for bringing up your children?

  - Discuss the following notes on parenting styles with the participants and ask them to identify where they most likely see themselves. What about their husbands/wives? What about their parents? Which styles are preferable above others? Why?

PARENTING STYLES/PATTERNS

Authoritarian Parenting (strict/harsh)

Authoritative Parenting (responsible/caring)

Permissive Parenting (lenient/tolerant)

Uninvolved Parenting (neglectful/careless)

There are mainly four patterns of parenting:

1. **Authoritarian Parenting (strict/harsh)**

In this style of parenting, children are expected to follow the strict rules established by their parents. Failure to follow such rules usually results in punishment. Authoritarian parents fail to explain the reasoning behind these rules. If asked to explain, the parent might simply reply, "Because I said so." These parents have high demands, but are not responsive to their children. These parents are obedience- and status-oriented, and expect their orders to be obeyed without explanation.

Specific characteristics:

■ Home may be well organized and children not physically neglected – but not many warm feelings.

■ Parents are self-centred and very busy.

■ Lots of Dos and Don'ts and hard punishments.

- Children can't ask questions.
- Children are left out of important discussions like illness, family business etc.
- Children are often fighting among themselves and disagreeing on many issues.

2. Authoritative Parenting (responsible/caring)

Authoritative parents establish rules and guidelines that their children are expected to follow, like authoritarian parents. However, this parenting style is much more democratic and provides explanations for the rules and demands put upon the children. Authoritative parents are responsive to their children and willing to listen to questions. When children fail to meet the expectations, these parents are more nurturing, forgiving and encouraging rather than punishing. These parents monitor and impart clear standards for their children's conduct. They are assertive, but not intrusive (disturbing) and restrictive. Their disciplinary methods are supportive rather than punitive.

Specific characteristics:

- Parents listen to what children say and ask.
- Parents discuss important family issues with the children.
- They give helpful advice/guidance and are good role models, so their children grow up in the same way.
- They notice, encourage and reward good behaviour of their children.
- They involve children in household chores.
- They encourage children to stay at school or stick at work.
- Children are proud of their family.
- They all work together as a team.

3. Permissive Parenting (lenient/tolerant)

Permissive parents, sometimes referred to as indulgent parents, have very few demands of their children. These parents rarely discipline their children because they have relatively low expectations of maturity and self-control. Permissive parents are more responsive than they are demanding. They are non-traditional and lenient, do not require mature behaviour, allow considerable self-regulation, and avoid confrontation. Permissive parents are generally nurturing and communicative with their children, often taking on the status of a friend more than that of a parent.

Specific characteristics:

- Have few rules or standards of behaviour.
- When there are rules, they are often very inconsistent.
- They are usually very nurturing and loving towards their children.

- They behave more like a friend than like a parent.
- They may use bribery such as toys, gifts and food as a means to get a child to behave.

4. **Uninvolved Parenting (neglectful/careless)**

An uninvolved parenting style is characterized by few demands, low responsiveness and little communication. While these parents fulfil the child's basic needs, they are generally detached from their child's life. In extreme cases, these parents may even reject or neglect the basic needs of their children.

Specific characteristics:

- Parents don't seem to notice or care what's happening within their family and with their children.
- Children do what they want, even though these behaviours might sometimes put them in danger.
- Children generally don't go to school regularly.
- Home and children are neglected.
- Money spending is badly organized.
- Not much organization and planning for the future.

SESSION 2: THE IMPACT OF PARENTING STYLE ON CHILDREN

Session objective:

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

- Discuss the impact of parenting styles on the individual child.

Facilitator's notice:

The facilitator will launch a discussion in pairs whereby participants will look at how each parenting style affects children (see the table on the next page). The facilitator can use the question: How do the following parenting styles affect children?

- Authoritarian
- Authoritative
- Permissive
- Uninvolved

The Four Main Parenting Styles		
Parenting style	Parents' Behaviour	Children's Behaviour
Authoritarian parenting	Rigid, punitive, strict standards, harsh.	Unsociable, less friendly, withdrawn, not creative, follow strict rules, obedient without questioning, unhappy, always see things as unfair, low self-esteem.
Authoritative parenting/ responsible/caring	Firm, sets limits and goals, uses reasoning, encourages independence, e.g. will let siblings resolve their conflict by themselves, loving and ideal.	Confident, self-controlled, feels secure, takes risks, successful at school, creative, likeable, social, self-reliant and independent.
Permissive parenting	Relaxed with "I don't really care" attitude, inconsistent, undemanding, emphasizes freedom, sets low expectations, can even use toys and gifts to achieve compliance, mostly a friend and not a parent to the child.	Impulsive, low self-control, immature, moody, dependent, unable to make decisions, unmotivated at school, more likely to experience problems with authority.
Uninvolved parenting/Laissez-faire or careless/neglectful	Sets low expectations, unresponsive, detached, neglectful, sees their role as only providing food, shelter, clothing and not the emotional part.	Indifferent, rejecting behaviour, no self-control, rebellious, unsuccessful at school

Facilitator's notes:

Exploring reasons why parenting styles differ from parent to parent.

Discuss with participants and ask them to brainstorm on some of the possible reasons why parenting styles differ from one parent to another.

After learning about the impact of parenting styles on child development, you may wonder why all parents simply don't utilize an authoritative parenting style. After all, this parenting style is most likely to produce happy, loving, confident and capable children.

What are some reasons why parenting styles might vary? Some potential causes of these differences include:

- culture
- personality
- family size
- parental background
- socio-economic status
- training on parenting
- influence of peers
- change in policy/ government regulations
- stress
- age
- educational level
- religion

SESSION 3: UNDERSTANDING YOUR CHILD'S PERSONALITY

This session is intended to help the participants discover and appreciate the different types of personalities their children have, and to help them learn how to use this new knowledge to improve their relationship with their children.

Session objective

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

- State the different types of personalities of young people.
- Explain how they can support young children of different personalities to grow up into responsible persons.

THE FOUR BASIC PERSONALITY TYPES

Children have different personalities – that is, different ways in which they see and react to things that are going on around them. "Personality" refers to the specific thoughts, feelings and behaviours that make every person and so every child unique. Every child has his or her own unique way of seeing and reacting to things, and his or her own unique way of developing relationships with others.
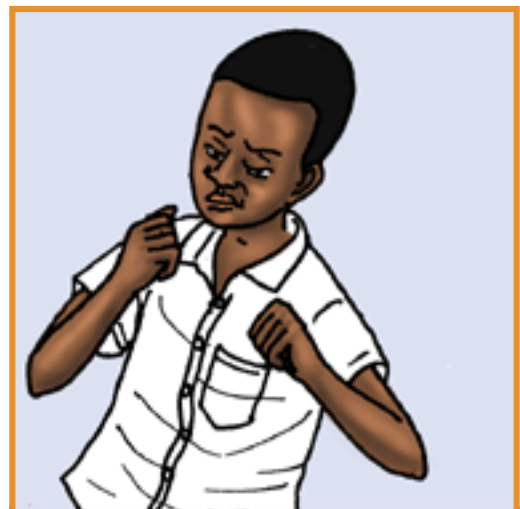
Sanguine

Choleric

Phlegmatic

Melancholy

There are mainly four types of individual personalities. They are outlined below together with some of their commonly recognized characteristics.

a) **Sanguine:** traditionally associated with **air**. People with this temperament tend to be playful, lively, sociable, carefree, talkative, and pleasure-seeking. They may be warm-hearted and optimistic. They can make new friends easily, be imaginative and artistic, and often have many ideas. They can be flighty and changeable; thus, sanguine personalities may struggle with the following tasks all the way through and be chronically late or forgetful. Pedagogically, they can be best reached through awakening their love for a subject and their admiration of people.

b) **Choleric:** the choleric temperament is traditionally associated with **fire**. They may be excitable, impulsive, and restless, with reserves of aggression, energy, and/or passion, and try to in still that in others. They tend to be task-oriented people and are focused on getting a job done efficiently; their motto is usually "Do it now". They can be ambitious, strong-willed and they like to be in charge. They can show

leadership, are good at planning, and are often practical and solution-oriented. They appreciate receiving respect and esteem for their work. Pedagogically, they can be best reached through mutual respect and appropriate challenges that recognize their capacities.

c) **Phlegmatic:** the phlegmatic temperament is traditionally associated with **water**. People with this temperament may be inward and private, thoughtful, reasonable, calm, patient, caring, and tolerant. They tend to have a rich inner life, seek a quiet, peaceful atmosphere, and to be content with themselves. They tend to be steadfast, consistent in their habits, and thus steady and faithful friends. Pedagogically, their interest is often awakened by experiencing others' interest in a subject. People of this temperament may appear somewhat ponderous or clumsy. Their speech tends to be slow or appear hesitant.

d) **Melancholy:** the melancholic temperament is traditionally associated with the element of **earth**. People with this temperament may appear serious, introverted, cautious or even suspicious. They can become preoccupied with the tragedy and cruelty in the world and are susceptible to depression and moodiness. They may be focused and conscientious. They often prefer to do things themselves, both to meet their own standards and because they are not inherently sociable. Pedagogically, they can be best met by awakening their sympathy for others and the suffering of the world.

Facilitator's notes:

A child's personality is inborn even though children's personalities are sometimes guided by their environment, depending on what their parent does. Most times, children adopt personalities from their parents, depending on the time they spend together, and largely through their environment, such as from their peers, church and other community activities.

SESSION 4: WORKING WITH THE DIFFERENT CHILD PERSONALITIES

Session Objective:

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

- Identify the different ways of working with children of different personalities.
- Identify the factors that influence a child's personality.

Learning activity

Group brainstorm

Notes for the facilitator:

Divide participants into five groups. Assign each group a type of child. Ask them to brainstorm how they would deal with the different personalities. The five groups should be:

1. Inattentive child

2. Aggressive child

3. Rebellious child

4. Highly sensitive child

5. The inactive child

After the brainstorm, have the different groups share their outcomes.

Children may portray different personalities, such as being inattentive, being aggressive, being rebellious, inactive or highly suspicious. Below are the different ways in which we can work with the different child personalities.

a) **With the inattentive child:**
   - Don't focus on the child's lack of attention.
   - Advise the child to think about his or her behaviour.
   - Help the child deal with one thing at a time.
   - Talk with the child about or explain to the child the negative consequences of this behaviour within his or her life now (relationships with parents, siblings, school, friends, family, larger environment…) and in the long term.
   - Communicate verbally every positive change you observe in the child and reward every small step in a better direction (extra attention, doing something nice together…).

b) **With the aggressive child:**
   - Be patient.
   - Be warm, nurturing and trusting.
   - Help the child express feelings through words.
   - Teach the child to think about his or her behaviour and to develop self-control.
   - Talk with the child and explain to the child the negative consequences of this behaviour within his or her life now and in the long term.
   - Communicate verbally every positive change you observe to the child, and reward every small step in a better direction.

c) **With the rebellious child:**

- Try to understand what it is that upsets your child.
- Be patient.
- Be gentle and kind.
- Support your child in making slow changes to become more flexible.
- Talk with the child and explain to the child the negative consequences of this behaviour within his or her life now and in the long term.
- Express verbally and communicate every positive change you observe to the child, and reward every small step in a better direction.

d) **With the highly sensitive child:**

- Be understanding.
- Be very gentle, but firm.
- Help the child in exploring new experiences.
- Talk with the child and explain to the child the negative consequences of this behaviour within his/her life now and in the long term.
- Express verbally and communicate every positive change you observe to the child and reward every small step in a better direction.

e) **With the inactive child:**

- Be active and firm.
- Make a special effort to attract his/her interest and attention.
- Talk with the child and explain to the child the negative consequences of this behaviour within his or her life now and in the long term.
- Express verbally and communicate every positive change you observe to the child, and reward every small step in a better direction.

The major task of the parent/caregiver in this situation is to respond supportively to the positive behaviour of a child, and to encourage their child to adopt this behaviour as much as possible. The parent/caregiver should also carefully help and guide their child in dropping the negative behaviour.

Facilitator's notes:

Participants should be made aware that understanding and accepting each child's unique personality will improve that child's happiness. What matters is the presence of a concerned, supportive and open adult in each child's life.

Factors that influence a child's personality:

There are a number of factors that influence a child's personality, these include:

- **Genes:** individual differences in infant and child temperament are genetically influenced. Genes therefore play a big part in deciding our personalities, but there must be other factors too, such as heredity factors.

- **Environment:** such as the influence of home life, school or even the neighbourhood. For instance, a home filled with negativity can turn a cheerful child into a negative or hopeless one. Also, a home filled with violence and anger, can make a child fearful or aggressive.

- **Birth order:** the way parents and caregivers treat their children for being the oldest, or the youngest child. They may show love to the child depending on the birth order. Usually children who are given attention and love are likely to have a more positive personality than those who are neglected.

- **Gender:** this can influence the different behaviours expected from girls and boys. For example, girls have to be quiet and boys can be talkative, girls have to do as they are told, boys don't cry and boys have to be strong.

- **Age:** children behave according to their level of maturity. As they grow, their personalities and behaviours also change.

- **Wars/armed conflict:** armed conflict can affect all aspects of child development: physically, mentally and emotionally. The disruption of food supplies, the disintegration of families

and communities, the displacement of populations, and the destruction of educational and health services all take a heavy toll on children.

■ **Relationships:** your relationship with your child will have a greater impact on him or her than that of any other person, so do all you can to nurture him or her. Also seek to help him or her develop mutually uplifting relations with siblings, grandparents, friends and others.

■ **School:** be involved in your child's education to ensure that your child's classroom is suited to his or her makeup. A teacher should be able to recognize your child's personality traits, build up their strengths, and encourage them to overcome weaknesses, since children spend a large proportion of their time at school.

■ **Trauma in early childhood:** this last influence may be important to consider if you are raising a child who has been abused or neglected. You may have difficulty separating his or her innate character traits from those that have evolved out of fear of punishment. One adoptive father noticed his child's compulsion to clean or organize, and recognized that his preference for keeping his room neat could either indicate the child's innate love for order, or it could stem from fear. It is possible that the child thought that he would be beaten for not keeping his room clean or mistakenly thought neatness would help him or her to be more accepted. Since they were not sure what drove his neatness, this child's adoptive parents were careful not to focus too much praise on that particular behaviour.

Facilitator's notes:

Ensure that participants understand that difficult experiences like death of parents, abuse, or neglect can affect a child's personality and behaviours. Parents and caregivers should be made aware that in the event of them noticing any unusual behaviours or emotions in their children, especially depression, they have referral points where they can receive support. As a facilitator, engage parents to identify such referral points for different negative behaviours in the locality.

SESSION 5: PARENTING RESPONSIBILITY

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

• Identify the role of parents/caregivers in the positive upbringing of their children.

• Mention the tips for successful parenting.

Positive parenting goes beyond meeting the basic needs of the child. It requires the parent to know his or her children well and

be close to them, provide love, support and encouragement at all times, be respectful and trust them as much as possible, understand that each child is different and unique, set appropriate limits and rules for behaviour according to their ages and situation, discipline their children in positive ways, understand and accept that their children change as they grow older, and be a good role model for their children.

Parenting involves many responsibilities. Many of these relate to meeting the child's basic needs, such as feeding, shelter, health, education and safety. It is critical; however, that you as a parent recall other fundamental needs of your child and address them as they manifest themselves. These include the need to be loved, the need for truth and fairness at all times as well as the need of happiness. You don't need material things to make your child happy. The most important condition to his/her happiness is your parental presence.

The need of a child can be summarized as below:

Material needs	Social needs	Psychological needs
Food	Family	Parental love
Clothing	Friends	Parental care
Medical care	School	Values/beliefs
Shelter	Culture	Spiritual guidance
Security/protection	Religion	Sense of belonging
Possessions	Community	Recognition
	Recreation	Respect

Often we look at the material needs of the child, and we forget about social and psychological needs. It is essential that we think about others and ourselves as having all of these needs. Love and care is just as important for a child as proper feeding is. By first understanding our own needs and the needs of others, we become better equipped to meet their psycho-social needs.

To understand the child's needs, the parent/caregiver needs to open up space for children's participation, by involving children to participate in identifying their needs and responsibilities.

Group exercise:

Draw two pictures, one indicating a family that is caring for their children, hence the children appear to be happy and on the other hand, draw a picture of the family where the child seems to be neglected and therefore unhappy.

Discussion:

Tell participants to look at the pictures above and ask them the following questions:

1. What's going on in the picture on the left? What about the picture on the right?
2. Which child looks happier?
3. Which picture demonstrates better parenting skills?
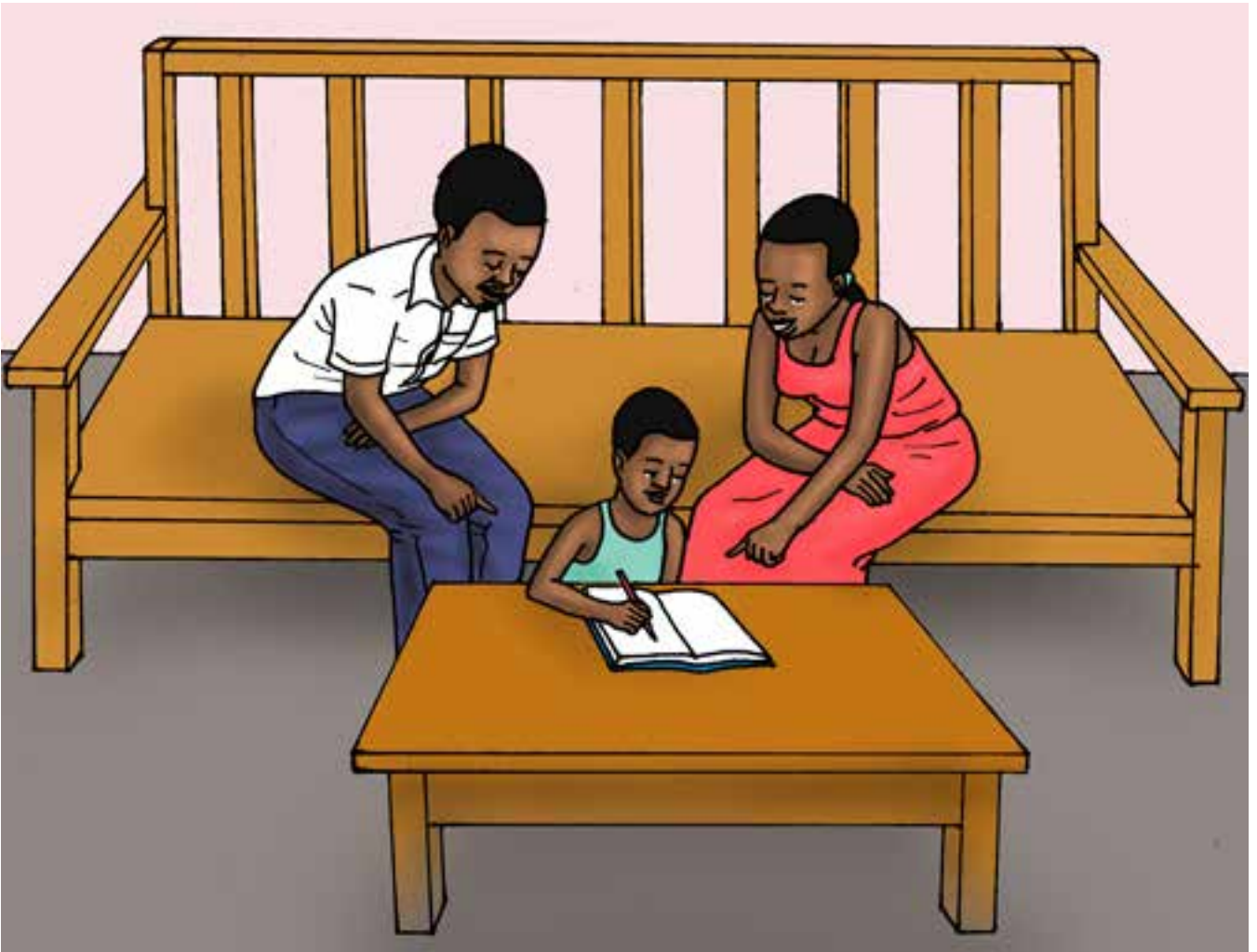
10 TIPS FOR SUCCESSFUL PARENTING

Parenting is the most important job you will ever have. It is also one of the most challenging. Your job of parenting changes as your children grow and mature, requiring you to adjust to the needs and ages of your children. Use the following tips to help guide your parenting in healthy and positive ways.

a) **Celebrate the Positive**

Recognizing children for their effort is as important as the actual effort. For example, if your child has just cleaned the compound, celebrate that effort and accomplishment even though it may not have been cleaned the way you might have done it.

b) **Take Time to Talk and Really Listen**

Encourage children to talk openly and let them know that talking through their feelings is a healthy way of expressing

themselves. Provide children with the words and be a role model by talking about your own feelings.

c) **Use Discipline, Not Punishment**

"Discipline" is a method of teaching children life-long responsibility and acceptable behaviours. Punishment, on the other hand, tends to force children to behave in a certain way and does not allow for children to be responsible for their own behaviour. The use of natural and logical consequences when children make mistakes or misbehave allows for discipline that teaches responsibility and life-long learning.

d) **Teach Responsibility Constructively**

Teach responsibility by giving children frequent opportunities to practice making decisions about what he or she needs to do in a given situation. For example, instead of saying "You made a mess, you left your dishes on the table and you need to take them to the sink and rinse them", try saying "The table is a mess, what do you need to do to get it cleaned up?"

e) **Separate the Child from the Behaviour**

Never tell a child that he or she is bad. This really hurts a child's self-esteem. Communicate to your child that it isn't that you do not like him or her, but that it is the behaviour that you are unwilling to tolerate. For example, instead of saying, "You are acting like a baby", try saying, "I know you are upset, but I can understand you better if you talk to me in your regular voice." Your child must know that your love is unconditional and although you may be upset with his or her behaviour, it does not affect your love for him or her.

f) **Actions Speak Louder than Words**

If you find that your child has stopped listening, it is because, on average, we give our children over 2000 commands per day! They stop listening when they feel we are nagging or yelling. Instead of telling your child a third or fourth time, think about what action you could take. For example, if your child continues to throw his towel on the bathroom floor rather than hang it up, instead of doing it for him/her or yelling at him/her one more time, simply remove the towel or leave it in a heap on the floor. It will either be gone or still damp the next time and will better deliver the message of why it is important to hang it up.

g) **Use Natural and Logical Consequences**

Think about what would happen in a situation if you do not interfere. When we interfere unnecessarily, we rob children of the chance to learn from the consequences of their actions. By letting the natural consequence take place, we avoid nagging. If your child forgets his PE shoes one day, instead of taking them to school or to the game, let the child suffer the consequence

of not playing that day. When natural consequences are not safe or not practical, be sure the consequence is logical. A consequence must be logically related to the behaviour to be effective. For example, he forgets to return his video to the rental store where a daily late fee will add up, return the video, but deduct the late charge from his allowance or let him/her pay it off over time if it is already several days overdue. This allows your child to see the logic to the discipline.

h) **Spend Quality Time with Your Child and Leave the Stress of Work at Work**

We all lead busy lives, and often we are thinking about all we have to do rather than spending 100% of our attention being with and listening to our children. We sometimes pretend to listen or unintentionally ignore what our children are saying. If we don't give our children 100% attention, they will start to misbehave. In a child's mind, negative attention is better than no attention at all. Remember that your child's feelings are important to recognize. If your child says, "Mom, you never play with me", (even though you just finished playing with her) she is expressing what she really feels. It is important to validate her feelings by saying, "Yes, I bet it does feel like we haven't played in a long time." Parents are all busy, but it is important to remember not to take your job home with you. When parents bring job-related stress home with them, they are less tolerant and more prone to argue with their children.

i) **Give Children Input Into the Decisions That Affect Them and Hold Family Meetings**

Ask your child's advice when it is appropriate to do so. This can help a child feel powerful and valuable. Give your child choices, let him or her help you and have input into simple daily decisions. It may seem like it is sometimes easier to do a simple task ourselves rather than waiting for the child to complete it, but this does not allow the child to make choices and feel important. Many families find that having a regular family meeting time is helpful. Family meetings allow time for everyone in the family to bring issues to the table and discuss them.

j) **Be Kind Although Firm and Consistent**

If you set a limit with your child and time comes to act on it, act with reason and firmness and do not allow your child to get into a power struggle with you. For example, suppose that you have told your child that the toys must be picked up by supper time, or the remaining toys will be put away for a while. When it is time for supper, simply pick up the remaining toys and put them out of sight without anymore nagging or extension of time. Do not give in to pleas, tears, pouting or promises. Your child will learn to respect you more if he or she learns that you mean what you say.

DEVELOPING A COMMON LANGUAGE OF CONFLICT AND VIOLENCE

INTRODUCTION

Before the session, prepare a flipchart with the module objectives and aims. Display the flipchart at the beginning of the session. This is not for discussion; it is simply the road map for the entire module.

This module is designed to lay the foundation for the skills that Para Social Workers (PSWs) need to engage with and transform conflicting and violent relationships. Effective actions rely upon a good analysis. As humans, whether we realize it or not, we are at all times engaged in analyzing our situation through observation, listening, talking and actions. This module will introduce a common language for thinking about our situations together. It will provide some tools to help us think about conflict and violence from a number of perspectives.

OVERALL OBJECTIVES

- To form

EXPECTED OUTCOMES

- To develop a common understanding of conflict, violence and peace
- To learn and use the participatory tools of conflict context analysis
- To identify when and how to use each tool in order to analyze a conflict context
- To identify possible entry points for interventions

UNITS

Unit 1:

Exercise: Developing a common language of conflict, violence and peace [20 minutes]

For 20 minutes, brainstorm as a group. Ask participants, what comes into your mind when I say 'conflict'? Without comment, write participants' words and phrases on a flipchart.

Referring to what the participants have said, explain that we all have a different understanding of conflict. The words and phrases that come up will reflect both violent and non-violent aspects of conflict.

Explain that it is helpful to separate our understanding of conflict and violence.

Session 1: Understanding Conflict

Aims:

a) To introduce a common definition of conflict

b) To understand that there are different types of conflict and that conflict is dynamic

Presentation: Defining Conflict [5 minutes]

Write the following definition of conflict on a flipchart:

Conflict is a relationship between two or more parties (individuals or groups) who have, or think they have, incompatible goals.

Emphasize that conflict is relational; it is about 'us' and 'them', 'me' or 'we', and the 'other'. Conflicts are a fact of life and not necessarily harmful. Some examples include conflict in homes, peer conflict and group conflict, all of which are likely to affect children. Conflict becomes harmful when individuals/groups decide to achieve their goals through use of violence or force. Also explain that some conflicts can be based on our thoughts/perceptions about what the 'other' party wants or is trying to achieve.

Exercise: Identifying forms of conflict

Introduction to conflict squares [15 minutes]

Create a diagram of the 'conflict squares' on a flipchart. Explain each square in the model and illustrate/describe each type of conflict represented by each square.

Harmony / no conflict

Often this is a short-term phase where everyone in a particular situation shares goals and behavior, such as in this group right now.   Surface (visible or active) conflict

Taking the same example of the school, the militant group decides that because the community does not share their belief that girls should not have education, they will take action. They assault the teachers in public and threaten to close the school if girls continue to attend.

Latent (waiting) conflict

For instance, a militant group operating near a community with a school announces that they do not believe girls need education. They are seeking to persuade members of the community that this is the 'right' perspective.

Open conflict

The families of the excluded children are threatening the teachers with violence if their girls are not admitted. The community attacks several members of the militants who try to prevent their girls attending the school.

Group work [10 minutes]

Having presented the conflict squares, invite participants to form small groups (of three to four people) and ask them to identify a real life example of an evolving conflict from a community and to map it using the squares.

Plenary [15 minutes]

In plenary, ask if each group has examples and ask which was the most challenging conflict square to map. Ask other groups if they have an example for that square. Illustrate that conflicts can evolve and move between squares in no particular order, as conflict is dynamic.

Session 2: Violence and Peace

Aims

a) To introduce a common definition of violence
b) To understand that violence can be more than just visible behavior

Presentation: Defining violence [5 minutes]

Write on a flipchart the definition of violence as follows:

Violence is the actions, words, attitudes, structures or systems that cause physical, psychological, social or environmental damage/harm and/or prevent people from reaching their full human potential.

Time:

5 mins

Emphasize that violence is defined by damage/harm and there are different forms of violence.

Exercise: Identifying forms of violence

Introduction to the Violence Triangle Tool
[30 minutes]

Introduce the Violence Triangle by first drawing a large triangle on a flipchart. Then label each of the three corners: A (Attitude), B (Behavior) and C (Context). Explain each of the A, B, and C corners as:

Attitudes: what we think, feel, and believe – for example, fears, values, belief systems, cultural teaching, prejudice

Behavior: what we see – for example: ignoring, punching, shooting, raping, looting, killing, and discrimination

Context: systems and structures that discriminate – for example, laws, social norms (including how families manage their relationships), policies, cultural practice

Invite the group to give you examples of violence. Ask them where in the triangle these examples should be placed. Show participants how each corner of the triangle can affect the other corners. Emphasize the linkages and how they reinforce each other. Highlight that our work as PSWs can take place in one or all corners.

Time:

15 mins

Session 3: Introduction to Conflict Analysis

Start by asking participants why they feel it is important to understand the situation where they live or work. List their comments on a flipchart.

Highlight that this first tool of analysis will focus on the direct and indirect, their relationships, the issue(s), and the power dynamics in that situation. Explain that conflict context mapping focuses on the here and now of actors, relationships and power. It may need repeating as circumstances change.

Explain that participants will construct a diagram using circles to represent the actors in the conflict context. The size of the circle will show how much power that actor has in the particular situation. The lines connecting the actors show the type of relationship they have with arrows indicating in which direction influence flows.

Have participants suggest a situation where there is conflict. Write this on a flipchart and draw the diagram below this description. Together identify all the actors, assigning them

circle sizes based on the power they hold in that situation. Have participants draw these circles. Next, have the participants draw arrows based on the direction the influence flows between each circle.

Session 4: Causes, triggers and effects of conflict

The Conflict Tree analysis tool

Effects

Problem

Causes
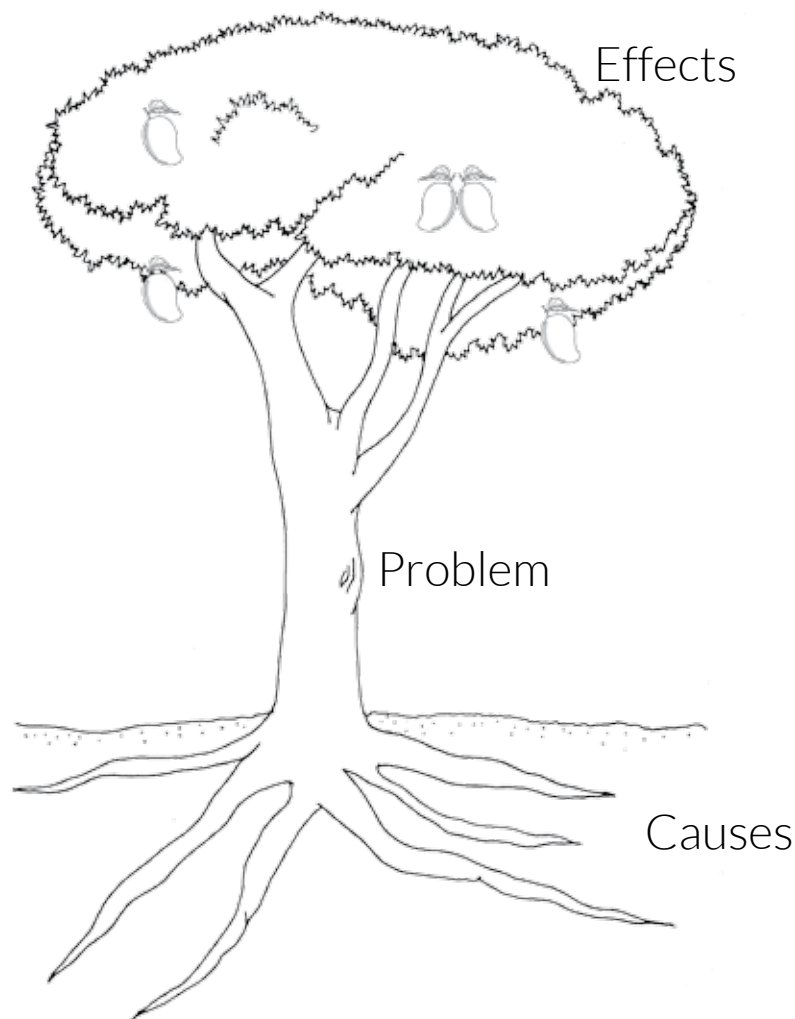
Display a drawing of a Conflict Tree on a flipchart

Explain that:

a) The effects of conflict are what we can see in the situation (behaviour and actions) (Branches).

b) The core issue is the main problem to be addressed (Stem/ Trunk- Triggering events). There may be more than one core issue.

c) The root causes are those factors that give rise to what we see (Roots).

The triggering events are the events or actions that increase the effects of the conflict and make the conflict worse.

SUSTAINING THE WORK OF PARA-SOCIAL WORKERS

INTRODUCTION

Para Social Workers are the voluntary frontline child care and protection workforce recognized by the Ministry of Gender, Labour and Social Development (MoGLSD) and by local governments. They link up with the Community-Based Services Department at the lower local government (sub-county/division/town council) and district (SPWO) levels in regard to reporting and handling child-related cases. Aware that they are not paid by the government, there is a need to explore opportunities at all levels to motivate them and sustain them over a long period of time. This module focuses on efforts by PSWs and government technical officers to come up with innovative and creative approaches and interventions. The module consists of two units. Unit 1 provides guidance on getting the PSWs form and register associations for recognition as part of Government service delivery structure, while Unit 2 explores ways of effective involvement and participation of the PSWs in LG planning processes, linking with other sectors and associated community resources persons and structures, streaming reporting mechanisms and guiding PSWs on career path development, with the view to sustaining the work of Para-social workers.

OVERALL OBJECTIVES

- To form and register Para-social workers associations.
- To link Para-social workers associations to existing socio-economic programs/opportunities.
- To increase Para-social workers' ability to effectively participate in the local government planning process and service delivery system.
- To jointly develop a mentorship and support supervision plan with CDOs.
- To discuss strategies for Para-social workers' career paths.

EXPECTED OUTCOMES

- Para-social workers form and register their associations and link to the National Association of Social Workers of Uganda.
- Para-social workers associations are linked to existing socio-economic programs.
- Para-social workers participate effectively in the local government planning process and service delivery system.
- A mentorship, career path and support supervision plan is jointly developed and implemented.

UNITS

Unit 1: Formation and Registration of Para-Social Workers Associations and Linkage to Existing Socio-Economic Opportunities

Unit 2: Participation in Local Government Planning Process and Coordination

FORMATION AND REGISTRATION OF PARA-SOCIAL WORKERS ASSOCIATIONS AND LINKAGE TO EXISTING SOCIO-ECONOMIC OPPORTUNITIES

SESSION 1: BUILDING A TEAM

Successful teams usually have the following characteristics: a climate of trust and openness, a sense of belonging to something important, and honest communication. They encourage a diversity of experience as well as flexibility and sensitivity to others. When mistakes are made, members see the mistakes as part of the learning process. Open discussions help members find the causes of problems without assigning blame. Members of effective teams recognize their interdependence and the need for each other's special knowledge, skills, and resources. They know that together they can achieve results that they cannot achieve as individuals.

Members of effective networks practice cooperation, not competition. They take responsibility for their individual roles in advancing network objectives, but they value their team identity. In addition to pooling their skills and understanding, they recognize that the team approach provides mutual support. The synergy that comes from productively working together on an important issue can sustain efforts, even through difficult times.

Learning Outcomes
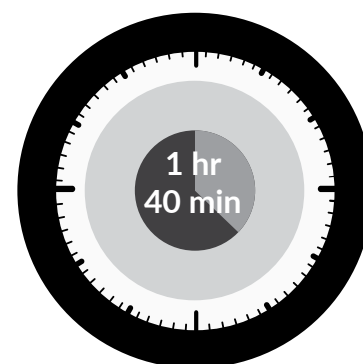
By the end of this unit, participants will be able to;

- Describe behaviors that lead to team success, and
- Describe the stages of team growth.

Materials needed:

- Flipchart, markers and tape
- Overhead projector
- Copies of handouts

By the end of the unit, participants should be able to:

- Discuss modalities for the formation and registration of the Para-Social Workers Groups/CBOs and Associations at sub-county, division, or town council and district levels and link to National Association of Social Workers at the national level.
- Demonstrate understanding of the existing guidelines and procedures for formal registration of sub-county, division, or town council PSWs groups or CBOs at the district level.
- Identify existing socio-economic programs/ opportunities that PSWs groups or CBOs can benefit from at the community level.
- Develop strategies for linking Para-Social Workers Groups/CBOs and associations to existing socio- economic programs/ opportunities.

- Background Notes
- Behaviors that Facilitate Team Success
- Stages of Team Growth

Introduction to Team–Building

1 hr 40 min

Time: 15 minutes

Introduce team building by reviewing the unit objectives and making a brief presentation on team building. Here are some major points to review in your introduction:

- Members of effective groups function as a team. They know that they are interdependent and need each other's special skills and abilities. They know that together they can achieve results that they cannot achieve as individuals.

- Within the "group," the role of the leader resembles that of a facilitator—someone who listens carefully, creates trust and eliminates fear, delegates tasks, shares information, empowers other members, mitigates conflict, and keeps the network moving toward its goals.

- Each member of the group is responsible for his/her individual contribution to develop a "team identity" among the members.

- Teamwork requires hard work and a long-term commitment. It is easy for one person's enthusiasm to wane. The synergy that comes from people working together on an important issue can sustain efforts, even through difficult times.

- The purpose of this session is to help participants recognize the importance of team-building within the network. Characteristics of effective networks include a climate of trust and openness, a sense of belonging to something important, and honest communication.

ACTIVITY 2

Broken Squares Exercise

Time: 45 minutes

1. Before this session, prepare 6 sets of broken squares (instructions below)

2. Divide participants into teams of five (strictly five), and assign any extra team members to the roles of observers. Ideally each group should have five players and one observer.

3. Introduce the activity by explaining that the game they are about to play is a learning experience that will be discussed later.

4. Mix each set of 15 pieces and distribute three pieces at random to each of the five players on each team.

5. Instruct the teams, "Each member of your team has three pieces of paper. When I say 'begin,' the task for each of the five-team members is to form five perfect squares of equal size. Your task will not be complete until each of you has a perfect square in front of you. The rules of the game are as shown:"

Rules of Broken Squares

- No team member may speak
- Team members may not signal others to give them a piece of the puzzle
- Members may not take pieces of a puzzle from another person
- Members may give pieces of their puzzle to other members of the team
- Observers will watch to ensure that members follow the rules
- You have 15 minutes to complete the task

6. Tell the teams to begin.

7. Call an end to the game after 15 minutes.

8. Show the players who were unable to complete the squares how to do so.

9. Analyze what happened during the game and discuss the lessons learned. Use the following questions to guide the discussion:
   - Who was willing to give away pieces of her/his puzzle?
   - Was anyone willing to give away all of his/her pieces?
   - Did anyone finish his/her puzzle and then separate from the rest of the group?
   - Did anyone break the rules?
   - Was there anyone who continually struggled with the pieces but was unwilling to give away any or all of the pieces?
   - Was there a critical point when members of the group began to cooperate?

10. Explain that the purpose of the game was to demonstrate the importance of cooperation in solving problems. People need to share what they know in order to find solutions.
    - What happens to the team when one person finishes and stops working on the team problem?
    - What happens if you ignore another person's task?

11. Ask participants to think about their own organizations.
    - What have you noticed in your own organization that was demonstrated by this exercise?
   - What lessons did you learn about being a more effective team member?

Directions for Making Broken Squares Sets

A set consists of five envelopes containing pieces of poster board cut into different patterns which, when properly arranged, will form five squares of equal size. When making multiple sets, use a different color of poster board for each set of five envelopes.

To prepare one set of Broken Squares, cut out five poster board squares, each exactly 6" by 6". Mark the squares as shown below and write the appropriate letter on each piece on the back of the poster board so they can be placed in the proper envelopes.

The lines must be drawn so that the small triangles in squares 1, 4, and 5 will be exactly the same size. In square 2 the pieces labeled B and E must also be exactly the same size. Any lines drawn to the middle of the side of a square must be exactly 3 inches from both corners for that side. Cut each square along the lines into smaller pieces to make the parts of the puzzle.

Label the five envelopes A, B, C, D, and E. Place the poster board pieces into the five envelopes according to the letter on each piece. The number of pieces for each envelope: A-3, B-4, C-2, D-2, E-4.
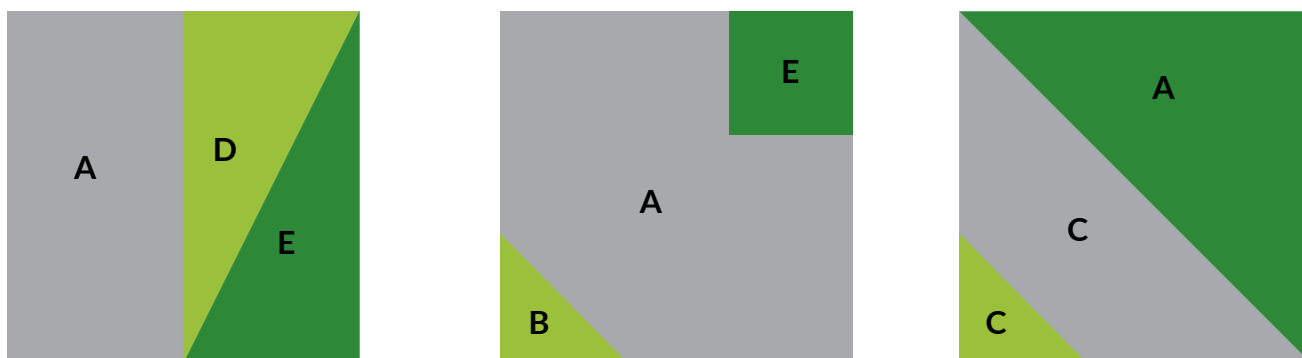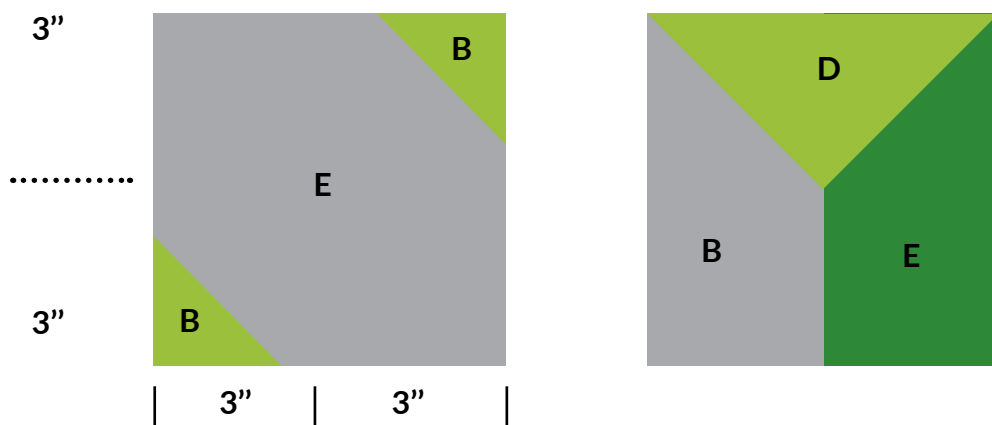
Behaviors that Contribute to Team Success

Time: 20 minutes

1. Write the following heading on a flipchart: "People on Successful Teams…"

2. Ask the full group to think about the behaviors and actions they observed during the game or in the course of other experiences that encouraged teamwork and led to successful outcomes. Ask participants to complete the phrase "People on successful teams…"

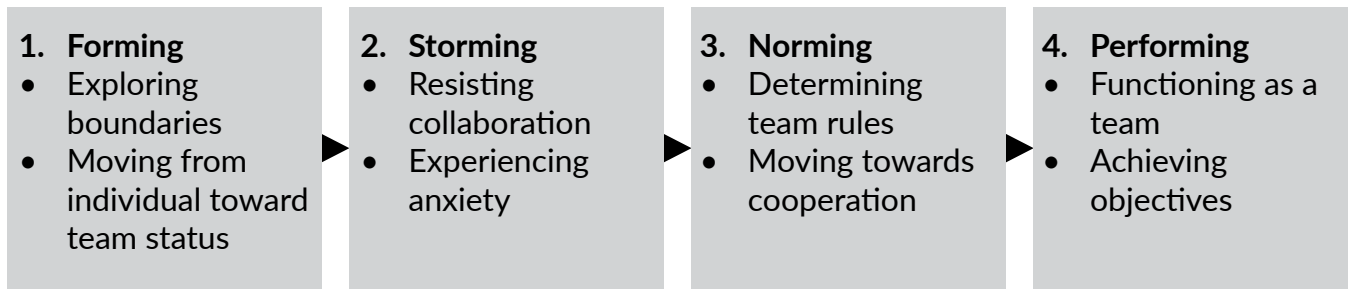3. Write the responses on the flipchart. Be sure to include the following if they are not mentioned by participants:

People on Successful Teams…

√ Clarify roles, relationships, assignments, and responsibilities

√ Share leadership functions within the group and use all member resources

√ Tolerate ambiguity, uncertainty, and a seeming lack of structure

√ Take interest in each member's achievements as well as those of the group

√ Remain open to change, innovation, and creative problem solving

√ Commit to keeping group communication on target and on schedule, while permitting disagreements

√ Promote constructive criticism and helpful feedback

√ Foster trust, confidence, and commitment within the group

√ Foster a norm that calls for members to support and respect one another and remain realistic in their expectations of one another

The Broken Squares exercise demonstrated quickly and clearly some behaviors that promote teamwork as well as some behaviors that frustrate teamwork. The discussion expanded on the characteristics of people who contribute to effective teams. It is easy to identify and even model these behaviors in a workshop setting. However, teamwork in the real world is very different. In real life, the tensions and expectations created when a group of diverse individuals form a team exert a strong influence on how and when the group becomes a "team." It will happen—a team will emerge! The timing may vary, but all teams pass through similar stages of development on their way to becoming effective. The next activity explains these stages and reassures team members that the changes experienced by their team are normal.

Stages of Team Growth

Time: 20 minutes

1. **Forming**	2. **Storming**	3. **Norming**	4. **Performing**
• Exploring boundaries • Moving from individual toward team status	• Resisting collaboration • Experiencing anxiety	• Determining team rules • Moving towards cooperation	• Functioning as a team • Achieving objectives

Stage 1: Forming
- Transition from individual to member status
- Members explore acceptable group behaviour
- Feelings of excitement, anticipation and optimism, suspicion, fear and anxiety
- Attempt to define tasks, responsibilities
- Many distractions–little work accomplished
- Exploring boundaries
- Moving from individual toward team status

Stage 2: Storming
- Members realise task is different and more difficult
- Decision-making process is not yet defined
- Members are argumentative and short tempered
- Members resist collaboration-doubt success
- Pressures prevent work from progressing
- Members begin to understand each other

Stage 3: Norming
- Group norms established
- Members accept roles and responsibilities
- Conflict is reduced
- Cooperation replaces competition
- Feel relief that things will work out
- Express critism constructively
- Differences resolved; time and energy spent on work

Stage 4: Performing
- Diagnosis and problem solving begins
- Changes implemented
- Members accept strengths and weaknesses
- Satisfaction with team's progress
- Members develop attachment to one another
- Team is cohesive and effective

1. Introduce the four stages to the participants.
2. Stages of Team Growth
3. After the presentation of the four stages of team growth, lead a general discussion of the concept by asking questions such as;
   - What stage is this network in now?
   - How do you know?

Note to Facilitator: Help the participants think about the characteristics and behaviors they are currently exhibiting and link those to one of the stages. New teams will be "forming" while older teams may be in the later stages. Ask the participants how they could reduce the length or severity of the difficult stages.

- Why is it important and/or helpful to understand the stages of team growth?

Understanding the stages of team growth can help network members recognize and understand what is happening within their group at any given time. It can also help relieve negative feelings or frustration if the group knows it is experiencing the normal characteristics of growth. Members can discuss what is happening at any stage and help move through the hard times.

Time:

45 mins
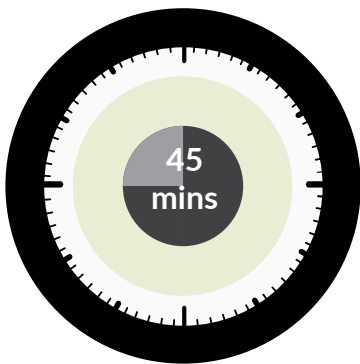
SESSION 2: LEADERSHIP STRUCTURE AND GROUP DYNAMICS

Para-social workers from each parish or ward in a sub-county, division, or town council are encouraged to form and register as a Community-Based Organization (CBO) with the district. After paying a fee, which varies from district to district (ranging from 15,000 UGX to 20,000 UGX), the district issues a certificate of recognition which legalizes their operations as service providers complementing service delivery to disadvantaged individuals, groups and communities. PSWs groups/CBSD at district, sub-county, division, or town council level constitute a district PSWs association, forum or network which is affiliated to the National Association of Social Workers.

At all levels, PSWs should be supported and guided by technical officers at LLG (CDOs) and district level (DCDO, SCDO and SPWO) to exercise high levels of democracy as they elect officer bearers. Note that PSWs remain members of their previous groups and are encouraged to integrate the childcare and protection work they have been entrusted within their mother organizations' work plans.

Group Work/Exercise

What are benefits that accrue from PSWs' registration with the district and forming a District PSWs Association?

Steps:

1. Divide the class into 3 groups. Each group

    a. discusses benefits of registration and forming associations.

    b. identifies challenges to registration and forming associations.

    c. discusses characteristics of an effective PSWs group / CBO.

2. Groups present in plenary and agree on key issues with support and guidance of the facilitator.

3. Wrap-up by the facilitator.

Emphasize benefits of registration. These include, but are not limited to:

- Identity, visibility and acceptability at the community level and sub-County, division and town council level by community members, elected political leaders and civil servants.

- Registration is a requirement for any group of people to access government grants and even funding from development partners.

- Members are bound to live according to the provisions in the constitution, which keeps them together and focused on their scope of work.

Emphasize characteristics of effective groups, which PSWs groups are expected to be:

- All group members work towards the building of a learning team. This becomes the shared vision. A learning team constantly works to have a good group process which they believe leads to maximized learning for each and every group member.

- Everyone feels and takes responsibility for the group's success.

- The group sees a relationship between their work and rewards.

- The group knows and uses good group process behaviours as follows:

    – They learn and practice specific roles.

    – They learn to deal with conflict and practice these skills.

    – They communicate clearly and directly with each other.

    – They ask for clarification instead of letting discussions go on.

- They value differences.
- They stay systematic and focused.
- They work collaboratively, believing that collaborative individuals can meet their personal goals while simultaneously improving personal relationships and group processes.
- They understand that conflict helps them get to know each other's views, which is a learning experience.
- They sense when things are not going well and make efforts to self-correct.
- Members understand how personality preferences can influence group dynamics.

Time:

1 ½ hours
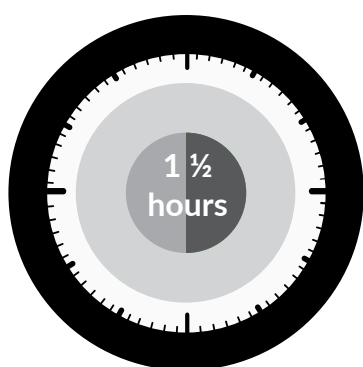
SESSION 3: CONSTITUTION DEVELOPMENT AND REGISTRATION AT THE DISTRICT

Facilitator's notes:

For PSWs to provide services within the confines of their mandate as guided by the MoGLSD, be recognized by local governments and appreciated by community structures and community members, it is highly recommended that they agree to form and register as groups and associations at sub-county, district and national levels.

Para-social workers from a given sub-county, division or town council are encouraged to register as a community-based organization and later upgrade to an NGO. A constitution is a mandatory requirement for registration at the district level. To come up with a constitution, PSWs, if necessary, should seek technical support of a community development officer at sub-county, division or town council level. Among many, PSWs Constitution should highlight roles/mandate of PSWs, leadership/governance structure, membership requirement and link with other government structures in the context of child care and protection in particular and service delivery in general.

Group Exercise

The facilitator asks participants to buzz in groups of 5 on the content of a constitution, and the procedure of registration at the district level.

Wrap up: the facilitator summarizes the content of a constitution and steps of registration as follows:

**Constitution content**: Key areas to focus on:

- Introduction
- Statement of the problem/rationale i.e. what has motivated them to form a group
- Goal
- Objectives
- Highlight of thematic areas and associated activities (e.g. child protection, Health & HIV & AIDS, Education, Functional Adult Literacy)
- Geographical scope – where to operate
- Membership i.e. how one becomes a member and loses membership
- Governance structure/Leadership
- Founding members

Key steps in registration of a PSWs Group at District level, formation of a District PSWs Association and linking up with the National Association of Social Workers:

- PSWs from different parishes or wards agree to form and register a group at a sub-county, division or town council level.
- Make a PSWs constitution with technical assistance of a community development officer.
- PSWs inform their mother organizations about the plan to register a PSWs group/CBO. This is to avoid suspicion among other members not selected to train as PSWs.
- PSWs mobilize funds from membership, individual contributions or any other source.
- PSWs apply to the district community development officer to register the group whose geographical scope of operation is limited to a stipulated sub-county, town council, or division. The application and registration fee can be handed over to the CDO en route to the DCDO.
- The DCDO guides the representative of the PSWs or the CDO entrusted by the PSWs to pay a registration fee in the bank as per district requirement and guidance from the district treasury cashier.
- On presentation of a bank slip, the DCDO processes a Certificate of Registration signed by him or her first, and later the chief administrative officer(CAO).
- The Certificate of Registration expires after 2 years and is renewed upon satisfaction of the PSWs group/CBO performance in form of preferably quarterly and annual reports and support supervision reports by CBSD staff (CDO, SPWO, SCDO, DCDO).
- The PSWs' registered groups in different LLGs may associate at district level and also register as a district PSWs NGO or forum.

- The LLG PSWs groups/CBOs can affiliate or join the sub-county and district CSO forum upon fulfilment of requirements.
- The District PSWs association/NGO may apply and be guided on joining the National Association of Social Workers.

45 mins
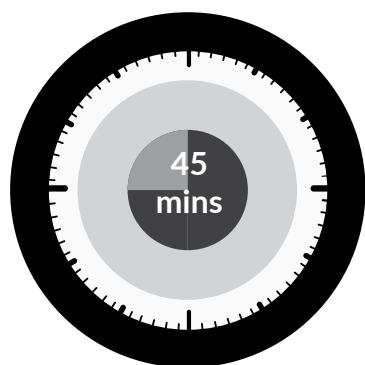
SESSION 4: EXISTING SOCIO-ECONOMIC PROGRAMS IN THE DISTRICT

Facilitator's notes:

Socio-economic programs entail interventions designed by government, development partners and the private sector whose main objective is to improve on the well-being of individuals, households and communities. Key fields of support are health, education, livelihood, nutrition and food security, water and sanitation, women and youth empowerment, and environment conservation, to mention but a few. They are implemented following a set of guidelines that define the target, access criteria, governance structure and strategies for success and sustainability. If designed and funded by the government, funds for interventions are released in the form of conditional grants through local governments.

One of the criteria to access the grant is the application by community members as a group which is registered by the district. Funding socio-economic interventions by development partners is usually through NGOs and CBOs that operate at district, sub-county, division, or town council level.The private sector under corporate social responsibility also funds community-focused interventions. Therefore, PSWs stand to benefit if they are aware of such opportunities and link up with government structures like local council I, II and III , coupled with technical guidance from the community development officer at sub-county, division, or town council leveland the DCDO, SCDO and SPWO at district level.

Group Exercise

Identifying socio-economic programs/opportunities, benefits and linkage strategies, challenges and mitigation measures.

Steps:

- Divide the class into 3 groups.
- Each group discusses and identifies socio-economic programs or projects in their community or sub-county, division or town council, and notes whether some members are benefiting. If not, they indicate why they are not benefiting. They also discuss the benefits of linking

or sharing the identified socio-economic programs or opportunities, the strategies for linking up or benefiting, and the challenges and mitigation measures and solutions.

- Plenary presentations by three groups.

- Facilitators wrap up. Emphasize strategies for PSWs groups/ CBOs/Associations to benefit or link, and highlight some of the following:

  - PSWs registered or recognized by the district.

  - PSWs' participation in bottom-up planning, starting at the village or cell, parish or ward, sub-county, division, or town council level up to the district level.

  - PSWs' representatives keeping in touch with CDOs to access information on socio-economic programs.

  - PSWs supporting CDOs and parish chiefs or town agents to mobilize communities and fulfil access criteria, e.g. improving household and community hygiene, enrolling children in school etc.

PARTICIPATION IN LOCAL GOVERNMENT PLANNING PROCESS AND COORDINATION

SESSION 1: UNDERSTANDING LOCAL GOVERNMENT PLANNING PROCESSES AND ROLES OF COMMUNITY STRUCTURES

Facilitator's notes/participants handout:

STAKEHOLDERS IN THE LGDP PROCESS AND THEIR RESPECTIVE ROLES AND RESPONSIBILITIES

By the end of the unit, participants should be able to:

- Demonstrate understanding of their role in the local government planning process (bottom-up/participatory)and of the roles of community structures.
- Develop strategies for linking Para-social workers to other existing service providers at sub-county and district levels.
- Develop a framework for mentorship, career pathways, support supervision and coordination.

The Comprehensive National Development Planning Framework (CNDPF) of 2007 emphasizes a shift from a needs-based planning to proactive vision-based planning, and the need to provide adequate participation of non-state actors in the planning and budgeting process.

Legally, development planning in local governments happens at two levels: the higher local government level (district or city council), and municipal and lower local government level (municipality, sub-county or town council). Therefore, the primary stakeholders in the local government plan¬ning process are the institutions, agencies and individuals comprising these two levels. At each of these local government levels, there are structures and offices that carry out varied mandates and responsibilities in the development planning process.

Effective local government planning calls for participation of lower local coun¬cils, community institutions, civil society organizations (CSOs, NGOs, FBOs and CBOs) and the private sector (PSOs) in the local government development processes. Besides being the representative institutions for the targeted beneficiaries of the local government development plans, these institutions are also expected to take active part in the planning process, so that planning is made more relevant by addressing the real development needs and challenges faced by the people.

Local governments are required to ensure that there is adequate buy-in of CSOs/PSOs in the HLG and LLG planning processes

where they operate. Precisely and concisely, LGs should ensure:

- Integration of CSO/PSO development activities in the LGDP, via the following criteria:
  - Integration of CSO/PSO relevant issues in the analysis of HLG and LLG development constraints.
  - Inclusion of CSO/PSO resources in the LG development resource envelop.
  - Inclusion of CSO/PSO issues in the HLG development priorities submitted to the sector ministries and National Planning Authority (NPA) for inclusion in Sector Development Plans (SDPs) and National Development Plan(NDP).
  - Inclusion of CSO/PSO resources in the Local Government Development Plan (LGDP) financing matrix.
  - Inclusion of CSO/PSO in the LGDP implementation and M&E modalities.
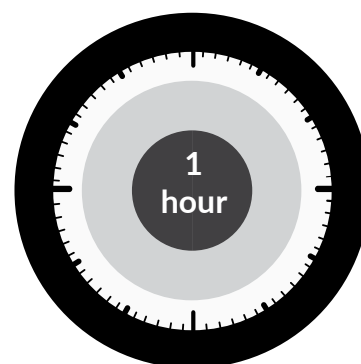
LGDP PLANNING TASKS AT VILLAGE/CELL/ COMMUNITY LEVEL

- Participating in popularizing the national vision, national strategic direction and rel¬evant crosscutting issues.
- Identifying general development issues, potentials, constraints and challenges facing the village or cell.
- Organizing and participating in community planning meetings to discuss village/cell development situations. The planning meetings at the village/cell levels are to be attended by all adult people living in the village/cell: representatives of community groups, religious organizations, government service institutions, private sector organizations, NGOs working in the area, etc.
- Ensuring timely compliance to the LGDP planning processes by all stakeholders in the village/cell.
- Mobilizing people to participate in the planning process and implementation of LGDP activities.
- Providing information on service delivery, transparency and accountability, and chal¬lenges and gaps in service delivery at the community level.

Participants' handout: Planning Roles and Responsibilities for CSOs/NGOs, CBOs, FBOs and Private Sector

In order to foster collaboration and complementarities in the local government planning process, NGOs/CBOs, Faith-Based Organizations (FBO) and the private sector play key roles, includ¬ing:

- Participating in planning and budgeting meetings of local

councils within their area of operation.

- Bringing in their expertise to facilitate local council planning processes.
- Contributing funds/logistics towards the local council planning and budgeting pro¬cess where possible.
- Making available their plans and budgets for integration into the local council plans and budgets.
- Providing information about their ongoing and planned interventions for integration in the LG development plans.
- Participating in the planning and implementation of LGDP activities.
- Contributing funding towards the implementation of LGDP.

In view of the above, to ensure that issues of children's vulnerability are priorities during the local planning process starting at the community level, PSWs are expected to perform the following tasks:

- Updating lists of critically vulnerable households and sharing them with community members during a planning session.
- Data collection and analysis on other community vulnerable groups, e.g. PWDs, the elderly and unemployed youth.
- Mobilizing community members, especially caregivers, to attend and participate effectively in planning sessions and come up with priorities for consideration at parish/ward, sub-county/division/town council and district level.
- Co-facilitating planning sessions at village, cell and parish or ward level to come up with issues that reflect point of pain and service delivery gaps.

- Giving feedback to community members on outcomes of the planning process at the parish/ward, sub-county/division/ town council and district levels, i.e. what priorities they forwarded have been considered for support or funding.
- Linking existing community structures(LCs, VHTs, PSWs, FAL groups) to extension workers and non-government funding agencies.
- Participating in implementation, monitoring and evaluation of community-supported interventions. This entails report writing and submission to community development officers at sub-county/division/town council level.

SESSION 2: LINKING PARA-SOCIAL WORKERS TO OTHER EXISTING SERVICE STRUCTURES IN SERVICE DELIVERY AT THE COMMUNITY LEVEL

Time:

45 mins

Para-social workers cannot work in isolation of their mother groups or organizations and other independent structures recognized by the government, for instance LCs, VHT and FAL groups. Worth noting is that some PSWs belong to one or more of these structures. Therefore, it is imperative that PSWs profile other structures within their area of jurisdiction, work in tandem and coordinate to avoid duplication and unnecessary competition that may lead to conflict. Ideally, PSWs groups or individuals work under supervision of LC officials at community level to ensure that what they are doing is in harmony with government laws, policies and priorities. They are not supposed to replace LCs or other structures established for a defined mandate under a given line ministry.

Group Exercise

The facilitator asks participants to identify other community structures and their mandate at the community level. Participants discuss benefits of knowing each structure and its mandate and the best way to coordinate. Brain stormed views/ ideas are written on a flip chart and the facilitator scans and complements before wrapping up the session.
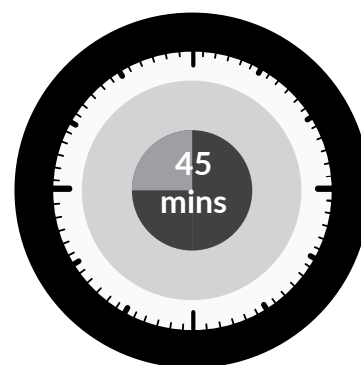
SESSION 3: DEVELOPMENT OF A JOINT MENTORSHIP, SUPPORT SUPERVISION, CAREER PATHWAYS AND COORDINATION PLAN FOR PARA-SOCIAL WORKERS

Time:

2 hours

Facilitator's notes:

For Para-social workers to continue providing quality services within the confines of their mandate, they have to be supported technically by the community-based services department at district and lower local government level. Since they are widely spread in a district, the community development officer at sub-county /division/town council level is well positioned to supervise PSWs on a regular basis. This is through bi-monthly, monthly and quarterly visits and meetings at village/cell and parish/ward level. Resources permitting, bi-annual and annual technical review meetings are recommended at sub-county/division/town council level attended by parish or ward representatives or chairpersons of PSWs, CDOs and SPWOs. During visits and meetings, PSWs are provided with materials for recording cases, are given literature on child care and protection and are refreshed on latest government policies and relevant legislation. A visit at village level enables a CDO to provide hands-on support to PSWs and also to interface with local councils and structures on their working relation with PSWs.

Given that some PSWs are educated up to senior four and beyond, those who are committed to service delivery and have a zeal to upgrade their skill and knowledge in social work or community psychology or early childhood development need to be encouraged and supported by community leaders, notably by local councils and technical officers at lower local government

and district levels. Community-based service departmental staff at district level are well versed with information on where PSWs can pursue short- and long-term courses to realize their envisioned career path. Short-tailored courses could be arranged by the district and by the Nsamizi Institute of Social Development, under a well-planned community empowerment/capacity building innovation through which PSWs could benefit from at a subsidized fee. Alternatively, PSWs could mobilize support at individual and group level, or solicit for support from development partners to undertake specialized training in child care and protection as a prime.

Group Work

Development of a joint mentorship, support supervision, career pathways and coordination plan for Para-social workers.

Steps:

1. Divide participants into 4 groups.
   a. Group 1 discusses PSWs' capacity gaps and how to bridge them by CDOs and SPWOs.
   b. Group 2 examines why PSWs should be supervised, preferred frequency of supervision and feedback mechanisms.
   c. Group 3 identifies different fields of study related to PSWs' roles in which they would like to pursue through enrolling for short or long courses, challenges and the nature of support they request from the community-based services sector.
   d. Group 4 discusses how PSWs should be coordinated, how to anticipate challenges and make recommendations to the district.
2. Plenary presentations with guidance and support of the facilitator.
3. Wrap-up by the facilitator with words of encouragement and reminding PSWs about their relationship with CBSD staff, especially with CDOs, about the importance of submitting reports and about career development. For clarity and emphasis, CDOs' roles in regard to supporting PSWs include some of the following:
   • Providing technical assistance on home visits and psychosocial support to vulnerable households.
   • Making follow-ups on cases referred by PSWs.
   • Providing guidance and advising on the working relationship between PSWs and other structures.
   • Analysing data on vulnerable households collected by PSWs.
   • Disseminating key findings from data collected and

analysed by PSWs at parish/ward and sub-county, division and town council level, especially during planning processes.

- Briefing the sub-county leadership and other extension workers on the work being handled by PSWs and achievements registered.
- Having regular **debriefing** meetings (after one has been doing one's work) to help deal with feelings and address challenges in work.
- Developing an open, friendly, positive working relationship with Para-socials.
- Acknowledging achievements and give positive feedback, e.g. special award ceremonies, certificates and special outings may help a person feel valued by the community.
- Providing ongoing training to improve para-social workers' confidence in their work.
- Linking the Para-social workers to existing socio-economic programmes for material support, transport costs, stipends, etc.
- Supervision and hands-on support for work.
- Helping volunteers to explore their career options and develop CVs as well as interview skills.
- Creating a mentorship program for Para-Social Workers.

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